ROUTLEDGE

ANDREW KING

Older Lesbian, Gay and Bisexual Adults

Identities, Intersections and Institutions

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Older Lesbian, Gay and Bisexual Adults

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In spite of the fact that the UK, Europe and USA have ageing populations, little attention has been paid to the relationship between ageing and sexuality. *Older Lesbian, Gay and Bisexual Adults* is a sociological study of the experiences of older LGB adults, providing a full examination of the relationship between ageing and sexuality amongst other sources of identity and social division, such as gender and social class. Furthermore, it offers an analysis of the major historical processes, institutions and discourses that are shaping our modern understanding of the lives of older LGB people.

Drawing on theoretical and empirical insights gained from sexuality studies, social gerontology and the sociology of later life, this book offers an in-depth understanding of the diverse and complex experiences of older LGB adults, thus providing a serious study of the lives of a significant social group that has until now remained at the margins of mainstream academic study. It, therefore, sets the agenda for a queer informed sociological understanding of later life.

Engaging with issues concerning gender and ethnicity, legislative and policy developments, the use of identity categories, social identity and relationships, and experience of medical, housing and care services, *Older Lesbian, Gay and Bisexual Adults* will appeal to those with interests in ageing, identity and sexuality from a wide range of disciplines.

Andrew King is Senior Lecturer in Sociology at the University of Surrey, UK, and co-editor of *Sociological Objects: Reconfigurations of Social Theory*.

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Older Lesbian, Gay and Bisexual Adults

Identities, intersections and institutions

Andrew King

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1 Introduction

This book is about the lives of older people who have come to define themselves as lesbian, gay and/or bisexual (LGB), considering questions of identity, inequalities affecting their lives, what histories have shaped their conditions of existence and their relationships with significant others, notably partners, friends, families, as well as the people and institutions that provide services they use or imagine they might use as they age. It explores their social networks, forms of resilience and experiences of ageing. It is written primarily from a sociological viewpoint, although it draws on ideas and studies from a range of other disciplines, including gerontology, feminism, social policy, social work and psychology. At its centre is my desire to use sociology to explore and deconstruct the categorisation of people as 'older LGB adults' and the way that individuals are positioned as particular kinds of people because of the intersection of their age and sexuality, amongst other sources of identity and social division, such as gender, social class, ethnicity, geographical location and health status. Overall the book aims to consider differences amongst older lesbian, gay and/or bisexual people, disaggregating monolithic conceptions of lesbian, gay and/or bisexual ageing, as well as comparing their lives with those of older heterosexual people.

In the book I review a considerable body of literature about LGB ageing, but at the centre is a corpus of data that has its origins in a series of empirical studies and publications that I have contributed to over the past decade (Cronin and King 2010a, 2010b, 2014; Cronin et al. 2011; King and Cronin 2010, 2013; King 2014, 2015, forthcoming 2016a, forthcoming 2016b). These studies, which I refer to cumulatively throughout the book as the OLGB studies, explored the lives of 26 LGB people aged over 50 years and also included a project that sought to empower service providers to understand and address the needs of older LGB&T[1] service users. I provide further details about the studies in the Appendix of this book. It should be noted, however, that the discrete projects that made up the OLGB studies emerged from different backgrounds and were conducted for different

1 Transgender, or trans*, is a broad term that is used to refer to people whose gender identity or performance of gender is different from that associated with their assigned sex at birth. Trans includes people who are transsexual, transgender, transvestite, cross-dressers and those who regard themselves as of no gender or gender queer (Age UK 2011a; Whittle et al. 2007).

purposes. They also emerged at different times, starting in the early 2000s and ending in 2012. Hence, the OLGB studies reflect LGB ageing for a group of older LGB people at a particular point in history, a time that, as I discuss in forthcoming chapters, has been one of immense change, in terms of legal, policy, and social and cultural factors affecting LGB ageing in the UK and indeed elsewhere.

Current generations of older LGB people have witnessed profound changes across the entire course of their adult lives and the group that I predominantly focus on in this book is those aged 50 to mid-70s. These LGB Baby Boomers, who are considered to be a 'young-old' cohort (Rosenfeld 2002), are said to have been at the forefront of social–sexual change (Giddens 1992) and to have transformed the meaning and experience of ageing sexualities (Knauer 2011; Phillipson et al. 2008). This is a group of adults who will set the agenda for what it means to be an older lesbian, gay and/or bisexual person for the next few decades. Unlike their generational predecessors, who are more likely to have lived hidden or 'silent' lives (Knauer 2011; Pugh 2002), older LGB Baby Boomers are said to be more likely to have had access to celebratory, rights-based conceptions of sexual identity that will challenge service providers, policy makers, mainstream heterosexual society and indeed academic debates about ageing sexualities. However, as I noted earlier, and will elaborate upon later in this chapter, it is vitally important to consider issues of diversity and difference amongst older LGB people, and not to view these people as a homogenous, monolithic group. Whilst sometimes it is expedient to refer to 'older LGB people', and this is something I do frequently in the book, it is just as important to consider individual lives and biographies, to examine how a range of social divisions and inequalities affects lives, alongside those related to ageing and sexuality.

LGB ageing has been the focus of academic studies across gerontology, social work and public policy, but my own perspective is sociological. I believe that sociology provides important conceptual tools for exploring older LGB lives and that my own use of these tools adds to the work of previous sociological scholars in this field in the UK (such as Cronin 2006; Heaphy 2007, 2009; Heaphy and Yip 2006; Heaphy, Yip and Thompson 2004). In order to do this, the book, rather like sociology itself, draws on a range of approaches used in the social sciences, including diversity theories, theories of intersectionality, Queer Theory, Symbolic Interactionism, Conversation Analysis, theories of reflexive or late modernity and theories of embodiment. I realise that this eclecticism, some might say theoretical vandalism, could be seen as confusing and problematic. I contend, however, that because older LGB people do not fit easily into any theoretical framework and exploring their lives points to problems with theoretical approaches used in sociology, gerontology and social policy, amongst others, such eclecticism is absolutely necessary. This is particularly so with grand theories of identity and social change, such as theories of reflexive and late modernity, as well as theories of ageing and the life course. I argue that older LGB people complicate a range of taken-for-granted assumptions within the social sciences and within existing policy and practitioner discourses, calling into question easy assumptions about ageing and sexuality later in life.

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This introductory chapter is intended to set the scene for the book as a whole. In order to do this I begin with a discussion of some key concepts and terms related to age and sexuality that frame discussions in forthcoming chapters. I am aware of the importance for many of situating older lesbian, gay and/or bisexual people demographically, so I provide a snapshot of the UK's ageing population and consider the demographics of the older LGB population; again, this is to contextualise what I am discussing in this book, but, as I point out, such demographics do not give us a detailed understanding of the lives of older LGB people. Consequently, I briefly consider how older LGB people are represented in the existing research literature, noting some key themes that I return to throughout the book: issues of constraint and inequality on the one hand, and agency, celebration and empowerment on the other. Finally, I provide an overview of the structure of this book and discuss some limitations in terms of 'missing voices'.

Key concepts and terms

I want to begin with a discussion of some of the key concepts and terms related to age, introducing the notion of the life course, in addition to 'cohort' and 'generation'. My aim here is to make clear the sociological approach to ageing that I will be taking throughout the book, distinguishing it from more biological and psychological models that have sometimes been applied to LGB ageing. I then, briefly, refer to the term sexuality and the categories lesbian, gay and/or bisexual, which I will also discuss in greater detail in Chapter 2.

Age, ageing and the life course

Age and ageing are contested terms in the social sciences, referring to chronology, biology, maturation and life stages. However, as many writers have noted, ideas about age and ageing change throughout history and across cultures – they are, in effect, social constructions (Ben-Amos 1995; Featherstone and Hepworth 1989; Green 1993; Hareven 1982b). Consequently, within sociology there has been a focus on the life course, as a means to distinguish processes of ageing and maturation from biological and psychological models, such as the lifecycle or lifespan, which equate these processes with a series of pre-determined, developmental stages (Hockey and James 2003; Pilcher 1995). A life course perspective, conversely, considers wider social processes and also changes at the level of subjectivity and agency (Elder 1978; Hareven 1978, 2000). Hence, the life course is concerned with,

> individual and family transitions . . . part of a continuous, interactive process of historical change . . . part of a cluster of concurrent transitions and a sequence of transitions that affect each other . . . shaped, therefore, by different historical forces. (Hareven 1982a, 2)

Thus, in contrast with a model of linear stages, which people move through from birth until death, the notion of a life course suggests that attention should be

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focused upon a multitude of changes that occur at three levels: individual, collective and historical. From such a perspective, this means exploring how people experience the passing of time in terms of their subjectivity, their relationships with others and the wider contexts in which these take place. In short, from a life course perspective we age in and through social, historical, political and cultural contexts – to ignore this would be to isolate age and ageing, regarding them as individualistic processes, which they are not. For the study of LGB ageing this is especially important, because older LGB people's subjective experiences will have been shaped by the wider social/sexual norms of the society they have lived in, as I will show repeatedly throughout this book. However, one particular problem with this conceptualisation of the life course is that it mostly assumes heterosexuality is the norm, the reference point. Such heteronormativity, the term I will use from now onwards, implicitly renders the lesbian, gay and/or bisexual life course as 'Other', as different, as non-normative (Calasanti and Kiecolt 2007) and subject to erasure (Cohler 2005). Indeed, I will illustrate at numerous points throughout the book why this is problematic and why *queering* the life course, by taking the viewpoint of lesbian, gay and/or bisexual ageing, is necessary.

Cohort and generation

As I noted earlier, the concepts of cohort and generation are seen as central to debates about LGB ageing. Pilcher (1995, 6) suggests that 'cohort', a term that originated in demography, denotes 'a defined population who experience the same significant event at, or within, a given period of calendar time'. Hence, we may talk about a cohort of people who move through the life course and experience the same events at similar points in their lives – for example, when entering the workforce and retiring. In contrast, Pilcher suggests that 'generation' refers to kinship relations, the distinction between one generation of a family and another. However, Burnett (2003) argues that cohort and generation are more distinct and within sociology there are several different models of generation that can be used. One of particular significance for what follows throughout this book, is the notion of generation found in the sociology of knowledge proposed by Karl Mannheim (1952).

Mannheim (1952, 290) used the term generation to mean a unity that comes from 'a similarity of location of a number of individuals within a social whole'. He postulated that given the nature of social change, each generation would develop a particular *zeitgeist* or worldview, depending upon the events that shaped the era in which they came of age. For instance, commonly used terms such as 'Baby Boomers' and 'Generation X' (for examples, see the collection edited by Epstein 1998) are used to refer to particular generational groups with specific characteristics. The classic example used by Mannheim himself was the Wartime Generation, who he argued retained a sense of solidarity and collectivism across their lives as a result of coming of age during World War II. However, although Mannheim had sought to illustrate the importance and irreducibility of social processes to biological maturation, he inevitably proposed a linear model of human

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development that reified events experienced during youth above all others. In part, this reflects the period in which Mannheim was developing his generational model: in the aftermath of two world wars. Certainly, Burnett (2003) contends that Mannheim's reification of youth as *the* period of *zeitgeist* development is now called into question by processes of social change; in effect, the possibility of a singular *zeitgeist* is problematic and it is important to consider the intersection of social change and subjective experience across the life course, not just youth.

Older and later life

The decision to classify lesbian, gay and/or bisexual identifying people aged over 50 as older in the empirical studies used in this book, the OLGB studies (see Appendix), was partly pragmatic. There was a need, for instance, to define an age cohort for the projects. But it was also deemed to be important to align this empirical work with writings in gerontology that have traditionally viewed older as beyond 50 years in chronological terms. It should be pointed out immediately, however, that older in this sense does not mean old. Although chronological age was the key criterion for participating in the OLGB studies, as I noted earlier, age is as much a social and cultural construction as a chronological one (Pilcher 1995; Vincent 2003).

To be older one does not have to feel or indeed be old. One does not have to have reached retirement age, itself very much a social construction (Phillipson 1982, 1993). One may be employed, retired, unemployed; in good health, in poor health; living alone, in a relationship, bereaved. Despite the diversity in experiences of being older, policy makers and practitioners, as well as gerontologists and sociologists of later life, invariably invoke 'older' as a subject category, a position for an individual to fill based on a range of criteria, including chronological age, service use, appearance, subjectivity. Sometimes lesbian, gay and/or bisexual adults aged over 50 might appear in other research as 'middle-aged' (Simpson 2012) or may be divided into different age cohorts (Rosenfeld 2002). It is important, therefore, to be mindful that 'older' is a slippery, heuristic term and needs to be considered as intersectional. As I will show repeatedly throughout this book, older LGB people accept and resist such age identifications, depending on context. Moreover, the term 'older' will also be used interchangeably with the terms 'later life', 'later in life' and 'ageing'. The same points made above apply to these terms too.

Ageism

Prejudice and discrimination related to age is referred to as ageism. Bytheway (2005) argues, however, that there are two definitions of ageism – one that is broad, the other that is more refined. The broad definition includes distinctions and stereotypes that are made against people, across the life course, because of their chronological age. Hence, young people can be discriminated against because they are young, older people because they are old. A more narrow definition,

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says Bytheway (2005), associates ageism with being older; that is, ageism can only be applied to those who are in later life. It represents a stereotypical way of identifying older people and can lead to exclusions at an interactional and institutional level. For instance, a person may be debarred from membership of an organisation because they have passed a certain age. Whilst there is legislation to protect individuals from such institutional ageism, a more cultural ageism continues with jokes about older people as 'past it' or 'too old' for certain activities and experiences.

In the case of sexuality, it is often assumed that older people are beyond sexual response or that sexuality is not appropriate or applicable to them (Deacon, Minichiello and Plummer 1995; Hillman 2008; Lee 2007). This is particularly consequential for people who are defined by their sexuality, such as lesbian, gay and/or bisexual people. Yet, as I will show in subsequent chapters, there is a complex relationship between ageing and sexuality in LGB people's lives. Or as I contend, there are intersections between ageing, sexuality and other aspects of identity and experience, which point towards difference and diversity amongst and between this group of older people. Before doing this, however, it is important to consider the other key terms here: sexuality, and the categories of sexuality known as lesbian, gay and/or bisexual.

Sexuality and its categories of discontent

As I will detail more fully in Chapter 2, sexuality is regarded as a modern invention whereby sexual desires and behaviours are equated with specific types of persons and forms of regulation (Weeks 2012). Sexuality is, rather like the life course, a social construction (Jackson and Scott 2011), and understandings of sexuality change over time and across cultures. The very idea that each individual must have a sexuality, that it is an intrinsic part of being, only really emerged in the nineteenth century (Foucault 1978). The categories that now appear so taken for granted and indissoluble, such as lesbian, gay, bisexual and indeed heterosexual, similarly emerged in that era. In effect, although there may always have been people with same-sex and bisexual desires, whether or not they acted upon them, the notion of a person who could be categorised as lesbian, gay and/or bisexual is relatively recent.

However, people do not slavishly adhere to such categories, in simplistic and fixed ways. Many studies and theories, from the early psychoanalytic work of Freud, to the book-keeping and surveying of Kinsey in the mid-twentieth century, to the more recent work of so-called Queer Theorists (for a good overview see Jackson and Scott 2011), have suggested that people's sexual identities, behaviours and desires are complex and fluid, and change over time. What it means to be a lesbian, gay or bisexual person, in terms of the social and cultural meanings attached to these categories, is also in flux (Weeks 2007). As Plummer (2010) has noted, sexuality is synchronic (always time specific), but also diachronic (changes through historical time). Moreover, sexual categories may provide a language, or script (Gagnon and Simon 2005), for the performance of identities and the shaping

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of behaviours and desires, but that language and those scripts are subject to agency; they are not deterministic, and this creates and reflects social change.

Ageing sexualities, older lesbian, gay and/or bisexual?

How could the points raised above, about age, cohort and generation, and sexuality and sexual categories, be applied to older LGB people? As I suggested in the opening section of this chapter, this has been done by others. Several writers have suggested that older LGB people who came of age and reached adulthood before the advent of the modern Gay Liberation Movement in the late 1960s, the so-called Silent or Pre-Stonewall Generation, experience their ageing sexualities quite differently to older LGB Baby Boomers, those individuals born between the late 1940s and mid-1960s (de Vries 2014; Jenkins Morales et al. 2013; Knauer 2011). This is principally because the Baby Boomers came of age largely during and after the rise of gay liberationist movements and subsequent profound legal and policy changes. Hence, they have had access to a more positive representation of their sexuality, over the course of their adult lives, which will continue to affect and shape their experiences of ageing.

Meanwhile, other writers have used the notion of age identity cohorts, such as 'young-old' and 'old-old' (Rosenfeld 2002) in relation to LGB people, again arguing that those in the former cohort have had access to a liberationist and rights discourse and language across their adult lives that had initially been denied to those who were older. Hence, they experience their ageing sexualities differently. Some writers (Grierson and Smith 2005) see the HIV/AIDS pandemic as definitive for gay and bisexual men in this respect too.

Cronin (2006), however, argues that, although such generational and identity-based cohort understandings do matter and do clearly have an effect on people's lives, there is considerable diversity within cohorts. In particular, Cronin (2006) points to the influence of gendered norms that will affect older lesbians and gay men differently and this has been supported by other, more recent research (Traies 2012). As I will make clear in forthcoming chapters, adopting a generational approach towards ageing sexualities across the life course is useful and important, but it can also be potentially problematic. Hence, following the above writers I recognise the significance of both an individual's synchronic and diachronic age; that is, the age they currently are in their life course and the historical period in which they came of age. However, throughout this book I argue for a more fine-grained exploration of LGB ageing that recognises the significance of diversity, difference and the contexts in which people are situated; in short, people are affected by their age and their generation, in terms of how they experience their ageing sexualities, but they are not determined by them. I remain attentive of what Plummer (2010, 168) has noted: the 'sexual self moves through these age cohorts building at each moment on the others around, leaving residues behind, but always moving on and always being reconstructed'. It is that process of movement and reconstruction that is of interest to me throughout this book.

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Demographics

Whenever I have written about the lives of older LGB people I have always received the comment that in order to contextualise this group, it is important to understand their demographics and how this compares with the wider, heterosexual ageing population. Therefore, here I am including a snapshot of both, but I believe it is important to note immediately that demographics can only give us an indication of magnitude; demographics can tell us very little about the qualitative aspects of ageing, which is what I will explore throughout this book.

Demographics of the UK's ageing population

Demographic figures obtained for the UK Census (ONS 2012a, 2012d) support the commonly held view that the UK, in keeping with other industrial societies and to an extent some developing societies, has an ageing population. I do not intend to examine the reasons behind this trend in this book, although, as will be discussed later, ageing generations are reshaping the notion of later life. Rather, I will use current knowledge and understanding of the social characteristics of the ageing population as a basis for the investigation of the lives of older LGB adults. In places, differences between older LGB adults and their heterosexual peers are emphasised; at others, similarities pervade the discussion.

There are currently well over 21 million people aged 50 years and over in the UK, which represents over a third of the total population (Age UK 2013). In total 10.3 million people are aged over 65 years, an 80 per cent increase since 1951 (Parliament UK 2012). It is projected that the percentage of the total population who are over 60 will rise from 22 per cent at present to nearly 29 per cent in 2033 and 31 per cent in 2058 (Age UK 2013). The number of people over 75 years of age is expected to double in the next 30 years, whilst the number over 85 years of age is expected to treble in this time period (Age UK 2013). Given the increase in life expectancy, caution is needed when using such global figures, ensuring that they do not mask the small yet growing numbers of adults in the upper age categories, those generally termed the 'old-old'. Clearly, the absolute numbers of older people in the UK and other industrial societies is increasing, potentially having significant implications for policy, services and the general structure of society (Parliament UK 2012). It is important, however, that such figures are not used to represent ageing as a burden on resources, itself a form of ageism.

Within these broad trends there are gender disparities in the numbers of men and women in older age, although it is projected that this will become less pronounced. For instance, since the early 1980s the gender gap in life expectancy has narrowed from 6.0 to 4.2 years (TAEN 2011). In 2010, for the whole of the UK, life expectancy was 78.1 years for men and 82.1 years for women (Parliament UK 2012). There are, however, regional differences in these figures (ibid.) – for instance, longevity is greatest in the south-east of England.

Gender differences in other areas related to older age, remain. In the 50–64 years age group, 72 per cent of men and 58 per cent of women were employed; this is a disparity that remains after the age of 65, with 11.6 per cent of men and

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6.2 per cent of women undertaking paid work (TAEN 2011). Greater numbers of women than men work part time in the years before and after retirement (ibid.). Adults aged between 50 and 64 years of age provide the greatest levels of unpaid care, but again there is a gender difference: for example, in England, 23.5 per cent of women in this age group provide some level of unpaid care, compared with 16.9 per cent of men (ONS 2013). This disparity lessens in older age groups, but it does not dissipate. In terms of living arrangements, older women are more likely to be living alone. Across the UK, 32 per cent of women aged 65–74 years compared with 22 per cent of men of the same cohort live alone, with figures rising to 60 per cent and 36 per cent respectively for those aged over 75 years of age (ONS 2011).

This demographic snapshot of the UK's older population provides a brief, if somewhat incomplete, introduction to the social characteristics of this group of adults. Nevertheless, despite the variety of demographic data available there are very little data relating to sexual identity amongst adults aged 50 or over in the UK, an absence that is mirrored in other European countries and in the USA.

Demographics of older LGB people in the UK

Admittedly, data on sexual identity across the life course are scarce, although in this respect it should be noted that in 2008 the UK government added a question on sexual identity to all public sector service provision monitoring forms. Nevertheless, this in itself is neither comprehensive, nor is it without its own difficulties in terms of implementation and collection, an issue that was explored in the OLGB studies and to which I return in subsequent chapters. Suffice to say for now that disclosure of sexual identity raises particular issues of concern and safety for older LGB adults who, despite changing social attitudes, may remain concerned about disclosing their sexual identity to service providers and those perceived to be in authority, in part because they may have previously experienced homophobic and/or biphobic attitudes from these institutions and those working within them. Indeed, it appears that more anonymous methods of reporting sexual identity lead to an increase in numbers (Coffman, Coffman and Marzilli Ericson 2013). Moreover, there is evidence to suggest that service providers may be reluctant to ask older people questions relating to sexuality (Willis, Ward and Fish 2011), partly because of social assumptions about sexuality later in life. Leaving to one side these difficulties, which will be discussed later in the book, even if sexual identity monitoring does prove to be a useful source of information, it will take some time for it to be embedded into systems before it can be used to produce meaningful data.

Nevertheless, the current inability to provide accurate statistical data on sexual identity, particularly in later life, is not an adequate justification for ignoring older LGB adults when it comes to research, social policy and service provision. Thus, whilst not dismissing the problems associated with defining and measuring sexual minority populations, the UK-based charity Age UK (then as Age Concern 2002), based on estimates that 6.5 per cent of the UK population are

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'exclusively homosexual', claimed that 1 in 15 of their service users were lesbian or gay. Meanwhile, Almack, Seymour and Bellamy (2010) cite other sources (e.g. Department of Trade and Industry Women and Equality Unit 2003; Price 2005) that suggest respectively that 5–7 per cent of the UK population are lesbian, gay and/or bisexual and that 545,000 to 872,000 of those are aged over 65. There are no reliable statistics for each sexual identity group, which makes issues of diversity even more problematic; throughout the book I try, where possible, to point to distinctions and differences between the experiences of older lesbians, gay men, and bisexual men and women.

The omission of older LGB people in demographics has been matched until recently by their frequent invisibility in social policy and practitioner discourse (Fullmer, Shenk and Eastland 1999; Ward et al. 2005). This is particularly the case with older bisexual people who are assumed to be heterosexual or lesbian or gay (Jones 2010). Moreover, there is a tendency to assume that all older lesbian, gay and/or bisexual people have lived their entire adult lives according to their current sexual identification. Yet as I will demonstrate in forthcoming chapters, this is frequently not the case. The notion of 'coming out' is contextually specific to such an extent that it proves to be a slippery concept when applied to older LGB people. It is important, therefore, to examine the issue of context and in the next part of this book I do this in two ways. Firstly, I consider the struggle for identity that current generations of older LGB people have experienced. This includes the historical backdrop to their lives, questions of sexual citizenship, and their emergence in academic and practitioner studies. Secondly, I discuss the theoretical and conceptual ways in which issues of diversity and difference can be applied to this group of adults.

Two dominant narratives about LGB ageing

I will discuss some key themes that have emerged from a range of literatures regarding older LGB people more fully in Chapter 2. However, here I want to illustrate that these themes can be grouped into two broad narratives: firstly, that older LGB people are marginalised and socially isolated, that they experience significant inequalities because of their sexual identity and how it affects their later life, and, above all, that they need appropriate institutional support, policy making and service provision. I term this a constraint narrative. This narrative emerges across a range of texts, including academic, policy and practice-related organisational studies and those conducted by advocates and activists. In such a narrative, older LGB people are positioned as particularly vulnerable because of the intersection of ageism and heteronormativity, the socially institutionalised belief that heterosexuality is superior and dominant to homo- and bisexuality and is the normative mode of conducting intimate relationships (Cronin and King 2010b). This is closely allied with heterosexism, the belief that everyone is heterosexual unless otherwise stated. These may intersect with further forms of discrimination and division, such as those associated with gender (sexism), race and ethnicity (racism/ethnocentrism), and social class (classism), amongst others.

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In contrast, other themes that emerge from studies can be grouped together into a narrative of celebration, agency and autonomy. Here older LGB people are said to have managed to have lived fulfilling lives, in spite of discrimination, emerging into later life with a significant degree of resilience, certainly when compared with their heterosexual peers. They are more likely to be able to deal with the vagaries of the ageing body, to be more able to cope with the loss of partners or friends and family, to have better social networks that cushion them against social isolation, and to be more self-reliant and better able to deal with institutional barriers and bureaucracy. In short, they have a greater degree of strength than older heterosexual people.

Inevitably these two narratives are oversimplifications and I have reproduced them here because throughout this book I will show that, rather than binary opposites, issues of constraint and celebration, inequality and equality, disempowerment and empowerment are entangled in complex ways, indeed in very situated ways, throughout individual older LGB people's lives. In some contexts an individual may well be constrained and disempowered, but not in all. Thus, rather than trying to position all older LGB people, or even the majority, as illustrating one narrative or another, I think it is important to chart a course through these narratives, pointing to diverse and different experiences throughout.

Missing voices

Before I continue to outline the structure of this book, I want to explain why this is a book primarily about lesbian, gay and/or bisexual people and not, as is often the case in public, policy, practitioner, academic and activist discourses, about LGB&T people. Although the experiences of older trans adults are likely to overlap in some ways with the experiences of older LGB adults, there will also be many differences, differences that were not adequately explored in the OLGB studies and to which I am unable to do justice in this book. The exception to this is found in Chapter 9, which details the knowledge exchange project that formed part of the OLGB studies. For reasons I explain in that chapter, issues concerning older trans people were included in that project. Therefore, whilst not dismissing the need to look at the experience of older trans adults, my discussion throughout most of this book is focused on ageing sexualities and the lives of older LGB adults, always mindful, however, that trans people may also identify with these sexual identity cateogries. Some very good overviews regarding trans ageing do exist, but generally much more scholarly attention is needed (Cook-Daniels 2002a, 2002b, 2006; Davy 2011; Whittle et al. 2007; Witten 2014).

It is also important to note that studies of LGB ageing are often guilty of bi-invisibility and erasure. Essentially, although written and conceptualised in terms of LGB, the voices and issues that are heard are predominantly those of older gay men and lesbians (Jones 2010). The vast majority of participants in the OLGB studies that I draw on in this book self-identified as lesbians and gay men (although not without some equivocation, as I discuss in Chapter 4). Many, however, had behaved bisexually across their lives. I have therefore taken the decision, which

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some may disagree with, to write this book about LGB ageing, partly to try to thwart further bi-invisibility and erasure, but also to point out where possible differences and diversities concerning older bisexual lives arise. I fully recognise that this can only be partially successful and ultimately further research is needed concerning bisexual ageing, in all its complexities and diversities.

As I have already stated, although this book is about older LGB people, it is predominantly about LGB Baby Boomers and those in 'young-old' cohorts because of limitations with the OLGB studies (see Appendix). The voices of the 'oldest-old', those in their late 70s and older were, regrettably, not captured in those studies and are also marginal in many of the existing studies on LGB ageing that I cite in this book. Again, I fully recognise that this is an omission and indeed I wish that it were not so. Others have been more successful in capturing the lives of this group (Traies 2012), but much more research is needed with the oldest-old, particularly those who are socially isolated.

Structure of the book

This book will both provide a critical review of existing literature about older LGB people's lives and outline a position that takes seriously how, as a collective or group of individuals, older LGB adults exemplify considerable diversity and difference. Whilst much of the extant literature discusses the differences between this population and their heterosexual peers as a key overarching theme, the intention of this book is to acknowledge these, but also to examine the differences within and between what may appear to be a relatively homogenous group of people; a failure to do otherwise, I argue, makes any consideration of diversity and difference a mere chimera.

The book is divided into three parts. The first, 'Contextualising', contains two chapters, which provide important background for the other parts and chapters that follow. Chapter 2 explores a range of social, historical, cultural and political events that current generations of older LGB people have experienced across their lives. Adhering to a life course approach that I noted earlier, I argue that we cannot comprehend differences within and between older LGB people, and between older LGB people and older heterosexual people, without reference to this contextual information. Similarly, whilst an understanding of history is important, so too is an understanding of the institutional contexts that frame older LGB people's lives, which leads me to consider the notion of sexual citizenship and to think through some key legal frameworks currently experienced by older LGB people in the UK. Chapter 2 also outlines emergent themes from academic, organisational and advocate studies, themes that will be followed in the remainder of the book. Chapter 3 places older LGB people's lives in a more conceptual/theoretical context. Drawing on two perspectives in particular, it suggests that studying LGB ageing requires recognition of both intergroup differences, but also a more fine-grained analysis that accounts for the complexity of peoples' identities and what can be termed intragroup differences. The two perspectives that are used are theories of diversity, emanating largely from social gerontology, which are

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supplemented with intersectionality theory, which emanates largely from feminism and how it has been taken up in the sociology of sexualities. My contention in Chapter 3 is that diversity theories can only take our understanding so far, wherein intersectionality is needed to fully account for differences in LGB ageing.

The second part of the book, 'Situating older lesbian, gay and/or bisexual lives', contains three chapters, which examine the tensions and relationships between individual and social identities, as they apply to older LGB people. Chapter 4 focuses very much on individual accounts, putting these in the context of self-identity and what it means to be classified as belonging to certain identity groups. In doing so, and in order to draw out complexity and difference, insights from Queer Theory, Symbolic Interactionism and Conversation Analysis (Gagnon and Simon 2005; Jackson and Scott 2011; Lepper 2000) are utilised. The chapter shows how individual accounts and hence self-identities are related to social interactions, practices and norms. Chapter 5 develops the focus on self and social identities further by turning attention to the intersections of ageing and sexuality in relation to particular places and locations – from the body, to the home, to the wider LGBT community. This is extended in Chapter 6, where the issue of social relationships and the importance of social networks in the generation of social capital are explored. As such, Chapter 6 sets out to *queer* the conceptualisation of social capital, arguing that the social networks and resources of older LGB people call into question and extend this concept.

The third part of the book, 'Institutionalised and institutional identities', frames the preceding discussion by returning to aspects of institutionalisation first discussed in Chapter 2. This is discussed in relation to a number of specific institutional contexts: social care (Chapter 7), health and medical services (Chapter 8), and local government equality work (Chapter 9). Throughout this third part, data from the OLGB studies are shown alongside the extant literature to display the diversity of experience and how and why simplistic assumptions about older LGB people's interactions with service providers need to be challenged. In short, this part of the book continues to make the case for a more fine-grained approach, this time towards policy making and practice. It addresses the need to reconsider how the identification 'older LGB adults' is used in and through institutional contexts.

Chapter 10 draws all of the previous threads and discussions together and offers a conclusion. Key themes that emerge across the book are discussed and the importance of sociologising older lesbian, gay and/or bisexual lives is further emphasised. The conclusion also considers the possibility that the categorisation 'older LGB adult' may be more problematic than useful; in short, that taking all of the intersections, differences and diversities of older LGB people's lives seriously may mean rejecting a group identity entirely. Yet this is immediately countered by a consideration of the politics of such a move, which itself opens space for other possibilities. The chapter also offers ideas about future developments in LGB ageing research, policy and practice.

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Part I

Contextualising

This part of the book comprises two chapters, which provide context to the lives of older lesbian, gay and/or bisexual people. This develops what I have already emphasised in the introductory chapter regarding the importance of context, including the life course. The two chapters in this part do this, but in slightly different ways, both of which are fundamentally important for the remainder of this book.

In the first chapter in this part, Chapter 2, 'Struggles for identity', I place older LGB lives in historical, legal and social context. The chapter explores the structural factors that have shaped the life experiences of current generations of older LGB people. For example, the chapter discusses the significance of medical knowledge and medical professionals not only in codifying and pathologising sexual minorities, but also in providing a cultural language that could be used to construct self and social identities. The chapter examines legal changes over the past 50 years in the UK and more recent questions about sexual citizenship. In many ways the legal changes that have shaped older LGB lives in the UK are profound, appearing to move from forms of absolute prohibition (certainly in the case of same-sex activity between men) to protecting individuals from discrimination on the grounds of sexual orientation and enshrining same-sex relationships under the law. This also appears to have been accompanied by considerable attitudinal change in wider society. Many older LGB people will have grown up hearing talk of dirty queers, filthy perverts and suchlike, yet now find that people's attitudes are far less hostile and more inclusive. However, we also know that homo- and biphobia continue to affect and mar the lives of older LGB people (and indeed all generations of LGB people). The chapter then moves to consider how older LGB people are manifested across academic, third-sector and activist organisations and policy-making contexts. What are the dominant narratives at play? I have already suggested that there are two – one of constraint and one of celebration. Chapter 2 complicates these somewhat and assesses some key contexts through which older LGB people are framed, ones that are examined in more detail in forthcoming chapters of the book.

The second chapter in this part, Chapter 3, 'Theorising older LGB lives', shifts away from what we might term 'real world' contexts, towards positioning ageing sexualities in theoretical context. Here I draw on two approaches: diversity theories and theories of intersectionality. The former have been used, quite extensively,

within social gerontology – and therefore the chapter explores how they may be of use for theorising older LGB lives. However, although diversity theories are useful and take us some way towards grappling with the complexities and differences of individual lives, they do not really deal adequately with differences within and between individual older LGB people. Moreover, it is necessary when doing such micro-analysis to be able to hold onto conceptions of power. The approach that I think captures this well is intersectionality. In Chapter 3 I therefore follow the discussion of diversity theories with a discussion of intersectionality, noting where it emerged and why I believe it is useful for exploring older LGB people's lives. Intersectionality, rather like diversity theories, is a set of approaches, all of which look at how different identities and vectors of inequality and empowerment meet: for instance, how sexuality is always framed in relation to age, gender, ethnicity, (dis)ability, geography, and so on. In short, an intersectional approach doesn't necessarily prioritise one of these, but contends that a person's experience of sexuality is always framed by other aspects of their identity and social location.

Whilst I argue that intersectionality is useful for the purposes of exploring older lesbian, gay and/or bisexual lives, I note that there are different 'types' of intersectional analysis: the anticategorical, intracategorical and intercategorical (McCall 2009). I explain what these are and how they form the backdrop to my exploration of older LGB people's lives in the remainder of this book.

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2 Struggles for identity

Introduction

A life course approach, which I discussed in Chapter 1, highlights the importance of individual ageing in a social context. My aim in this chapter is to emphasise the importance of several interlocking social, cultural, legal and political contexts that current generations of older LGB people have experienced across their lives. We cannot comprehend the lives of older LGB people, I suggest, without reference to this wider history. Indeed, whilst an understanding of history is important, so too is an understanding of the institutional contexts in which those lives are being lived. Thus, this chapter provides important contextual background for the more empirical chapters that will follow later in this book.

It is not easy to bundle complex histories and lived experiences into digestible and simplified formats. However, in order to address what I consider to be some key factors that are important when considering the life course of older LGB people, I have divided this chapter into a number of sections. In the first section I historicise the life course of older LGB people by considering several significant, intersecting frames that have shaped their lives: medical institutions and cultural languages; legal transformations until the 1990s; and social structural and attitudinal changes. The second section of the chapter then deals with questions of sexual citizenship, which have come to the fore in recent years. I pay particular attention here to legislative changes related to sexuality in the past 20 years in the UK and consider how these intersect with other aspects of self.

In the third section of the chapter, I examine the growth of knowledge about older LGB people, drawing out some emergent themes that are suggested in the literature. I ask: what does this knowledge tell us about older lesbian, gay and/or bisexual people? How does it represent these people? This institutional knowledge comes from a variety of sources, including academic studies, studies by third-sector organisations and activists, and practitioner frameworks. In particular, I discuss recent surveys suggesting that older LGB people face particular challenges as they age. Finally, I offer a conclusion: emerging representations of older lesbian, gay and/or bisexual people, which I have suggested can be conceptualised into two dominant narratives, need to be disaggregated and subjected to a thorough sociological analysis; this points towards the next chapter, which focuses on the theoretical background to this book.

Historicising sexuality and the older lesbian, gay and/or bisexual life course

The social historian Jeffrey Weeks has often commented that, when he first started to write in the 1970s, the history of sexuality was a virgin field (Weeks 2010). Whilst there has certainly been a significant growth in the historical analysis of sexuality, the lived histories of older LGB people have remained largely hidden, as others have noted (Pugh 2002). In this section of the chapter I want to explore the historical background that has contextualised the lives of current generations of older lesbian, gay and/or bisexual people in the UK. The approach I am taking is influenced by a life course perspective that I briefly introduced in the previous chapter, which suggests that experiences of ageing are shaped in and through interlocking contexts ranging from the biographical to the social–structural – always mindful, however, of the ways in which the life course has traditionally been conceptualised according to a normative heterosexuality. Indeed, in this section I want to concentrate on the institutional and social/political factors that have framed LGB lives over the course of the twentieth century and into the twenty-first century.

Medical institutions and cultural languages

As Knauer (2011) has noted, in the context of US history, the medical profession is one of the major institutions that has had a significant impact on current generations of older lesbian, gay and/or bisexual people. This has been in terms of both its role in pathologising their sexualities and how it has provided a cultural language to shape and inform movements of resistance. Thus, we need to take seriously the notion that since the nineteenth century the whole history of sexuality, particularly lesbian, gay and/or bisexualities, has been shaped by medical and scientific discourses (Foucault 1978).

Categories of sexuality, as they are understood in contemporary Western societies, such as the UK, emerged in the nineteenth century in the context of sexology, the scientific study of sexuality (Weeks 2010). Emanating from a diverse group of sex radicals, psychiatrists, physicians, dermatologists and anthropologists, sexology helped to codify a link between sexuality, viewed as an innate aspect of human nature; specific sexual categories, including homosexuality, lesbianism and bisexuality, and sexual pathologies; and particular sorts of people (Bristow 2011). The sexologists were not a unified group, and the categories and pathologies that emerged from their writings were similarly diverse. Some, such as Havelock Ellis and Magnus Hirschfeld, sought to use sexology for liberationist purposes: they proposed that since sexuality was innate there could be nothing wrong with its expression, whether that was heterosexual or otherwise. Other sexologists, however, tended towards the diagnostic and moralistic. Richard von Krafft-Ebing, whose work drew on hundreds of case studies, postulated in his book *Psychopathia Sexualis* that the root of same-sex desire was primarily congenital, although he left open the possibility that there was an acquired, environmental element.

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Despite the essentialism of sexology, its general view that sexuality was an essential, fixed and universal aspect of self, the significance of environment and learning was later emphasised, elaborated and recodified in psychoanalytic theories, particularly those associated with Freud (Bristow 2011; Weeks 2010). Freud postulated that children have a polymorphous sexuality, which is shaped towards adult heterosexuality through a series of psychosexual stages, including oral, anal, phallic, latent and genital. A breakdown in this development, which Freud referred to as an arrested development, could lead to the emergence of sexual perversions, including homo- and bisexualities in adulthood (Bristow 2011). Despite Freud's own ambivalence about the possibility of treating such perversions, the association of Other sexualities with a pathology of development persisted, especially amongst Freud's followers (Weeks 2010). I do not wish to give a detailed exposition of psychoanalytic theory here. But what is important is that psychoanalytic theories and their associated treatments have had a significant effect on current generations of older lesbian, gay and/or bisexual people (Knauer 2011), either explicitly because individuals were subject to them, or implicitly in terms of the cultural milieu of fear, pathology and stigma they helped to create and sustain.

By the mid-twentieth century the influence of psychoanalytic theories was immense, not only in professional and institutional circles, but also within popular culture and everyday life. Indeed, this was often combined with elements of sexology. Waters (1998) describes how Peter Wildeblood, who had been imprisoned for 'homosexual offences' in the 1950s, talked about his 'inversion', 'disability' and 'innate condition', whilst Storr (1998) has shown how such language had already worked its way into literature, in the case of Radclyffe Hall's famous tome of lesbian desire *The Well of Loneliness*, which was published in 1928.

The medicalisation of homosexuality and bisexuality was also accompanied by attempts to rectify and treat these 'conditions'. The psychiatric codification of sexual perversions evident in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) had considerable effect here. The DSM has been used by psychiatrists and others in the medical professions to categorise and where appropriate treat individuals deemed to have a mental disorder. Whilst the DSM first appeared in the 1950s, Weeks (2012) has noted that a range of methods were used to treat so-called sexual perversions. Hypnotism was an early variety and, to an extent, relatively benign. More invasive techniques were also employed. Chemical treatments, such as apomorphine therapy and various forms of aversion therapy, were instigated between the 1950s and 1970s, during the height of the Cold War (Drucker 2014; King and Bartlett 1999). Certainly, LGB people were viewed as unpatriotic and potentially subversive to the nation during that era. Moreover, the views of the medical profession were, at best, tolerant and patronising and, more commonly, moralistic and uncaring (King and Bartlett 1999; Davidson 2009).

There appears to have been a shift in medical attitudes and understandings towards homosexuality and bisexuality since the 1960s. Homosexuality, as a classifiable disease, was finally removed from the DSM in 1973, after much activism and protest from the emergent Lesbian and Gay Rights Movement. It was not

removed, however, from the International Classification of Diseases (ICD) published by the World Health Organization (WHO) until 1992 (Dickinson et al. 2012). Furthermore, 'sexual orientation disturbance' persisted into later versions of the DSM. In other words, for much of their adult lives, current generations of older LGB people have been viewed as medically and psychologically problematic. It is important to remember here that, despite changing attitudes and the removal of pathological classifications and their associated treatments, evidence suggests that a complex and sometimes difficult relationship still exists between older LGB people and medical institutions, which can have profound consequences for their health later in life (River 2011). I consider this in more detail in the third part of this book.

More recent scientific research, on so-called 'gay' genes and brains (see for example Le Vay 2011), is sometimes regarded as liberationist, in the sense that it appears to offer a rationale for human sexuality, located within biology that is objective and divested of pathology. However, as Weeks (2010) notes, the plurality and complexity of human sexuality is shaped by such explanations in highly reductive ways and deterministic ways, often (re)producing sexual difference as categorical and binary. In this way, although the bio-medicalisation of sexuality provides a cultural language, it also seeks to determine that language in ways that shape subject positions and lives.

Legal transformations until the 1990s

Foucault (1978) cautions us against viewing historical change related to sexuality as a movement from repression to freedom, although it may be hard not to see transformations in the way sexual minorities have been treated by the law in such terms. Amongst men, same-sex sexual activity appears to have shifted from a period of absolute illegality, punishable by death, through the imposition of the Labouchère Amendment (in 1885), which redefined it as 'gross indecency', to the Sexual Offences Act (1967), which decriminalised same-sex acts between men if they were in private and for those aged over 21 years. This applied only to England and Wales (excluding the Armed Forces); decriminalisation did not take place in Scotland until 1980 and in Northern Ireland until 1982. Thus, there appears to have been a gradual move towards tolerance within the law (Weeks 2012). In essence this means that the oldest gay and bisexual men will have experienced severe legal sanctions of same-sex intimacy during their youth and early adulthood, whilst those born since 1949, whom Rosenfeld (2002) has termed the 'young-old', will have lived much of their adult lives in a less draconian legal environment. However, as West and Woelke (1997) note, between the 1970s and 1990s there were wide variations in England in police activities related to criminalising same-sex activity in 'public' spaces such as parks and lavatories. Some constabularies were less draconian than others. Moreover, during the 1980s and 1990s reactions to the AIDS epidemic saw the police acting insensitively, using gloves when arresting gay and bisexual men. Indeed, bisexual men were frequently regarded as pathological and dangerous to mainstream heterosexuality during this

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period (Storr 1999). Hence, although outright criminalisation may have ceased, legal controls and forms of policing regarding male homo- or bisexual activity will have shaped and haunted older gay and bisexual men's life experiences and imaginations.

The case of the legal control of sexual activity between women is more complex, as Waites (2002) has noted. It is often mistakenly said that sexual activity between women has not been subject to legal controls at all in the UK. Waites argues, however, that a variety of legislation has been used to attempt to control and criminalise sexual activity between women, including 'breach of the peace', 'gross indecency' and 'indecent assault'. Throughout the twentieth century, such controls were also shaped by gender ideologies regarding what was deemed to be 'appropriate' to women's sexuality; in short, sexual activity between men was deemed to be in need of greater control because men were sexually active, whilst women were viewed as either passive, or sexually voracious and pathological. Furthermore, the focus of legal constraints on lesbian and bisexual women has more often concerned questions of parenthood and custody rights (Harding 2011), particularly in relation to the climate created by Section 28 of the Local Government Act (1988), which pathologised 'pretend family relationships' amongst lesbian, bisexual and gay people. Lesbian and bisexual women lived with real fears that they could lose custody or access to their children because of their sexuality, as indeed did many gay and bisexual men.

There have, of course, been considerable legal changes in the last 20 years in the UK that have altered the legal backdrop to the lives of current generations of older lesbian, gay and/or bisexual people. I will discuss these in the next section of this chapter, concerning questions of sexual citizenship. Before doing so, however, it is important to consider wider social changes that have created a climate in which older LGB people have now emerged as a more visible group within the UK's ageing population.

Social structural and attitudinal changes

In his history of homosexuality in the USA, D'Emilio (1993) argues that capitalist urbanisation in the late nineteenth century facilitated the development of identifiable subcultures in which people could be 'homosexuals'. Meanwhile, Weeks (2010, 2012) discusses a range of social–cultural changes that have helped to create social space for lesbian, gay and/or bisexual lives. Of central importance and following on from the notion of distinct cultures of sexuality, was the emergence during the first half of the twentieth century of homophile organisations and networks, including the Scientific–Humanitarian Committee led by Magnus Hirschfeld in *fin de siècle* Germany, the Mattachine Society and the Daughters of Bilitis in 1950s America, and the Minorities Research Group and North West Homosexual Law Reform Committee in the UK in the early 1960s. Additionally, in the UK high-profile legal events, such as the trials of Oscar Wilde (1898) for gross indecency and Radclyffe Hall (1928) for obscenity, in addition to the formation of the Wolfenden Committee in 1954 to examine questions related to

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prostitution and male homosexuality, forced the wider public and indeed politicians to recognise sexual Others, even if such recognition was accompanied by intolerance, stigma and moralising.

Significant changes, however, started to take place in the second half of the twentieth century. Social attitudes towards and understandings of sexuality were profoundly affected by the emergence of the Women's Liberation and Lesbian and Gay Liberation movements of the 1960s, both of which have shaped contemporary debates about LGB people. The 'birth' of the modern Lesbian and Gay Movement is often attributed to the Stonewall Riots (1969) when federal police raided the Stonewall Inn in Greenwich Village, New York. For the first time, customers of the Inn fought back and several days of protests against police harassment took place. As such, these protests are said to have inspired lesbian and gay activism across Western societies – and in the UK this resulted in the formation of the Gay Liberation Front in 1971 (Weeks 2007). Yet for many lesbian and bisexual women, the Women's Movement had already focused attention on sexuality, sometimes in ways that were seen as both challenging and reactionary, with issues about political lesbianism and the place of bisexuality in feminism fiercely debated (Jackson 1999; Weeks 2007). Both the Lesbian and Gay and Women's Liberation movements radically questioned normative heterosexuality and made sexual minorities much more visible. Certainly, it has been suggested that during this period new sexual stories and ways of living emerged (Plummer 1995). Whilst Knauer (2011) argues that those coming of age in this post-Stonewall environment were more confident and assertive about their sexualities, because they had access to this liberationist narrative, she also notes that these very same people now run the risk of having to return to the closet.

Knauer (2011) and Plummer (1995) indicate that 'coming out' stories were central to this process, rejecting a life in 'the closet' in favour of living a visible lesbian, gay and/or bisexual existence. However, I believe we should be careful not to overgeneralise here and always assess an individual's own biography in this process. Knauer (2011) is right, I think, to explain that concerns about having to go 'back into the closet' in later life are expressed by many older LGB people today, but, as I will discuss in Chapter 4, the notion of 'coming out' is more complex and always context dependent and nuanced for older LGB people, certainly more complex than a simple 'in/out' dichotomy might imply.

What appears self-evident, however, is that a considerable change in social attitudes towards LGB people has occurred within the UK over the past 40 years. Strikingly, the British Social Attitudes (BSA) Survey has demonstrated a notable decline in those who think that homosexuality is 'always' or 'almost always' wrong, decreasing from 50 per cent in 1983 to 22 per cent in 2012. The BSA30 Report (Park et al. 2013) charts the ebbs and flows of this question, noting an increase in the late 1980s attributable to public reactions to the AIDS epidemic, as a disease that was perceived to be the 'fault' of gay and bisexual men, together with the introduction of Section 28 of the Local Government Act (1988). When age is factored in too there are significant differences. Generally each successive generation appears to be becoming more liberal than the proceeding one,

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although studies continue to show that homophobia and biphobia distort the lives of young lesbian, gay and/or bisexual people (McDermott 2011; McDermott, Roen and Scourfield 2008).

Given the above evidence, it is perhaps understandable that older LGB people, particularly the 'oldest-old' (Rosenfeld 2002), will be more aware of the attitudes of people of their own generation. But such a broad, quantitative picture, although useful, does not really uncover the complexities and contradictions of people's understandings of sexuality and does rather impose a representation that suggests older people are more homophobic and/or biphobic than those in younger generations. Indeed, it is just as insightful to know that all generations have become more tolerant of sexual minorities across this period – that is, there appears to a lessening of homo- and biphobia across all generations (Park et al. 2013); in short, older people *per se* should not be represented as intolerant and the young tolerant – the situation is more nuanced.

How, therefore, should such findings be put into a sociological context? Weeks (2007) attributes such shifting social attitudes to wider social structural processes including the decline of religiosity, but principally the processes of individualisation and de-traditionalisation. Here Weeks is drawing on theories of reflexive and late modernity espoused by Giddens (1992, 1991) and Beck (1992; Beck and Beck-Gernsheim 1995, 2002). These writers argue that contemporary Western societies, such as the UK, have witnessed a lessening of traditional constraints and a greater degree of individual freedom over the past 40 years. Interestingly, Giddens (1992) attributes some of this transformation to the 'life experiments' of lesbian and gay people, by which he means that they have created new forms of relating and living. I will discuss this suggestion in greater detail in subsequent chapters, but here it is worth noting the central position of lesbians and gay men (Giddens erases bisexuality) in this model. It suggests that, contrary to some representations of older LGB people, which appear to position them as largely marginalised, passive and facing considerable burdens later in their lives, they are in fact pioneers of new forms of sociality. Weeks has drawn on this suggestion in much of his work (2004, 2007, 2010, 2012; Weeks, Heaphy and Donovan 2001), but it has influenced him most notably in conceptions of sexual citizenship.

Sexual citizenship and older LGB people

The concept of sexual citizenship refers to rights, identities and belonging, and concerns questions of inclusion and exclusion (Weeks 2010). It has come to the fore in sociological (and socio-legal) studies of sexuality in recent years (Bell and Binnie 2000). However, sexual citizenship is a contested concept and I want to consider why before I outline how it can be used to assess current socio-legal frameworks that apply to older LGB adults. My aim in this section of the chapter is to examine how sexual citizenship rights can be applied to older LGB people in the UK at the moment, bearing in mind the information I have discussed in the previous section regarding the legal, medical and social–cultural historical

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background. I will explain that sexual citizenship is a useful way of framing the lives of older LGB people, particularly how they are positioned in relation to various equality policies, although the central concerns must be to consider the complexity of older LGB lives and problematise notions of normativity. Hence I concur with those who are somewhat suspicious of the concept as a normalising device (Richardson 2000b).

Following the suggestion that social and cultural change, particularly individualisation and de-traditionalisation, have transformed the contemporary life course, Weeks (1998, 2010) suggests that the sexual citizen is a 'hybrid' being who represents and reflects this transformation. The sexual citizen has newfound rights related to the sexual; and when discussing LGB rights, in particular, Weeks suggests that sexual citizenship has come after a 'moment of transgression' (2010, 115). In essence, Weeks is arguing that transgression and inclusion are reflexive, continual processes, bolstering one another. He gives the example of same-sex marriage rights and suggests that this is not only transgressive, as it challenges normative conceptions of marriage as a heterosexual entity, but also inclusive, in that it draws same-sex couples into the sphere of legal marriage. In effect, it is both transgressive and inclusive.

What Weeks provides with his formulation of sexual citizenship is, I think, a way of looking at rights claims as double-edged: something is gained, but it is always gained within certain conditions and parameters. Hence, rights gained pertaining to sexuality have shaped the lives and experiences of older LGB people. They have created freedoms, but these have come with constraints, as framing particular ways of living and being a lesbian, gay and/or bisexual person.

It is a focus on conditionality and the shaping of sexual rights within normative frameworks that has concerned other writers in this field, particularly Diane Richardson (2000a, 2000b, 2004). Whilst she concurs with Weeks in viewing rights claims as central to sexual citizenship, she is more concerned about a second aspect, noting, 'we can conceptualize sexual citizenship in a much broader sense in terms of access to rights more generally. In other words, how are various forms of citizenship status dependent upon a person's sexuality?' (Richardson 2000b, 107). Where Weeks emphasises the ebb and flow of agency, the extent to which individuals can act and change their social circumstances, Richardson focuses on the containment of sexual rights within heterosexual frameworks – for instance, how lesbian, gay and/or bisexual people's rights are given in accordance with normative heterosexuality, rather than how they disrupt it.

I suggested earlier that the legal context that older LGB people now experience in the UK is quite different from their formative years. It represents what Weeks (2007) refers to as 'the world we have won'. I will now detail some of this legislation before offering a more critical commentary.

Legal and policy changes since the 1990s

During the 1990s and the first decade of the twenty-first century a range of legal protections and policies were introduced across the UK that have affected the

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lives of LGB people. First, the Criminal Justice and Public Order Act (1994) lowered the age of consent for male same-sex activity to 18 years of age. In 2000, this was subsequently aligned with the age of consent for heterosexual activity, at 16 years of age. Whilst this may have affected younger people much more than those who are older, it represented a significant shift in terms of equalising homo- and heterosexualities before the law.

Secondly, Section 28 of the Local Government Act, which had been introduced in 1988 with the explicit intention of preventing the so-called 'promotion of homosexuality' and represented lesbian and gay families as somehow intrinsically disordered, was repealed – firstly in Scotland in 2000, and then in England and Wales in 2003. Again, this represented a significant shift, implying that LGB sexual citizens should not be treated as anomalous.

Thirdly, the Human Rights Act (1998), which came into force in 2000, incorporated aspects of the European Convention on Human Rights into UK law, including those protecting people on the grounds of sexual orientation. Fourthly, and relatedly, through the first decade of the twenty-first century the British Government extended rights and forms of protection on the grounds of sexual orientation through a series of Acts, which recognised the importance of equality in relation to the provision of goods, services, facilities and education. This culminated in the Equality Act (2010) – and one important aspect of this legislation is that the provision of goods and services must not be discriminatory.

One very significant piece of legislation for many older lesbian and gay couples was the Civil Partnership Act (2004), which enabled same-sex couples to have their partnership recognised under the law, although not regarded as a marriage. The latter was achieved with the Marriage (Same-Sex Couples) Act (2013), enabling same-sex marriages in England and Wales to take place from late March 2014. A similar bill was passed in Scotland in 2014 (Marriage and Civil Partnership (Scotland) Act 2014), but one has not yet been enacted in Northern Ireland.

Fifthly, the Adoption and Children Act (2002) enabled lesbian and gay people in England and Wales to adopt children, and similar rights were afforded those in Scotland in 2007. However, as Harding (2011) notes, same-sex parenting is more precarious under the law than same-sex relationships, with a general lack of specific equality legislation regarding reproduction and parenting rights.

These legal changes have undoubtedly affected the social and cultural landscape for many LGB people, especially for older LGB people who never imagined that such changes would happen in their lifetime. They therefore represent the 'moment of citizenship' that is referred to by Weeks (1998). However, as I suggested earlier, other more critical commentators have highlighted how in this process normative heterosexuality remains the *de facto* model by which LGB lives are measured (Jeffreys 2004; Richardson 2004; Richardson and Monro 2012; Stychin 2003). Thus, certain forms of relationship are protected and valorised, whilst others are not: for instance, monogamous, coupled relationships are deemed 'normal' and, by implication, other forms of relating are still viewed as transgressive; or as Anna-Marie Smith (1994) suggested in relation to the advent of Section 28, the law creates 'good gays' and 'dangerous queers' where those who conform

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to a normative model of homosexuality are acceptable and those who do not are not. This legal and social dichotomy is particularly consequential for older LGB people in terms of friendship networks later in life, since these are either not protected or recognised under the law (Westwood 2013a). Although legal rights, such as Civil Partnerships and Equal Marriage, do in some ways prevent cases where an older lesbian, gay and/or bisexual person's biological family can effectively exclude their partner after death, no such protections are afforded to friends. Yet, as I discuss in Chapters 6 and 7, social networks of friends and sometimes former partners are an important source of social support, social capital and care in later life for many older LGB people.

Therefore, thinking through the concept of sexual citizenship, as it relates to older LGB people, it is possible to see that legal changes and the policy implications that follow from them, such as those related to equality and diversity in local government (Monro 2006), are important forms of citizenship, but they are always enacted within certain boundaries. Some older LGB people are included and others are excluded. Duggan (2002) has discussed the emergence of a new 'homonormativity', a normalised homosexuality, and it is possible to view the transformations wrought by legal changes over the past 15 years as creating a homonormative life course (Hegarty 2013). However, I do think it is worth noting here the significance and transgressive quality of age within LGB communities, something that I mentioned in the previous chapter and will discuss in more detail in Chapters 5 and 6. There is, to an extent, an implicit ageism in LGB communities, especially in commercial spaces, and hence questions of belonging are always intersected by age identity. One may have rights under the law not to be discriminated against in terms of service provision, on the grounds of sexuality or age for that matter. Yet cultures of ageism exist in LGB communities through the valorisation of youth, particularly in the commercial 'scene' of bars and clubs (Jacobson and Samdahl 1998; Jones and Pugh 2005), although it should also be noted that ageism can work either way – against younger and against older (Simpson 2012). Therefore, it is important to be mindful of differences within and between groups of older LGB people, to assess to what extent they are able to be sexual citizens and to what extent they are denied inclusion and how. In short, as I will discuss in the following chapter, questions of diversity and difference are central.

Thus far, I have discussed the historical backdrop through which current generations of older LGB people have lived their lives and I have illustrated how questions of sexual citizenship are important, suggestive of issues of inclusion and exclusion. In Chapter 1 I noted that two narratives concerning LGB ageing can be seen in the extant literature, one of agency and one of constraint. In the next section, I want to sketch out in more detail some themes that emanate from current studies of older LGB lives across a number of fields: academia, third-sector and activist organisations, and policy making. I will emphasise how these studies draw upon and reconstruct the aforementioned narratives, albeit in a more complex way. My aim here is to highlight both the ways that older LGB people have been represented, in terms of their ontologies and the issues that they face, whilst simultaneously complicating the rather general representations I have been portraying thus far.

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Manifesting older LGB people: some emergent themes

Until relatively recently, older LGB people had largely been ignored by academics, policy makers and service providers; in short, there had been a 'queer absence' (Cronin 2006) and 'invisibility' (Pugh 2002) of this group of older people. Heaphy, Yip and Thompson (2003), Pugh (2002), Price (2005) and Cronin (2006) were amongst the first to identify some key issues related to older LGB people in the UK, as well as noting some key differences when compared with their heterosexual peers. However, cautioning against a simplistic, comparative approach, Cronin (2006) asserted that older LGB people should not be subjected to a 'normal model' of ageing where key features associated with heterosexual ageing are viewed as normative and LGB ageing is therefore viewed as deficient. What was needed, instead, was an LGB ageing.

As Heaphy et al. (2003) and Cronin (2006) have noted, studies emanating largely from the US had previously emphasised the benefits of ageing as a lesbian, gay and/or bisexual person. For example, research suggested that older LGB adults may have greater psychological strength to face the challenges of ageing (Berger and Kelly 1986; Friend 1991; Kimmel 1978) and, when compared with older heterosexual people, higher rates of participation in non-familial social networks (Dorfman et al. 1995). Hence, it has been suggested that older LGB people will be more resilient to certain factors associated with ageing, such as social isolation (Dentato et al. 2014). Dorfman et al. (1995) showed, for instance, that whilst older lesbian and gay adults are less likely to receive support from family members, they do receive high levels of social support from friends, leading to the term 'friendship families'. Friend (1991) argued that the achievement of an 'affirmative' LGB identity encourages the development of psychological strength, which can be drawn upon in later life, whilst Kimmel (1978) asserted that the successful negotiation of the 'coming out' process and subsequently managing the challenges posed by living in heteronormative society leaves an individual with increased 'ego strength'. Indeed, a more recent US study, amongst those aged 60 years and older, found that the majority were 'ageing successfully' across a range of measures, whilst only a minority were experiencing significant problems (Van Wagenen, Driskell and Bradford 2013).

These generally optimistic studies are counteracted by a wealth of studies from a number of Western countries, primarily the UK, US, Australia and Canada, that have suggested some key areas where older LGB people face challenges and discriminations. These include housing (Addis et al. 2009); varying aspects of health and social care, including end-of-life care and the challenges of caring for those with HIV later in life; and concerns about residential and day care, particularly heterosexism in such contexts (Almack 2007; Bauer, McAuliffe and Nay 2007; Boggs et al. 2014; Brotman et al. 2007; Cant 2005; Cartwright, Hughes and Lienert 2012; Cronin and King 2010b; de Vries 2014; Fish 2006; Fredriksen-Goldsen et al. 2009; Hughes 2007, 2008; Lyons et al. 2010; Muraco and Fredriksen-Goldsen 2011; Price 2010; Stein, Beckerman and Sherman 2010; Tolley and Ranzijn 2006a, 2006b; Ward et al. 2005). Moreover, studies have

also emphasised the significance of social networks, including care networks and how they need to be supported for older LGB people (Blando 2001; Brennan-Ing et al. 2013; Hughes and Kentlyn 2011; Nardi 1999; Roseneil 2004; Shippy, Cantor and Brennan 2004; Simpson 2012; Westwood 2013a). I will discuss all of these studies in detail and in relation to the OLGB studies in forthcoming chapters. But overall, a representation that frequently emerges is that older LGB people face considerable challenges as they get older, because of the intersection of their ageing sexualities, as well as other sources of social division, including gender, social class, ethnicity and health status.

Such academic studies are complemented by a range of studies from third-sector and other organisations. Drivers for research by these organisations have come from equality legislation, policy initiatives and community activism. Research conducted by advocacy organisations suggests that older LGB people face a range of institutional and personal barriers as they age. For instance, a recent survey by Stonewall (Guasp 2011), a leading UK-based LGBT rights and advocacy group, paints a rather depressing picture of lesbian, gay and/or bisexual later life. I want to consider the results of this survey in some detail, partly because Stonewall is a highly effective and influential advocacy group and therefore its members help to set the agenda for political, legal and policy responses to LGB ageing. In my view, although the Stonewall survey is very useful and contains insightful data, its overarching narrative is somewhat homogenous and pessimistic, thereby eliding important questions of diversity and difference within and between older LGB people themselves. In short, whilst I think Stonewall's work is important and I am very supportive of it, I would like to see a more nuanced and sociological account of LGB ageing informing theory, policy and practice.

The Stonewall report 'Lesbian, Gay and Bisexual People in Later Life' (Guasp 2011) is based on a survey conducted by the polling organisation YouGov of 1,050 heterosexual and 1,036 lesbian, gay and/or bisexual people who were aged 55 years or older from across the UK. It is the largest such survey in the UK. It showed that ageing as a lesbian, gay and/or bisexual person is more challenging than it is for heterosexual people. Social isolation and lack of social support are key problems: gay and bisexual men are much more likely to be single than their heterosexual male peers (40 per cent compared with 15 per cent); lesbian, gay and/or bisexual elders are twice as likely to live alone compared with heterosexual people; and they are less likely to have children or to see members of their biological family. Older LGB people are also more likely to rely on public services for sources of support: for instance, 22 per cent of older LGB people say they would turn to social services compared with 13 per cent of heterosexual people, yet simultaneously they are almost twice as likely to lack confidence in medical professionals if they become incapacitated (50 per cent compared with 32 per cent). Older LGB people are more pessimistic than their heterosexual peers on a range of measures, such as needing care, being independent and expressing concerns about being mobile as they age. Furthermore, older LGB people also report higher levels of drinking, smoking and drug taking and worse measures of mental health, particularly concerning depression. Whilst the older LGB people in

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the Stonewall survey did report higher rates of exercise and gay and bisexual men tended to have better financial provision, such as personal pensions, the overall picture that emerges from the report is deeply troubling, suggesting a community of people who are likely to experience a challenging and depressing later life.

Such findings are supported, to an extent, by research from third-sector organisations, which also emphasises that older LGB people are subject to a range of discriminations that need to be addressed by policy makers and practitioners within the areas of housing, health and social care, and leisure services (Age UK 2011c; Carr and Ross 2013; Knocker 2006, 2012). In her research for the Joseph Rowntree Foundation, Knocker (2012) details some individual stories and makes a plea for greater inclusion of diversity and difference in service provision. Indeed, Knocker (2012) suggests that there are a growing number of lesbian, gay and/or bisexual professionals who are concerned with the needs of older LGB people. Meanwhile, Age UK, the largest older people's charity in the UK, has successfully operated a project, 'Opening Doors', which offers a befriending service for older LGBT people, together with an information service and training programme for organisations seeking to address and improve their services for this group of older people. There are other more activist-led organisations, such as Safe Ageing No Discrimination (SAND) and Older Lesbian, Gay, Bisexual & Trans Association (OLGA), amongst other more geographically specific organisations. To this end, it certainly appears that, despite the concerns suggested by academic studies, activist organisations, and other third-sector organisations and service providers, steps are being taken to improve later life for LGB people. Indeed, I will discuss such a project, in which I was involved, in Chapter 9.

Overall, therefore, it is possible to see that a complex picture emerges of older LGB people as a group who are often marginalised, who are subject to discrimination and inequality across a range of areas, and who experience ageing differently, for the most part, from their heterosexual peers. Yet simultaneously, there are signs of change and the voices of older LGB people themselves are having a significant impact on current service provision and that which will be experienced by future generations.

Despite all of this, my own research has called my attention to the problems with the above representations, which we might argue fall not only into dichotomous narratives of constraint and celebration, but also into 'good' and 'bad' LGB ageing. Yet I contend that we cannot really speak of older LGB people and their experiences of later life without sufficient consideration being given to diversity, difference and complexity. What is needed, in my view, is an approach to older lesbian, gay and/or bisexual people's lives that draws out difference and diversity, complexity and complications, and problematises ageing as a lesbian, gay and/or bisexual person along dichotomous lines, whether that be good/bad or constraint/celebration. Whilst at times it is useful to compare older LGB people with their heterosexual peers, such intersections that exist within and between individuals mean that such comparisons are often problematic and risk leaving a 'normal' model of ageing in place or, perhaps worse still, generating a new one.

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Conclusion

I have used this chapter to illustrate a number of factors that shape older LGB lives. My purpose in doing this has been to historicise the LGB life course, pointing to important social, cultural, legal and political developments that may have profoundly affected individual older lesbian, gay and/or bisexual people and which will inevitably intrude upon their experiences of ageing. I have discussed questions of sexual citizenship, which increasingly frame how LGB ageing is conceptualised, and I have also used this chapter to introduce current debates and representations of older LGB people, as they emerge from various research studies. I have suggested that these literatures tell us important information about the inequalities, discriminations and challenges LGB people face as they grow older. However, I have also argued that it is important to consider questions of diversity, difference and complexity, to avoid, as far as possible, creating a homogenous view of LGB ageing. In the next chapter of this part of the book I draw out these questions of diversity and difference, examining them theoretically through the use of theories of diversity and intersectionality.

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3 Theorising older LGB lives

Introduction

By drawing on theories emanating largely, although not exclusively, from social gerontology, feminism and sociology, my argument in this chapter is that it is important to be wary of simplistic assumptions or conceptualisations about older LGB adults, as if they are a singular social group. I therefore argue for an approach to LGB ageing that helps to make sense of diversity, difference and indeed intersections between ageing, sexuality, and other social divisions and sources of inequality, within and between contexts. It is this approach that forms the epistemological and ontological assumptions that guide the analyses of LGB ageing in the remainder of this book.

This chapter is divided into four sections. The first explains why a focus on difference and diversity is needed, relating this to work in sexuality studies and gerontology. The second section outlines theories concerning individual, social and cultural diversity. The third section then draws on theories of intersectionality, explaining where they emanate from, what they add to questions of difference, and why they are useful to help us make sense of the lives and experiences of older LGB people. Included in this section is a discussion about how intersectionality can be utilised more empirically; in effect, this section examines different levels of intersectionality and discusses what they mean for research. Finally the concluding section draws the different elements of the proceeding discussion together, making the case once again for the need to address the complexity and multidimensionality of LGB ageing.

Why focus on difference and diversity?

In a critique of social theory, Blaikie (2006, 79) writes that although 'personal and social identities are shaped as much by age as they are by gender, ethnicity or class, social theory has largely neglected the significance of ageing as a key ingredient'. This can be extended to include sexuality. Sexuality, alongside or, more precisely, intersecting with gender, ethnicity, class, (dis)ability and age, plays a fundamental role in the formation of personal and social identities throughout the life course, including later in life (Calasanti, Slevin and King 2006).

Yet, unfortunately, this has all too frequently been overlooked within mainstream social gerontology and the sociology of later life.

Moreover, sexuality studies, itself a relatively young discipline, focuses primarily on the young or middle aged, often to the detriment of older people. Key exceptions here include Heaphy, Yip and Thompson (2003), Roseneil (2004) and Cronin (2006). In contrast, social gerontology has traditionally ignored sexuality, thereby, albeit unwittingly, reinforcing what Calasanti and Slevin (2001) appropriately term the broader 'cultural illiteracy' surrounding sexuality later in life, which denies older people a sexuality and derides them if they are sexual (DeLamater 2012; Gott and Hinchliff 2003; Hinchliff and Gott 2011). Whilst the historian Troyansky (1998, 97) may not have been directly referring to sexuality when he wrote, 'the category of old age was constructed in moral ways to laud and censure forms of behaviour deemed as appropriate and inappropriate', his words are nevertheless apt when it comes to considering culturally normative attitudes towards sexuality amongst ageing populations.

Fortunately this omission is beginning to be addressed in the academic study of later life, yet, as writers have argued, much of this research fails to pay due consideration to the psychological and sociological factors that structure the meaning and practice of sexuality as people get older (Cronin 2006; Pugh 2002; Rosenfeld 2002); instead, much gerontological literature has, until recently, appeared to focus more on sexual functioning, performance and ability. Arguably, this is theoretically problematic due to its failure to address the role sexuality plays in the social organisation and regulation of individuals and institutions in society. The failure to reflect critically on the gendered and heteronormative framework in which it operates accounts for both the bio-medicalisation of sexuality and an unproblematic acceptance of the heterosexual/homosexual divide, which in turn helps to explain the continued social exclusion of older LGB people. The following section utilises theoretical and empirical insights gained from both sexuality studies and social gerontology, alongside sociology more widely, to argue for an approach to LGB ageing that takes account of diverse and complex experiences.

Understanding difference and diversity in relation to ageing sexualities

If it is accepted that sexuality intersects with other social factors to affect the experience of ageing, the question then becomes, how is it possible to make sense of differences and the diversity of experience? The answer may lie in the concept of social diversity, which has in recent years become central not only to research but also to social and political policy and service provision. Such an approach simultaneously incorporates and supersedes a more traditional focus on social inequalities. Perhaps reflecting its wide range of applications, the body of research on diversity is in itself diverse, multidisciplinary and rapidly expanding (Calasanti, Slevin and King 2006; Daatland and Biggs 2006; Hartmann and Gerteis 2005; Niezen 2003); yet it is not without its critics (Boli and Elliot 2008). It is not possible, however, nor perhaps necessary, to expand upon it fully within

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the confines of this book. Here the discussion is limited to theoretical assumptions or interweaving strands that underpin diversity, and in discussing these it is possible to explore how they might be applied to the study of older LGB adults. Whilst not an exhaustive list, these theoretical assumptions illustrate the central tenets of diversity theories. Indeed, it is possible to discern several strands of diversity: individual, social and cultural. Whilst for analytic ease these are separated out, they are in practice interrelated and can subsequently be used to explore how an understanding of difference and diversity can be incorporated into work about LGB ageing.

Individual diversity

Using the polarised concepts of individuality and relatedness, early psychological theories of ageing (Buhler 1933; Erikson 1973; Jung 1972) emphasised the move towards individuality in later life, although, as Westerhof and Bode (2006) point out, this was often at the expense of looking at what people have in common, or their relatedness. Thus, as Westerhof and Bode (2006) note in their discussion of Ryff's (1995) theory of well-being in later life, there are seven measures of individuality compared with just one measure of relatedness. Although early research used the term 'individuality', it is reasonable to make the assumption that it was referring to what is now termed 'individual diversity'.

This focus on individuality (or individual diversity) is not just an artefact of early psychological theories, but continues to appear in more recent psychological research that draws on notions of 'successful ageing' (Baltes and Baltes 1990). Additionally, whilst work has retained a close interest in individuality (Bode 2003), it has expanded to pay more attention to its opposite term, relatedness. Sociologically speaking, this links to both the third strand on cultural diversity and also more broadly to discussions of social support and social capital in later life (Cooper et al. 1999), which are explored in detail in Chapter 6.

Leaving aside the debate on the connections and relative weighting of individuality and relatedness respectively, this early psychological literature serves to highlight the relationship between individual diversity and the ageing process more broadly. Developing this theme, Daatland and Biggs (2006, 1) contend that diversity is in itself an artefact of the ageing process and hence something to be expected, because '[i]ndividuals have had time to develop a more integrated and particular sense of self; in other words, who they believe themselves to be'.

At an intuitive, or even an anecdotal level, this claim has much to commend it. Many people can think of adults who demonstrate, as they age, not only a greater understanding of who they are, but also a greater confidence in expressing both their individuality and resisting the pressure to conform to social norms. Furthermore, this anecdotal experience is supported by the findings from both mainstream gerontological research as indicated above, and also research with older LGB adults. The literature documents the stories of women and men who only felt able to adopt a lesbian, gay and/or bisexual identity later in life, often following heterosexual marriage and parenthood (Cronin 2006; Dworkin 2006;

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Jensen 1999; Traies 2012). Whilst changing social attitudes may partially account for this change in lifestyle, the self-confidence and wisdom accrued as part of the ageing process are important factors in the equation and should not be underestimated (Cronin and King 2010b).

Social diversity and inequalities

The second strand of diversity moves away from the psychologist's concern with individuality, or individual diversity, to focus on socially produced inequalities and the relationship between agency and the social structures of society. Here, the interest is less to do with a benign recognition of personal differences, which increases with maturity. Instead, this form of diversity is more concerned with the unequal, yet patterned, distribution of power and resources in society and the resultant consequences this has on individuals and groups.

Whilst gerontology's interest in social inequalities in later life is not a new phenomenon – for instance, Arber and Ginn (1991) did much to illustrate how ageing is related to gender structures and inequalities – advocates of a social diversity approach are often critical of the assumptions underlying earlier work in this area; in particular, they point to the use of a 'normal model' of ageing from which inequalities (or deviations) are mapped or measured. Calasanti (1996) points out that the 'normal model' of ageing is methodologically flawed due to its use of a reference point through which to compare and measure patterns of difference, an approach that, because of its inability to explain existing hierarchies of power, can inadvertently end up reinforcing power differentials, and normative understandings of ageing.

An obvious example of this is gender. Evidence suggests (Arber and Ginn 1991; Calasanti, Slevin and King 2006) that women and men experience later life differently, and although women are numerically in the majority, the experiences of older women are often compared with the experiences of older men, in a way that suggests they are deficient. However, as Cronin (2006, 109) notes, this merely

> reinforces the normality of the reference group's experience while minimizing the differing social reality of groups who stand outside the socially constructed norm. This reductivist approach assumes that we can only understand the experiences of this particular social group by the mere fact that they do not belong to the dominant reference group; yet being female is different from not being male.

Similarly, although older LGB adults will have much in common with older heterosexual adults, the social organisation and regulation of sexuality in society means that they are likely to experience later life differently from their heterosexual counterparts. As in the example above, it makes neither theoretical nor empirical sense to use a simple comparison model in which the heterosexual majority is the reference group: being lesbian, gay and/or bisexual is different from 'not being heterosexual'.

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Endorsing such a view and commenting on traditional models of old age, Featherstone and Hepworth (1991) consider this masks differential experiences; certainly, it is for this reason that Latimer (1997) has suggested that practices of categorising need to be a focus of research as much as any objective understanding of older people. Arguably, this is especially significant in any study in which identity categories, such as those related to sexuality, are at the forefront of investigation. Indeed, such practices of categorisation are something that I return to in Chapter 4.

There has been discussion amongst social gerontologists that the effect of both cumulative and newly emergent inequalities experienced over the life course will lead to multiple different realities in later life (Dannefer 1996). This perspective has resulted in new ways of understanding how gender, socio-economic status, race/ethnicity as well as forms of social and cultural diversity impact on the lives of older people (Arber and Ginn 1991; Conway-Turner 1999; Evandrou 2000; McFadden 2001). Unfortunately, as noted above, sexuality has largely been absent from mainstream social gerontology's consideration of social diversity until recently.

Despite this, it is not difficult to see how this aspect of social diversity has a direct relevance to understanding the experiences of older LGB adults. As discussed in the previous chapter, current cohorts of older LGB adults grew up and lived their young adult lives in a more parochial climate, where there was often open hostility towards homosexuality and bisexuality and where they were routinely denied the civil and legal rights enjoyed by their heterosexual counterparts. This last point is graphically illustrated in the film *Milk* (Van Sant 2008), which focuses on the life of Harvey Milk, an advocate of gay rights in the 1970s. He became the first openly gay man to be voted into Public Office in the US, only to be assassinated shortly afterwards by a fellow politician. *Milk* serves as both a poignant exploration of the birth of the modern Gay Liberation Movement in the early 1970s and the vital role it played in the development of affirmative identities and communities (Altman 1982; Weeks 1977). Additionally, it serves as a stark reminder of both the gains and losses made since then. Until this point, apart from the 1967 Sexual Offences Act in the UK, reform had been patchy and hindered by the lack of an organised movement demanding political and social change (Weeks 1977). As noted in Chapter 2, the Stonewall Riots, in 1969, provided the impetus for political action in the US and in many other Western countries, including the UK, leading to the 1970s becoming the 'turning-point in the evolution of a homosexual consciousness' (Weeks 1977, 186). It should be noted, however, that this 'history' rather erases and glosses over the history of bisexuality and the significance of bisexual people in the nascent Gay Rights Movement, not to mention the significance of the Women's Liberation Movement and feminism.

In contrast to the generally submissive and hence weak homophile organisations of the 1960s, Gay Liberation demanded change in the political, judicial and social treatment of LGB people. I noted in Chapter 2 that the last 40 years of political activism has undoubtedly had a beneficial impact on LGB adults. Nevertheless, despite this, the dominant institutional and cultural framework often continues

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to regard heterosexuality as a morally superior way of life that disadvantages lesbian, gay and/or bisexual people. In addition, existing research supports the claim that older LGB adults continue to face discrimination and social inequality, particularly in the areas of health and social care (Heaphy and Yip 2006; Hubbard and Rossington; Hunt and Minsky 2005; Robinson 1998), which are explored in detail in chapters 7 and 8 of this book.

Cultural diversity

This strand, whilst speaking to the constraints placed on individuals as a result of socially produced inequalities, is more concerned with the opportunities and possibilities for identity transformation and change afforded by the culturally rich and diverse world that has been termed by others as reflexive or late modernity (Beck 1992; Beck and Beck-Gernsheim 2002; Giddens 1991). Cultural diversity contends that these are opportunities that have only been enhanced by the process of globalisation. Encapsulating this stance on diversity, Daatland and Biggs (2006, 1) write,

> we are exposed to many more cultural pathways than preceding generations, making life appear richer and with substantially more options than has traditionally been the case.

Whilst not without its problems, it is to be expected that, as social life and experiences become more heterogeneous, people will become more aware firstly of 'others' who are not like themselves and secondly of the possibilities for a transformation of self.

Assessing the implications of this for the study of later life, Daatland and Biggs (2006) urge social gerontologists to pay greater attention to different cultures of ageing. Again this could be read as a rejection of the 'normal model' of ageing noted earlier. Whilst the main focus for this argument might quite appropriately be the need to take into account ethnic minority cultures and as such it links into debates on diversity in multicultural studies (Hartmann and Gertheis 2005), it is also equally applicable to older LGB communities and networks. As discussed in the previous section of this chapter, LGB adults have through necessity formed their own cultures and communities, and so it should be a point of investigation as to whether this has resulted in a LGB-centred culture of ageing, an issue that is returned to and explored in more detail in Chapter 6.

Constraint and celebration

So far difference and diversity have been examined at an individual, social and cultural level; it now remains to bring these three strands together to assess the implications for the analysis of older LGB adults' lives. Debatably, this is primarily a question once again of issues of constraint and celebration. Constraint exists here in the form of social inequality, whilst celebration is represented by the

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positive recognition of both individual and cultural diversity. However, attention to both can enable a move beyond flawed notions of a 'normal model' of ageing, which by definition involves labelling as 'other' those who do not conform to the norms and values of the dominant group. In this respect, diversity is, as Yee (2002, 5) notes,

> [a]bout the recognition and celebration of the differences that exist in our society [. . .]. Diversity is about recognizing barriers that prevent access to our social systems and building a broader community infrastructure.

Acceptance of this conceptualisation of difference and diversity leads to questions about its deployment in both research and practice. Returning to Calasanti's (1996) critique of the 'normal model' of ageing, she argues that empirical investigations into social diversity should begin with the assumption that reality will differ according to social location and group membership. This permits access to and understanding of what Dannefer (1996) terms the different realties of ageing, and Daatland and Biggs (2006) refer to as multiple pathways. It is therefore important to reflect critically on both individual and collective constructions of normalcy; thus the inclusion of social diversity into research will reward and challenge researchers, policy makers and/or service providers.

It will also mean challenging negative and unhelpful stereotyping of older people and the ageing process, for despite a growing awareness of diversity such unhelpful images still abound. As Daatland and Biggs (2006) point out, older people continue to be subject to age-related social expectations that may have little to do with the reality of their lives. Such stereotypes, whilst subject to historical and social variation, continue to play a major part in contributing to cultural norms and beliefs about ageing, a point amply illustrated in the earlier discussion on cultural attitudes towards sexuality in later life. Furthermore, if negative stereotypes are not actively challenged there is a danger of reinforcing them.

This brief overview of diversity theories has illustrated that any investigation of ageing that fails to fully incorporate individual, social and cultural diversity is fatally flawed, an argument that can be extended to both the development of social policy and the delivery of service provision. As Daatland and Biggs (2006, 1) state, 'to understand contemporary ageing it is necessary to recognise diversity'.

LGB ageing and diversity theories

The preceding discussion has indicated that diversity theories provide a useful framework for the exploration and analysis of the lives of older lesbian, gay and/or bisexual people. I outlined in Chapter 2 that research has now begun to develop across different regions of the UK (Age UK 2011c; Communities Scotland 2005; Davies et al. 2006; Stonewall Cymru and Triangle Wales 2006) demonstrating that, despite similarities with older heterosexual people, older LGB adults do have specific needs and issues that must be addressed. For instance, Opening Doors London and Age UK Camden (2011) co-produced a checklist for social care

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providers that urges them to think about issues of difference and diversity regarding their service users. It points out that older LGB people may have different needs to older heterosexual people and asks service providers to reflect on their understanding of these needs.

Inevitably, there may be a tendency, especially amongst policy makers and practitioners, to represent older LGB adults as a group or only consider intra-group differences in a cursory way, to ignore or gloss over differences that exist within and between older lesbian, gay and/or bisexual people. Is, for instance, the experience of a health care service the same for an older working-class gay man as it is for an older middle-class gay man? What about the effects of gender? What is the experience of an older lesbian or bisexual woman compared with an older gay or bisexual man in terms of pension entitlements? Do geographical location, ethnicity and access to social networks affect experiences of later life for older LGB people?

Thus, it appears that there are too many multiple levels of difference for this to be ignored, or for LGB ageing to be seen as a singular phenomenon. Indeed, to do so would appear to be at odds with other perspectives within the humanities and social sciences that contend identities are unstable, multiple and produced contextually. Moreover, there is a need to consider, within this, differential degrees of power and inequality. Whilst diversity perspectives clearly illustrate that power and inequalities are multiple, they do not really help us to assess their contextual nature. It is for this reason that diversity perspectives concerning LGB ageing need to be supplemented with others that address this contextual and complex relationship between power, inequality and identification. In order to do this it is important to understand questions of intersectionality.

Theories of intersectionality

Intersectionality was introduced into feminist scholarship in the context of Black feminism and its critique of mainstream feminist and anti-racist theories (Crenshaw 1993). Black feminists contended that feminism had traditionally been conceptualised from a white, middle-class woman's perspective, even though it was thought to be universal. Hence, Black feminists argued that gender and racial inequalities intersected to produce complex subject positions and a web of discriminations.

Intersectionality has since become something of a 'buzzword' (Davis 2008) for the exploration of differences within, as much as between, social groups. Despite the existence of different strands of intersectionality (McCall 2009), overall these are critical of approaches that examine people's identities and corresponding inequalities from an additive perspective; that is, inequalities that are added up to produce a greater degree of marginalisation and disempowerment. For example, an additive approach would posit that an individual older lesbian, gay and/or bisexual adult could experience a double, triple or quadruple inequality related to ageism, heterosexism, racism and, in the case of lesbian and bisexual women, sexism. Whilst not denying the existence of such inequalities,

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an additive perspective may fail to address the meshing together of these or any other inequalities within everyday life, as well as wider social and political structures. Additive perspectives may therefore ignore the situated nature of identities; that is, a person's sexuality may be highly significant in some contexts, yet less so in others. Unwittingly, therefore, additive perspectives may reinscribe inequalities by obscuring differences (Krekula 2007; Yuval-Davis 2006).

Intersectionality has opened up new critical space in the sociology of sexualities, offering a way to reconsider and possibly reconcile tensions that exist between feminist and queer theories (Fish 2008; Jackson 2006; Richardson 2007). Moreover, it has made important contributions to exploring the relationship between class and sexuality (Skeggs 1997; Taylor 2008, 2009) and between sexuality, gender and ageing (Krekula 2007; Ward et al. 2008). Although the foci of these studies are somewhat different, cumulatively they identify the problems with difference *per se*, whilst emphasising the need to examine differences within and between groups.

Taylor (2009), for instance, illustrates the significant differences related to class in her study of working-class lesbians. She reports that for these women class and sexuality intersect to produce multiple inequalities: for example, some felt excluded from LGBT community spaces because of their class, whilst they were also marginalised within their working-class communities because of their sexuality. Meanwhile, other studies have illustrated the intersection of multiple factors that impact upon the life chances of older LGB people, including age, gender, class, ethnicity and health status (Fish 2008; Heaphy, Yip and Thompson 2003; Jones 2011). These studies suggest that experiences are complex and indicate that homogenous categorisations need to be disaggregated.

These findings and suggestions resonate with the OLGB studies that I will draw on throughout the remainder of this book, wherein it is possible to identify ways that older LGB adults are affected by a range of intersecting inequalities and differences related to their age, socio-economic status, gender and ethnicity, in particular, but also other factors such as health status, (dis)ability and geographical location. By utilising intersectionality, the complex interrelationship between biographical diversity and social context, which the group identification 'older LGB adult' might obscure, can therefore be illuminated. Indeed, it should be noted that intersectionality applies not only to people's identities and the inequalities that they experience in interactions with others because of those identities, but also to their positioning in relation to institutions and social structures too, hence the focus on services and the transformation of services discussed in latter sections of this book. Moreover, as Krekula (2007) recalls in her study of narratives of ageing and gender, it is important to remember that intersectionality includes issues of empowerment as well as inequalities and exclusion. Sexuality intersects with other identifications and social divisions, such that sexual subject positions are always classed, raced, gendered, and so on. Whilst sometimes, in some institutional contexts, these intersections may be constraining, at other times, in other ways, they can also be a source of resistance, celebration and agency; as I have been consistently arguing, they are intertwined.

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Using intersectionality

Utilising intersectionality, in an empirical sense, can, however, be problematic because decisions about which categories and which contexts should be included in an analysis are reflexive, selective tasks (Taylor 2009). McCall's (2009) classification of intersectional approaches provides a useful way of making such decisions. There are, according to McCall, three primary approaches: the anticategorical, the intracategorical and the intercategorical.

The anticategorical approach, largely influenced by post-structuralism and deconstructionism, has sought to question the integrity of social categories, such as gender and sexuality. A good example of this would be the use of Queer Theory to inform an empirical analysis. McCall (2009, 54) notes,

> the methodological consequence is to render suspect both the process of categorization itself and any research that is based on such categorization, because it inevitably leads to demarcation, demarcation to exclusion, and exclusion to inequality.

Hence, the basis of any category of identification is rendered problematic. More generally, the anticategorical examines issues of becoming and being and how categories of identity are used strategically.

An intracategorical approach, one that is focused on divisions within an existing group, does not necessarily deconstruct a category, but does explore other categories, inequalities and intragroup differences that intersect within certain contexts. For instance, following this approach would mean starting with a categorisation, such as 'older LGB adults', and then unravelling differences based on gender, social class, ethnicity and other social divisions that are relevant across contexts.

The third approach, the intercategorical, explores the relationship between groups along multiple axes of inequalities. Hence, we might compare older working-class lesbians with older middle-class lesbians and then with older bisexual women and then older heterosexual women. Subsequently, their experiences may then be compared with older gay and bisexual men and then with older heterosexual men, and so on. One would build a framework for exploring difference, privilege and inequality. Table 3.1 summarises how these different approaches could be related to older LGB people.

There are both beneficial and more problematic points about each of these intersectional approaches for my purposes in this book. The anticategorical approach could, for instance, help to illuminate how older LGB, as a group of people, emerges across different contexts, how this is related to heteronormativity, and how and why this identification is used as a disciplinary/subjective concept, for example by examining how older LGB identities are constructed, in ways that are both enabling and constraining. To an extent, this is the approach I adopt in Chapter 4 where I focus on issues of becoming and being an older lesbian, gay and/or bisexual person. However, there is a danger that, by deconstructing taken-for-granted categories, used and meaningful to people in their everyday lives,

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Table 3.1 McCall's (2009) intersectional methodologies in relation to older LGB people

Type of intersectional approach	*What it does*	*What this means for analysing older LGB people*
Anticategorical	Deconstructs simplistic identity categories to illustrate their social construction and political effects.	Examines the emergence of this categorisation across multiple disciplinary fields in order to illustrate how it is related to forms of power/knowledge.
Intracategorical	Takes a single group example and examines the complexity within this group across a single context or multiplicity of contexts.	Unravels other intersecting identifications and intragroup differences associated with these, e.g. gender, class, race/ethnicity.
Intercategorical	Takes a number of groups and examines how they differ on a range of characteristics across a range of contexts.	Compares and contrasts heterosexual and lesbian, gay and/or bisexual people's experiences of ageing across a range of contexts. Then explores how these are affected by other intersections, e.g. gender, class, race/ethnicity, across institutions.

such an analysis may unwittingly produce an account that reduces agency and over-determines constraints. It is important to be careful, therefore, to ensure that any such account is balanced by participants' own views, as examples of how people negotiate and problematise any subject positions at an individual level.

The intracategorical could be used to examine differences within and between older lesbian, gay and/or bisexual people across a range of contexts. This would mean exploring the intersections of different aspects of identity and social division, such as social class, gender and ethnicity, amongst others. Moreover, it means exploring differences of contexts, such as the geographical and institutional/structural. This approach is used mostly in chapters 5 and 6, although it is also utilised in the chapters that make up Part III of this book.

Finally, at times it is necessary to compare the experiences of older LGB adults, as a whole, with those of older heterosexuals, whilst remaining mindful of other differences that intersect in each case, such as social class and gender differences, and then exploring these across contexts. This intercategorical approach is also used throughout the book, but especially in the chapters that constitute Part III since these address different institutional contexts related to LGB ageing.

Conclusion

This chapter has outlined approaches towards ageing and sexuality emanating from gerontology and the sociology of later life, feminism, and the sociology of sexualities – theories of diversity and intersectionality. In providing this overview

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I have argued that diversity theories are useful to help us understand differences that exist between individuals and social groups, as well as the inequalities that follow from these differences. Diversity approaches, therefore, have use when examining the lives of older lesbian, gay and/or bisexual people because they are able to help us conceptualise differences and their associated inequalities. As I have suggested, this approach to difference has informed studies of older LGB adults' lives and service provision. Social diversity approaches tend to emphasise constraint and inequalities. For instance, whilst sharing similarities with older heterosexual adults, older LGB adults experience unique problems and difficulties because of the social regulation of sexuality and the 'normal model' of ageing. However, cultural diversity approaches appear to suggest that older LGB adults are well placed to cope with the stresses and tribulations of ageing. Indeed, because of marginality and inequality, some older LGB adults have developed their own cultures of ageing. Ultimately, though, the use of such diversity approaches can only take us some of the way in examining the complexity of people's lives, identities and situations. Therefore, I have asserted that theories of intersectionality can be used as an adjunct to extend a focus on difference, considering issues of complexity and context.

Intersectionality demonstrates that individual older lesbian, gay and/or bisexual people are positioned at the intersection of multiple identifications and structures, the effects of which will change depending on context. Hence, in combination with theories of diversity, which offers a broad approach to the analysis of people's lives, intersectionality enables a more fine-grained analysis of difference. Sometimes these differences will result in disempowerment, whilst sometimes ageing and sexuality intersect with other forms of social division, such as socio-economic (financial) status, to empower individuals. It is, I contend, simply not possible to say that all older LGB people are discriminated against later in life compared with their older heterosexual peers. Similarly, it is not possible to say that older gay and bisexual men are always financially solvent later in life, compared with older lesbian or bisexual women. There is such abundance of difference that it is difficult to make generalisations, even amongst the small sample contained within the OLGB studies that I will be using throughout this book. However, to make such an assertion is to risk reducing all analyses to the individualistic, to occlude commonality and similarity.

Rahman (2009, 360) has argued that, although intersectionality calls into question the viability of identity categories, it forces us to consider whether it is possible to use these to identify and remedy inequalities:

> [I]ntersectionality demands a qualitatively different understanding of dominant, unitary categories . . . and therefore implies potentially differentiated policies in remedying inequalities based on the categories . . . [and] ultimately, the implication of differential outcomes in terms of what constitutes 'equality'.

Like others (Fish 2008), I recognise the significance of using such identity categories, but I contend that it is the task of sociologists to tease apart the

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intersections of power, inequality and identification that such categories gloss. To ignore this task would be to affirm existing inequalities under the guise of incorporating diversity; to reinforce, albeit unintentionally, heteronormative assumptions about LGB ageing and social policies related to older lesbian, gay and/or bisexual adults' lives.

Therefore, to conclude, both this chapter and this part of the book, the approach to LGB ageing that I am adopting concurs with others who assert that whilst identifications, such as 'older LGB adult', might retain a degree of significance for policy makers (Fish 2008; Heaphy and Yip 2006), they are biographical oversimplifications that need to be disentangled in order to fully understand and reflect diverse life experiences, in differing contexts. In the next part of this book, I begin to address difference, diversity and intersectionality through questions of identity, social networks and wider social structures, particularly the intersection of ageing sexualities with gender and socio-economic status.

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Part II

Situating older lesbian, gay and/or bisexual lives

I have already emphasised how significant social, historical and legal contexts are not only when thinking about lesbian, gay and/or bisexual ageing, but also when situating older LGB lives theoretically. My purpose, thus far, has been to demonstrate that trying to understand LGB ageing without reference to such contexts is problematic because it does not account for the situated nature of people's lives and identities. The three chapters in this part of the book all deal with the situated positioning of older lesbian, gay and/or bisexual lives, as discursive, embodied and interactional phenomena. Once again, my aim throughout the chapters in this part is to illustrate the significance of diversity and intersectionality, albeit within the limits of the sample of the OLGB studies (see Appendix).

In Chapter 4 I discuss the discursive positioning of older lesbian, gay and/or bisexual people – how they are called into subject positions and indeed how they themselves take on those subject positions. Using a range of social–theoretical perspectives that can broadly be labelled as constructionist, I look at examples of claiming and contesting older LGB identities, as they emanated in the OLGB studies. Hence the focus of Chapter 4 is very much on the diverse intersections of ageing and sexuality and on how people's self and social identities regarding these categories and sources of social division are formed and deployed. If we are to properly explore older LGB people's lives, in my view, we must disaggregate the complex identities that they represent and consider how they are formed, within situations. However, one argument that can be posited against such a view is that it fails to take account of the embodiment of identities – the location of the lesbian, gay and/or bisexual ageing body in a temporal–spatial context.

Chapter 5 explores older lesbian, gay and/or bisexual lives in a range of more temporal–spatial contexts. The chapter begins with a sociological discussion of the ageing body and then, using examples from the OLGB studies, the relationship between ageing bodies and sexual selves are considered. This is followed by placing these ageing sexual bodies in a more geographical context: the wider LGBT community. For many older people, regardless of their sexuality, their home and concerns about leaving home in later life are important and shape their understandings of the future; but for older LGB people, home has become a refuge from heteronormativity. Chapter 5 explores these issues, primarily through people's discussion of having visitors, such as care service providers, in their

home and leaving home to go into residential care. As I noted in earlier chapters, concerns about residential care feature highly in surveys of older LGB people and their attitudes towards ageing. One aim in Chapter 5 is to explore some of the diversity of those views and how they intersect with other social divisions. Indeed, I conclude the chapter by looking at issues of ageing, sexuality and ethnicity. Whilst the participants in the OLGB studies overwhelmingly identified themselves as White British and either non-religious or Christian, at times in their accounts questions of ethnicity and cultural and religious identification did come to the fore and I consider what this tells us about ethnic difference and LGB ageing.

Having located older LGB people's lives in terms of discursively constituted and embodied identities, the final chapter in this part of the book, Chapter 6, turns to questions of social networks and economic resources. My aim here is to situate older LGB people through accounts of their connections with others and how these are attenuated or strengthened by financial and other forms of economic capital. The chapter employs the concept of social capital, principally as it has been theorised by Robert Putnam and Pierre Bourdieu. It discusses the importance of queering social capital, considering the significance of 'families of choice' (Weeks, Heaphy and Donovan 2001; Weston 1991) and the more institutionalised networks that participants in the OLGB studies belonged to, such as social groups and LGBT community organisations. But the significance of economic resources is always present and questions about differences in economic resources and how these intersect with gender, in particular, are also considered.

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4 Am I that name? Claiming and contesting identities

Introduction

My aim in this chapter is to show that becoming and being an older LGB person is not straightforward, a given; rather, it is an *effect* of wider discursive, social and above all interactional processes. I argue that becoming and being an older LGB person involves two levels of identity: a life course identity, related to temporal positioning; and a situated identity, related to the context in which that identity is manifested. I should note, however, that this distinction is hermeneutic and in reality both are interrelated. My overarching argument, therefore, is that an analysis of processes of becoming and being, what we might label as the anticategorical imperative that I noted in the previous chapter, is a first step towards appreciating difference, diversity and intersectionality in the lives of older LGB people.

The chapter is divided into a number of sections. The first section delves into insights emanating from the sociology of sexualities concerning the production of sexual identity. I use a number of perspectives in this section to focus on processes of becoming – that is, how one comes to identify as a lesbian, gay and/or bisexual person. Included here are Queer Theory, the work of Judith Butler, and Symbolic Interactionism. In the second section I examine these processes of becoming through an exploration of accounts of 'coming out' to self and significant others – in effect, the telling of sexual stories (Plummer 1995). In the third section I then change theoretical and methodological tack somewhat, using insights from Conversation Analysis, which examines how identities and meanings are constructed in specific contexts through talk. I use a form of Conversation Analysis called Membership Categorisation Analysis (MCA) to focus on the process of being categorised as an older LGB person. Here I draw on a small number of accounts in the OLGB studies to demonstrate how such categorisations are not always accepted straightforwardly, but are subject to shaping, questioning and rejection. The concluding section brings these different threads together, where I revisit the idea of life course and situated identities and their ramifications for my developing thesis, including their implications for policy and practice.

The language of sexual identity

The following three quotes, from the accounts given by April, Judy and Anne, illustrate the importance of sexual identity categories in 'telling sexual stories'

(Plummer 1995). These women draw on such categories, pointing out when they became applicable to themselves (in terms of their life course) and how they helped them to interpret interactions with others:

> I now identify myself as lesbian, but cannot remember a particular point in my life when this became apparent to me. From a very young age I felt that I was somehow different, interested in different things and thinking about things differently from my peers, but didn't agonise about it. (April, lesbian, 59)

> Yes, I mean, I'm a lesbian . . . I've always . . . that's not true, I've always known that really that I was, and . . . I can remember, and I never quite got the hang of . . . as a sort of . . . and I had an affair with a lady when I was late, late teens, early twenties. (Judy, lesbian, 59)

> I then started fancying women [at age 36] . . . but up until then I was heterosexual. (Anne, lesbian, 55)

As I noted in previous chapters, scholars of sexuality have asserted that during the nineteenth century a process of disciplinary knowledge (re)construction took place, which created sexual identity categories that could be drawn on and used to identify and categorise people, including oneself (Foucault 1978; Weeks 2010). Such a process both enabled and constrained subjectivity. It enabled identities to be formed, whilst simultaneously providing their conditions of existence. As Foucault (1978, 43) put it, regarding male homosexuality, such a process ensured that, whereas 'the sodomite had been a temporary aberration[,] the homosexual was now a species'. Everyone could and should be categorised according to sexuality; it became a central aspect of self. It is notable that a similar process occurred in relation to age chronologies during the same era, as people were fitted into a schema of the life course (Featherstone and Hepworth 1991; Hockey and James 1993, 2003). Indeed, I show processes of age categorisation at work in the third section of this chapter.

Issues of categorisation and their disciplinary power may initially seem distant from the everyday lives of older LGB people and pressing concerns of social isolation, exclusion and poor service provision, which I noted in Chapter 2. They may not, for example, appear to be important when someone is feeling marginalised in a care home or being vilified by a service provider. Yet it is precisely through the mobilisation of identity categories, which draw on wider discursive and moral orders, that people are placed in such positions and subject to such treatment.

There are two important ramifications here. Firstly, it is necessary to examine the significance and importance of identifying oneself as a member of a category in order to understand the significance of that category across a person's life – what I term a life course identity. Secondly, it is important to understand how being placed or placing oneself in a category comes about – what I term a situated identity. Considering both is important, because it is necessary to understand such powers of categorisation as a precursor to understanding difference, diversity and intersectionality. Before examining how such categories are related to peoples' lived experiences, particularly how they come to identify themselves, or not, as

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an older LGB person, I will turn to more theoretical conceptualisations of this process, drawing on approaches that can be broadly labelled as social constructionist (Burr 2003).

Identity becomings

The question of how an identity comes to be relevant to oneself, a part of one's being, one's ontology, is central to a range of perspectives in sociology, but it is most evident in Queer Theory (Fuss 1991; Green 2007; Sullivan 2003), the work of Judith Butler (1991, 1997, 1999, 2004) and, in a more grounded way, Symbolic Interactionism (Gagnon and Simon 2005; Jackson and Scott 2011).

Queer Theory is a diverse and sometimes contradictory body of work that takes the deconstruction of categories of identity and knowledge as its central analytic task (Green 2007; Seidman 1995). Queer Theory maintains that a problem with sexual identity categories is that they are always shaped within the confines of heteronormativity, the ideology of sex/gender that permeates Western societies (Rubin 1993; Sedgwick 1993). It is the task of Queer Theory to deconstruct such sexual identities, to show how they are unstable, fluidic fictions that are the effects of regimes of power/knowledge that regulate bodies and desires (Jagose 1996; Seidman 1996, 1997).

Judith Butler is often viewed as a key exponent of Queer Theory. Her principal insight for my purpose is that categories of identity are performative: they are brought into being through discursive practices that constitute what they name (Butler 1999). Butler's famous example is how bio-medical (and heteronormative) conceptions of gender produce a subject position from which a subjectivity is constituted. As Butler (1993, 232) suggests,

> [gender] is thus not the product of choice, but the forcible citation of a norm, one whose complex historicity is indissociable from relations of discipline, regulation, punishment. Indeed, there is no 'one' who takes on a gender norm. On the contrary, this citation of the gender norm is necessary in order to qualify as a 'one', to become viable as a 'one', where subject-formation is dependent on the prior operation of legitimating gender norms.

Butler is suggesting here that gender is constructed through the power of gender norms that people are compelled to *do*. Thus gender identity is not of one's own making. Indeed, one cannot 'be' gendered outside of a discourse of gender; it is constituted in and through it and discourse regulates who one can be. To do gender differently is to risk being culturally unintelligible, to have one's personhood subject to erasure (Butler 2004). Whilst Butler is referring here to gender, the same argument can be applied to other aspects of identity, such as sexuality and age. We are compelled to 'do' sexuality and age within normative limits and it is the doing of such identities that constitutes them socially.

The work of Butler and Queer Theory, more generally, is useful for questioning identity categories and why certain processes of becoming take place; in effect,

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they show that sexual identity categories, such as lesbian, gay and/or bisexual, are regulatory, fixing people into existing bodies of knowledge, shaping existence. Whilst Queer Theory and Butler draw attention to the power of these categories and arguably represent a form of anticategorical intersectionality, both are rather philosophical and abstracted from the everyday lives and experiences of social actors. Thus, Plummer (2011) and others (Jackson and Scott 2011) have suggested that they do not tell us very much about the lived experiences of either becoming and being a member of such an identity category, only that such categories are regulatory. Instead, these writers have drawn upon another theoretical strand to show how cultural meanings are used in everyday life: Symbolic Interactionism.

Symbolic Interactionism explores the socially constructed meanings that people use to shape their lives, identities and subjectivities. Plummer (1975, 1995, 2011) and Gagnon and Simon (2005) have used this perspective to contend that sexual identity, although linked to wider discourses, which may be heteronormative, is always known in and through social interaction. For Gagnon and Simon (2005), sexuality is not a natural, essential given, but rather involves the application of cultural discourses (which they term 'cultural scenarios') to social interactions and self-understanding. They profoundly reject the view, emanating largely from psychoanalysis, that sexuality is an innate drive that is repressed by society (Jackson and Scott 2011). Instead, Gagnon and Simon use the language of 'scripts' to explain how sexuality is seen as integral to self, at this point in time, although it may not always have been so.

Cultural scenarios, including representations of sexuality, professional and legal discourses, and those found in common-sense understandings, provide a background knowledge that people interpret in and through their social interactions (interpersonal scripts) and make sense of in their subjective, reflexive narratives of what it means to be sexual (intrapsychic scripts). These scripts, in turn, feedback, recursively, into cultural scenarios, indicating that cultural understandings regarding the sexual are constantly in flux. What Gagnon and Simon explicate then is a view of sexuality that is inherently social. We may understand ourselves through socially constructed categories, but we do not do so passively. We manipulate and reclassify them in the process.

Plummer (2011, 205) has argued that, whilst drawing together Butler and Queer Theory with the critical humanism of Symbolic Interactionism may, for some, be antithetical, 'contradiction, ambivalence and tension reside in all critical inquiries'. Hence, there is much to be gained from using these perspectives alongside one another. Indeed, in my view, all point to the need to explore the complexity of becoming an identity, as well as instances of regulation and resistance towards it.

(Be)Coming out

A number of writers (e.g. McLean 2007; Plummer 1995) have argued that, since the 1960s, the notion of a 'coming out' story, self-identifying oneself as lesbian, gay and/or bisexual, has been a central organising principle of contemporary

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understandings of sexuality and claims to subjectivity. Such practices of becoming link performativity and scripting: one places oneself in a subject position where certain cultural scenarios, concerning what a lesbian, gay and/or bisexual person is, become relevant to one's social interactions and how one understands one's sexual subjectivity. In turn these everyday performances of sexuality feed back into wider cultural scenarios, or discourses, reproducing, but also changing, a largely heteronormative social order.

'Coming out' does not, therefore, exist in a social vacuum, but in and through social contexts. Whilst in some ways it may be an epiphanic moment in an individual's life course, it is always associated with wider socio-historical events and ongoing social interactions. As I noted before, and do so again in the analysis that follows, whilst these are useful ways to interpret subjectivity and think about intragroup differences across the life course, my concern is that these differences become fixed, overly applied to the point of determinism – in particular, that belonging to a certain generation or cohort and 'coming out' or conceptualising oneself as lesbian, gay and/or bisexual at a particular point in history comes to determine experiences across the entire life course, at the exclusion of others. I am particularly concerned that it valorises early life experiences, implying that they are more significant than those later in life. Apart from an implicit ageism, this is not borne out in other, more sociological works about 'fateful' or 'critical' moments that can occur during the life course (Giddens 1991; Henderson et al. 2007; Weeks, Heaphy and Donovan 2001), leading to a reassessment of self and sociality.

In this section, I will explore accounts of becoming a lesbian, gay and/or bisexual person amongst participants in the OLGB studies and demonstrate the importance of social context. My aim is to show that becoming an LGB person, to both self and others, is more complex than a linear, narrative and 'one-off' event might imply. It represents an important step to consider diversity, difference and intersectionality amongst older LGB people.

'Coming out' to self

In many interviews in the OLGB studies, participants spoke about a point in their lives where they felt that their sexuality was 'different' from the (hetero)normative. Sometimes this occurred during childhood or adolescence, whilst for others it happened later in life. Some spoke of recognising they were 'different', but not necessarily articulating this as sexual difference, or not being sure if they should apply the label lesbian, gay or bisexual to themselves. The quote from April, which I used earlier in this chapter and reproduce a section of here, illustrates this point:

> From a very young age I felt that I was somehow different, interested in different things and thinking about things differently from my peers, but didn't agonise about it. (April, lesbian, 59)

Like April, some participants recognised their sexuality and didn't 'agonise' about it, whilst for others it was more problematic, as Ernest explains:

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> Probably ever since teenage, I mean I didn't want to accept the fact that I was gay so I had girlfriends and all the rest of it but I think I knew all along that this was never going to succeed for me, my attraction was always other men. (Ernest, gay man, 73)

Ernest's reticence may have been due to the punitive sexual climate during his teenage years; indeed, he was arrested for engaging in same-sex sexual acts in a public place in his youth. However, other participants, even those who were not of a 'pre-Stonewall' or Silent Generation (Knauer 2011) like Ernest and had become aware of their sexuality during and after the emergence of a liberationist discourse also initially struggled to define their sexuality:

> I was pulled into finding out more but at the same time not wanting to find out more because the more I found out the more the truth was incontrovertible and I wasn't ready to find out those truths about myself. (Thomas, gay man, 59)

Hence, a possible awareness of same or bisexual attractions, in youth or early adulthood, did not automatically result in participants living an openly gay, lesbian or bisexual lifestyle. Understandably, as I discuss later on in this section, many participants either 'came out' to a very select group of people, or not at all, based on their interpretation of the safety of the social context they were located within, at that time.

'Coming out' to others

As already noted, a personal awareness of same and bisexual attraction cannot be separated from wider social attitudes about sexuality, which are often embodied in parental and family values. Amongst participants in the OLGB studies, an initial common response from parents to the discovery that their child had same- or bisexual attractions was to dismiss them and deny what their child was feeling:

> It seemed perfectly natural to me to be attracted to women and I was victim to the usual schoolgirl crushes. Having found out about one of these my mother assured me that it would be a passing phase. I did not believe that something so intense and wonderful would be, and it wasn't. (April, lesbian, 59)

Here, April's mother reflects the prevailing orthodoxy of the time, when psychodynamic theories, largely derived from Freudian psychoanalysis, emphasised her sexuality as a disorder of normative psychosexual development and probably a passing phase (Knauer 2011). As such, this formed part of the 'cultural scenario', the wider discursive context that people, including April's mother, would have drawn on. However, other participants in the OLGB studies pointed to the existence of other scenarios as particularly important in this respect. In the following extract, Judy explains that her mother drew on religion to interpret and close down discussion of her daughter's declaration of same-sex desire:

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> . . . just didn't want to discuss it at all and its, I mean, . . . my mum's an extremely, strict Catholic you know, and 'This is how you behave, there is no sex before marriage". That's what you do, you know. And I had, I didn't really understand it at all, there was no information. So it became obvious to me . . . obviously something that was very childish and I was going to grow out of it like everybody, and I actually took it on board. (Judy, lesbian, 59)

It is also interesting to note that Judy says that since a more affirmative, pro-gay discourse was unavailable to her, like her mother she also drew on religiosity to make sense of her social interactions (at an interpersonal level) and her own sexual subjectivity (at an intrapsychic level). Hence, Judy's 'coming out' to her-self was a recognition and acceptance that she was 'deviant' in religious terms, a capitulation, from a queer perspective, to a heteronormative, religious order; indeed, although there was self-recognition of her lesbianism, Judy married a heterosexual man and did not publicly declare her lesbian identity until later in her life.

For other participants, 'coming out' to familial others was recounted as liberating yet subsequently silencing. Sandy (lesbian, 64), speaking of the reaction of her mother and brother said, 'they were fine but my mother said, "It's fine as long as we never mention it again".' Others had approached 'coming out' less directly by introducing partners, whilst never explicitly stating their sexuality. As Jean explained,

> Well I've never come out with it and said I'm a lesbian because I know what it would do to them but I think they know it's just that they don't ever bring it up or anything. My sister just says, 'How is your friend [name]?' (Jean, lesbian, 53)

Although such initial responses were not positive, around two-thirds of participants in the OLGB studies had proceeded to be completely open about their sexuality to their parents and close family. Generally, this had been met with a mixed reaction ranging from hostility through to tolerance. Only one gay man reported that his parents had accepted his sexuality unconditionally from the very start. It was apparent from the rest of this man's interview that his parents' acceptance of his sexuality had a profoundly positive effect on him, both as a young man and throughout the rest of his life. A few others reported that initial hostility or denial later softened into a reluctant tolerance and only in one or two cases of complete acceptance.

Such responses by parents, accompanied by a consideration of the prevailing negative social attitudes towards their sexuality, had led a significant number of participants in the OLGB studies to engage in heterosexual relationships, as discussed above in the case of Ernest. Some remained in these heterosexual relationships well into their adulthood, although for others this was not the case. Whilst it might be tempting to classify these people as 'closeted' or concealing their true sexual feelings because of a heteronormative social climate, it is worth reiterating the critical point made by Rust (1993) that there is a danger of viewing

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'coming out' as a rejection of heteronormativity. Indeed, 'coming out' often suggests the revelation of a true lesbian, gay and/or bisexual identity. Yet, from a queer perspective, it is the acceptance of an identity that is still maintained within the confines of heteronormative discourse. I will explore in more detail how participants skilfully positioned their membership of sexual identity categories in the third section of this chapter. However, aside from the more conceptual point, it should be noted that a lack of open acceptance or general dismissal by parents and other family members could make it very difficult for individuals to turn to their family of origin for support later in life, an issue that I return to in the following chapters of this section of the book.

'Coming out' and the legal status of male homosexuality

For gay and bisexual male participants the reaction of parents and family was further complicated by the lack of legal status accorded male same-sex acts prior to the passing of the Sexual Offences Act (1967). The men in the OLGB studies, particularly the older men who reached sexual maturity at a time when these acts were still illegal, or shortly after decriminalisation, explained how this affected their lived experiences:

> When I was young it was illegal so it was definitely not something one discussed at school or at home, definitely not with my parents anyway. So I had to be secretive about it and I've only become more open about it in my later life when things have become more, what's the word I want, generally more open. (Graham, bisexual man, 57)

Whilst Graham, like others, spoke about being 'more secretive', indicating the power of legal discourse and heteronormativity more generally, Ernest talked at length about how this influenced his decision to emigrate from the UK following his arrest and prosecution for 'gross indecency'. This inevitably led to a comparison with the current status of (male) homosexuality in society, and the far greater ability he now experienced to be open about his sexuality:

> Well it was erm, partly because I felt about my sexuality and what had happened as part of this court case when I was fairly young, I just felt I wasn't able to live under English rules and regulations as a gay man, I wouldn't have been able to live the life I wanted as a gay man, that's why I moved to Africa. (Ernest, gay man, 73)

Ernest's decision to leave the UK meant he moved to a country that did not have legislation concerning male homosexuality and where he was positioned as different for reasons other than sexuality: his ethnicity. In a way, Ernest's story illustrates the constraining power of cultural discourses that stigmatised homosexuality and the legacy of this throughout his life. Even when he returned to the UK later in life, he did not 'come out' in the conventional sense, in terms of

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what was by then a homonormative mode of being. Other participants also did not adopt a LGB social identity until later in life, although they did so in other ways and for different reasons.

'Coming out' later in life

As indicated above, a number of participants did not 'come out' or embrace a lesbian, gay and/or bisexual identity until later in life, often after a number of years of heterosexual marriage, which included having children. For some, this had been coupled with the very real concern that by 'coming out' they might lose access to their children. As Abbey (lesbian, 54) said: 'If I had come out I would have lost all the kids, there was no doubt about that, he would have got custody without question'. Again, it is possible to see how the wider legal and social–cultural scripts, informed by stereotypes about the danger lesbian, gay and/or bisexual people posed to children, had affected the interpersonal and intrapsychic scripts that shaped people's lives.

Whilst some of these people embraced a non-heterosexual identity later in life with few problems in terms of their self-identity, at the level of social interactions many had faced hostility and rejection by parents, siblings and perhaps more significantly at that point in their lives by their heterosexual partner and/or their children:

> I came out to the kids which was not as difficult as I thought it was going to be, my daughters are ok, but my middle child, my son, he, has been quite homophobic which . . . I don't know where it comes from, I really don't. (Judy, lesbian, 59)

Other participants had 'come out' later in life, but were circumspect about informing life-long friends. George (gay man, 76) had been married to a woman and had children before adopting a gay identity later in his life, yet still retained friendships with a few old friends who he did not disclose his sexuality to; in short, they believed that George's marriage had broken down for reasons other than his sexuality. As he said, 'they've always known me, well, as a married man, and I've not, with some of those folk, I've not been able to revisit that'. These stories demonstrate how certain interpersonal interactions remain unchanged despite more emancipatory cultural scenarios, such as those provided by Gay Liberation, wider changes in sexual citizenship I discussed in Chapter 2, alongside the reconfiguration of intrapsychic scripts in terms of a re-evaluation of self-identity as a lesbian or gay man.

'Coming out' in contemporary society

As I have indicated, all participants in the OLGB studies demonstrated a strong awareness of the past negative status accorded their sexualities, which had led some, but by no means all, to live more isolated, hidden lives. This provided an interesting counterpoint to questions of 'coming out' in contemporary society.

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The majority of participants felt that due to changing social attitudes and increased legal protections over the course of their lives, the current social context in which people might 'come out' was much better than it had been in the past. Some participants, such as Ruth, Graham and Mark, spoke of the 'openness' of society, forced to accept non-heterosexualities:

> Well, I think it's more accepting now, isn't it, than it used to be [. . .]. I think younger people once they have decided this is what they want and they decide that's what they are going to be the rest of society just has to accept it or not accept it or tolerate it, you know. (Ruth, lesbian, 62)

> It's wonderful; I wish I'd been born later. As I say, when I was young it had to be, literally, behind closed doors, in the closet, you didn't dare admit it, whereas nowadays you can see couples, male and female, walking along, arm in arm, holding hands, lovely. I wish I'd had that opportunity when I was young . . . there doesn't seem to be a lot of homophobia that I have found now, one knows it exists, but fortunately I haven't found much of it. (Graham, bisexual man, 57)

> Well there's been a, it's just completely transformed I think since you know, since I was a teenager. You get a sense, with young people anyway, that they don't really give a toss. I'm not suggesting in any way that we live in a land of milk and honey, but it feels to me very, very different. If I think about my nephews or children of my friends, they're just much cooler about the whole issue so that just seems like a, it's been a privilege to live through that period. Indeed in 2006 when my partner and I had a civil partnership it was, not only was it one of the best days of my life but I thought there were about 120 people there who'd played some sort of role in us being together, and you just thought that you couldn't have imagined that 20 years ago, 10 years ago even so it feels, that feels good, kind of normalising I guess, for want of a better word. (Mark, gay man, 53)

As these accounts demonstrate, a significant number of participants in the OLGB studies felt that generally the social status of and social climate for LGB people had improved in the UK over the past thirty or so years. Like Mark, such 'normalising' meant that many participants tended to emphasise that there was a greater level of acceptance of non-heterosexualities amongst young people. To an extent, this accords with research suggesting a shift from overt homo- and biphobia amongst the young (McCormack 2011; Park et al. 2013), although it does not, however, concur with other evidence demonstrating continued discrimination and isolation faced by young people who identify as LGB (Hillier and Harrison 2004; McDermott, Roen and Scourfield 2008; Rivers 2011). Legislation, particularly the advent of Civil Partnerships, as Mark's account demonstrates, was also seen as very important in this respect.

However, despite suggesting that there was now more tolerance towards LGB people in society, one participant, who had spent his working life campaigning for LGBT rights, was far less enthusiastic about the current situation:

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> In general, the majority of the British population treat us with contempt still. I don't think there is any . . . erm . . . most discourse other than the rarefied variety amongst the chattering classes still take a very disdainful, very suspicious view of lesbian and gay people, and that is what disturbs me profoundly. A huge amount of evidence still shows that the normative view indicates that there is no room for complacency . . . . I take a rather sober view about change, that is not to say there hasn't been change on the ground, but the group of people amongst whom it has changed, and where change has taken root at a very deep level, is a very small percentage of the population. And of course what complicates the matter is that there is a huge amount of superficial tolerance, I wouldn't say acceptance, tolerance, which in itself is inadequate, but on top of tolerance being inadequate, it is superficial and skin deep and it is not carried through in public policy and private discourse, in town or in the streets. I mean I dare not walk around here holding hands with my partner or showing any affection. (Thomas, gay man, 59)

Thomas's eloquent and passionate account troubles many of the more positive and homonormative accounts provided by other participants. He also points to the geographical specificity of being open about one's sexuality, something I consider further in Chapter 5. Moreover, his reference to change as specific to certain social groups, the 'chattering classes', also invokes a classed element to 'coming out', 'being out' and 'staying out'. Indeed, as I show in Chapter 6, there is a misrepresentation that equates middle-class culture with acceptance and that of working-class people with toleration, at best, and a rump of discrimination at least.

'Coming out' as an ongoing process/practice

Thus far, 'coming out' has been discussed as a largely epiphanic event that may take place at any point across the life course, but predominantly in youth or early adulthood. Yet, as other writers have noted, 'coming out' is an ongoing lifelong process of identification that is largely dependent on the social context in which an individual is constantly engaged in making decisions about who to 'come out' to and when (Orne 2011; Rust 1993). Certainly, this is more akin to the notion of performativity that I outlined earlier. Several participants spoke of 'coming out' as an ongoing, lifelong process, very much an interactional and context-dependent phenomenon:

> Usually, you know, whereas coming out is not just something that you do once, it's an ongoing process and you have to pick your moments really. (Judy, lesbian, 59)

Such 'moment picking' was discussed by Mark, contrasting with the more positive representation he provided earlier in his account about his Civil Partnership ceremony:

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> I've been with my partner 20 years in, we recently had a civil partnership which I invited some of my aunts, one of whom was outraged at the idea of me being gay [general laughter], so I suppose in terms of that kind of wider family, I've always been a bit, what's the right word, ambivalent, I've never made any kind of announcement to them although if you like, the civil partnership was an announcement. (Mark, gay man, 53)

Mark's account shows how the performativity of the Civil Partnership was a 'coming out' action for him. This was something that was emphasised by many participants. An overt declaration regarding sexuality was not made to each and every person that they encountered in their lives; people were left to draw their own conclusions from performative acts:

> I've never actually come out but I have sort of been outed by people who recognised the symptoms, if you like, for want of a better term. But I've never actually turned round to anybody and, particularly my family, and say, 'Well actually I'm bi.' I've never actually managed to keep it hidden, well not as successfully as I thought because people in my workplace knew that were quite happy with it, but I never stood up and said, 'Actually, I am bisexual or gay or whatever.' (Graham, bisexual man, 57)

It is important to note, however, that 'coming out' as bisexual can locate someone in a paradoxical position (Rust 2002). As Jones (2011) and others (Weinberg, Williams and Pryor 2001) have noted, people may behave bisexually, but not identify with this sexual identity category (although the same can of course be said of homosexuality). Moreover, bisexuality is often located negatively within lesbian and gay communities and so revealing a bi-identity to others can be influenced by such stigmatisation. As McLean (2007, 155–156) notes:

> there is great diversity in the sexual attractions, emotional attractions, sexual experiences and relationships of bisexual men and women. Therefore trying to describe a typical bisexual – and typical bisexual sexual attractions and experiences – is difficult . . . . This can then create considerable anxieties amongst bisexual people that, if they do come out, their sexuality will not be well understood by those they are disclosing it to. As a result, many bisexuals may not come out at all.

Certainly, it was interesting to note that there was some re-reading of their own biography as bisexual amongst those who 'came out' later in life, following heterosexual relationships, but of not 'coming out' as bisexual at the time. One exception to this was Stacey, who had until her mid-thirties been married to a man and identified as bisexual. But during an 'extra-marital' relationship with a woman and following a discussion with a male friend she began to identify as a lesbian:

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> And it was during that affair that I realised that I'm a lesbian. I spoke to a friend of [woman she was having relationship with], a man, and he said something and it was in that moment I realised that I'm not bisexual, I'm a lesbian . . . . (Stacey, lesbian, 53)

Once again, such findings illustrate how people's sexual identities are not 'fixed' at one point in time, but can change across the life course. Hence, 'coming out' should not be seen in essentialist terms – that is, as uncovering a fixed truth – but in interactional and socio-cultural terms.

Thus far I have demonstrated that 'coming out' is often viewed as central to claiming a sexual identity, such that one can become an LGB person. I have argued that discourses, or cultural scenarios, exist that enable such subject positions to be claimed, performatively, and that these are largely heteronormative. In effect, following Queer Theory, to proclaim oneself as lesbian, gay and/or bisexual is to locate oneself within heteronormative discourse. Yet it is clear from the extracts discussed above that there is considerable diversity in this process – and contrary to more macro explanations about the effects of social context on 'coming out' and indeed 'being out', those in younger age groups in the sample were not necessarily less wary of declaring their sexual identity to others than those who were older. In the following section I will move on to consider the act of being categorised, drawing on other theoretical (and methodological resources) to complement those I have used thus far.

Being categorised and re-categorising

My aim in the remainder of this chapter is to extend the preceding discussion, which has been about sexual identity *becomings* across the life course, to examine how sexual identities are claimed, contradicted and actively resisted in specific interpersonal contexts, what I am calling *situated identities*. In so doing, I also explore how this is associated with other categories of identity invoked by the term 'older lesbian, gay and/or bisexual', specifically age and gender. In order to do this, I will draw on insights from a form of Conversation Analysis known as Membership Categorisation Analysis (MCA).

Membership categorisation and Membership Categorisation Analysis

According to its originator Harvey Sacks (1995), knowledge of the social world is carried by membership categories. These can be categories of people, places or events and are grouped into certain collections, which Sacks referred to as 'membership categorisation devices' (MCDs). Sexuality is an MCD; it contains a series of categories, such as 'gay', 'lesbian', 'bisexual'. But it also displays something that Sacks (1995) termed 'duplicative organisation'. Sexuality is a hierarchical MCD; within a heteronormative society, heterosexuality assumes the dominant position. Furthermore, specific activities or attributes come to be associated with specific categories within a culture. Thus, an attribute associated with being gay or

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lesbian, as opposed to heterosexual, is to have desires for, or sexual relations with, someone of the same rather than opposite sex. However, people do not passively reproduce normative combinations of categories of sexuality; rather, they deploy them in specific situations to do specific things, what Sacks referred to as being artful about putting categories and attributes together for specific interactional purposes, to produce a variety of meanings that change over time. How people use and manipulate categories and attributes is, therefore, something of note.

MCA 'pays attention to the situated and reflexive use of categories in everyday and institutional interaction, as well as interview, media and other textual data' (Benwell and Stokoe 2006, 38). Enabling the investigation of 'culture-in-action' (Baker 2000), it shows how cultural understandings are carried by discourse and are reproduced and transformed in their use. MCA can be used to analyse specific instances of categorisation, but it is also attuned to detailing how these instances link to wider discursive norms and practices. In short, it can focus on both micro and macro levels of analysis. However, a number of writers have suggested that analysing membership categories can become overly concerned with the content of categories, neglecting to examine how the content changes over the course of an account (Schegloff 2007). It is therefore important to explore the sequential unfolding of categorisation work within an account (Watson 1997; Stokoe 2003) and to pay attention to the structural features of talk, such as pauses, overlaps, intonation and laughter.[1] These structural features can also have an impact on the way that meaning is produced through talk.

In the following examples, taken from the OLGB studies, participants were asked to categorise their sexuality; in effect they were called upon to 'come out' in that context, to self-categorise as lesbian, gay and/or bisexual. In so doing, participants drew on a variety of discourses about sexuality and other aspects of self to produce a matrix of identities, illustrating the complexity and intersectionality of their selves – and I want to explore this categorisation identity work in more detail below.

Reworking categories of sexuality

Sometimes in the OLGB studies, categories such as gay, lesbian or bisexual were used and then 'shaped' by participants in some way with additional or more complex meanings that they asserted were more applicable to them. For instance, in the following extract from his account, Graham was asked to define his sexual identity:

Int: what I'd like to do (.) er (.) to start with (.) is to talk a little bit about sexuality and sexual identity (0.2) we all (.) kind of (.) use different terms to describe our er (.) sexuality (0.1) our sexual iden:tity so it would be really useful for me if you could describe your sexuality (.) your sexual identity.

1 Conversation Analysts (and those using MCA) employ a symbol-laden transcription system to denote these and other aspects of talk. For a good overview see the appendix in the book by Robin Wooffitt (2015).

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G: (0.2) well I er (.) would describe myself as being bisexual (0.1) with a leaning towards the male er (.) gay side
Int: ok (0.3) and how long have you identified as bisexual
G: since er (.) since I was about 10 years old (0.1) I suppo::se

In this extract the interview question makes the MCD, or collection of categories, 'sexuality/sexual identity' relevant to the interaction. However, before addressing the actual categories I want to focus on the ways that categories are brought into play in this interaction – how the question is delivered and how Graham initially responds. The question begins with a statement: 'what I'd like to do'. It has a partially hesitant delivery (note the pauses, some very short (.), others longer). Graham initially responds thus: '[short pause] well I er'. As Schegloff and Lerner (2009) note, 'well' responses to *wh*-questions preface a non-straightforward response. Arguably, both the delivery of the question, with its reference to the MCD sexuality phrased as a 'what'-question, and Graham's hesitant 'well'-response indicate 'trouble' – that is, that sexuality is being held 'accountable', something that needs to be substantiated in this context. Graham confirms his membership, his incumbency, of a recognisable category of sexuality ('bisexual') for the purposes of this context. However, after a short pause, Graham follows this initial membership categorisation with an attribution ('a leaning towards') and the introduction of a gendered category ('male') and another category of sexuality, turned into an attribute, 'gay side'. Thus, Graham can be heard as stating that he is bisexual (for categorical purposes), but he clarifies his membership of this category, to the interviewer, giving more specific information.

It is also interesting that, despite this identity categorisation work, after the recognition token ('ok'), in the follow-up question the interviewer does not add this degree of categorical sophistication, asking instead a question about longevity of bisexual categorical incumbency, which Graham does respond to, somewhat tentatively, indicated by the 'I suppose' (the double colons indicate a drawn-out delivery to the end of this word). There is, therefore, a form of erasure taking place here, an un-troubling of sexuality; this is a point I will return to when I discuss wider issues about categories in research, policy and service provision later in this chapter.

Gendering sexual categories

Whilst Graham offered a recognisable category, in his response to the question involving the MCD 'sexuality', which he then clarified, other participants sought to distance themselves from sexual identity categories in a number of ways. One such way was the use of, but then rejection of, categories of sexuality. This can be seen more prominently in the categorisation work taking place in the interview with Abbey and Jean:

Int: so (.) can you tell me (.) how yud describe your sexualities
Abbey: gay women or lesbians (.) you know

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Int: yeah
Abbey: I mean it's just (0.1) but (.) er (.) I mean we really don't label ourselves (.) do we
Jean: no (.) we don't really
Abbey: (0.1) a young fellow who lives ((nearby)) he just calls us the chicks from 56 (.) you know (.) duzn he
Jean: yes
Abbey: and er (.) he:z young enough to be our son (.) you know heh
Int: mmn
Abbey: so I think that is kinda nice we call ourselves chicks from 56 (.) which is really nice you know
Int: mmh:mm
Abbey: because then it duznt make you feel too old (.) or past it (.) or I think people just accept us for what we are don't the[y]
Jean: [ye]ah we've had no bother (.) since we've been here

Once again, we can see how the question sets the categorical scenery for the response: the MCD 'sexualities' is deployed. Certainly, in her response, Abbey constructs their sexualities using two recognisable sexual identity categories from this MCD: 'gay women' and 'lesbians'. However, she then qualifies her use of these categories, noting that 'we really don't label ourselves do we', an attribution, in the form of a question, that is affirmed by Jean – 'no we don't really'. Such a denial is potentially *troublesome* – after all, these women are being interviewed in a project about older lesbians. Indeed, it warrants a further account from Abbey concerning how they do categorise themselves. Here Abbey is offering a self-repair. In undertaking this, she turns instead to another MCD made relevant in her previous response, 'gay *women*' – that is, gender. Here she gives an extended account, with affirmative interjections from Jean and the interviewer, concerning a male neighbour who she says has given them a gendered epithet: 'the *chicks* from 56'. Yet it is clear from what follows in her talk that any latent sexism that could be associated with this category – since 'chicks' can be used as a derogatory term for women – does not appear to concern Abbey here. Thus, it seems that gender is deemed by Abbey and Jean to be preferable to sexuality as a categoriser. However, yet again, Abbey challenges this presumption in her ongoing account: the reason she claims that they like the epithet is not simply associated with gender *per se*, but with age – it 'doesn't make you feel too old or past it'. These categorisations can be related to and accord with the view that women are disadvantaged by ageing, whatever their sexuality (Krekula 2007). Hence, Abbey's statement 'people just accept us for what we are, don't they?' is quickly affirmed by Jean to the point where their speech overlaps (indicated by the square brackets). This is followed by a statement that explicitly rejects any 'bother' in their specific geographical location, which suggests that sexuality is the bother, the trouble, rather than ageing or gender. Hence, ageing and gender are preferable categorisers here.

The next two examples are drawn from the interview conducted with Ernest. Like that of Abbey and Jean, the interview began with a question concerning

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sexuality. Here again, it is possible to see Ernest's categorisation work troubling categories of sexuality:

Int: We all use different terms to describe our sexuality (.) so it would be helpful for me if you could tell me how you describe your sexual identity

Ernest: Right (0.1) er well (.) I feel it's a very important issue (.) well it is for me. I'm a gay man (.) but my gayness is not (.) what I would call my primary characteristic (.) er my primary characteristic is that I'm male (.) and er (.) I would do everything that I would expect an ordinary male to do except that when it comes to sex then I'm going to prefer to have sex with other men (.) but that's the only way I consider myself to be gay

The interviewer's question again makes membership categories associated with the MCD 'sexuality' a relevant resource for Ernest to categorise himself. The question also includes an 'extreme case formulation', 'we all' (Edwards 2000), which serves to underscore the 'obviousness' of such categorisation work. Phrasing the question in this way makes it difficult for Ernest to offer any other form of account, or even a brief account. This, of course, does not mean that Ernest will always categorise himself according to this MCD and in his response he makes it clear that his understanding of his sexuality is more complex, what could be described as 'doing' rather than 'being'. Initially he categorises himself as a 'gay man'; rather like Abbey and Graham, there is the invocation of a gendered sexuality. However, rather than ending his description at this point, Ernest then turns this categorisation into an attribute, 'gayness', and in so doing makes his membership of this category notable. Ernest then re-emphasises his gender, asserting that 'male' is his 'primary characteristic'. Yet Ernest turns this into a positioned category. What distinguishes him from being an 'ordinary male', however, is something he 'does': he '[has] sex with other men'. It appears, to an extent, that the categorisation work that Ernest is undertaking here uses heteronormative and gendered understandings/assumptions: heterosexual men, men who don't have sex with other men, are 'ordinary'; conversely, gay is not ordinary. This appears to be confirmed when he subsequently provides an account of why 'gay' is not his primary characteristic:

> I've never lived erm (.) I've always been around other gay people but I've never lived in an exclusively gay community I've never been in an exclusively gay relationship although I've had quite a few fairly long-term gay relationships (.) but er (.) I wouldn't consider anything like a civil partnership or anything in a formalised way (.) I have been married but that was purely for erm immigration purposes while I lived briefly in America (0.3) and that didn't succeed at all hehhehh (0.5) it wasn't a very rewarding experience

Here Ernest is outlining attributes that he associates with 'being gay'. This leads him to question his own categorical incumbency. For instance, he dissociates himself from certain attributes that he considers mark membership of this category: membership of a gay community, an exclusively gay relationship and civil

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partnerships. However, it is not possible to simply classify Ernest as 'closeted' from this statement, since he makes it clear he has always associated with gay people and has had 'long-term' gay relationships. Moreover, he explains that his attachment to the heteronormative activity, 'marriage' (the interview was conducted before the Marriage (Same Sex Couples) Act 2013), was both instrumental and unrewarding, emphasised by his laughter (signified by 'hehhehh').

Other writers assert that older gay men, like Ernest, who grew up in an era when homosexuality was more socially proscribed, are more likely to attempt to 'pass' as heterosexual than those who are younger (Rosenfeld 2002; Knauer 2011). Whilst this could be an example of passing, it is also possible to view Ernest's categorisation work here as a more complex representation of self. In effect, Ernest subtly and skilfully situates himself as 'gay', but not 'typically' gay. This can be viewed as heteronormative, since he appears to suggest he passes as 'straight', but it also can be viewed as 'queer': Ernest is actively rejecting existing categorisations and situating himself as different. This may well be the result of a lifetime of passing. But it may also be a more subtle practice of transgression that Ernest has used throughout his life to avoid being categorised (and in some cases pathologised) and indicative of how he views his sexuality – something he does rather than something he is. Thus, it is important to avoid simply categorising Ernest as 'gay', or for that matter as a 'man who has sex with men', since this would miss his more complex understanding.

Being categorised by age

As well as reworking categories associated with their sexuality, participants in the OLGB studies also problematised age categories, as I noted earlier in relation to Abbey and Jean. I am not claiming that this is specifically something that only LGB people do; indeed, studies have examined the rejection and reconfiguration of age identities more broadly, regardless of a person's sexuality (Hurd 1999; Krekula 2007). Nonetheless, as other writers have observed, being categorised by age is significant within a LGB culture that is said to valorise youth (Blando 2001; Jones and Pugh 2005; Simpson 2012). Whilst I discuss this in terms of the intersections of sexuality, age and embodiment in Chapter 5, here I will focus on the practice of categorisation itself.

Accepting age categories

Some participants in the OLGB studies simply accepted being recognised as a candidate member of the category, 'older'. In other words, they recognised that this category applied to them. A good example of this can be seen in the following extract, taken from a gay and bisexual men's focus group, where George (gay man, 76) speaks about his age.

> Yes, I'm probably the oldest person in the room (.) and I find that's increasingly true wherever I go (.) but I really would not want to be younger than I am (.01)

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> I think to be a young person today (.) a teenager (.) or perhaps a younger man in his 20s alright (.) it's not the problems that we had around then (.) but I think there are other pressures and issues (0.1) so I am very comfortable with being older.

Although George accepts his age positioning, he puts this in the context of the life course more generally. Here, for instance, he explains that he would not want to be 'younger' since 'there are other pressures and issues'. George does not specify the content of these category-bound attributes. He merely states them, but he does so *as evidence* for his latter statement. In short, he implies that a reason must be given for being 'very comfortable' with ageing.

It is notable that George's acceptance of 'older' was related to context: finding himself the 'oldest in the room'. A similar point was made by Jean, Abbey's partner, during their interview. It was notable that Abbey (and Jean) did not want to be considered as 'past it'. Following on from this discussion, attention had turned to bars, clubs and socialising. At this point, Jean qualified the use of the category 'older' invoked by the interviewer's question:

Int: do you er (.) think much about your age (.) or getting older
Jean: I think the only time I think about that is when we are surrounded by the younger lesbians (.) isn't it?
Abbey: mm:mn
Jean: when I was your age (.) you know (.) [you] find yourself thinking that
Int: [yes]
Jean: but no (0.1) I'm probably more comfortable now

Here Jean invokes the positioned categorisation 'younger lesbians' as having an impact on her sense of an aged self. In other words, Jean turns 'lesbians' into a positioned category that has relevance for her (and including Abbey through her 'isn't it?' utterance). Thus 'lesbians' becomes a hearably age-positioned category, as well as being associated with sexuality and gender. It is also notable that Jean temporises and contextualises this by making the age of the interviewer relevant to this discussion: 'when I was your age'. Yet this is used as an exemplar to enable Jean to make a contrast ('but no') with how she feels now about ageing (in contradiction to her previous statement). Ageing is troubling, but manageable.

In the following extract, Hugh, a gay man aged 57, reflects on being ascribed an age category by the interviewer, who asks him how he feels about being 'older'. In this respect, the categorical subject position has been opened for him and he can choose to accept, reject or reshape this categorisation. In his response, Hugh does accept this categorisation, although not without some equivocation – and it is interesting to note what forms this takes.

Int: So how do you feel about being older?
Hugh: It was a bit of a shock to learn I was going to be asked my opinion as an older, part of the older gay community (.) but I suppose that's true the fact that I'm probably (.) that I wasn't actually that gay for quite a long time hehe (.)

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> I was in a technical sense (.) but I wasn't in a lifestyle or an attitude sense (.) because I was erm (.) not out or not living any kind of gay life particularly apart from the occasional bit of sex (.) or going to the pub or whatever.

Here, Hugh expresses surprise at finding himself in this category. However, he makes sense of this by invoking a struggle around his sexual identity, distinguishing it in terms of 'technical', 'lifestyle' and 'attitude'. In short, Hugh breaks down the categorisation by recourse to different attributes.

Rejecting age categories

Whilst Jean troubles membership of an age categorisation, by recourse to others, but claims she is 'comfortable', in a later extract from Ernest's interview he rejects his membership of the age categorisation 'older' when he is positioned as someone who can comment on services for older people by the interviewer's question:

Int: What about service provision for older people (.) do you think
Ernest: There again I have very rarely got myself involved (.) and not classifying myself as gay er (.) I don't classify myself as er old (0.1) I just don't think in terms of age
((additional talk removed here))
Ernest: so that's [his voluntary work] brought me much more in to focus the needs of older people and what older people talk about er (.)
which is mainly sitting around chatting about the old days hehhehh[eh]
Int: [m]mn
Ernest: it's not really my scene (.) but you know you listen (.) and you try and be as helpful as you can
Int: ye:ss

Ernest's response explicitly makes clear that the attribute 'older' is not applicable to him. This is despite the fact that he has already told the interviewer he is 73 years of age. Nonetheless, here he explains that age is not connected to chronology, but his voluntary work has made him 'think' about what older people need and their behaviours – their talk, 'chatting about the old days'. It is notable that Ernest laughs at this point. One effect of laughter in Conversation Analytic terms is to gain recognition for something that might be potentially controversial or difficult (Holt 2012). Indeed, Ernest's laughter receives a response from the interviewer (as an overlapping 'mmn'). We cannot assume that Ernest does not want to talk about the old days because they hold memories that are painful, but his subsequent suggestion that his role was to 'listen' and 'be helpful' again dissociates him from membership of the category 'older person'. Hence, although Ernest could be located as 'older' according to normative chronological models of ageing, here he skilfully positions himself as

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different. He is, in effect, challenging and renegotiating the boundaries of his ageing sexuality.

Conclusion

Drawing on a range of approaches, notably Queer Theory, Symbolic Interactionism and Membership Categorisation Analysis, this chapter represents a first step in demonstrating the diversity and intersectionality of older LGB people, which can be contrasted with the representation emanating from some policy and practitioner discourse that the categorical identities are relatively straightforward: that it is a case of recognising a person's categorisation and then treating them accordingly. What this chapter has demonstrated is that people's adherence to such categories is more complex. Across the course of their lives and in specific interactions, becoming and being an older lesbian, gay and/or bisexual person is more complex than it may at first appear. This has particular consequences for any policy and service provision that requires people to simply identify themselves according to pre-selected categories because it assumes that people will categorise themselves in that way.

In this chapter, I have distinguished between *life course* and *situated* identities at various points. A *life course* identity, I contend, is one that positions a person in terms of time. 'Coming out' at a particular point in life involves a life course identity: one is positioning oneself as lesbian, gay and/or bisexual at a point in history. However, people also have *situated* identities; that is, those that are made relevant in specific settings, at specific points in time. Through outlining *life course* and *situated* identities, I have argued that *becoming* and *being* an older lesbian, gay and/or bisexual person is complex, intersected with other sources of identity and difference and shaped by social contexts. It is also undertaken and understood within the confines of a heteronormative milieu, yet there is always agency. People do not passively reproduce subject positions. They shape their identities and lives accordingly. Where this chapter has very much focused on questions of identity, particularly the discursive construction of identity, the following chapter focuses on the relationship between sexuality and the ageing body, including questions of home, community and ethnicity.

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5 Ageing sexualities in and out of place

Introduction

People do not exist solely as discursively constructed identity categories, but at the intersection of a range of embodied positions. In this chapter I want to draw attention to the locational dimensions, or places, of LGB ageing. To do this, I will examine a number of different, but interrelated places: the body, the home and the community. I want to explore how the intersection of ageing and sexuality positions older lesbian, gay and/or bisexual people as in and/or out of place. Ultimately, this focus on location will lead into the discussion in the following chapter concerning social networks, connections and economic resources.

This chapter is composed of six sections. The first is a more conceptual discussion concerning growing older and the ageing body, drawing on literature from gerontology and the sociologies of the body and later life. The intersection between the ageing body and sexuality is the focus of the second section, whilst ageing bodies within the wider LGBT community are the subject of the third section. In the fourth section, the importance of the home to older LGB people is discussed, including concerns about intrusion into their private space in later life and the possibility of leaving home to enter residential housing or a care home. The fifth section then considers the intersection between ageing, sexuality and ethnicity, exploring issues of ethnic and religious difference in the OLGB studies. Finally, I draw these different sections together to offer a conclusion.

Growing older and the ageing body

The very act of calling someone an older person inevitably makes age a relevant feature of their identity. In Chapter 1, I briefly outlined issues of age, age identity and ageing demographics that locate the lives of those who participated in the OLGB studies in a chronological order: over 50 years of age. However, in this section of the chapter I will explore how age is both a discursive and embodied phenomenon that positions people who are lesbian, gay and/or bisexual in terms of constraint and inequality, and celebration and empowerment, especially later in life. I consider what getting older actually means to a lesbian, gay and/or bisexual person in terms of their bodies. Does getting older, having an ageing body, intersect with a sexual self? Does an older body limit the possibilities for inclusion

within a wider LGBT community? Before considering these questions, it is necessary to take a short diversion into the sociology of the body.

Whilst seen as a relatively recent phenomenon (Williams 2003) emerging from the 'embodied turn' in writings by Bryan Turner (1984) and Chris Shilling (2003), a sociology of the body has its antecedents in important work undertaken by interactionists and ethnomethodologists in the 1960s (Jackson and Scott 2011). Goffman (1963, 1969, 1971), for instance, focused on the management and performance of the body in interaction – how individuals construct identities in interaction, as much through gesture and action, as through what is said. Similarly, Garfinkel (1967), whose ethnomethodological approach examines the methods that people use to make sense and create social order, explored the embodied practices of constructing gender in his study of Agnes, a trans woman. He focused on the methods that Agnes used to construct her identity as a woman, which included learning female bodily deportment. What Garfinkel and other ethnomethodologists (Fenstermaker and West 2002; Kessler and McKenna 1978; West and Zimmerman 1987) point to, is the importance of positioning the body in a social, interactional context.

These micro-sociological approaches have been somewhat superseded by more philosophical treatises, espoused by Foucault (1977, 1978, 1980) and in more recent feminist work by Grosz (1994) and Butler (1993, 1999, 2004). In these formulations, the physical body is a regulated, social construction. In essence, there is no-*body* outside of discourse. Similarly, how one experiences one's body is determined by available discourses. If we talk of our ageing bodies it is because there are discourses that enable us to do so. However, Shilling (2003, 70–71) argues that in Foucault's writing the physical body

> tends to be reduced to an inert mass which is controlled by discourses centred on the mind. However, the mind is itself disembodied; we get no sense of the mind's location within an active human body.

As Shilling explains, there is little from this perspective of the body as an experiential entity that reflexively affects discourse. It is partly for this reason that I prefer an interactionist view that sees the body as a 'vessel of meaning' (Waskul and Vannini 2006, 3) both corporeal and symbolic, discursive and experiential. Yet what of the ageing body, how is it marked by materiality and discourse?

Tulle-Winton (2000) notes that the ageing body is represented as problematic in a number of respects, both material and discursive: firstly, it is represented as a demographic idiosyncrasy – that is, the frequently suggested notion that there are too many old people whose very bodies are becoming a burden on society, particularly on an overstretched health service; secondly, the ageing body, as a visual representation, is often rendered invisible in popular culture, in that there are a lack of representations of older people in the media; and thirdly, the ageing body is shown as a malfunctioning entity that is subject to the medical gaze – all older bodies 'break down' and need medical care. Indeed, the ageing body has been constructed as something difficult, problematic and in need of attention in

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both popular and scientific discourse throughout the modern era. Tulle-Winton (2000) concludes, however, that a more phenomenological approach is warranted to explore the multiple experiences of ageing bodies: how they are controlled, negated, sensory, celebrated and above all lived realities.

Cregan (2006) similarly observes that bodies are manifested as object, abject and subject. *Object* is used in the sense of an object of study and control; *abject* as simultaneously beyond control, out-side of order; and *subject* as a lived, felt entity. Hence, ageing bodies are both objects of study and indeed the object that individuals talk about; they are abject in that they are not fixed, as we are always ageing; and they are subject in how they are experienced.

Moreover, as I noted in Chapter 1, ageing bodies are often objects of and subjected to ageism (Calasanti 2005). They are sites of disempowerment. Yet they can also be experienced in more positive, empowering ways (Krekula 2007). This tension, between constraint and celebration in relation to the body, was evident across the OLGB studies and will be discussed here in relation to two themes: ageing bodies and sexual selves; and ageing bodies and the wider LGBT community.

Ageing bodies and sexualities

Participants in the OLGB studies were asked to reflect on their experiences of getting older and how, if at all, this affected perceptions of their sexuality. For some participants, like Graham, a bisexual man aged 57, an ageing body was unrelated to how he felt about his sexuality. It was, for him, simply a matter of coping mentally with the physical effects of ageing:

Interviewer: How do you feel about getting older?
Graham: Depressed. I can't do the things that I used to, especially having Osteoarthritis and Arthritis diagnosed last week that is a sign of getting older. It's something my mother had but I can live with that rather that my father's three strokes, I'm healthier than some people, other people could be at my age.

Graham's constraining and somewhat negative representation of getting older, based on an awareness of physical illness and a recently diagnosed medical condition, could have been spoken by any older person since he does not relate it at all to his sexuality. This was also apparent in the account given by George, a gay man aged 76, who spoke of his concerns about getting older because of changes in his physical body; although he emphasised that this was something he has 'pushed through':

> I passed through a phase when I was about 55 when I started to lose my hair and had to go to the dentist more often and the glasses got stronger and all the rest of it when, I really did have a bit of a hard time at that point, I think I've pushed through that and I'm very happy to be retired and I'm very happy to have put down some of the things I had in the past as pressures and I'm not at all resistant.

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George's account highlights how significant body image can be to experiences of ageing, in this case losing his hair. Whilst George does not make his sexuality relevant here, Berger and Kelly (2002) suggest that older gay men are better adapted than their heterosexual peers to face the challenges of ageing because they have had to master stigma across their life course. Such mastery equips them with an 'ego-strength' that can be applied to other facets of their lives, including coping with an ageing, possibly failing, body. There is, however, an interesting counterpoint here. Slevin and Linneman (2010) found that despite the adoption of a number of strategies to negotiate their ageing bodies, the gay men in their sample were generally more content with their sexuality, although it had previously been stigmatised, than with becoming old. In contrast, Winterich (2007), who studied a group of sexually and ethnically diverse women aged between 46 and 71 years, found that heterosexual women were more concerned about gaining weight as they aged because they felt it impacted on their heterosexual attractiveness. The lesbians she interviewed did not regard this as a problem *per se*, but they did consider the implications of weight gain for their health. The same applied to grey hair and dyeing hair. Winterich (2007) concluded that although her sample was too small to make generalisations, it nonetheless illustrates that there is not a simplistic relationship between ageing, sexuality and the body amongst older lesbian and bisexual women; as ever, diversity and difference are central. However, within the OLGB studies satisfaction, or otherwise, about getting older was particularly related to issues of relationship status, social isolation and intimacy.

Judy, who was not in an intimate relationship when interviewed and had not been for a number of years, explained that how she felt about her body was related to her experience of looking for potential partners in the personal advertisements of the lesbian lifestyle magazine *DIVA*:

> and everything feels much more, much more sort of saggy and wrinkly . . . I feel, I mean I feel a bit despondent about it in some ways, especially now that we've split up, and I think well, you know I don't, when you look, when you read, you know you read things like *DIVA* and you look through the, through the personal . . . you think oh god, . . . bloody children look about 20, you know? (Judy, lesbian, 59)

Judy's direct link between her perception of her ageing body and her relationship status was noted by others, although in different situations. For example, a good contrast to Judy's account can be seen in the one provided by Abbey (lesbian, 54) and her partner Jean (lesbian, 53) when asked about getting older:

Interviewer: So perhaps we could talk about how you feel about getting older? What are your feelings?

Jean: I'm probably more comfortable

Abbey: Settled aren't we, because we don't have all that hassle, you know, to form a new relationship, or is this going anywhere? Not to go out

> because I haven't got anybody, you know, to go with; the flutter and the heartbreak and everything. I think once you are in a relationship and it's settled you become like a married couple is like, you know, but you are quite content with the way things are and you don't really think about age or anything you know, you just do what you do

Although Abbey does not specifically refer to her ageing body in the same way as Judy, it is clear that getting older has been a more empowering experience for her. In Judy's case, her ageing body exacerbates her sense of social (and indeed sexual) isolation. In contrast, for Abbey, who was located within an intimate relationship with Jean, an ageing body seemed unproblematic.

Here accounts in the OLGB studies reflected the findings of research conducted in the UK by Stonewall (Guasp 2011), which concluded that older LGB people who are single are more likely than their partnered peers to feel depressed or despondent about getting older. Indeed, such challenges to resilience have been reported in other studies (Van Wagenen, Driskell and Bradford 2013). However, even within the OLGB studies, this was not a universal experience. Some single participants did have more positive reflections about getting older, particularly in terms of having a certain sense of 'ego-strength' and resilience identified in other studies (Fredriksen-Goldsen 2011; Friend 1991; Kimmel 1978; Quam and Whitford 1992):

> We are who we are. We are not going to change, it's too late to change now and for whatever years we've got left we are going to live them as we want to not how everybody else expects us to and wants us to it's not going to bother us. (Anne, lesbian, 54)

> Well I suppose the advantages are about being more confident you know, all those sorts of things about being clearer that you've got some experience which is worth passing on and I suppose again, I would say that my experience of living as a gay man does put you out, you know you are slightly out, slightly kind of left-field as someone described me recently. (Mark, gay man, 53)

In effect, we should not necessarily equate singlehood and a lack of relational intimacy with social isolation and unhappiness and further pathologise older (single) lesbian, gay and/or bisexual people.

As well as relational intimacy, some participants also spoke about sexuality, ageing bodies and desire. Leonard talked at some length about physical attraction, particularly how one's appearance and understanding of self can differ and how age identity should be performed in certain ways in relation to one's sexuality:

> I've always been attracted sexually to people around my own age, but of course what I never thought about as I'm getting older if I met another man of 63 he wouldn't interest me in the slightest. If I met a man of 23 it'd be a completely different matter, but that's what everybody seems to go through, we're all getting older but somehow inside . . . when you ask somebody how old they are

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> they all say, 'Well I'm 60, but I'm 20 inside', but of course one thinks that one is so unique in feeling that, but of course when one thinks and one listens to what other people are saying about that. I was listening to Sheila Hancock on the radio and she is now playing the mother in a play where she played the daughter before, and she said, 'I might be whatever it is on the outside but I'm still the young woman on the inside.' I thought, well, yes. You hear this is replicated again and again and I think as you get older, I don't wanna use the word respectability, but I think you have to temper your behaviour. (Leonard, gay man, 63)

Here Leonard recounts a 'mask of ageing' (Featherstone and Hepworth 1991); that is, a youthful self, hidden behind an ageing body. This is something that he clearly sees as beyond his own sexuality (his mention of 'everybody' and 'Sheila Hancock'), but also something that is encapsulated within it: his preference for a younger, male, sexual partner. In this respect Leonard imputes an age mask both to himself and also to his sexual partners. He feels youthful and wants them to be youthful too.

Similar stories have emerged in previous studies, which have demonstrated that many older people, regardless of sexuality, feel an authentic, youthful self that is trapped within an older body (Kaufman and Elder 2002). However, it also concurs with the findings of studies that point to the wishes of older gay men to have a younger sexual partner, something that potentially exposes them to accusations of being 'deviant' or 'paedophilic' (Simpson 2012). This was something that Hugh (gay man, 57) made reference to when he stated,

> I suppose there's still sort of a hang up in the back of one's mind about dirty old men and jokes about the city of Quebec and that sort of thing. There isn't a sort of role model of how to do it, to grow old gay and gracefully because no one's ever done it before erm, you know in past years, older gay men were often regarded as perverts.

Hugh's suggestion that 'no one's ever done it before' and Leonard's point about 'respectability' illustrate the silence of previous generations of LGB people and the non-existence of role models for current generations. Pugh (2002) has suggested that older LGB people are a community without a generation, not only because they have been largely absent from academic research, but also in an experiential context: previous generations of older LGB people have been invisible because of draconian laws and social attitudes. Indeed, Knauer (2011) has argued that the pre-Stonewall or 'Silent' generation, those older LGB people who are aged 70 years and older, have been largely hidden all of their lives and have remained so in later life. Whilst concurring with these more macro-sociological suggestions, there is also an interesting association here between forms of 'impression management' (Goffman 1969) in relation to age and inflections of social class (Skeggs 1997). In terms of constantly monitoring the situation and fitting in, Leonard's narrative, in particular, suggests not so much a mask, but a masque of ageing – a continuous reflection on his ageing sexuality within the boundaries of what he considers to be a respectable ageing. This tension,

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between ageing, sexuality and class, was more evident when discussion turned to the wider LGBT community.

Ageing sexualities and community

The emergence of an identifiable LGB&T community is said to have developed alongside the emergence of modern homo- and bisexual identities and the struggle for civil rights (D'Emilio 1993; Jones 2011; Kaiser 1997). Hence, it should not be underestimated what an important and pivotal role various urban, particularly commercial venues or 'scenes', have played in the lives of older lesbian, gay and/or bisexual people, as places of socialisation and community building (Pugh 2002). However, previous research has suggested that wider LGBT community spaces and cultures are often ageist and heavily focused on the glorification of youth and youthful bodies (Jones and Pugh 2005). As such it has been postulated that older LGB people, especially gay men, suffer from an 'accelerated' ageing (Pugh 2002; Wood 2004), where they perceive themselves to be older at an earlier chronological age when compared with their heterosexual peers.

Ageism was something that participants in the OLGB studies frequently made reference to – yet they did so in quite complex ways. Some participants seemed to recognise and accept that commercial LGBT community spaces, such as bars and nightclubs, would discriminate on the grounds of age:

> Because I also think that gay life is very ageist. Now I can understand it and I accept it. (Leonard, gay man, 63)

Leonard's views were echoed by other male participants – even though there was recognition by some, as exemplified by Anthony and Hugh (below), that they were complicit in this themselves:

> Even past 40, it's an implicit ageism in the gay community as well. (Anthony, gay man, 54)

> Yes, you know we all do it, I've seen people, I went to [club] with my flatmates the other day and there was people in there who were dressed quite inappropriately for their age, you know, they were quite possibly younger than me but they were dressing like teenagers. (Hugh, gay man, 57)

Whilst Hugh's narrative suggests that older gay men may themselves use ageist representations that they apply to others, Leonard, when probed further by the interviewer to explain why he accepted ageism within LGBT community spaces, pointed to its wider social dimension, cutting across sexuality:

> Because it's a fact of life and because if you look at all the publications and you look at the way gay, actually it's not just gay it's everywhere, you know youth is paramount. (Leonard, gay man, 63)

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Hence, for Leonard, ageism may have sexuality-specific inflections, but it is generalised too.

Intersections of gender were particularly apparent here. The gay and bisexual men in the OLGB studies were more likely to participate in the wider LGBT community, particularly the commercial bar/club scene, even though they recognised its ageism. However, some of the older lesbians explained that deciding not to participate in a commercial scene was not only related to age and ageism, but also to economics:

> Yes well you get stuck in a bloody rut don't you if you don't go out anywhere? All youngsters go in the pubs so you don't want to mix with them do you because we are the oldest ones there, the oddballs there aren't we? I think also to actually go up pubbing and clubbing it costs a lot of money and then too when you get to a certain age you know you just don't really want to deal with it anymore. (Abbey, lesbian, 54)

Despite these accounts, others, particularly those given by the gay and bisexual men in the OLGB studies, were somewhat more optimistic about growing older on the commercial pub/club scene. These men, like those found in other research (Simpson 2012), had created a space to encounter more positive experiences of their ageing sexualities. Graham, for instance, had carved out a space on the commercial 'scene' by forming a friendship with two younger gay men. He came out as bisexual in middle age and all three men now regularly visited a club known for its cabaret nights and tea-dances:

> I knew there was a scene out there, and it's only in the last few years that I've got more involved in it. I've got to an age where what people might think doesn't really bother me, quite frankly, growing old disgracefully I believe was the phrase and I don't live that close, so hopefully there won't be anyone that'll recognise me and if there is, so what? I usually go with these friends and they're not worried about, they're a lot younger than me, and they're not worried about the fact that they might be recognised so I think, 'Well, why should I bother?' (Graham, 57, bisexual man)

It is notable, however, that although Graham doesn't mind 'growing old disgracefully', he is concerned about where he socialises, preferring to do this away from his own neighbourhood. Later in his account, Graham explained that this concern was a result of experiences of biphobia he had encountered when he was younger and further illustrates the important point that growing older as a lesbian, gay and/or bisexual person is inevitably shaped, although not determined, by earlier life experiences. Whilst Graham did not state that he experienced biphobia on the commercial 'scene', other studies have indicated the existence of biphobia in the wider LGBT community and community venues (Barker et al. 2012; Rothblum 2010). Hence, the experience of the ageing sexual body, what it is capable of, where it can be displayed and with whom is also shaped by these experiences.

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Overall, this section of the chapter has illustrated the complexity of growing older for lesbian, gay and/or bisexual people. Whilst for some it was recounted as a positive experience to be celebrated, for others, and indeed in certain specific spatial contexts, it was regarded as troublesome, as disempowering. No single experience predominates, as always – diversity is apparent, yet relationship status, economics and gender do appear to differentiate experiences. This is also paramount when turning to consider the relationship between older LGB people and their experiences of another specific context in which they are ageing: the home.

Ageing, sexuality and the home

The home has a privileged position in the contemporary imagination. It is viewed as a place of safety, of socialisation, of leisure, a refuge from the world of work and somewhere to retire. However, the notion of home garners mixed feelings amongst lesbian, gay and/or bisexual people. Research has documented how lesbian, gay and/or bisexual people may first experience homophobia and biphobia at home, as parents socialise their children according to their heterosexist views (D'Augelli, Grossman and Starks 2005). This would have been particularly pertinent for those generations of LGB people whose parents/guardians and/or families of origin would have reflected the parenting styles and attitudes of a more homo- and biphobic era. Thus, leaving home to explore and express one's sexuality has been central to the 'coming out' story that has pervaded Western notions of lesbian, gay and/or bisexual identity formation (Plummer 1995), which I explored in Chapter 4. This can be illustrated here with reference to Sandy's narrative:

> It took quite a time for it to dawn on me that I was lesbian probably when I was 18. I thought ah right there are women who love women. Then again there was quite a lot of denial. Then I went on the scene and I left home I think. Well I had couple of attempts to leave home but eventually left home and er joined Gateways I think that's how I got into the scene. (Sandy, lesbian, 64)

Sandy's 'coming out' narrative, which includes an account of leaving home and entering the lesbian 'scene' of the 1970s, was typical of many of those recounted in the OLGB studies. Establishing and maintaining their own home, in a heteronormative society, had created a degree of independence and stability that they had barely imagined was possible when they were young adults. As a consequence, it has been suggested that older LGB people are much more likely to have anxieties about housing in later life than their heterosexual peers (Guasp 2011). Whilst this may have a certain degree of accuracy, it does not really take account of variation and diversity within and between older LGB people.

The participants in the OLGB studies had considered how the meaning of home might change as they aged. Pilkey (2014) has shown the significance of the materiality of the home and domestic objects in a study of older gay men in London. Certainly, a number of the older gay and bisexual male participants in

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the OLGB studies were concerned about having to desexualise their homes if they thought they were going to be visited by a service provider:

> Do you take the smutty fridge magnets off the boiler when the boiler repair man comes now? As you get older you probably get more concerned about, you know, but on the other hand the prevailing social attitude has changed so that erm, you know why bother to take the magnets off. (Hugh, gay man, 57)

Whilst Hugh reflects on the possibility of desexualisation in this account, something he clearly rejects, other participants, such as Graham, had already practised this – Graham (bisexual man, 57) had divested his home of any 'clues' to his bisexuality over a longer period of his life:

> Because I've always had family and friends to stay who may not have known, I've never made it open. Anything I've got that might give it away has been carefully put away where they wouldn't find it. So I wouldn't really worry unless the carer had to spend a lot of time in my bedroom, I don't think they'd find anything.

Yet other participants did not explicitly link their sexuality with concerns about their home being opened to scrutiny – for them it was more of a general concern about invasion of privacy. This can be seen in the following extract, taken from Ernest's narrative, where he draws on the story of his Aunt to indicate that he feels resigned to accepting such intrusion:

> I don't like the idea of other people in where I live. It's very like with my old aunt, one of the ways we could get on alright was because I was family and I knew and was aware of the fact that she felt very uncomfortable with people who were not family going into her house. But because of her partial disablement, she was using a stick in the latter years. I was aware, only too well aware, of how uncomfortable that situation was for her and how it might affect me if I ever came to that place. I think the thought is something I wouldn't be happy with, but on the other hand, if it had to happen I think I'd probably be very philosophical about it. I wouldn't like it, but I don't think I would feel this other person was perhaps quite as alien to me as my aunt might have felt. (Ernest, gay man, 73)

Indeed, a similar view was stated by George, who also asserted that sexuality was not his *prima facie* concern:

> I don't think I want anything particularly that other people wouldn't want. I mean, if I become infirm I should remain in my own home and then I shall look for home help, but that's not a matter of being straight or gay or male or female. (George, gay man, 76)

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What this shows, in the case of these two older gay men, though other participants both male and female expressed similar views, is the significant intersection of sexuality, age and the domestic space, a space that they expressed concerns about being intruded upon, but more so, as I show later, had concerns about leaving. Their home was a place of safety and stability in a heteronormative society; although it should be noted that it is important not to reify or glorify the home, since it may also be a site of domestic violence, abuse and neglect for older lesbian, gay and/or bisexual people too (Grossman et al. 2014; Oliffe et al. 2014; Todd 2013).

The majority of participants in the OLGB studies were currently either owner-occupiers or living in housing association accommodation; very few rented in the private sector. None referred to any problems they had encountered with landlords, or mortgage lenders, because of their sexuality, although other research has documented that this is a problem, especially in more rural areas (Gorman-Murray, Waitt and Gibson 2008; King and Dabelko-Schoeny 2009; Leedy and Connolly 2008).

The majority of participants were complimentary about their immediate neighbours, whether they lived in an urban or rural community. However, it is arguable that some of the participants were employing passing strategies, suggested previously by talk of desexualisation and being evasive about their sexuality to their heterosexual neighbours. Comments such as 'I don't let them know too much' were not uncommon. When participants did discuss outright discrimination it was primarily in relation to their future housing needs and some had considered the possibilities of creating their own housing communities.

Several participants identified plans they had already begun to formulate to buy or share a house with their friends, although they were not always wholly supportive of the idea for a variety of reasons:

> We were just joking all of us some time ago, but she said 'well shall we all buy a big house? You know we'll all have a room or we'll all look after, what are we gonna do?' And nothing concrete came out of it. (Leonard, gay man, 63)

Leonard's desire to create a shared house was predicated on his financial status: he was wealthy and many of his friends had similar incomes. For those with lower incomes, other possibilities had been discussed:

> Well we've often talked about that as friends, should we create a commune, some sort of commune where we'd all be able to look after each other. But I suppose I hate the idea of just a gay home because again, what does that mean you know, sort of one gay identity I don't think so! (Hugh, gay man, 57)

Here Hugh appears equivocal on whether having an exclusively gay communal house would be the best solution, because it suggests a singular gay identity. Other participants referred to this as being 'ghettoised' and believed that they should be regarded as complex individuals, not viewed as their sexuality and sectioned off from the wider community. They regarded it as a capitulation to homo- and

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biphobias and heterosexism. Avoiding this, one participant suggested, could be achieved if one lived in an intergenerational community:

> I've heard on Radio 4 . . . that there are other countries with great provision for older people in terms of, so there are places, you've got your old room. It's not an old people's home . . . I think there is a mixture of younger people living there as well and so you often get, ideally, they might do errands for you if you can't get out or whatever, and you might, I don't know, they might need support . . . Young people of course might get on better with a much older person than their parents. (Chaz, gay man, 54)

Chaz did not necessarily believe that the local council should provide such housing, but he thought it could be facilitated by this organisation working with other organisations and individuals. It is also interesting to note that Chaz refers to intergenerational possibilities in the extract. There is some evidence, from three small studies conducted in the UK, that intergenerational exchanges between younger and older LGBT people can benefit both groups in terms of creating community solidarity and social networks and hence decreasing social isolation (International Longevity Centre 2011). However, as the authors of this report had noted, intergenerational projects have a number of potential problems for older LGB people. Some require Criminal Records Bureau (CRB) checks, now called Disclosure and Barring Service (DBS) checks, and this has significant implications for older gay and bisexual men who had been prosecuted for 'gross indecency' under previous laws. These have remained on their records, despite various attempts by activists to have them removed.

Leaving home: residential housing

Of particular concern to participants in the OLGB studies was the possibility of being forced to leave their own home to enter residential care or a retirement housing complex. This mirrors concerns expressed more widely in the literature that housing in later life is a very sensitive and anxiety-provoking topic for older LGB people, primarily in relation to residential care, but also in terms of avoiding isolation in a new, potentially heterosexist environment (Addis et al. 2009; Davies et al. 2006; Hubbard and Rossington 1995). Indeed, studies of the attitudes of older heterosexual co-residents have concluded that older LGB people would still be viewed as 'Other', as different, in such environments (Donaldson, Asta and Vacha-Haase 2014).

In the OLGB studies, anxieties were expressed by participants about residential housing and these were founded on a variety of sources: personal experiences; LGBT media reports; or word of mouth. Anthony summed up many of these concerns by telling the story of a friend of his who had recently moved into a sheltered housing complex.

> He's the only gay man there and he's a bit of a curiosity but when we go there, it always makes me feel like there's a slightly sort of, disjointed aspect

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> to his life, that here he is a gay man who's had loads of life experience and everything like that, and here he is in a huge development of old ladies and he's a bit of a curiosity to them you know? And that's looking at it quite positively. (Anthony, gay man, 54)

Anthony expresses the concern, noted by others, that rather than 'going back in the closet' *per se*, they would become something akin to a curiosity, someone marked as different and notable in this institutional context. In contrast, others, such as Sandy, who already lived alone, were more concerned with issues of social isolation, even though she was still concerned about discrimination:

> At least in sheltered housing you get noticed if you're not around, whereas here it wouldn't get noticed really. So I think that's a really difficult one. (Sandy, lesbian, 64)

For Sandy, and indeed other participants, there was a sense of being betwixt and between: wanting to avoid isolation and loneliness on the one hand, whilst avoiding heteronormativity and outright prejudice on the other. Some previous research has suggested that many older LGB people would, therefore, prefer to live in exclusively LGB sheltered housing complexes, so-called 'LGB-*specific* housing'. A study conducted by Johnson et al. (2005) in Washington, US, found that an overwhelming majority (98 per cent) of respondents believed that 'LGB-specific' or at least 'LGB-friendly' housing would be preferable. A similar finding was reported by Hubbard and Rossington (1995) in the UK – and more recent research has also indicated quite high figures in favour of LGB&T-specific housing options in later life in the UK (Browne, Bakshi and Lim 2012; Carr and Ross 2013). However, on these two latter surveys there was some equivocation and participants in the OLGB studies were similarly divided on this point:

Sandy: I quite like the idea of a gay sheltered home complex. But I don't think it's realistic. Gay friendly's ok.
Int: What does gay friendly mean?
S*andy:* I tell you what it would. In sheltered housing it would mean having gay stuff up on the notice board. Wouldn't that be brilliant?

Sandy, like several other participants, both male and female, was positive about LGB-specific housing, but also quite sanguine about its likelihood. Therefore, some form of recognition, a visible display that LGB people existed and could be residents, would be accepted – that is, 'LGB-friendly' housing.

Many participants pointed out that in the current economic climate, with UK government policy geared towards the outsourcing, privatisation and personalisation of services at a local level (Monro 2007; Sawyer 2008), it was more likely that if LGB-specific housing were to be developed, it would be provided by the private sector:

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> Clearly there would be absolutely nothing stopping a private company setting up a care home exclusively for gay people, I don't know whether there is one, it would probably be in Brighton if it was anywhere, in fact the whole city is a bit like that [general laughter] equally in London as the out gay community gets older there will be a critical mass that would be able to do that because in a way if we all own our own flats and so on, we would be quite capable of funding that. (Hugh, gay man, 57)

Despite Hugh's jovial and positive response, other participants were much more pessimistic and unenthusiastic about LGB-specific housing. For some, it would represent all that they saw as problematic about the LGB community, particularly amongst gay men:

> It wouldn't be like the Golden Girls at all, it'd be all bitching and, it could be horrible. (George, gay man, 76)

Others, however, such as Pierre, were more concerned with the level of service provided in housing facilities, rather than focusing on one's sexuality:

> You see it gets me, everything gay or everything them, I'm so sick of it really, I think it's just as long as they let me be and let me be as cranky as I want to be, whether I'm gay or straight. As long as the service is good that's what's more important. (Pierre, gay man, 54)

However, Hugh made the point that inevitably the increasing visibility of older lesbian, gay and/or bisexual people in wider society would impact on the services provided in later life, including housing:

> To begin with there weren't any because they were all in the closet. Then there was a generation that didn't ever become old age pensioners, but from now on that's going to be different. That's one of the reasons why they probably commissioned this research. Is there really a difference between being a gay, old age pensioner, and an out, gay, old age pensioner. It's really the out-ness, I think, which is the difference nowadays. (Hugh, gay man, 57)

In this respect, Hugh echoes the views of a number of scholars, noted earlier, who argue that a generational shift is taking place within the wider LGBT community. Expectations and rights are different to those of earlier generations; older LGB people are now more likely to expect service providers to take their sexual identities and needs into account and are aware of their rights in relation to legislation, such as the Equality Act (2010). Such views have formed not only because laws now exist, but because they believed social attitudes have changed too, or are in the process of changing. However, there are problems with this 'empowerment' narrative here. Firstly, it is noticeable that Hugh is part of a younger group of older gay man. Older cohorts, who are actually living in residential complexes,

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nursing and care homes at present, may not have the social or human capital to challenge discrimination. Life may be 'getting better', but certainly evidence from a limited number of studies of older LGB people in institutional housing, suggests that progress is slow (Jenkins et al. 2010; Knocker 2006). Secondly, yet again, those who have greater economic resources, in terms of disposable income and property, are likely to have more choices in terms of housing than others. As I will show in Chapter 6, this is also gendered: older lesbians and bisexual women have fewer choices in terms of housing, because they have been systematically disadvantaged, financially, across their life course when compared to older gay and bisexual men. Moreover, there is also growing evidence that women, in particular, would prefer LGB-*specific*, women-only or even LB-women-only housing options to a greater degree, more so than gay and bisexual men (Averett et al. 2013; Communities Scotland 2005; Hubbard and Rossington 1995; Traies 2012; Ward, Pugh and Price 2010). Certainly, a range of options are available in other countries (Carr and Ross 2013). In effect, this means that attempts to remedy concerns about housing in later life for older LGB people need to recognise intersections associated with gender and social class, amongst others, rather than simply adopting an LGBT-*specific* versus LGBT-*friendly* dichotomy.

Ageing bodies, sexuality and ethnicities

Thus far, intersections of ageing and sexuality have been discussed with reference to specific locations: the body, the wider LGBT community and community spaces, the home, and institutional, residential housing. I am aware, however, that throughout much of the preceding discussion of intersecting identities little reference has been made to ethnicity – and for an intersectional approach this can be highly problematic. In this section, I will discuss how intersections of ethnicity were manifested in the OLGB studies; in particular, I will consider how the 'whiteness' of the participants was constructed as both unremarkable and, occasionally, brought into focus by the perceived ethnic and religious difference of others, but framed through discussions of sexuality.

In earlier sections of this chapter I suggested that representations of ageing bodies are generally less visible within the wider LGBT community. Other writers have asserted that a similar erasure takes place in relation to ethnic difference. Writing of the gay (male) community in the US, Teunis (2007) contends that it is constructed, through representations and political activism, as a white community. Even though there is some recognition of ethnic diversity within the community, this is treated as a minority issue and marginal; in short, Teunis contends that claims to normalcy on the grounds of sexual orientation are privileged as racialised claims that disempower those who are categorised (by white gay men, in particular) as non-white. Thus, gay man equates to white gay man, unless stated otherwise.

Research conducted in Australia, on the online dating profiles of gay and bisexual men (Callander, Holt and Newman 2012), suggests that racialised categories were generally used uncritically on profile descriptions and that when used by

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white gay men were used to dictate norms of sexual desire: in particular, whiteness was assumed and non-whiteness was expected to be declared. Han (2007) has similarly argued that representations of gay men in the US are overwhelmingly white, something that is rarely challenged from within and which disempowers people from other ethnic groups. Meanwhile Alimahomed's (2010) ethnographic study of the experiences of Latina and Asian/Pacific Islander women in the US argues that these women experience an 'outsider within' status in both LGBT communities and their own racial/ethnic communities, something that they experience as both disempowering and a point of resistance. Furthermore, a content analysis of articles in journals ranging across social work, gerontology, health and medicine, nursing and psychology found that the experiences and needs of older LGBT people from ethnic minority communities are invariably under-researched (Van Sluytman and Torres 2014).

The above studies are useful for thinking through issues of ethnicity, gender and sexuality, although few of them specifically bring in intersections of age and class. As I note in the Appendix, the overwhelming majority of participants in the OLGB studies self-identified as White British. Overt references to racial difference were rare in their accounts. In this respect the OLGB studies follow the points made by some of the writers noted above: the whiteness of the participants was viewed by them as unremarkable, taken-for-granted and normative. The source of difference that was identified by participants was related to their sexual orientation and its intersections with their age and gender, perhaps unsurprisingly given the sampling strategy (see Appendix). There were a few references, however, to the ethnicity of other people, where attention was drawn by participants to other people they felt were marginalised. Here, Judy was discussing exclusion and discrimination in employment practices during her earlier working life:

> Oh in quite subtle ways really. Exclusion from all sorts. Exclusion from just normal social activities quite a lot of the time. And open hostility and certainly when we were looking to employ people . . . . 'Not sure whether we're going to take people on if they're gay or even black in our [company].' I've had people say that as well. (Judy, lesbian, 59)

However, in the following account, Sandy was talking about the exclusion she noted in a women's social group she had attended in her local area:

> And there was someone else who I felt didn't get included and that was a black woman. I think gay and black people often have a lot in common on that level. (Sandy, lesbian, 64)

In this way, Sandy was making a connection, a point of commonality, between her experience as a woman marginalised because of her sexuality, to an-other who she felt was marginalised by her ethnicity. Although this talk was rare in the OLGB studies, the intersection of ethnicity, religiosity and sexuality was discussed more openly by a number of participants. In part, this reflected the highly diverse,

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multicultural areas where a significant number of participants resided. In one area, tensions between the local Muslim community and the LGBT community were a frequent topic of local debate and often appeared in the local press and national, LGBT press. Participants frequently made distinctions between themselves (and their sexuality) and the local Muslim community in terms captured here by Ernest:

> I've become much more aware of the influence of the Mosque and the Muslim community. So I think I've always had a bit of a feeling that the Muslim community might be much more homophobic than the non-Muslim community. So I've always been a bit more cautious. I have Muslim friends and I've always been surrounded where I particularly live at the moment, by the Muslim community. I've always done my best to be as friendly and open towards them and respect them as my fellow citizens and hope they would do the same for me. (Ernest, gay man, 73)

There is an aspect of Ernest's talk here that represents an implicit Orientalism (Said 1979) that posits an 'us' (gay/bisexual people) and 'them' (Muslims) as diametrically opposed, even if in this case there can be 'respectful' co-existence. A problem with this, noted by others, is that such discourses can be utilised to portray Islam as regressive and medieval (Mepschen, Duyvendak and Tonkens 2010). Indeed, this was emphasised by some participants in discussions about young Muslim men being particularly homophobic, recounted here by a service provider:

> homophobic crime [in local area] being predominantly done by young, Muslim men against gay men, but I haven't got any figures for that, it's just what I've heard in meetings and things like that. (Older people's service provider)

Significantly, such representations obscure the complex lived experiences of LGBT Muslims themselves (Rahman 2010; Yip 2008). Furthermore, in this case, they do not recognise that older Muslims might be lesbian, gay and/or bisexual or indeed that many older LGB people, whatever their ethnic background, may have a faith. Even when these intersections were recognised by participants in the OLGB studies, there was a perception that religiosity, ethnicity and sexuality were somehow incompatible:

> I don't think [local area] is any worse than anywhere else, but because they are within their own religious structure it's not, well it's not in Christendom, is the certain interpretations of religious documents is that it's taboo and you don't do it, but it's far more in that, in the Muslim belief. Probably for Asian men to come out and just, I should think it's actually very hard. (Leonard, gay man, 63)

I am not trying to suggest that older LGB people are more likely to be racist, ethnocentric or Islamophobic than their heterosexual peers. There was no evidence

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for this in the OLGB studies. What I am suggesting here is that, at times, ethnicity and religiosity are used to construct differences between self and others and that this has implications for how ageing sexualities are experienced and represented. Ethnicity, in this case whiteness, appeared to be doubly unremarkable amongst the participants; it was unremarked upon because they were part of the majority ethnic community and it was unremarked upon because sexuality was deemed to be more significant to them at that particular point in time. However, this has important ramifications for how LGB ageing is constructed by policy makers, practitioners and scholars – to reiterate the point made by Teunis (2007), but here in relation to older LGB people, it is important that ethnic diversity and intersections of ageing, gender, sexuality and ethnicity are recognised amongst this group of older people too. As I note in the final chapter of this book, there needs to be more research to address these intersections within the UK.

Conclusion

This chapter has demonstrated how ageing and sexuality intersect in relation to a range of locations: the body, especially that body within the LGBT community and commercial spaces; ageing sexualities at home and in institutionalised residential housing; and ageing sexualities and ethnicity. Overall, I have sought to continue to develop my argument that older LGB people's lives are complex, diverse and intersectional. Of course, it is important to be mindful when considering intersections, how they may, or may not, intersect in ways that produce further marginality or alternatively create empowerment. For instance, ageing and sexuality may intersect with gender such that potential marginalisation associated with the former is overcome by recourse to the latter: an older gay man who is embedded in a vibrant LGBT community may have more choices in later life than an older lesbian who is not; the experiences of older bisexual people may be different still. Moreover, such experiences may be further exacerbated by socio-economic status and/or ethnicity, amongst others sources of inequality, identity and division.

I have also shown how certain spaces become containers for anxieties about ageing sexualities, particularly residential housing. However, concerns about housing should not only be seen through the lens of sexuality; as I noted, gender is very significant here, but so too are concerns about social isolation. In the following chapter, I continue a focus on aspects of community and social networks through an exploration of social connections and the interconnections between them and economic resources in the lives of older LGB people.

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6 The ties that bind

Social networks, connections and economic resources

Introduction

In the previous chapter intersections between ageing and sexuality associated with a number of places or locations were discussed. In this chapter I want to extend the discussion by exploring the significance of social networks and connections for older LGB people and, more specifically, to draw out intersections related to economic resources. In order to achieve this, the chapter draws heavily on the concept of social capital. However, as will be explained shortly, this is a contested concept and there are different versions of social capital within the social scientific literature. The two most significant writers drawn upon here are Robert Putnam, who very much emphasises the importance of social ties, and Pierre Bourdieu, whose work locates social relationships within broader socio-economic structures and differences. The merits of their approaches, as well as problems, will be debated.

The first section of this chapter outlines the concept of social capital and its usefulness for examining the lives of older LGB people, whilst in the second section I explore the different social networks that people in the OLGB studies were embedded within. I then turn to questions of economics and how intersections of socio-economic status shaped the lives of the older LGB participants. The fourth section then returns to the more conceptual issues of social capital, arguing for a 'queering' of the concept. Finally, the conclusion reiterates the main points of the chapter and points towards the need to consider older LGB lives in and through institutions, which will be the focus of the next section of the book.

The concept of social capital

Before attempting to examine the social networks of older LGB people, it is necessary to take some time to consider the concept of social capital itself. This has been used extensively by social scientists and policy makers to explore the nature, role and value of social networks and community activities (Portes 1998). As Field (2008) notes, whilst not without its critics, it has been championed as an analytical and political panacea, capable of resolving a variety of social problems in areas as diverse as crime and deviance, education, economic growth, and health and well-being.

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Despite considerable multidisciplinary research that has sought to make links between different levels of social capital and a range of social, political and economic factors, very little research has explored sexualised forms of social capital. There are some notable exceptions to this. Weeks, Heaphy and Donovan (2001) explored the social capital present in LGB family and friendship networks, whilst others (e.g. Bell and Binnie 2004) have highlighted the important links between social geography and queer spaces. However, there continues to be a lack of research focusing specifically on the social capital of older LGB people, although, as will be discussed later, research has highlighted how a lack of social capital can impact on their life experiences (Heaphy 2007, 2009).

The current academic and political interest in social capital rests primarily with the work of Bourdieu (1984, 1988), Coleman (1994) and Putnam (1995, 2000, 1993). Whilst not dismissing the importance of Coleman's work, the discussion here focuses primarily on the work of Putnam and Bourdieu since they have, without doubt, been the most influential and wide-ranging.

Putnam defines social capital as the 'social relationships, expectations, obligations and norms that contribute to produce human activity' (1995, 67), a definition that potentially opens the space for a wider investigation of social networks. For Putnam, social capital is about the value of locally situated social networks, the connections that exist between individuals, communities and wider society, and the benefits that follow from these at both an individual and collective level. Social networks assist in the development of trust and norms of reciprocity; hence, it is assumed that people living in a community with high levels of social capital will be at a social advantage compared to those living in a community devoid of it. Furthermore, unlike the finite nature of physical resources, the use of social capital leads to the production of more social capital, thus leaving a community enriched.

Putnam (1993) distinguishes different dimensions of social capital, including horizontal associations, those between people of similar status, and vertical or linking associations, those that are more hierarchical. Developing his thesis further, Putnam (2000) identifies two sorts of social capital that he believed were crucial: bonding and bridging. The former refers to relationships within a group, the latter to relationships linking a specific group with other groups and wider society. Horizontal and vertical associations may be present in both, although the latter may predominate in bridging social capital.

Putnam argues that bonding social capital is important for underpinning reciprocity and solidarity, whilst bridging social capital provides links to external assets, assisting in information diffusion and helping to create broader identities compared with the narrower identities associated with bonding social capital. He asserts that these capitals are not exclusive, where the existence of one infers the lack of another. For instance, he acknowledges the significance of both in the leading role of the church in Black communities as an example of strong bonding social capital. Nevertheless, he warns against the effects of very high levels of bonding social capital, fearing that strong in-group loyalty can lead to equally strong hostility to the out-group, creating a 'dark side' of social capital (Putnam 2000, 350).

There have been many criticisms of Putnam's work (for a good, accessible overview see Field 2008). However, two criticisms related to gender norms and his narrow view of the geo-spatial aspects of identity echo those considered here in relation to the social networks of older LGB adults.

Putnam's conceptualisation of social capital has been criticised for reflecting a conservative, patriarchal view of society that is largely based on an outdated American model. He ignores the gendered nature of networks and the cultural and geo-political specificities of their development; women will have differential access to social networks compared with men in various contexts (Molyneux 2002). Indeed, Putnam fails to recognise that women's social networks have moved from the private space of the home and neighbourhood to the public space of work (Skocpol 1996). In this respect, Putnam's theory has much in common with other social consensus theories that are ultimately flawed because they do not consider the unequal social distribution of power. In this instance, patriarchal forms of social capital may be beneficial for maintaining the status quo, but it is not necessarily a status quo that benefits women or, to broaden the argument, any other marginalised group.

Arguably, Putnam's theorisation of social capital is based on a largely heteronormative set of assumptions concerning the life course of women and men. Whilst few studies have explicitly analysed sexualised forms of social capital, it is, in its present formulation, a sexually conservative concept. In using it to understand the social networks of older LGB adults, it is therefore necessary to move beyond the heteronormative assumptions currently underpinning its use.

A second problem concerns Putnam's view of social capital and community. Studies of ethnic minority communities (Campbell and McLean 2002) demonstrate that trust and reciprocity networks do not exist *de facto* because of shared locality, but rather develop based on a sense of shared identity and interest. Meanwhile, research on electronic networks (Sullivan et al. 2002) challenges Putnam's geographically situated formulation. Once again, these studies indicate that Putnam's view is both normative and exclusionary. For example, LGB social networks, which are based on a sense of shared identity and despite the existence of specific areas are often geographically dispersed, have successfully utilised the internet for both political and personal networking and community formation (Wakeford 2000; Hillier, Mitchell and Ybarra 2012).

These criticisms indicate that Putnam's understanding of social capital ignores structural inequality and marginality, and reinforces the status quo. The utopian myth of communities who have a shared value system and strong traditional support systems, is only made possible by either excluding or rendering invisible particular groups who present a challenge to the myth. Thus, whilst not redundant, the distinction between bonding and bridging forms of social capital is useful only when greater attention is paid to the distribution of power – and Bourdieu's work is particularly salient here.

Bourdieu's (1984, 1988) work on social capital, with its links to socially acquired ways of being (habitus), social status and inequality, is often regarded as being theoretically more sophisticated and politically more radical than the work

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of Putnam. Originally developed from his study of social reproduction amongst Algerian tribespeople, it was extended in his later works to address social distinctions in French society (Field 2008).

For Bourdieu, social capital is a means of gaining advantage in the social world; individuals and social groups exploit connections, primarily to achieve and maintain social standing. The significance of Bourdieu's conceptualisation is his insistence on the relationship between social capital and other forms of capital, such as knowledge (cultural capital) and, ultimately, economic power (economic capital) (Portes 1998). Indeed, a lack of attention to this complexity is seen as a particular problem in Putnam's work (Edwards and Foley 1998).

Bourdieu's work has been criticised as too narrowly focused on privileged groups, excluding the networks of those who are marginalised and thereby producing a 'static model of social hierarchy' (Field 2008, 20). However, others (most notably Skeggs 2004) suggest that Bourdieu's conceptualisation of habitus does enable agency and transformation; hence all individuals and groups accrue social capital, albeit on an unequal playing field.

In both Putnam's and Bourdieu's conceptions of social capital there is then a tension between individuals and society, which may be especially significant for those who are marginalised, such as those who are older and those who do not identify as heterosexual. Ironically, although the significance of social networks and support amongst older LGB adults has been subject to academic scrutiny, this has not resulted in a reconsideration of social capital itself. This problematic will be returned to later in the chapter. First, however, I want to examine older LGB adults' social networks.

Social networks and older LGB people

Research does exist suggesting that older LGB people are more likely to be socially isolated and disconnected from others, especially their family of origin (Guasp 2011; Jacobs, Rasmussen and Hohman 1999). Older bisexual people will be either totally invisible or moving between heterosexual or gay and lesbian networks and therefore, depending on temporal context, are depicted as either lonely or fully integrated in heterosexual family lives and networks (Grossman, D'Augelli and Hershberger 2000). However, the OLGB studies suggest a more complex set of relationships, addressing questions of family, both of origin and 'of choice' (Weeks 2007).

Family networks

As I discussed in Chapter 4, the relationships between older LGB people and their families of origin should not be overlooked, as these can have both positive and negative implications for a sense of self and social support throughout the life course. They also, however, have implications in terms of social networks later in life. In the Stonewall survey (Guasp 2011), older LGB people were consistently less likely to see members of their families of origin on a regular basis, 1 in 8

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seeing them less than once per year when compared with 1 in 25 amongst older heterosexual people. Yet, as previously suggested, such figures hide variability and the complexity of experience. Heaphy (2009) has noted that estrangement from family of origin may be based on a fear of disclosing sexuality to them; alternatively, it might also be based on a choice to lead a different life.

Participants in the OLGB studies had complex relationships with their families of origin, aside from whether they had 'come out' to them about their sexuality. They exhibited, to use the phrase suggested by Donovan, Heaphy and Weeks (1999, 695), 'layers of outness', with some family members having full knowledge of their relative's sexuality, whilst it was a secret from others. Several participants suggested this was not only about their homo- or bisexuality, but also due to a general lack of discussion about sexual matters in their family:

> I could talk to my parents about some things but that was one thing that was taboo. It was never, ever discussed in the house because both my parents were almost Victorian. I have two brothers and a sister. My older brother knows, my younger brother probably suspects because it's not discussed, it's one of those things you don't. And with my sister, I certainly never discussed it but she must have always wondered why I didn't get married like her other two brothers, but we haven't actually sat down as a family and discussed it because, in our upbringing, it was not something you would do. (Graham, bisexual man, 57)

Despite this, Graham had what he described as a 'good and loving' relationship with his parents and he had spent many years caring for his mother, after the death of his father. Others, such as Maggs, had found this familial silencing particularly isolating, especially in times when she had looked to her parents for support, such as during a relationship break-up:

> When I broke up with my last partner both my parents were alive then and I was greatly hurt when it happened. I did tell my parents because I was going to be moving up to [location]. My father was sympathetic. But he didn't say anything. My mother doesn't. She's got dementia now so there's no chance. I don't think sexuality is talked much about in the family. (Maggs, lesbian, 63)

Additionally, a number of participants were involved in intergenerational caring relationships with a member of their family of origin, sometimes to the detriment of their other social relationships and sometimes even their health. In some cases, such as Sandy's, this was expected by siblings or other family members because of gendered norms: as she was the only daughter and without a family herself there were expectations that she would be the main carer for her mother:

> What I'm really pissed off about is that my mother just lives on. I feel tied by her at the moment. I do have a brother but it's all change really. His family have moved to [location] so he's spending more and more time there so I've got sole care of my mother now really. (Sandy, lesbian, 64)

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Overall, the majority of participants in the OLGB studies had not retained strong and supportive relationships with their parents. Contrary to the evidence of other studies (Shippy, Cantor and Brennan 2004), most stated that they were unlikely to call on parents for support due to their age. Nor did they expect to rely on extended family members in terms of social support later in life. One woman felt that there was an invisible barrier between her and her family, which meant she was not able to turn to them for help. Many participants appeared to accept this lack of support in a matter-of-fact way, whilst others acknowledged the difficulties this presented, particularly in the case of the single women and men in the study.

A significant number of participants, however, were parents themselves. For the majority of women in the OLGB studies, all of whom now identified as lesbians, these children came from previous heterosexual relationships and in many ways this reflects the social pressures felt by lesbian and bisexual women in previous eras to form heterosexual relationships in their youth (Tasker and Patterson 2007). Furthermore, as others have noted, some people will only identify as non-heterosexual later in their life (Cronin 2006), often creating same-sex blended families (Almack 2008). In the future, children in LGB families are likely to have been born from a more diverse set of practices, including surrogacy, donor insemination, and fostering and adoption (Clarke et al. 2010), but these were either unavailable or less accessible to those in the OLGB studies.

In discussing relationships with their children, participants recalled the challenges and opportunities created by being a lesbian, bisexual or gay parent. In the following extract, Judy makes clear the challenges she faced when her son manifested homophobic behaviour and the effects of this on her previous lesbian relationship:

> I came out to the kids which was not as difficult as I thought it was going to be, my daughter's . . . , my middle child . . . my son he, has been quite homophobic which . . . I don't know where it comes from, I really don't. I mean really sort of, I think it's just the sort of, the sort of macho thing that all your mates say, you know, and all that sort of thing. I always try to sort of you know, steer him away from that . . . and I think he, he has settled down and changed his views, but I mean he did have a, you know, we've all had quite a difficult relationship with my, with my ex-girlfriend, but particularly him. (Judy, lesbian, 59)

Moreover, she put this experience into a life course context, noting differences between her own feelings about the family home where she grew up and comparing this with how she envisaged her children would reflect on theirs:

> I'd like my family to be comfortable with my partner, comfortable to come here, to their family home. I think the thing that's made me sad about the relationship that's just finished is that my children really didn't feel they wanted to be back here, and that was very sad for me, because I always felt with my parents that I was very . . . welcome there and it was always a secure base. And I want this to be a secure base for my family and I think I couldn't cope

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> with anything again . . . and I wouldn't do it, even if it meant being on my own, which it might, so. I don't think there's anything else. (Judy, lesbian, 59)

It is interesting to note that Judy suggests that she would sacrifice her own future relationship possibilities for the sake of her children. Yet other participants, particularly the gay men who were parents themselves, had different expectations about what their children would and would not do in the future:

> I mean I have children, from my marriage and I don't think I've got an expectation that they'll look after me. In fact I've got a letter in my desk, which is to be opened in the event of my becoming totally incapacitated or dying, but saying that I don't expect my family to look after me. It's not an assumption that I've made and I don't think they have. I guess that might be true of a lot of people. (George, gay man, 76)

Indeed, one man suggested that the expectations amongst kin in heterosexual families had come to mirror those in same-sex families and relationships, although he doesn't reflect what this might mean for women:

> I expect it's just the way things are and looking at the nature of human existence, it's all sort of patchwork, how we're approaching this particularly for gay men but in the way the world is turning out there's so much changing that even people who've led very traditional, heterosexual lives, that the old assumptions like where your children were your pension policies and that, they've gone. The communities in which people will be looked after have also gone. Society, especially urban society, is much more diverse now, and that applies possibly in a way more so amongst the gay people and in another way less so because we have created stronger networks, which last through time and geography. (Brian, gay man, 54)

For Putnam (2000), family relationships are a key site of social support and bonding social capital. In all of the aforementioned examples, the complexity of this type of social capital is evident because participants' sexualities effectively interact with the heteronormativity of family relationships. To this extent, older LGB people are in some cases precluded from accruing this form of bonding social capital, whilst others are able to maintain or acquire it. However, as members of sexual minority groups, older LGB people have over the course of their lives been forced to form alternative family and friendship structures to counter heteronormativity and develop social capital through other relational forms.

Families of choice and LGB friendship networks

Brian's narrative (above) addresses the point that although older LGB adults may be less likely than heterosexual people to receive support from members of their family of origin, they often do receive high levels of social support from friends,

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or 'friendship families' (Dorfman et al. 1995). Such families are of course not just limited to later in life, but constitute LGB networks across the life course (Heaphy 2009; Weeks, Heaphy and Donovan 2001; Weston 1991). These and other studies, particularly those in the field of gerontological social work (e.g. Shippy, Cantor and Brennan 2004; Hash and Netting 2009), indicate that LGB adults create their own family networks from partners, former partners and friends. As Dorfman et al. (1995, 40) noted in relation to lesbian and gay people: 'Perhaps being a homosexual in a predominantly heterosexual culture serves to strengthen bonds between gay individuals, thus enriching [friendship] family networks.'

'Families of choice' can form a significant mediating factor to marginality, providing psychological and other supports (Heaphy 2009), but as I implied in the previous chapter, so too can partners. Over half the participants in the OLGB studies were in a long-term relationship, ranging from six to thirty years. Some of these relationships were legally recognised through the Civil Partnership Act (2004). Most of these participants talked positively about their relationships and expected that they would provide mutual support later in life. However, contrary to the point noted earlier that many were less connected with their parents, it was also recognised by a few participants that it was important to retain strong ties to their family of origin, or, as Anthony suggested:

> So I think with my current partner, I've been with him for 11 years now, I think implicitly we try and make sure that all our family and our friends know about us and that we're very visible and it doesn't have to be an issue but people know so that if one of us is left then the other one's not left, you know. (Anthony, gay man, 54)

Therefore, suggesting that family of origin are not important is not entirely correct. It can be a source of support, but it can also be a source of tension, sometimes both.

The remainder of participants in the OLGB studies were single. Many of the single women stated they would prefer to be in a relationship, yet they lacked the opportunity to meet a potential partner. In contrast, the single men appeared to be more circumspect about their relationship status, valuing the freedom of independence that it granted them. It was noticeable that participants in long-term relationships, both men and women, expressed more positive attitudes towards ageing than those who were single, as I noted in Chapter 5.

It is, however, important to temper such a uniform and to an extent positive conclusion, because other research findings (for example Heaphy 2009) indicate that access to and participation in social networks is uneven and related to other intersecting factors, such as geographical location and already existing, more formal, LGB social networks (Bell and Valentine 1995). Such conditions will have a particular salience later in life. Considering the increased life expectancy enjoyed by adults, this now covers an increasingly extended period of the life course. It is likely to include periods of employment and retirement, as well as changes to income, health, family and friendship ties. Furthermore, the socio-historical context in which current cohorts of older LGB adults reached sexual maturity have

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also affected their experiences of later life, although, as I have previously noted, these should not be seen as deterministic.

Regardless of relationship status and reflecting the findings in other research (de Vries and Megathlin 2009; Galupo 2007; Nardi 1999), all participants in the OLGB studies felt that friendship with other LGB people was important to them. This was the case even if they did not have an extended LGB-specific friendship network. Most expressed a preference for friends of their own age, feeling that they were likely to have more in common with them and, in the case of long-term existing friendship networks, that there was the added advantage of a shared personal history. However, a preference for friends of a similar age was not always possible. Much has been written about the Women's Movement and the Lesbian Feminist Movement as sites for lesbian friendships (see for example Rothblum 2010). Yet, in the OLGB studies, this was quite rare: the majority of the women had not been active in either. One single lesbian did belong to the local branch of a national lesbian social network, but she sometimes felt isolated because membership consisted of women much younger than her; hence, she felt her age affected her sense of belonging to this network. Whilst she used to have friends her own age, a number of factors had led to the loss of these friendships, leaving her feeling disconnected from older lesbians:

> I'm finding it very difficult with friends because I do make friends but then one died, others are moving away. Everyone's sort of moving around. And there are others that are in relationships; they are having their life . . . . Yes, all my old friends have dropped away, one way or another . . . compared to how it was when I was younger, it's totally, totally different. And not what I'd have chosen. (Sandy, lesbian, 64)

Indeed, Sandy had considered moving to another part of the UK, to be part of a wider lesbian network, but her caring responsibilities prevented this. Sandy's story is not unique to older lesbians: many women, and indeed men, regardless of sexual orientation, could find themselves in a similar position. However, reading Sandy's story through the lens of social capital does provoke questions about the extent to which all LGB adults have access to 'friendship families' or 'families of choice' as they grow older: intersections of geography, biography and, in this case, gender, are particularly salient.

For many older LGB adults, friends may act as their first source of support or help, sometimes taking the place of more institutionalised forms (Muraco and Fredriksen-Goldsen 2011). As Leonard noted:

> Oh I wouldn't go anywhere else. I wouldn't go to any social services agency unless it was for something really practical like I need to go to the Red Cross to borrow a pair of crutches something like that. . . . I think it's sort of an unspoken . . . we know that we are going to support each other, I mean we've supported each other financially, we've lent money to each other, there's a tremendous amount of trust . . . . You know five or six of us together it's sort of

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> unconditional . . . my sort of, network it's just purely my gay friends and then through that network we will do holidays together. (Leonard, gay man, 63)

And Vanessa stated:

> I would in regards to being older rely very much on my friends, it's different if you have got a partner when you get older you tend to rely on that person . . . but as I said the important thing is friends, lovers tend to come and go. (Vanessa, lesbian, 63)

Both Leonard and Vanessa indicate the importance of trust and reciprocity and the horizontal associations that Putnam describes as important for developing and maintaining bonding social capital. For older LGB adults this is especially salient because the heteronormative organisation of society means that many have developed closer friendship networks than perhaps they would otherwise have done. However, some older gay male participants, in the OLGB studies, explained that their friendship networks were often smaller than they might have expected them to be at their age due to the impact of HIV/AIDS. Conversely, the experience of losing friends through HIV/AIDS had led to a strengthening of bonds amongst remaining friends – and some men were involved in HIV/AIDS organisations, which ultimately led to new friendships. Whilst this demonstrates the positive aspects of friendship for older LGB adults, it remains the case that a number of participants lacked friends and felt isolated.

Loneliness and isolation

As Cattan et al. (2003) note, social isolation refers to an objective position of being isolated from others, whereas loneliness is a subjective state of being: for example, one can feel alone even when surrounded by others. Both states can affect all older people, regardless of sexuality, but in the context discussed here can be a result of lack of access to or engaging with LGB social networks. For older LGB people, isolation and loneliness can be geographical or biographical and exacerbated by a number of factors. For instance, there is evidence that isolation is a problem for older LGB people who live in poverty (Addis et al. 2009), who are caring for others (Cant 2004) or who have a chronic illness (Jowett and Peel 2009). Similarly, loneliness can have a detrimental effect on mental health (Fokkema and Kuyper 2009; Grossman, D'Augelli and O'Connell 2001). Whilst it is important that all older LGB people are not stereotyped as socially isolated and alone (Pugh 2005; Dorfman et al. 1995) for the very reasons outlined previously in this chapter, as the earlier quote from Sandy makes clear, social isolation and loneliness were very real concerns amongst some participants in the OLGB studies and have also been identified as such in other research (Fokkema and Kuyper 2009; Guasp 2011).

In the OLGB studies, social isolation could take the form of being either geographically or culturally dislocated from a wider LGBT community network where friendships and relationships might be made and maintained. Judy, who

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lived in a rural community where she described herself as 'the only lesbian in the village', explained:

> Now to be honest, well because of where I am, because geographically it's isolated, socially it's isolated. I do long hours, I'm not really in a position to be, to be commuting to London to sort of, reality says that's where you've got to go. I'm not in a position to do that . . . not to sustain a relationship, and, so, you know, I think reality is, it's not going to happen, which is, you know, which is sad, but . . . [shrugs shoulders]. (Judy, lesbian, 59)

Other participants had recognised that isolation could become a problem for them and had taken steps to protect themselves from this, to an extent. As Anthony noted:

> You know, I find that myself, if you go past a certain age, you don't go to certain places because the people are much, much younger than you and there are a few community things but really, there's not that much. So it's difficult to find somewhere to go and that increases people's isolation and I suppose, what myself and my partner have done is we've diverted it into having a kind of social life, friends and all that kind of thing, you go round for dinner, you go out to do things together and that's kind of nice, but if I was still single then you know, I'd probably be quite lonely and you know, I have a few friends who are around the same age as me and they're single and there's very limited options once you get past a certain age, even past 40, it's an implicit ageism in the gay community as well. We have a few friends who are kind of, 60–70 now and erm, it's interesting to see how they are tackling and responding to that kind of issue. (Anthony, gay man, 54)

It is notable that Anthony emphasises both the implicit ageism of the 'gay community', which I discussed in the previous chapter, but also how older friends are 'responding to the issue'. Indeed, his account highlights how the 'young-old', to use Rosenfeld's (2002) cohort, can learn from and be inspired by the 'old-old', as well as providing the sort of intergenerational support I noted earlier.

Yet others, such as Ernest, felt that sexuality had a positive effect on avoiding isolation that could be faced by older heterosexual people, in a way that echoes the arguments about ego-strength and resilience amongst LGB people:

> If I had my own wife and my own kids I'm sure I wouldn't have those interests you know? And that's why I think in many ways I have an advantage over many other older people, because if they had been linked into that kind of set up and then when they get older and their children move away or their friends die or whatever, they will suddenly miss all of those things. I didn't miss those things because I've never had them and I've always been used to coping with those things on my own, so if my wife died I wouldn't have to worry about how to get the washing done or who'd do the cooking. (Ernest, gay man, 73)

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It is very important to note that these biographical explanations are likely to be tempered by other social divisions, particularly forms of inequality and power associated with gender and socio-economic status, which I will discuss in more detail shortly. However, before addressing the intersection of gender and socio-economic status and how they frame access to social networks, I want to explore some of the participants' experiences of using organisations to create social networks and avoid social isolation.

Organising networks

The ability to create bonding social capital and also to build bridges to other communities requires the provision of places and organisations where people can meet and socialise safely, in the knowledge that they will not experience heterosexism or even homo- or biphobia. I have previously discussed participants' engagement in LGBT-focused commercial organisations, although it should be added here that many participants felt that whilst there were voluntary organisations catering for the needs of older LGB adults, there needed to be dedicated social spaces in which they could meet. This is particularly important for adults who either have not been able to develop strong friendship networks during the course of their lives, or due to changing circumstances no longer have access to these friendships, such as the example I gave from Sandy's account. It might be reasonable to assume that this would be facilitated by the commercial 'scene'. However, as I noted in Chapter 5, in relation to the ageing body, the commercial scene was identified by participants as having problems associated with it, particularly for the lesbians in the OLGB studies.

Approximately a third of participants in the OLGB studies had joined other LGBT organisations, less oriented to bar/club cultures, which they stated were more welcoming of older people:

> I joined an older gay men's walking group and I'm one of 40 men on a ramble, nobody is expecting me to take any particular role, it's really great and if I want to chat to this one, I can chat to that one you know, it is very free. (George, gay man, 76)

Whatever their experiences of the wider LGBT community, all participants were embedded in networks involving non-LGBT specific organisations, such as those in their local communities. Several were active in various community groups, such as activity classes, religious organisations and leisure pursuits. When discussing these, participants were asked to consider if they felt that their sexuality affected their membership of these groups in order to ascertain if it precluded them from developing forms of bridging social capital. Sandy reflected on her experiences of an older persons' support group she had joined. When asked if she would join another she responded:

> It was all cliquey and the others just sit down there on their own. I think the worry is that that culture is also in [older person's charity], but it might not be. (Sandy, lesbian, 64)

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Sandy raised a series of important points about the provision of services for older people, being especially critical of what she perceived to be the heteronormative nature of these groups. She cited conversations she had engaged in with members of groups she had joined as evidence:

> I did in a strange way feel excluded. I never got included let's put it that way. It's more subtle than being excluded. It's just you don't get included, it's very subtle. And I find that they are all very cliquey. Because they all meet up and well they have this language of grandchildren and 'my daughter did this and my daughter did that'. There's just nowhere to go with it for me. (Sandy, lesbian, 64)

Moreover, Sandy had been concerned about the reactions of others if she had revealed her sexuality, although she did not know for certain that she would experience a hostile reaction. It is clear, therefore, that older people's services should be able to reflect and welcome all sections of the community, including older LGB people, thus building norms and trust related to equality. This was affirmed by Ernest, who belonged to a number of church groups. He suggested that he did not get too closely involved with people in these groups:

> They get very deeply involved in each other in a way that I wouldn't necessarily, partly because I do get a sense of their not being entirely welcoming to homosexuals. (Ernest, gay man, 73)

Many felt that, unlike their heterosexual counterparts, there was less opportunity for them to develop friendships in their local neighbourhood because of their sexuality.

> But because you have to go out and make your friends in the gay community because most of your socialising is out of the house, going out to a club or going out to a bar or whatever or joining the outdoor walking group or whatever, but it's all about active participation rather than the next-door neighbour or whatever. But that depends on where you live . . . it depends on how well you get on with your neighbours full-stop. But if you lived in a gay neighbourhood maybe there will be a bit of gay neighbourliness in later life, it's difficult to tell but that would only carry on if it existed already I suppose. (Hugh, gay man, 57)

Hugh's experience indicates that attempts to form connections within a local community or neighbourhood, thereby developing bridging social capital, is affected by sexuality and the existence, or otherwise, of bonding social capital, in the form of a community of lesbian, gay and/or bisexual others. The two are inextricably linked and highly contextualised and Hugh's point about neighbourhood especially so, as studies of older LGB people living in rural or isolated areas suggest both benefits and costs to living away from more visible LGB communities (King

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and Dabelko-Schoeny 2009; Lee and Quam 2013; Rowan et al. 2013). Being connected may mean being embedded in welcoming and close-knit communities, but it may also mean being connected to people like oneself. However, as some of these studies note, the ability to age-in-place is not only about a community of like-minded others, but access to certain resources, of which economic resources are crucially important.

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Economic resources

There is a tendency for the representation of older LGB adults to occlude differences related to socio-economic status and social class (Uhrig 2014). In terms of research, certain groups may be over-represented, especially middle-class gay men (Davies et al. 2006), which can result in narrow understandings of LGB ageing (Heaphy 2007). Indeed, references to a 'gay community' can obscure differences in the financial status of lesbians and bisexual women compared to their gay and bisexual male counterparts (Price 2005). Factors affecting socio-economic status and social class, such as unemployment, illness and disability, may also impact disproportionately on members of the LGB community – for example, the potential of HIV to reduce income through needs of care and support for ill health (Munro 2002). It has also been noted that until recently access to certain benefits enjoyed by heterosexual couples has been denied to LGB adults (Age Concern 2002). Even with the introduction of the Civil Partnership Act (2004) and subsequently the Marriage (Same-Sex Couples) Act (2013), certain forms of financial disparity remain, especially for those who do not enter such legal partnerships (Westwood 2013a). Hence, the commonly held belief that gay men, but also lesbians, are likely to have more financial liquidity in older age compared with heterosexual people is problematic. Arguably, such suggestions rely on a heterosexist view of the life course of LGB people.

The financial status of LGB adults remains a highly contested subject. Whilst some evidence suggests that they have economic advantages compared with heterosexual adults, other studies suggest the opposite (Carpenter 2008; Elmslie and Tebaldi 2007; Peplau and Fingerhut 2004). Moreover, such studies may overlook significant differences between LGB adults themselves, particularly disparities associated with gender (Taylor 2009). The MetLife (2006) study of 1,000 self-identifying LGBT people aged 40 to 61 years old in the United States, found that over half of those surveyed were concerned about outliving their finances in later life; the figure was higher for women than men. Interestingly, this gender difference resonates with UK gerontological studies. These consistently show that older women, whatever their sexuality or indeed social class, are more frequently affected by poverty in older age than men (Price 2007, 2006). Yet sexual minority status is not insignificant here. The large-scale survey of older LGB people conducted by Stonewall (Guasp 2011) found an 11 per cent difference between lesbian and bisexual women (31 per cent) and heterosexual women (42 per cent) who expected that a partner or family member would be able to provide financial support in later life.

In terms of pension provision, the Stonewall survey also found that greater numbers of LGB people compared with heterosexual people were likely to see personal or employer-provided pensions as future sources of income, rather than state pensions alone. However, there was a clear social class difference in this figure: 90 per cent of those in social class categories ABC1 had provision compared to 66 per cent of C2DE. Again, social class intersects with ageing sexualities to privilege certain groups of older LGB people.

Participants in the OLGB studies were asked about their current financial status, their social class background and their plans for or experiences of retirement. Geoff (gay man, 59) emphasised the importance of forming social networks and estimated that his annual income was a little over £30,000. Privately educated, he 'came out' about his sexuality as a young adult and had been an activist for many years. When asked about early retirement, he described himself as 'buffeted by privilege':

> Well by taking early retirement and embracing the risks of doing so. I could have carried on drawing a very reasonable salary until I was forced to retire. In some respects I am buffeted by privilege in so far as I am living with someone who is earning a full-time salary and doesn't resent our money, well his money, being considered to be part of the common pot, as mine was when I was earning . . . , and I do have a certain degree of financial independence, which many people are not in the same fortunate position as I am to benefit from . . . I want to see what life throws at me. (Geoff, gay man, 59)

Geoff was, perhaps understandably, positive about retirement. His financial status, the outcome of professional employment and a stable partnership, provided him with a significant degree of agency. Several of the gay men in the sample were in a similar empowered position. Leonard, for instance, spoke about his former employment, which had given him a cosmopolitan, middle-class lifestyle that continued into his retirement. This had enabled him to retain a wide circle of friends and pursue interests and hobbies:

> I'm also very fortunate in that I did a job that I thoroughly enjoyed doing. It gave me lots of opportunities, it was very well paid and it also gave me lots of lifelong friends and most of my friends have remained my friends. One I've known for 36 years and most of my friends are certainly the longevity of friendship, the youngest friend I've got is about 6 years who is a much younger man erm, who again is not English he happens to be Finnish. I have an extremely happy domestic life, I have a very happy social life. Fortunately I'm erm, as you've asked me about myself, fortunately I'm quite financially solvent so I have opportunities to do various things or as my father rather succinctly put it, I can afford to do the things that I want to do but I can't afford to do the things that don't want to do anyway so that basically sums up, so I have quite a comfortable sort of retired life. (Leonard, gay man, 63)

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In contrast, and demonstrating the significance of gender in this instance, Maz (lesbian, 54), who was single but had been in a heterosexual marriage until she 'came out' as a lesbian when she was 39 years old, explained that her dreams about taking early retirement were overshadowed by financial commitments:

> Oh I don't think about it, but I certainly dream about it. I'd love to have the time to spend in the garden and get the garden, you know, under control and enjoy being in it. I would like to be able to travel because I've not been in a position to do that. I've never had any money, and it's only really since I've been working full time the last few years that I've had any money at all and what I have now is, you know, sort of split . . . for the mortgage and about a third for my pension . . . which I didn't have at all because it was with my husband and so that's all gone, so I have nothing, and about a third which is . . . living and . . . a big chunk towards saving things and pension and trying to save some so that I've got something to live on, because otherwise I'm going to have nothing, and a big chunk goes towards supporting the kids. (Maz, lesbian, 54)

It is clear that Maz's life experience has had a significant impact on her financial status and therefore her possibilities for retirement. She had fewer choices than Geoff and Leonard and more constraints. Her story was widespread amongst the older lesbians in the OLGB studies, many of whom had previously been in relationships with men and had children from those relationships. As I noted in Chapter 4, for some, disclosing their sexuality had occurred later in life. Like Maz, this had impacted on them financially. Thus, although older LGB adults may experience ageing differently from their heterosexual counterparts, an intersectional analysis draws out the biographical complexity encapsulated within this statement. In this respect, gender inequalities appear to be more salient. However, it is important not to generalise; several lesbians in the OLGB studies were more financially solvent and this enabled them to have a significant number of options in terms of retirement and the ability to form and participate in social networks in ways that were similar to the more solvent gay men. Also, some of the gay and bisexual men in the OLGB studies had faced considerable financial problems, were unable to retire early, or had felt compelled to work part time after retirement.

These issues were further complicated by health status amongst both the lesbians and gay and bisexual men in the OLGB studies. Ernest, for instance, spoke of his HIV-positive status and how it affected his employment and consequently his pension:

> I had quite a difficult time when I first retired [at 65] because I felt I didn't have anywhere near as much money as I thought I was going to have partly through the positions of pensions and pension funds not giving me the rewards which I had hoped I would have. (Ernest, gay man, 73)

However, here Ernest's middle-class social capital had mediated his lack of financial resources. He was able to strategically utilise the social networks he had

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developed over a number of years to ensure he was not socially isolated and more significantly that he could source services he might otherwise have been unable to. Thus, whilst still describing himself as 'poor' in financial terms, his voluntary work at an HIV charity and membership of a large church congregation meant he regarded himself as 'wealthy' compared to other individuals he regularly helped; in short, his lower economic resources had not prevented him from accruing and using significant social capital.

Rather like Ernest, some participants in the OLGB studies noted that a degree of financial solvency was important if they were to access many of the facilities and leisure activities offered within a wider LGBT community. Hugh, for instance, explained that he had previously had a well-paid job, but for health reasons had to leave. He now worked in various low-paid and voluntary jobs and had an annual income of less than £20,000. Despite this, he supported his income by renting a room in his flat to a younger gay man and continued to participate in the commercial gay scene. When asked about staying in his flat and his financial future he stated:

> I'd like to be in an environment where I would feel really, really happy should I retire, of being able to continue to live centrally, you know there's the darling idea of being able to live in the countryside and by the sea, it's nice for a week but I would die of boredom. When I'm older I'll still want to be where there are people, where it's going on. I'm not talking about necessarily being in [LGBT pub], but certainly where I can see people, to feel that sense of activity around you, which is why I came to live in the city in the first place. I want to carry that on and there must be people now, I know some people, my age a bit older, that are starting to move out because of the value of the properties here. (Hugh, gay man, 57)

Again, gender is important here. Sandy, like Maz, reflected on the intersection of ageing, sexuality, gender and financial status in relation to taking part in a wider commercial 'scene':

> Yeah you know you see men go out and go into clubs and stuff and be quite at home because I expect they've got more financially stuff behind them. The young guys they all buy them drinks you know I don't think women have that. Because men get pensions and everything, as though they had a family, and women's pensions are very different. (Sandy, lesbian, 64)

Judy also reflected on the intersections between sexuality, age and economics:

> I think younger lesbians, potentially going to have . . . a lot of people who've actually got independent income and . . . to take care of themselves financially . . . but I think for lesbians you know, who are getting older at the moment I think it's quite a problem. (Judy, lesbian, 59)

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Hence, it is not only ageism that leads older LGB people to avoid commercial community spaces, as I noted earlier and in Chapter 5, but also gendered, financial issues. Again, whilst this is not dissimilar to the experiences of older heterosexual people, who might also lack financial resources to participate in social networks, for older LGB people such networks are particularly important for the formation of bonding and bridging social capital and the benefits that accrue from them, especially since family of origin is a less significant site for this to be developed.

Queering social capital

The unique aspects of social networks for older LGB people indicate that there is a need to 'queer' the conceptualisation of social capital itself. The findings from the OLGB studies suggest that those older LGB people who are able to participate in community activities, offer and receive support, have been able to foster feelings of belonging. They are secure in the knowledge that they can draw on a range of friendship- and community-based resources if necessary, although we should not forget the uncertainty of chance, as Sandy's account illustrates. Overall, however, these networks demonstrate characteristics of social capital: social trust, solidarity and norms of reciprocity, both general and specific. They can also act as a buffer against the stresses of living in a heteronormative society.

Therefore, these findings support earlier so-called 'gay-affirmative' research, whilst the use of social capital extends the sociological understanding of older LGB adults and addresses the social organisation and regulation of sexuality. Far from being depressed and socially isolated, older LGB adults who belong to social groups enjoy high levels of social support and bonding social capital, thus affirming the suggestion that these adults may be better placed to face the challenges of later life than their heterosexual counterparts (Richard and Brown 2006; Shippy, Cantor and Brennan 2004). However, the reverse exists for those who are not able to gain access to and participate in LGB cultures of ageing (Pugh 2002).

This situation is exacerbated by a commercialised LGBT community that is perceived to be ageist, expensive and, for women, sexist. Whilst some of the older men in the OLGB studies did use the 'gay scene' to make friends, the majority of participants no longer frequented such commercial spaces. These forms of vertical distinction demonstrate the importance of the provision of non-profit-making venues and social spaces for older LGB adults, as noted by others (Simpson 2012).

As noted above, non-LGBT specific spaces or organisations are also a vital source of social support for older LGB adults and all necessary policies and legalities related to the removal of discrimination must be adhered to. Reducing heterosexism in these environments is essential, as failure to do so will in all likelihood result in older LGB adults avoiding these organisations altogether. I will return to these questions in the following part of the book and particularly in chapters 9 and 10.

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Conclusion

This chapter has demonstrated how accessing social networks and social support is affected by age and sexuality. As indicated, the extent to which an individual expressed a positive attitude towards ageing was dependent on a number of key interrelated factors, concerning their biography, their financial status, friendship networks and wider social networks. It has been illustrated how an individual's ability to form bonds of reciprocity and trust within a community is crucial. Developing horizontal associations with other LGB adults can alleviate feelings of isolation and provide tangible supports later in life. Thus, Putnam's conceptualisation of bonding social capital and its links to well-being appear to be confirmed. However, as has also been demonstrated, other social identities, particularly gender and socio-economic status, in the case of participants in the OLGB studies, are mediating factors that mean inequalities exist within and between this group of adults.

In terms of social capital, it has therefore been expedient to draw on Bourdieu's conceptualisation, which emphasises power differentials and the relationship between social and other capitals. Some of the older LGB adults interviewed in the OLGB studies had high levels of social and economic capital and therefore could use these to fulfil their needs in later life; as noted, this was particularly so for some of the gay men in the sample, but certainly not all. To an extent, therefore, social capital may alleviate homophobia, biphobia and heterosexism in older people's services. However, it is not simply that the concept of social capital can be applied to older LGB adults' lives; it is important to use sexuality and, indeed, ageing to reconfigure understandings of social capital itself. Whilst older LGB adults will share many experiences, in terms of social networks and associations, with older heterosexual adults, they will also have unique experiences. Where older heterosexual people may have developed networks and associations across their life course, older LGB adults, as has been demonstrated in this chapter, face different challenges. People do not simply form social networks – they do so in relation to social structural factors, of which the interaction of ageing and sexuality within a heteronormative society, is a highly significant determinant.

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Part III

Institutionalised and institutional identities

This part of the book returns to questions of institutionalisation and how older lesbian, gay and/or bisexual people are framed within, between and by certain institutional contexts and practices. Inevitably my choice of institutions and institutional practices is not arbitrary; instead, it is guided by themes that emanate from the wider LGB ageing literature and those that were addressed in the OLGB studies.

Chapter 7 looks at the relationship between individuals, institutional practices and intimacy, to consider how care and care practices in later life are framed by heteronormativity. The chapter begins by asking: what is care and who cares? This is used to contextualise caring, before I focus exclusively on care and caring as they apply to older LGB people. I show how previous studies suggest care is framed in accordance with heteronorms, principally how a heteronormative family model of care is applied to older LGB people. Yet, at the same time, I show how the care practices, demonstrated in the extant LGB ageing literature and by participants in the OLGB studies, contradict this model through ideas about a transformation of intimacy. This leads to a section of the chapter that attempts to 'queer care'. Here I focus in detail on the care practices of three participants in the OLGB studies and argue for a re-evaluation, nay a queering, of the notion of care and the practices of possibility that are opened by such a move, including the ramifications for policy makers and service providers.

Chapter 8 focuses on older LGB people's experiences with medical institutions and health services. As I noted in earlier chapters of this book, medical institutions were complicit in the pathologisation of sexual minorities, both in the UK and in many other countries throughout much of the twentieth century. Hence, there is a 'collective memory' amongst older LGB people about this and it has been argued by others that this shapes how older lesbian, gay and/or bisexual people currently engage with health and medical services. Furthermore, other studies suggest that these services are still largely heteronormative and that overt prejudice in the form of heterosexism, homophobia and biphobia is not uncommon. Again using data from the OLGB studies I explore these concerns across a range of health and medical contexts and conditions: sexual health, cancer, mental health and dementia. This allows me to compare and contrast the extant literature with data from the OLGB studies and also, at times, to draw out differences in experience:

between older lesbian, gay and/or bisexual people and older heterosexual people. In effect, I ask: how does being an older lesbian, gay and/or bisexual person affect the experience of illness later in life and how does that compare with older heterosexual people?

Chapter 9 brings this part of the book full circle by outlining my experience of engaging with service providers and policy makers directly in a knowledge exchange project that aimed to empower them to consider their services with older LGBT people in mind. In this chapter I consider the institutional drivers for such work, predominantly in the form of legislative changes and equality and diversity policies that have emerged in recent years. I then describe, in detail, the methodology of the project. I do this partly to show how it was institutionalised and how older LGB&T people were engaged during the project, but also to demonstrate how change and impact were captured and measured. One of the unforeseen factors that affected the conduct of this project was the coming of austerity – the political and economic climate in which it took place. As well as discussing what impact austerity had on the progress of the project, I consider how it affects the interpersonal; in short, how the political and economic intersect with individual actions in relation to LGBT ageing policy and service practice.

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7 Queering care

Institutional frameworks and lived experiences

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Introduction

In this chapter I consider older LGB people's experiences of care, both in terms of giving care and/or being a recipient of care. This chapter complicates such binary divisions and explores how care practices and networks amongst older LGB people challenge a number of taken-for-granted assumptions about care/ing. The chapter commences with a discussion of the concept of care, noting how this has largely been defined in heteronormative terms. The second section then explores how care has been studied in LGB communities and intersperses this with findings from the OLGB studies. It discusses how care relationships experienced by older lesbian, gay and/or bisexual people are affected by institutionalised heteronormativity, although I also demonstrate how older LGB care networks transgress such structures and explore networks of care in the section that follows. In the fourth section, I extend the discussion by focusing on two narratives of the dynamic, complex caring practices enacted between two older gay men and also one older lesbian. In the penultimate section, before my conclusion, I think through the ramifications of these narratives for understandings of care amongst older LGB people and what these might mean for policy makers and service providers.

What is care and who cares?

The *Oxford English Dictionary* has several definitions for the word 'care'. Included are a state of morbidity or grief, a burdened state of mind and, when a verb, the act of looking after, to have to deal with and provide for. The act of care, therefore, is concerned with well-being, the relief of suffering, and looking after and, hence, caring for one's self or others.

In sociology, the concept of care and the act of caring have most frequently been discussed in relation to gender norms and women's role in the heterosexual nuclear family (Adam 2004). There is a substantial body of literature on this topic and I do not wish to repeat the arguments here. Suffice to say, therefore, that caring, the act of care itself, encompasses issues of power, control and inequality and so intersects with a range of identifications, including age, gender and

sexuality. Studies have shown, for instance, that caring is ideologically framed as a feminised act, which has consequences for all those who care (Moen, Robison and Fields 1994).

Conceptually, care is multifarious. There are different types of care. One distinction that can be made is between formal and informal care. The former is associated with professional and institutionalised forms of care – that is, care given by a person paid to care in a professional context, such as a nurse, a doctor, a 'care worker'. To give one geographical example, in England, in 2011/12, 1.3 million adults received some form of formal care (ONS 2012c), whilst 414,780 people aged over 65 years received community-based care at home (Age UK 2013). However, formal care may be given in a variety of settings, including institutions such as hospitals and residential care homes, as well as in the domestic sphere (in the case of domiciliary, home, care).

Informal care refers to forms of care given by non-professionals, usually partners, family and/or friends (Pickard et al. 2000). It is usually unpaid, although it may be reciprocated in various non-pecuniary ways: for example, via gifts or reciprocal actions. Informal care remains the predominant form experienced by most people in the UK, whilst formal care tends to be viewed as the form of last resort. The largest group of informal carers are those in full-time employment (36 per cent), whilst those who are retired are the second largest group (23 per cent) (ONS 2012b). It is expected that informal care will need to grow by as much as 40 per cent by 2037 in the UK (Gulliver and Prentice 2014).

Despite the aforementioned distinction, both forms of care have been written about extensively, with writers also exploring the complexities and dynamics between them (Chappell and Blandford 1991; Clark 1992). In short, forms of care overlap and may change over the life course: someone may be a paid care worker, but also provide informal care for a partner or family member, or someone who previously cared for a relative may retrain and become a professional carer.

A similar distinction is often made between care giver and care receiver/recipient. These tend to be regarded as two distinct subject positions, with one (the recipient) placing stressors on the other (the care giver). Studies have explored the stressors faced by care givers, which can include poor mental and physical health outcomes, although this is highly dependent on circumstances (Grande et al. 2009; Robison et al. 2009). In the UK, for instance, carers are twice as likely to suffer ill-health than those not providing care (Buckner and Yeandle 2011). There also appear to be gender differences in how these stressors are experienced, with women experiencing greater levels of depression and poor social well-being than men (Pinquart and Sörensen 2006). Despite a focus on these apparently negative aspects of care, other studies suggest that care givers do experience benefits (Cohen, Colantonio and Vernich 2002) and that the support given by a partner when caring for another is important (Koerner, Kenyon and Shirai 2009).

There are fewer studies on the experiences of care recipients (Lyons et al. 2002) and there have been voices arguing for the need to deconstruct the formal/informal and giver/receiver binaries and focus on the processes, complexities and complementarities of care (Chappell and Blandford 1991; Lyons et al. 2002;

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Pickard et al. 2000). As others have noted (Fine 2005; James 1992; Thomas 1993), care covers a broad spectrum of tasks, relationships, contexts and identities. As will be demonstrated in this chapter, this is particularly significant when considering the care practices of older LGB adults.

Care and LGB populations: some institutional and social factors

Research has suggested that older LGB people have greater concerns than their heterosexual peers about giving or receiving care in later life. Whilst many older people are concerned about needing care, regardless of their sexuality, the Stonewall survey (Guasp 2011) found a 10 per cent difference between LGB people and heterosexual people (72 per cent as opposed to 62 per cent) who expressed a concern. Although this figure is not particularly large, what may lie behind it are complex issues about the relationship between care, age and sexuality; expressly, the relationship between care and the family and the pervasiveness of heteronorms.

Care and the family

The most pervasive model of care locates it within a family context, usually a biological family of kin relations. There is some debate about how relevant this is to LGB people. The Stonewall survey (Guasp 2011) noted that older LGB adults were less likely to give or receive care within a family context, particularly if they do not have children. As one older lesbian suggested, 'one doesn't have a younger generation of family to fight your corner should you be unable to do it for yourself' (Guasp 2011, 9).

Studies of LGB people caring for older relatives, such as parents or other kin (Manthorpe 2003; Manthorpe and Price 2005; MetLife 2006; Price 2011) show that those who are childless are expected to take on care responsibilities in these situations. In the US, the MetLife study (2006) found that 53 per cent of older LGB adults sampled were caring for a relative from their family of origin, usually a parent, contrary to their heterosexual peers. Indeed, contra gendered, heterosexual models, there was greater parity in relation to gender, with gay and bisexual men as likely to be caring for relatives as lesbians and bisexual women. These figures were similar in the MetLife (2010) follow-up study, 'Still Out, Still Aging'. Whilst such care practices may be laudable, they can raise issues about disclosure of sexuality, revisiting past family conflicts and a general lack of support by siblings (Price 2011). In essence, there are questions here about power and authority.

It is worth noting that the suggestion that older LGB people are disconnected from their biological families, which in some ways is illustrated and complicated in previous chapters of this book, can inevitably ignore the complexity and intersectionality of experiences. Firstly, older lesbians and bisexual women and men are quite likely to have children (Cronin 2006; Jones 2011). The MetLife study (2006) indicated that lesbian and bisexual women were almost four times more

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likely than gay and bisexual men to report that they were caring for adult children, whereas gay and bisexual men were more likely to report caring for parents or siblings. This, in itself, raises and challenges dominant understandings about masculinity, femininity and gender norms, as well as expectations concerning adult children with no dependents. Secondly, there are growing numbers of visible LGB grandparents (Stelle et al. 2010). This does not necessarily mean that these LGB people expect or envisage being cared for by their kin; indeed, studies suggest this expectation is lower than amongst heterosexual people (MetLife 2010). George, one of the gay men in the OLGB studies who had children from a previous heterosexual marriage, certainly did not think so. Neither did he think this was the case with older heterosexual people:

> I'd have thought that a lot of heterosexual parents that have children would not expect their children to look after them in this day and age. I think that's a pattern from the past that, certainly in urban living, has gotten broken. (George, gay man, 76)

It is interesting that here George is emphasising what he regards as the effects of social change on caring relationships between kin. Yet despite widespread social change, which will be discussed later in this chapter, heteronorms remains important in how care is shaped and experienced.

The pervasiveness of heteronorms

Heteronormativity manifests itself across all types of care and all care settings. Studies have shown, for instance, that formal care providers do make assumptions about a client's sexuality, assuming that they are heterosexual unless they come to understand otherwise (Fish 2006; Musingarimi 2008b). This can have a detrimental effect on well-being for older lesbian, gay and/or bisexual people, as well as increasing the stress of disclosure. Indeed, studies also suggest that older LGB people are deeply concerned about the reaction of institutional care providers to their sexuality (Hughes 2008; Stein, Beckerman and Sherman 2010).

Heteronorms shape care in a number of ways. Firstly, they may preclude monitoring of sexual identity within care institutions and service provision. They may create the expectation that all are heterosexual and that asking about sexuality is similar to asking about sex. A scoping study conducted by Willis, Ward and Fish (2011) suggested sexual orientation is not always recorded by care service providers for this reason. It may result in service providers adopting an 'it's none of our business' approach (ibid., 8).

This resonates with the experiences of some of the key service providers in the OLGB studies. Even if senior staff recognised the need for monitoring, it can be difficult for them to persuade front-line members of staff to enact this. For instance, a service provider in older people's services spoke about the difficulties she had faced with her staff, trying to ensure that they asked their clients about their sexuality:

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> So when we did the audits of course, my two colleagues they said, 'We can't ask our older people about their sexuality', so I said 'Why?' and they said, 'Well, we just can't.' That in itself told a huge story. (Older people's service provider)

Such problems with monitoring sexuality are recognised, particularly issues about poor staff education in this area (Ward, Pugh and Price 2010). However, this also raises issues of ageism, particularly the notion that older people do not have and cannot think about sex, sexuality and sexual relations (Hinchliff, Gott and Galena 2005).

Secondly, heteronorms can cause some care service providers to adopt a 'sameness' agenda, claiming that they 'treat everyone the same' regardless of sexuality (Willis, Ward and Fish 2011). The problem here is that this can obscure difference, diversity and indeed intersectionality. This has been found in previous research, again conducted by third-sector organisations (Opening Doors in Thanet 2003) and there were examples of this reported by service providers in the OLGB studies. One care provider, for instance, reflecting on the possibility of having older LGB people in her establishment, stated that she would 'treat everyone the same'. As noted earlier, this occludes LGB experience and reinforces a 'normative model' of ageing where heterosexuality is regarded as normal and can further obscure differences within and between older lesbian, gay and/or bisexual people themselves, such as on the basis of gender (Westwood 2013b, 2014) or other social divisions.

Nonetheless, it is important to recognise, as noted by other studies (Hughes 2008), that some people prefer a 'sameness' agenda. As Leonard suggested:

> I wanna be somewhere person-friendly you know? I wanna be somewhere where I will be welcomed as a person not because I'm gay. (Leonard, gay man, 63)

This was also sometimes coupled with a 'privacy' agenda amongst those in the OLGB studies; that one does not have to declare one's sexuality to care providers. As Peter said,

> I don't see why you should have to substantiate yourself to anyone. It's nobody's business anyway, is it? Straight people don't go around saying they're straight. Why should I go around telling people I'm gay, just because I'm a man caring for another man. (Peter, gay man, 59)

The rationale for these views is complex. One suggestion is that such attitudes can be traced to dealing with intense stigma and victimisation earlier in life (D'Augelli and Grossman 2001). As noted in previous chapters, those who came of age before or just after the decriminalisation of (male) homosexuality, in an era when there was a widespread pathologising of non-heterosexualities and more virulent and overt homo- and biphobias, may experience greater concerns about revealing their sexuality. Without wishing to undertake a further symbolic violence and assert that Leonard and Peter are psychologically scarred, the danger with narratives of

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sameness and privacy is that, unwittingly, they may reinforce heteronormative conceptions of sexuality in later life and further erase LGB identities from institutional contexts and agendas. Respecting people's wish to sameness and privacy can sometimes be used as an institutional cover to ignore questions of sexual difference altogether. In addition, it has been argued that older bisexual people may not always want to access LGB specific services, including care services (Dworkin 2006). Yet intersections are very significant here too. There is growing evidence that many older lesbians and bisexual women, in particular, would prefer women-only care homes and care spaces (Traies 2012; Westwood 2014).

Service providers are particularly confused by bisexuality and the complexities of older bi people's biographies and relationships (Jones 2010; Dworkin 2006). One of the men in the OLGB studies, who identified as bisexual, was concerned how care providers who knew him previously in an opposite-sex relationship, might react to his current same-sex attractions:

> Well, because of the previous work I used to do I came into contact with the local council that supplies the carers, so I actually knew a lot of them but hopefully in 10 years' time, when that happens, I won't know any. So it will just be a job to them. (Graham, bisexual man, 57)

Such concern, about revealing one's sexuality to care service providers, is, however, not surprising given reports of direct forms of homophobia and/or biphobia from professionals. Willis, Ward and Fish (2011, 1312) quote at length a number of their focus group participants who recounted such experiences. One gay man recalled collecting his partner from a day centre:

> And I went to pick him up and the nurses that were behind the station were sniggering because I went to pick him up and I was holding him up. And [my partner] got really angry, 'yes he is holding me up and yes he is my partner'.

Such findings are also supported by survey evidence. The Stonewall survey (Guasp 2011) found that 47 per cent of older LGB people were not confident about revealing their sexuality to care home staff and 36 per cent to a paid carer. In the OLGB studies, these concerns were expressed, but often in relation to an invasion of privacy. As noted in Chapter 5, concerns were expressed about invasion of the safe-space of the home. Residential care, too, held particular concerns regarding openness of one's sexual orientation and fear of bullying from staff and other residents. However, some participants felt that changes would occur in the future. Abbey suggested that this was generational:

> I think it might just happen over here because, like I said, there will be a whole generation coming up of baby boomers. (Abbey, lesbian, 54)

But such reflections were tempered by others who suggested that geographical location was central here, particularly for some older lesbians:

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> I think isolation's a problem for older people anyway and lesbians particularly, certainly where you live. Somewhere like this, it's relatively isolated socially and I think, I can see as time gets on . . . it becomes an increasing problem. (Judy, lesbian, 59)

Indeed, problems with social isolation amongst older lesbians, in particular, have been noted by others (Cronin 2006; Westwood 2013b) and may represent a key intersectional inequality relating to care, sexuality and gender later in life; who might care, in such circumstances?

Thus far, I have explored how older LGB people's experiences of care are shaped by institutions and their concerns about institutions. In the next section of this chapter I will explore networks of care, particularly informal care practices, putting these in a sociological context regarding transformations of intimacy in late modern societies. The aim is to address some of the diversity and complexity of older LGB people's caring practices and to suggest what these tell us about intersections of ageing, sexuality and care in contemporary societies, such as the UK.

Networks of care and transformations of intimacy

Older LGB people are much more likely than heterosexual people to look to friends for sources of care and support in later life (Hughes 2008; Muraco and Fredriksen-Goldsen 2011; Roseneil 2004; Shippy, Cantor and Brennan 2004). Again, this can, in part, be seen as a reaction to institutionalised heterosexism – or as one participant I interviewed suggested, 'We're making it up for ourselves.' From a sociological viewpoint, these networks of friends, partners and others, appear to concur with the suggestion that there has been a transformation of intimacy in people's personal relationships over the past few decades. Writings by Giddens (1992), Beck (1992) and Beck and Beck-Gernsheim (1995, 2013) have all linked such relational change to wider processes of social change, such as growing individualisation and the lessening of traditional forms of social structure and constraint. Indeed, subsequent critical appraisals by others (e.g. Jamieson 1999, 2011; Pahl and Spencer 2004; Smart 2007; Weeks, Heaphy and Donovan 2001) suggest that the association between intimacy, sexuality and relations of trust, reciprocity and care is a complex, but significant, feature of all contemporary relationships.

In discussing where the impetus for such changes in intimacy arises, Giddens (1992), in particular, suggests that the life experiences of sexual minorities have played an important part. He asserts that lesbians and gay men (he erases the experiences of bisexual people) have had to live their lives outside of institutions of society that are modelled on heterosexuality and against a background of social stigma and discrimination. Consequently, lesbian and gay people have forged new forms of intimate relationships that heterosexual people have subsequently copied. Unsurprisingly, this argument has been both influential and subject to critique.

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Some support for the notion of a transformation of intimacy comes from a number of studies identifying the importance of 'families of choice' in LGB communities (Roseneil and Budgeon 2004; Weeks, Heaphy and Donovan 2001; Weston 1991), which I discussed in detail in chapters 5 and 6. It is important to note, however, that the limits of choice in this context have also been considered. Both socio-economic status and power dynamics within relationships are important sources of inequality (Almack 2005; Burgoyne, Clarke and Burns 2011; Heaphy 2009). Some studies suggest that gay relationships may not be as egalitarian or negotiated as Giddens believed; amongst gay men, in particular, studies indicate that extra-relational sexual encounters may be tolerated if not exactly accepted (Bonello and Cross 2009; Worth, Reid and McMillan 2002). However, as Bonello and Cross (2009) note, viewing gay and bisexual relationships through the prism of heterosexual norms is itself discriminatory (see also Barker, Heckert and Wilkinson 2013).

One of the factors that is said to have affected the development of 'families of choice' and forms of intimacy beyond the norms of heterosexual kinship has been the need to care for those affected by the HIV/AIDS epidemic (Adam 2004; Cant 2004; Weeks, Heaphy and Donovan 2001; White and Cant 2003). Adam (2004) suggests that new forms of care, particularly between gay men, have become more visible and helped to problematise a more hypersexual representation of this population. Indeed, these and other studies (e.g. Roseneil 2004; Roseneil and Budgeon 2004) suggest that caring relationships are at the centre of such changes in intimacy amongst lesbian, gay and/or bisexual communities; thus, changes in intimacy are not simply about sexual relationships between couples, but are part of wider changes in how people care for and relate to one another. Roseneil (2004) suggests that an ethics of care between friends could 'queer', or trouble, many social and political policies that have been framed around the heterosexual dyad or nuclear family. It is worth noting, however, that the Civil Partnership Act (2004), which legally recognised same-sex unions, did so in traditional dyadic form, a process that Richardson (2004) and others (Conaghan and Grabham 2007) note incorporates sexual minorities into a heteronormative citizenship that is simultaneously inclusive and exclusive; the same concern frames questions of sexual citizenship in relation to same-sex marriage.

Whilst the aforementioned studies introduce important debates about the relationship between sexuality, intimacy and indeed care, there is, I believe, a need to foreground intersections of age here. As I explain below, an examination of these issues without considering age is remiss and overlooks the complex experiences of older LGB people.

Queering care

Here I will be drawing on two narratives, the lived experiences of two older gay men, Alec and Peter, and one older lesbian, Judy. These narratives are being used not only because in some ways they are ubiquitous (you could find stories like these in most research projects about older LGB people), but also because they

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are indicative of the complexity of care giving and receiving within LGB communities. Certainly these cases were not unusual in the OLGB studies. Many participants were caring, in some way or another, for others. Hence, these two narratives speak to wider issues within LGB communities, to issues of intersectionality and care practices more generally.

The story of Alec and Peter

When interviewed, Alec was 68 years old, had lived with diabetes for most of his adult life and more recently had developed a lung condition. Peter was a 59-year-old former nurse and carer and had also experienced health problems. Alec and Peter had been friends for over 25 years and had previously lived together, although both now had new partners with whom they lived. These relationships could therefore be viewed as an example of a 'family of choice' noted earlier, although when examining their narratives the issue of choice and agency appeared more complex. Certainly, although they were not a couple in the traditional dyadic sense, their lives were very much intertwined.

When Alec and Peter first met, in the late 1970s, Alec's diabetes had become erratic and he was ill on a regular basis. Peter had a well-paid job in marketing at the time and as their friendship developed he supported Alec physically, emotionally and financially. For instance, he took control, making Alec visit various private doctors and specialists, obtaining better care for him, until his condition had stabilised; he nursed him when he was particularly ill; he helped him cope with the psychological stress of his chronic illness; and when Alec had to retire early on health grounds, Peter continued to support him financially. It could be assumed, therefore, that Peter had for many years taken the role and identity of being Alec's carer. This might be especially so since by this point Peter had retrained as a nurse and hence care had become part of his professional identity. However, when examining their narratives in more detail, the changes in their lives and their current situation, a different, more complex representation was revealed, a representation that locates the care practices noted above within Alec and Peter's understandings and feelings about their sexuality and about ageing in the society in which they lived.

Peter was struggling to come to terms with his sexuality when he met Alec. Although most of their adult lives had been lived after the 1967 Act, when the age of consent for male homosexual acts was set at 21 years in England and Wales, both men had grown up and been socialised in a more homophobic climate. Peter felt that his family, particularly his father, did not understand his sexuality and would never accept it. This caused him considerable psychological distress, to the extent that he was advised by his GP to seek psychiatric help. It was also at this point in his life that he met Alec at a local lesbian and gay support network. Alec helped Peter to accept his sexuality – viewed through this lens, he could be seen as caring for Peter psychologically, whilst Peter tried to support Alec with his chronic illness.

In more recent years, their lives had changed considerably. Alec had suffered from further ill health and Peter, although continuing to work, had also suffered

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periods of illness. Again, a complex set of practices relating to support, care and interdependence emerges. Peter was learning to cope with Alec's increasing infirmity, whilst Alec was facing having to cope with Peter's growing depressions and frustrations.

Additionally, in the past few years both men had formed new partnerships with younger men and this had caused tensions and anxieties for them both. Alec feared Peter would no longer want to take a lead role in caring for him and was uncertain whether his new partner, Joe, was able or indeed willing to do so. Peter explained that he was concerned he would not be able to cope, both physically and psychologically, with Alec as he aged; in effect, he needed care himself and was not sure if Alec could provide it. Peter was also distrustful of Alec's new partner, unsure if he had the ability to care for him. Moreover, Peter felt that his younger partner, Euan, did not always understand his relationship with Alec. Euan had experienced mental health problems himself and had difficulties accepting Peter's relationship with Alec. Peter had found himself balancing the need to support Euan whilst continuing to care for Alec and negotiating this with Joe.

Judy's story

In contrast to Alec and Peter, Judy was living alone at the time of interview and was not in a relationship. She lived in a rural community, was 59 years old and worked part time as a health professional. Her sense of being alone stood in marked contrast to her earlier life. In her early twenties she had married Ben, whom she met whilst at medical school, and shortly after graduating she had become a mother, eventually having three children. Judy had spent the early years of her adult life caring for her children and towards her forties she began caring for her parents. In her earlier life, therefore, Judy was caring in a number of ways, for multiple people, but by her own admission, she was not taking care of herself.

Through a series of events, Judy 'came out' as a lesbian to her husband and they later divorced. Shortly afterwards she met Moira, who was a few years older than her, and they started a relationship. This led to a set of circumstances that forced Judy to publicly declare her sexuality to work colleagues and people in her neighbourhood. During this intense period of her life, which she related in terms of a catharsis, she was cared for by friends and colleagues, whilst at the same time she was caring for Moira. Additionally, Judy had to balance this with competing pressures of caring: for her parents and for her children. She started work again, this time in a permanent, full-time position as a health professional. Here again, we can see the interweaving of care practices and identities, both professional and lay, between Judy and others.

After a brief period of calm, renegotiating her relationships with her children and others, Judy's relationship with Moira became strained and they eventually separated. The latter part of Judy's narrative concerned her current experiences; still, to an extent, caring for her elderly parents and her adult children whilst trying to establish her own identity as a single, older lesbian. She spoke of close lesbian and gay friends and heterosexual work colleagues as important in her life,

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but ultimately she was worried about becoming socially isolated. She contrasted her position with people she knew who were in partnerships and especially with those who had retired. She said that retirement was not possible for her, because her earlier marriage meant that her pension provision was inadequate and, being single, she had no one else to support her.

Making sense of complex cases

What can these two stories tell us about the relationship between intimacy, care, sexuality and ageing? Firstly, Peter, Alec and Judy do not simply perform pre-existing roles. At various points in time, they have all been carers and care recipients, by themselves and with significant others. Thus, care giving and receiving here are not fixed or determined roles: they are a mixture of practices that these people undertake at different points, in different contexts and to an extent with different people. Thus, any policy models or forms of service provision that identify care giving and care receiving as identity roles are potentially problematic. Certainly, all three do not fit this type of model and service providers would need to view them according to what they are doing – that is, their social practices – and not according to pre-specified expectations/roles.

Secondly, Alec and Peter's care practices are embedded in their identities as gay men: they care for each other partly because their sexuality brought them together and partly because of the lives that they have carved out for themselves as a result. This echoes the findings of research discussed earlier, particularly in Chapter 6, concerning the importance of social networks and the significance of 'families of choice' in counteracting heteronormativity (Dorfman et al. 1995; Weeks, Heaphy and Donovan 2001). However, because they identify themselves as gay men and because they are not in a sexual relationship, their care practices transgress domestic and emotional norms related to gender and care, which, as I noted earlier, are largely kin based and often taken for granted. Neither man is the other's partner: both are involved in caring for each other in different ways and have sexual and intimate partnerships with others. There are no legal or conjugal obligations to care. Their experiences transgress simplistic, dyadic and dualistic notions of care and intimacy, illustrating the need to 'take friendship seriously' (Roseneil 2004, 415). Indeed, for policy makers and service providers, Alec and Peter's story demonstrates the complexity of negotiating care relationships and the understandings that are brought to them, reminding us not to prioritise dyadic relationships over other, more networked forms.

Judy's experience is both different from and similar to Alec and Peter's here. Her sexual identity is less connected with her practices of care. These are largely defined by familial and professional experiences, although there has clearly been a part of her life, until quite recently, when she was partnered. So again, it is possible to see how dyadic notions of care could occlude Judy's experiences. However, one significant intersecting difference here is gender: Judy's care experiences are shaped not only by her sexuality, but by her gendered identities as mother, daughter and, formerly, wife. This is a crucial distinction that is often overlooked in

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more general observations about the need for service providers and policy makers in the field of care to take account of older LGB people – or, as Heaphy (2007) suggests, there is a tendency to frame everything related to LGB ageing through the prism of sexuality, without giving significant attention to other social factors like gender and social class, alongside other intersections. The latter is particularly pertinent to all of the people in these two cases.

Thirdly, it is important to consider issues of choice here. In the case of Alec and Peter it may appear that they have chosen to care for each other. However, we must consider to what extent this so-called choice is actually a choice at all. Alec and Peter's choices have been and continue to be shaped by the social organisation of sexuality, the institutionalising of relationships in heterosexuality and the legacy of homophobia they experienced as younger men. They may well have certain psychological strengths as a result (Friend 1991; Kimmel 1978), although their narratives suggest choices and decisions made in an *ad hoc* manner, often in the face of discrimination and adversity – a local solution to a social problem. Again, this raises issues concerning how policy makers and service providers can best serve those who may be highly self-sufficient because of their experiences.

It is also important to remember that Peter, in particular, continues to have considerable economic resources and indeed both men are culturally middle class. Along with other factors, as I noted in Chapter 6, social class and particularly economic resources form an important intersection in older lesbian, gay and/or bisexual lives (Cronin and King 2010a; Heaphy 2009; McDermott 2011; Taylor 2009), such that an individual's agency and choices later in life are always predicated on access to economic resources, often across the life course. Hence, Peter and Alec have access to forms of capital that alleviate certain inequalities that others, older working-class gay and bisexual men in this case, may not. It is, however, important to note that Alec and Peter's relationship, friends, would not be recognised in law, which has a number of implications in terms of pensions, benefits and inheritance rights that could lessen their existing economic benefits (Westwood 2013a). If Peter died, Alec would not automatically inherit his material advantages; when interviewed, neither Alec nor Peter had made a will.

By contrast, Judy's choices are perhaps even more circumscribed. Again, gender is a mediating factor here, which, despite her middle-class background and profession, has limited the choices she has available to her later in life. Effectively, in Judy's case, it appears that gender inequalities override social class advantages. Additionally, her single relationship status intersects too. Unlike Alec and Peter, who both have partners of working age, Judy is solely reliant on her own income. In short, older LGB people may experience not just social isolation as a psychological phenomenon, but material disadvantage also. As indicated in Chapter 6, lesbian and bisexual women, in particular, may face material disadvantages across the life course that impact on their experiences of later life, potentially more than those noted for heterosexual women (Price 2007; Butler and Hope 1999).

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Practices of possibility, some implications

The cases of Alec, Peter and Judy are insightful because they exemplify practices that call into question simplistic notions of care, especially care that is conceptualised around heteronormative notions of family. Indeed, narratives such as theirs mean that academics, policy makers and service providers should consider a number of points.

Firstly, taking seriously the narratives of LGB adults means reconsidering (indeed reconfiguring) the purpose of fixed identity categories, both in academic and practitioner-oriented texts and in everyday life. It cannot be assumed that older LGB adults will identify themselves as such in care settings or when undertaking care.

Similarly, it should not be assumed that older LGB adults' reasons for not identifying themselves as lesbian, gay and/or bisexual are always marginalisation or exclusion. As I have demonstrated, older LGB adult's lives are diverse and the practices of caring that they employ are similarly diverse and contextualised. Therefore, approaches are required that can examine this complexity, rather than viewing older LGB adults as an additional group to be added into existing models and debates about intimacy, care and later life. In other words, it is necessary to look at the care experiences of older LGB adults not as somehow distinct, but thinking about what they can imply for all older adults, whatever their sexual orientation. Coping with inequalities of power, stigma, access to healthcare and developing mechanisms to become empowered are issues that affect all.

Whilst arguing for a more thorough analysis of the lives of older LGB adults, I do not wish to marginalise or categorise this broad group further. I demonstrated in Chapter 4, and have subsequently developed in this chapter, that recognising the categories people hold to be significant and useful in their everyday lives is essential. This places scholars, policy makers and service providers in something of a dilemma. As we call for the 'queering' or troubling of these categories, this does not mean that we should deny them or try to gather all people who do not identify themselves as heterosexual under the umbrella of queer. Instead, I have demonstrated how focusing on how people's own practices troubles taken-for-granted understandings.

Given the above, it is important to consider the significance of these points for debates about intimacy and how it relates to care. Whilst there is significance in the work of those who argue that the intimate relationships of sexual minorities point to important social shifts (Beck and Beck-Gernsheim 1995, 2002; Giddens 1992), I would concur with those who argue for a more nuanced and complex view (Heaphy 2009; Roseneil and Budgeon 2004; Weeks, Heaphy and Donovan 2001). It is especially important that the care practices of older LGB adults are not valorised in a way that infers either a hetero/homo distinction or reinforces a dyadic model of intimate relationships. As others have suggested, notably Roseneil (2004) and Rumens (2011), the significance of friendship networks as a way of moving beyond heteronorms is important in LGB communities/networks.

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There must also be a willingness to challenge heteronormative assumptions about sexuality, and especially sexuality in later life, in practical contexts. Thus, there must be a cultural shift, a new willingness on the part of policy makers and service providers who work with older people, to address these issues. Appropriate services for older LGB adults need to be developed, which might be within mainstream provision, or might include the setting up of older LGB-specific services. Some organisations have already achieved this, but again caution must be taken against viewing these as examples of 'doing enough', or claiming to recognise diversity. A range of choices should be available, choices that also take account of intersections, including, but not necessarily limited to, gender.

Conclusion

This chapter has looked at the place of care in older LGB people's lives, both in terms of its institutionalisation and in terms of personal, subjective experience. It has demonstrated how care is one of the key concerns for lesbian, gay and/or bisexual people as they age – and, as I have shown, people draw on direct experiences and the accounts of others to explain why. I have suggested that one of the reasons for this concern, following research by others, is actual and perceived heteronormativity and heterosexism in care services and interactions with care providers. However, as I have been emphasising throughout this book, diversity and difference are important. We cannot say there is an overarching experience. Intersecting factors, particularly gender, relationship status and economic resources, in the case of the people discussed in this chapter, affect care later in life. But others, such as health status, (dis)ability, ethnicity and geography will be significant too. Care practices are embedded in social contexts and they also change across the life course. Hence, no single experience predominates. In the following chapter I will focus on more institutionalised forms of caring and service provision, exploring older LGB people's experiences with health and medical services.

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8 Institutional identities

Older LGB people and health and medical services

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Introduction

In the introductory chapters of this book I discussed the role played by the medical profession in producing stigmatised discourses of sexuality, which represented sexual minorities as pathological and in need of 'treatment'. Despite widespread social change, it is unsurprising that research suggests that a legacy of suspicion pervades older LGB people's views and experiences of health and medical care services. This chapter considers these views and experiences, including older LGB people's experiences of a number of specific health conditions. Here, I want to illustrate that despite apparent social change, homophobia, biphobia and heterosexism often frame LGB adults' experiences of health and medical care later in life. Nonetheless, the chapter also shows how over the course of their lives, LGB people have sought to challenge and reframe these experiences. The conclusion relates these issues back to the wider discussion of diversity and intersectionality amongst older lesbian, gay and bisexual adults more generally, arguing that it is essential that policy makers and health and social care practitioners recognise the complexity of experience and intersecting inequalities that this group of adults may confront.

Experiences with medical professionals

A significant problem that affects older LGB adults' experiences with medical professionals later in life is the perception of or actual experience of homophobia, biphobia and/or heterosexism. As I explained in Chapter 2, the medical profession was at the forefront of the categorising, pathologising and criminalising of sexuality, particularly non-heterosexualities (Bohan 1996). Hence, as Musingarimi (2008a) notes, the medical profession and health services more generally, have often been viewed with suspicion by lesbian, gay and bisexual adults, particularly current cohorts of older LGB adults. Certainly, many will remember a time when the medical profession, particularly in the form of psychological and psychiatric services, had a role in the 'treatment' of their sexuality through interventions such as aversion therapy and psychoanalysis (Bohan 1996). As Knauer (2011) argues, in relation to the United States, the legacy of Freudian psychoanalysis

has been the creation of a sense of unease amongst older LGB people about the medical profession, particularly psychologists; even today some psychoanalysts regard homosexuality and bisexuality as pathological and treatable conditions – the notion of a 'gay cure' remains.

Research and reports continue to demonstrate that the attitudes of medical professionals either remain a problem or are perceived to be a barrier to accessing health care services for LGB people, both in the UK and elsewhere (Bauer, McAuliffe and Nay 2007; Clover 2006; Donaldson, Asta and Vacha-Haase 2014; Fish 2006; River 2006; Sharek et al. 2014). Indeed, a recent survey of adults registered with the National Health Service in England, which included a sample of 27,497 lesbian, gay and/or bisexual people, indicated that this group of adults were one-and-a-half times more likely than heterosexual people to report unfavourable experiences with medical professionals, across a range of settings (Elliott et al. 2015).

Studies suggest that medical and health professionals often work with heterosexist presumptions, viewing all their clients as heterosexual unless informed otherwise. These assumptions can lead to misunderstandings about the health care needs of lesbians, gay men and/or bisexual people (Dobinson 2003; Hughes and Evans 2003; Keogh et al. 2004). It might also explain why studies show that significant numbers of lesbians, bisexual people and gay men do not discuss their sexuality with professionals in the health services (Hunt and Fish 2008; Keogh et al. 2004). Heaphy and colleagues (2003), for example, indicated that only 53 per cent of respondents in a survey they conducted claimed that they had disclosed their sexuality to a medical professional. The more recent Stonewall survey (Guasp 2011) noted that half of the 2,086 older LGB people surveyed indicated that they would not feel comfortable disclosing their sexuality to health care workers, although this figure dropped to a fifth when they were asked about disclosure to their general practitioner (GP). This is perhaps less surprising as they are likely to have developed a more extensive, longer-term relationship with their GP. It appears that the picture for bisexual people is more complex, with reports suggesting that health and social care workers simply do not understand bisexuality and are more likely to hold biphobic views (Dobinson 2003; Ebin 2012). Furthermore, intersections of gender are also significant, with lesbians and bisexual women reporting more problems with gendered, heteronormative presumptions from GPs (Cochran and Mays 1988; Marques, Nogueira and de Oliveira 2014). Overall, there appears to be considerable anxiety amongst older LGB people regarding how medical professionals will react to their sexuality, or whether they will have adequate knowledge about LGB lives to understand and support them.

General Practitioners (GPs)

As with previously mentioned studies, concerns about GPs were apparent in the OLGB studies. Graham (bisexual man, 57) captured the dilemma of a number of the participants when asked if his GP knew about his sexuality:

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Graham: As it's a fairly new one, I've only been with him four years, I'm not entirely sure. My previous one before he retired certainly knew, but with this one it's not the sort of thing I've needed to discuss.

Interviewer: Right, ok, but if you did need to, would you feel confident that you'd be treated fairly?

Graham: One would hope the doctor would be professional about it, but I'm not entirely sure.

Graham identifies several significant points here. Firstly, he points out that, for him, a discussion about his sexuality has, so far, not been necessary; that is, disclosing his bisexuality to his GP is not something that he expects to do *per se* – it would have to specifically relevant, in his opinion, to do so. This was echoed by other participants who had adopted a 'none of their business' type of attitude. Secondly, although there might be an expectation that one should be treated equally, in practice this may not happen. In this respect, Graham can be heard as indicating a need to evaluate the health care professional and the health care context, deciding whether it is safe to 'come out' at a particular point in time; in a different context he might do otherwise. Whilst this might be because of a general feeling about how medical professionals will react to revelations about sexuality, it might also be because of actual experiences. In this case, the fact that Graham had disclosed his bisexuality to his previous GP suggests he was making a decision as to whether this person could be trusted with something that he considers to be private.

However, some participants in the OLGB studies also identified actual experiences of homophobia or a more pervasive heterosexism from GPs. Pierre, for instance, described a comment made by a GP that resulted in this effect:

> I was diagnosed with pneumonia and I was like, my third week and I needed to get more antibiotics. I didn't have a GP so I thought this is the one near to me, and then he said a question he goes, 'Why you not married you're 40 years old, why you not married and what do you do? You're a dancer, mmm.' He was an awful, awful man. I never saw him again. (Pierre, gay man 54)

In this instance, the GP was making heterosexist, and indeed homophobic, assumptions about Pierre that could have had a detrimental effect on his health and well-being. Certainly it led Pierre to ensure that he never consulted this GP in the future. Effectively, this demonstrates how hostility experienced earlier in the life course can change behaviour later in life; in this case, though, making Pierre more aware and shrewd in his choice of GP.

Another participant, Judy, who had worked in health care, was able to shed light on the attitudes of those in the profession that she had recently left and compare GPs to others in the medical profession:

> I do think the medical profession is still remarkably backward really. It's been backward with women in general and they have struggled to come to terms with it. General practice has done better than hospitals, which have

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> been much further behind . . . but I think the medical profession in general is still governed by, you know, white, white guys, who are English born and English bred and all the rest of it unfortunately. (Judy, lesbian, 59)

In addition to Judy's 'insider' perspective, it is interesting here that she identifies gender and ethnicity as potential barriers to interactions with GPs and other medics. In this way, Judy indicates that someone's sexuality may be only one part of their identity that can be a source of inequality and discrimination and therefore GPs need to consider intersectionality. Whilst Judy could draw on her middle-class, 'insider', status to overcome inequality, others may be less fortunate, lacking the social, cultural and indeed human capital necessary to challenge discrimination. As I noted in Chapter 6, social capital is a key resource to managing the psychosocial challenges created by heteronormativity and having access to these resources in interactions with medical professionals is, consequently, also significant.

In very few cases, participants referred to their GP's cultural and religious background as a mediating factor; something that they felt would prevent this professional from understanding their sexuality. This was particularly the case with religion, which a number of people in the OLGB studies discussed, regardless of their own ethnic and religious background. We might rightly challenge such views as potentially stereotypical and xenophobic. However, a wider issue this raises is how intersections of religiosity and culture are perceived by older LGB people as barriers to discussions about sexuality with GPs, and also how this needs to be challenged. In effect, the comments of both Judy and others concerning ethnicity, religiosity and sexuality indicate that although the attitudes of medical professionals can affect their behaviour towards older lesbians, gay men and bisexual people, the reverse might also be true: older LGB adults may perceive problems that may not, in reality, exist. Similarly they may themselves hold negative assumptions about others that can influence interactions.

Therefore, the OLGB studies support previous findings that have demonstrated that perceptions of medical professionals and medical environments are mediated by previous experiences (such as Pierre's) and this can have an effect on well-being (Cant 2005). Thus, policies need to be developed to ensure that, where possible, these perceptions, from both medical professionals and older LGB people, are challenged. Medical professionals, particularly GPs, may need to adopt proactive practices and receive appropriate education to ensure that older LGB adults feel that their sexuality is not going to be a barrier to health care (Hinchliff, Gott and Galena 2005; River 2011). Correspondingly, older LGB people need to have their expectations and assumptions challenged and need to be encouraged by advocates and service providers to report heterosexist assumptions. Overall, where possible, sexuality needs to be part of an open dialogue between doctor and patient.

There were accounts from participants in the OLGB studies of constructive doctor–patient relationships. George, for instance, described his relationship with his GP in positive terms:

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> I've not had any difficulties with that. My doctor knows that I'm 'out' because my partner and I have regular HIV tests and I've chosen to do that at my local surgery rather than at a clinic erm, so that it's on my records. I'm quite comfortable about that. (George, gay man, 76)

George's GP had granted his wish to make HIV testing a routine medical experience for him and his partner; it was part of an ensemble of services, rather than something that George felt was imposed on him because of his sexuality. This is not something that would necessarily happen at all GP surgeries; rather, each surgery should perhaps consider the needs of all their patients, avoid a heteronormative model of care and personalise services. It is notable that the UK Health Protection Agency (HPA) has recently called for an HIV test to be one of the routine tests new patients are asked to undertake when they register at a surgery in areas of high HIV prevalence. This appears to be a helpful approach, making such testing a routine matter for all service users regardless of their sexuality. However, this universalistic approach needs careful consideration in light of the evidence discussed above. Such 'compulsory' testing may make older gay and bisexual men, in particular, wary of registering at a new practice for fear of having to disclose their sexuality. At the very least it needs to be handled sensitively, ensuring that disclosure can be withheld. In fact, although sexual health was just one of many areas of well-being of concern to those in the OLGB studies, it is one that has been considered in some detail, at least for gay and bisexual men. This in itself reflects interesting gender differences regarding ageing, gendered, sexualities. In the following section, therefore, attention is turned to the relationship between sexuality and certain health conditions, considering how these conditions impact upon older lesbians, gay men and bisexual men and women in similar, but also different, ways.

Older LGB adults and sexual health

The sexual health of older LGB people is affected by a number of intersecting stereotypes and contradictions. Firstly, as previously noted, studies suggest that LGB people are often viewed by medical professionals *as* their sexuality (Davies et al. 2006; Hinchliff, Gott and Galena 2005). In this sense, health conditions are sometimes diagnosed in relation to a medical professional's assumptions about sexuality, rather than the whole person. Secondly, a lack of awareness amongst medical professionals of LGB lifestyles and health issues is also a problem, leading to potentially disastrous misdiagnoses (Elliott et al. 2015; River 2008). In essence, such studies suggest that medical professionals are either overly reliant on stereotypes, or have so little knowledge of minority sexualities that they are misinformed. Thirdly, ageist assumptions about sexual expression, particularly that older people, regardless of sexuality, don't have sex, also affect how medical professionals view older lesbian, gay and/or bisexual people (Nash et al. 2015).

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HIV: experiences and institutions

There has been considerable research and policy development related to Human Immunodeficiency Virus (HIV) since the AIDS epidemic first began to emerge in the early 1980s. Musingarimi (2008a) notes that two areas of concern related to older gay and bisexual men are continued HIV infections amongst this age group and the experiences of living with HIV/AIDS into older age, something that was not necessarily investigated before the advent of antiretroviral medication, which has lowered mortality and, to an extent, turned HIV into a chronic condition (Oyieng'o and Bradley 2010). Despite this, it is interesting to note that much of the material regarding safe sex advice available to men who have sex with men (MSM) is targeted at younger men, suggesting that ageism may play a role in health professionals' understandings of gay- and bisexualities (Emlet 2006; Orel, Spence and Steele 2005). Indeed, one of the biggest predictors affecting well-being amongst older gay men living with HIV is negative interactions with medical professionals (Lyons et al. 2010). Moreover, statistics produced by the Health Protection Agency, UK, indicate that whilst young men remain more likely to become infected with HIV, 15 per cent of all recent MSM infections are amongst those older than 50 years of age (Health Protection Agency 2012). It is also important that adequate health and social care services are provided for older people caring for partners or friends with HIV/AIDS, since this may place a greater burden on those who are already older and/or in need of care themselves (Fredriksen-Goldsen et al. 2009; Munro 2002).

A number of the gay men in the OLGB studies were living with HIV. Some reflected on the beginning of the epidemic, explaining how it had affected their lives as well as their own experiences of being diagnosed as HIV-positive. In the following extended extract from the interview with Pierre, he explains the steps he had taken both to avoid becoming HIV-positive himself and to cope with the psychological consequences of losing friends by moving to another part of the American continent, where he was residing at the time. He also frames this in terms of his experience of receiving a positive diagnosis, alongside his current partner:

> As I said I had no care, not a care in the world and I just felt a great place to age and stuff and fine. And then I met [partner] after having thrown all my savings and pensions and everything, all caution to the wind, there he comes into my life and you know it was like amazing. And then about six months afterwards we both got diagnosed as positive. Then he got really depressed and I kind of expected it really, because one of my exes is, was very ill he didn't pass over but . . . . So the reason I left [US city] is that the 'gay cancer' had appeared and I had lost like 30 friends in six months. It was awful and that's why we moved to [country in South America] from [US city]. So I know I'd been expecting it, you know what I mean? But of course you can expect it all you want, but the moment you're told it's really full on. (Pierre, gay man, 54)

Here, aside from the lengths that Pierre went to in order to avoid becoming HIV-positive, he points to a significant number of bereavements due to AIDS. This figure was not replicated across the OLGB studies, but it does nonetheless reflect the findings of other studies and indicates not only the psychological impact of HIV, but how it has affected the social networks and experiences of ageing of some gay and bisexual men (Emlet 2006; Lyons et al. 2010). For instance, some older gay and bisexual men, regardless of their own HIV status, will have smaller social networks and consequently decreased levels of social capital as a consequence (Cant 2004).

A small number of gay male participants also discussed their experiences of being diagnosed as HIV-positive in the early days of the epidemic. In this extended extract from Hugh's interview, he explains how the company he worked for sought to minimise any 'scandal' caused by having a senior member of staff diagnosed as HIV-positive:

> I got the results and I went in and spoke to the personnel department and, my file was removed and put in the personnel manager's bottom, locked drawer so nobody else could see. They just didn't want to talk about it, you know there was a huge amount of paranoia and essentially they said because I was an important employee, and rather too important to be sacked, which junior people in the head office in [country] would probably just have been told 'goodbye' because they were probably IV drug users or something and erm, the law was different or whatever. But it was actually in some ways more difficult for them, for me it was a liberating experience and eventually a reasonable settlement was made. I mean I couldn't believe that they would make an arrangement if you like, make me redundant, but that's what they do with managers who are dissatisfied. It's actually quite scandalous in the broader tone of things, but to avoid a scandal they give you six months' money just to keep you quiet. I actually found it quite difficult to keep quiet once they'd agreed all that, which fitted in with my aims, I then felt I was being slightly dishonest to accept it and I did feel like standing on the rooftops and shouting it, but I didn't do it. I withdrew and I maintained reasonably good relationships with some of the people working there anyway. (Hugh, gay man, 57)

As well as demonstrating draconian employment practices in the early days of the epidemic, Hugh draws attention here to the significance of social class and economic capital in relation to his HIV-positive diagnosis; in his case, he was 'too important to be sacked', unlike others. Moreover, such intersections were even more apparent when discussing how being diagnosed as HIV-positive or having friends who had been diagnosed had impacted on his expectations about ageing:

> I know of people whose response to the positive diagnosis was 'cash in everything and go round the world, I'm not gonna be here next year.'

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In short, for a group of middle-class men who had imagined they would have considerable economic capital later in life, the wish to use this, before what at the time seemed an inevitable early death, was significant. However, as a number of the gay men in the OLGB studies indicated, the advent of antiretroviral medication (ARV) in the mid-1990s, as well as better health care services more generally, had affected their attitudes towards HIV and life expectancy. Pierre commented on this when discussing how he and his partner felt when they were first diagnosed in the early 2000s:

> I must say when we were diagnosed positive the nurse, he was a lovely queen, we'd just been told so we're in shock. And he's showing us the HIV clinic and 'you go every three months and this is what you do and you take your blood' and he's touring us round and then he says, 'I know this is gonna sound strange but this is the best time to be HIV-positive because you'll be so well looked after', and then he's opened this door and he took us to where the beds are and they're empty, and he said, 'You see?', 'What?', 'They're empty darling, they're empty that means you'll be fine' [*general laughter*]. And because of that kind of treatment, they're fantastic, you know, they are amazing, we still have a doctor from the beginning you know, and she's great. (Pierre, gay man, 54)

Pierre's comments here contrast with his earlier comments about general health care professionals. Throughout his account, professionals in HIV care were presented as understanding and compassionate; conversely, more general health practitioners were often seen as challenging, negative or overtly prejudiced. For Pierre, the latter took the form of general health practitioners reading symptoms of general infections through the lens of HIV. At one point, Pierre explained that a common skin infection was treated by his GP as HIV related when it was not. The GP had insisted that Pierre see a specialist HIV nurse, although this was not necessary. Apart from the unnecessary stress this caused and a delay in treatment, this example again illustrates how older LGB people are sometimes diagnosed according to specific aspects of sexuality and sexual health rather than the whole person, a factor that may be particularly consequential later in life when seeking health care is more likely to increase. In contrast, there was a genuine feeling on the part of many of the male participants that specialist HIV services were generally well run, welcoming and not ageist.

One reason for the perceived lack of ageism in HIV services may be that they have 'aged' with their service users. Some participants had been actively involved in HIV organisations for a number of years. Ernest, for example, spoke about his involvement in the early days of the epidemic, soon after he was diagnosed as HIV-positive, although it was only later, when he had retired, that he became a volunteer:

> I had a diagnosis when I came back from America and as soon as I had that I made contact with [*names*] who were busy setting up a service for HIV

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> people, and that was my first introduction. We used to have meetings down in [*location*] and we were considering setting up the [*organisation*] at the time. I was on the organising committee way back in the middle of the 80s, but I was lucky enough to do voluntary work and then get full-time employment so I could never really use any of its services. But when I retired then I was able to start using its services, so I would come to the [*organisation*] on a regular basis . . . and only eventually after about two or three years I thought it might be a good idea to be hooked up with the [organisation] in a voluntary capacity. (Ernest, gay man 73)

Others had been involved in voluntary work for longer periods of time; some acted as Buddies to people with AIDS, whilst others were involved in providing informal care and support services, such as daily meals. A number of these individuals spoke about the importance of the social networks provided by such organisations, although there was also a recognition that these had changed over time:

> There were self-help groups such as Frontliners and, I've forgotten the names of many of them now, Act Up and things that would protest and support and so on. Then there was charity-funded ones like Oasis, and then there was government-funded ones like the Globe Centre and so on and hospices, some of which all exist in one form or another. Then the fundraising charities like Cruiseaid and the fundraising places like THT and so on. I suppose a lot of them were there to support people who were dying because that was what was going on and subsequently I suppose some of the funding has dried up because people aren't dying and you know, all the money goes into tablets people have to take but that's NHS money if you like. But as far as I know those other places have either folded or become redundant in some ways, but some of them were social centres, certainly in London. (Hugh, gay man 57)

Hugh's account draws attention to the changing nature of services that he has needed in relation to his HIV-positive status, making the point made by several participants that ARV therapy had significantly altered life expectancy and quality of life. Hugh also points towards the changing face of HIV organisations over the course of the epidemic. When the virus first began to make an impact on gay communities and in response to a lack of political action, public prejudice and stigma, many organisations were formed by those directly affected and served as informal social networks. The significance of such social networks and belonging to social networks related to HIV has been shown to correlate with a better quality of life (Cant 2004; Heckman 2003). In more recent years, however, more formalised institutions and organisations have taken the place of the earlier, more informal, community-based ones. For some participants, this was experienced as a loss; they missed the informal social networks that had developed and the sense of reciprocity and agency that they created.

It is worth noting here too that caring for others had sometimes impacted on the health of the HIV-positive men in the OLGB studies. Hugh, for instance, became

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depressed at the amount of time and energy he spent caring for his father, to the extent that he stopped taking his own ARV medication. It was only when his father was admitted to a nursing home that Hugh became concerned with his own health. Interestingly, he drew a direct comparison between his experience and that of his father, who was unhappy about moving into residential care. As Hugh noted, 'that was a very strange experience and I think that it was partly reflective of the whole atmosphere you know, everybody was doing things because they had to, including living.' In short, regardless of sexuality, everyone has to make difficult life decisions, although the intersection of ageing and sexuality can reframe these.

Gender and sexual health, women's experiences

None of the older lesbians who was interviewed for the OLGB studies revealed that they were HIV-positive and generally there was little discussion about sexual health amongst the group, although they were interviewed by a woman. It is interesting to note how this mirrors points made in the wider academic literature about the invisibility of lesbian and bisexual women's sexual health needs. For instance, Bailey et al. (2004) noted that there was no routine collection of data regarding sexually transmitted infections (STIs) for 'female homosexual' contact, reflecting the assumption that these women were not at risk of STIs. This is countered by evidence suggesting that (a) transmission of STIs between women can and does occur and (b) transmission is predicated on the assumption that these women are not having sexual contact with men. A number of studies indicate that such assumptions are misguided (Bailey et al. 2003; Pinto et al. 2005; Power, McNair and Carr 2009) and a significant number of the lesbians in the OLGB studies had previously had sexual relationships with men. Whilst this supports the point that stereotypes about sexuality shape understandings about the health care needs of older lesbian and bisexual women, it also raises the issue of their own perceptions of risks.

Power, McNair and Carr (2009), for example, explored how lesbian and bisexual women perceived their own risks and understandings of STIs, particularly Human Papillomavirus (HPV), which has been linked to the development of cervical cancer. They found that many of the women associated lesbian sex with safer sex; bisexual women did practise safe sex with men, but not with women. Hence, in relation to HPV and Pap testing, they found that a significant proportion of their respondents underestimated their risks. When these results are coupled with other studies, which suggest that GPs, in particular, are uneasy about discussing sexual health with lesbian and gay patients (Hinchliff, Gott and Galena 2005), it is possible to see that the sexual health care needs of older lesbian and bisexual women are uneven, at best, and more often highly problematic and overlooked. Since sexual health is sometimes framed in accordance with ageist and indeed gendered assumptions, it is possible that older lesbian and bisexual women are particularly vulnerable to erasure and/or misdiagnosis.

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Older LGB adults and cancer

In the UK, the lifetime risk for developing cancer has been rising steadily for both men and women, largely due to increased longevity. For instance, Ahmad, Ormiston-Smith and Sasieni (2015) suggest that lifetime risk has increased from 38.5 per cent for men born in 1930 to 53.5 per cent for men born in 1960. For women it has increased from 36.7 per cent to 47.5 per cent for these same cohorts. In effect, it means that Baby Boomers have almost a 50 per cent chance of developing cancer at some point in their lives, with three quarters of all cases being diagnosed in those over 60 years of age (Cancer Research UK 2010). Amongst the most common form of cancers are breast cancer in women and prostate cancer amongst men. Given what I have already suggested about older lesbian, gay and bisexual adults' interactions with medical professionals and the framing of their health care needs in heteronormative terms, one might ask: how does their sexuality impact on their experiences of these two common cancers? Does heteronormativity affect cancer detection, treatment and prognosis for older LGB people? In what ways does having breast or prostate cancer affect a person's understanding of their sexuality? Moreover, what intersections are evident?

There are several studies that have examined whether LGB people are at greater risk of developing cancer than their heterosexual peers. A meta-analysis of 51 studies published between 1981 and 2008 suggested that lesbian-identifying women were at greater risk for developing breast cancer than heterosexual women (Brown and Tracy 2008). In addition, this review found that lesbians were less satisfied with the care and support they had received from health professionals. This reflects earlier research, conducted between the 1970s and 1990s, principally in the United States, which appeared to show all sexual minorities were at greater risk of developing cancer (ibid.). However, such a simplistic conclusion has been countered in recent studies. Two Danish studies demonstrated that there was no significant difference in cancer rates between heterosexual and non-heterosexual communities (Frisch et al. 2003; Sandfort et al. 2006), whilst Bowen and Boehmer (2007) note that disparities may be the result of a lack of fully adequate data sources. Indeed, the latter recommend that sexual orientation be included in all cancer incidence datasets.

One reason why cancer incidence has been assumed to be higher in non-heterosexual populations is its relationship to associated lifestyle risk factors, principally cigarette smoking and the consumption of alcohol. Several studies indicate that LGB people are more likely to smoke than heterosexuals (Diamant et al. 2000; Lee, Griffin and Melvin 2009; Tang et al. 2004) and that they consume more alcohol (Diamant et al. 2000; Mercer et al. 2007). The Stonewall survey found that 20 per cent of those who responded were regular smokers and that older LGB people consumed more alcohol on a daily basis than their heterosexual counterparts (Guasp 2011). Other studies, however, suggest that this evidence is equivocal (Sandfort et al. 2006), pointing to cultural differences in attitudes to sexual minorities as a key factor.

Commenting on greater risk factors amongst LGB adults, Clarke et al. (2010) point to the significance of social/cultural contexts and the need to avoid pathologising individuals. They note, for instance, that whilst some risk factors may be associated with the stresses of living in a heteronormative society, it may not necessarily be that sexuality is the causal factor; rather, intersecting factors such as poverty and/or gender could be a key determinate. In this respect, although LGB health is now a public policy issue, there is a danger that sexuality may be invoked as a causal factor, in the way discussed earlier. Instead of creating targeted interventions (see for example Schwappach 2009), Clarke et al. (2010) argue that more universal environmental interventions could be used. Indeed, studies have recently suggested that smoke-free environments, although unpopular, do reduce tobacco use: everyone, regardless of sexual orientation, is affected (McElroy, Everett and Zaniletti 2011).

It is worth noting at this point that another lifestyle risk factor, obesity, is also a contentious issue amongst LGB populations. Like other health behaviours, some studies indicate that lesbians are more likely than heterosexual women to be overweight or obese (Cochran et al. 2001). However, as Bowen and Boehmer (2007) note in relation to the US, no central data are collected about sexuality in relation to cancer incidence. Moreover, all of this implies that sexuality intersects with other inequalities and identifications, in terms of health status (Yancey et al. 2003). The blaming of LGB people for unhealthy lifestyles, apart from being an enormous generalisation that is not supported by evidence, fails to adequately assess the role of heteronormativity in shaping lives. Indeed, as Fish (2009, 447) has noted, we need to find 'explanations that do not reinscribe pathology and account for health differences in the context of social, political and cultural heterosexism'.

Breast cancer

One example of the pervasive effects of heterosexism in this respect is to be found in studies that suggest lesbians are less likely than bisexual and heterosexual women to regularly undertake breast self-examination (BSE) (Diamant et al. 2000), despite being at greater risk of developing this type of cancer (Cochran and Mays 2012). There appears to be some evidence to suggest that lesbians, in particular, are more likely to be at risk than heterosexual women of developing breast cancer – a risk largely associated with reproductive factors, such as either not having children or giving birth at a later age (Brandenburg et al. 2007). One way of dealing with the risk of breast cancer is BSE. It is very difficult to assess to what extent BSE is practised differently amongst lesbians and bisexual women from amongst heterosexual women – and various factors have been suggested.

Fish and Wilkinson (2003) found some commonalities amongst all women, regardless of sexuality. This included a lack of knowledge and information and campaigns that targeted younger women. However, Fish and Wilkinson also noted that some of the lesbians they interviewed shared the need for such care with their partner; that is, partners examined each other's breasts. Hence, they concluded that health promotion campaigns could utilise this knowledge, encouraging BSE as a

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joint activity, rather than working with heteronormative models. Certainly, non-compliance with BSE does not appear to be related to internalised homophobia (McGregor et al. 2001), the suggestion that having a negative view of one's own sexuality leads to disregard for one's health. Instead, it has been argued that different outreach and intervention strategies might be needed with lesbian and bisexual women (Yancey et al. 2003); services and campaigns need to be sexuality aware, not sexuality neutral, and avoid pathologising women's behaviour in relation to a heteronormative model (Fish 2009). Furthermore, a study of long-term breast cancer survivorship amongst a sample of lesbian and bisexual women indicated that the strength and strategies a number of these women had used to challenge heteronormativity throughout their lives were also being used positively to challenge cancer (Boehmer and White 2011). In this respect, a number of these women felt that they were better able than their heterosexual peers to cope and live with a diagnosis of cancer.

Two of the lesbians in the OLGB studies had direct experience of breast cancer – Abbey and Jean. Four years prior to the interview, Jean had developed breast cancer. Both women spoke about the stress it had caused, but they also wanted to emphasise how health care staff had supported them and, contrary to some of the evidence discussed earlier in this chapter, had not made heterosexist presumptions. As Abbey said:

> One thing we did find different when we went to the hospital and I was her [Jean's] next of kin and they were very, very sweet and very nice people there. They seemed to be more concerned about the person themselves than their actual er whether they were straight you know purple, green or whatever. (Abbey, lesbian, 54)

Abbey and Jean's positive experience should not, however, be taken as universal. Whilst studies do indicate that many lesbian and bisexual women report positive experiences with breast cancer services, others suggest this is not necessarily the case (Fobair et al. 2001; River 2011; Sinding and Barnoff 2004). Additionally, patient support groups, including those for breast cancer survivors, may present sexual minority women with particular concerns about disclosure and inclusion (Paul et al. 2014); that is, they are invariably heteronormative environments that, although not directly exclusionary, are constructed in ways that marginalise lesbian and bisexual women's lives and experiences. It is, therefore, important that breast cancer treatment, nursing and survivor support challenge this and produce properly inclusive services. But since cancer risk factors and outcomes are affected by social class (Nicolson, Macleod and Weller 2014) and ethnicity (Copson et al. 2014; Gathani et al. 2014), it is arguable that a more intersectional approach is warranted, which takes account of multiple axes of difference.

Prostate cancer

There is a general lack of literature reflecting the experiences of gay and bisexual men with prostate cancer. As commentators have noted, this is a problem for a

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number of reasons. Firstly, there is a lack of research about the experiences of gay and bisexual prostate cancer survivors' sexual functioning, which is likely to be different in some respects to those of heterosexual men: for example, whilst erectile dysfunction is recognised as a particular problem and has been subject to study, the effects of treatments on receptive anal sex are rare (Blank 2005).

Secondly, information about prostate cancer provided to patients and carers is almost entirely heteronormative (Blank 2005; Filiault, Drummond and Smith 2008), with literature discussing issues such as 'How to tell your wife', an assumption commonly made by urologists and other medical professionals (Filiault, Drummond and Smith 2008). This can further impact upon and significantly lower psychosocial well-being in terms of increasing anxiety and depression, as well as understandings of masculinity, which treatments may provoke (Filiault, Drummond and Smith 2008; Latini et al. 2009).

Thirdly, fear of disclosing sexual orientation to medical staff may affect diagnosis, well-being and prognosis (Blank 2005). A study examining the relationship between sexuality and prostate-specific antigen (PSA) testing in the US found that gay and bisexual men had lower odds of having regular PSA tests than their heterosexual peers (Heslin et al. 2008). However, demonstrating the importance of intersecting inequalities, the study found that men from minority ethnic communities or those who had lower levels of education were even less likely to have had PSA screening.

The importance of age in these intersections was also demonstrated in one study, showing interesting differences in feelings about sexuality versus survival (Asencio et al. 2009). Older gay men were more concerned about survival than the effects of prostate cancer treatment side-effects on their sexual functioning. Younger men, those from lower socio-economic groups and minority ethnic communities were more concerned about effects on their sexual performance. Concerns were also expressed about the differential effects of treatment for men who preferred to be an active or receptive partner in anal sex. Hence, there is not a singular experience.

Several of the gay men in the OLGB studies expressed concerns about prostate cancer, but only one gay man, aged 72, was living with the disease. Kenneth had been diagnosed after several years of urinary frequency problems. He had been reluctant to talk to his GP about his sexuality, but after referral to a consultant he had made the decision to disclose his sexuality and to discuss the effects of his treatment regime on his ability to achieve erections and enjoy receptive anal sex. Kenneth did explain that he had considerable psychological stress as a result of his subsequent erectile dysfunction, although he reported that he still experienced pleasure from anal sex. Making light of what had caused him considerable distress he said:

> I've got some Viagra from my GP, which does help a bit, but to be honest I'm thinking of using splints [*laughs*]. I still like it up the bum though and still get a lot of pleasure from it – when I can get it that is, which at my age ain't often! [*laughs*] (Kenneth, gay man, 72)

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However, reflecting points made in the literature discussed earlier, Kenneth described as 'a joke' the paucity of information he received about his condition in relation to his sexuality. None of the information he received recognised the existence of gay and bisexual men. Indeed, his experience supports points made by Blank (2005) that professionals need to be more aware of sexual diversity amongst older men and that information provided to patients should recognise and reflect this; this, it was suggested, could take the form of sexual orientation 'neutral' information that doesn't assume heterosexuality, or perhaps more appropriately, information targeted specifically at older gay and bisexual men.

Mental health

If the physical health of older LGB people has been neglected and subject to heteronormative understandings by medical professionals, mental health is another area of their lives that has been both the object of medical scrutiny and framed in heterosexist ways. It is, however, worth reiterating here that homo- and bisexualities were considered mental illnesses until relatively recently and, as Knauer (2011) has argued, there is a legacy of mistrust between older LGB people and psychiatric services. Nevertheless, my attention here is on older LGB people's mental health needs and their experiences of using mental health services; something that Ward, Pugh and Price (2010, 17) assert is subject to a 'worrying silence' from policy makers and practitioners.

There is evidence to suggest that LGB people in general are at higher risk of developing mental illness, of committing suicide and of deliberately self-harming than their heterosexual counterparts (Elliott et al. 2015; King et al. 2008). However, as others have noted, homophobia, biphobia and heterosexism are liable to contribute to such experiences, especially homophobic and biphobic victimisation (D'Augelli and Grossman 2001; Davies et al. 2006). Indeed, it has also been demonstrated that bisexual people have higher levels of mental health problems amongst sexual minorities, linked especially to biphobia and bisexual invisibly and erasure (Barker et al. 2012). Overall, it is not that LGB people or older LGB people, in particular, are intrinsically more prone to mental health problems, rather that social isolation, social invisibility, stigma and prejudice are likely causal factors.

It is worth reiterating here, however, that the figure of the depressed, lonely, older lesbian, gay and/or bisexual adult is something of a misnomer; support networks developed over a lifetime may mean older LGB people are more resilient in coping with mental distress (Davies et al. 2006) – although as Barker et al. (2012) also point out, this is not evenly distributed amongst lesbian, gay and/or bisexual people, with bisexual people more likely to experience problems. Moreover, other studies have found that older LGB people have lower rates of mental health problems than younger LGB people (Warner et al. 2004), although those who live with a partner have better mental health scores than those who live alone (Grossman 2006). In short, there is a complex relationship between ageing and sexuality and mental health well-being, which challenges a simplistic reading of studies; in

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effect there is considerable variability amongst and between older lesbian, gay and/or bisexual people.

Despite the above, there have been few studies in the UK of older LGB people's use of mental health services and those that have been undertaken present a somewhat mixed picture. For example, one scoping study conducted by Polari (now Age of Diversity, a community-led LGBT organisation) found that older LGB mental health service users were somewhat wary of mental health professionals, largely due to the perception that such professionals hold negative views about their sexuality (Wintrip 2009). However, the majority of participants in the study were open about their sexuality to mental health staff, although, notably, over a third felt they would have received better treatment if they were heterosexual.

Mental health issues were discussed by a number of participants in the OLGB studies. Some discussed their own mental health, whilst others had been caring for partners or friends with mental health issues. In both cases, it was evident that these intersected with their sexuality, in complex ways. This can be illustrated here by the stories of Chaz and April.

Chaz, a 54-year-old gay man, had been diagnosed with bipolar disorder during his twenties. Bipolar disorder, sometimes called manic depression, is characterised by episodes of mania and severe depression, interspersed with periods of stability (MIND 2012). Chaz had experienced severe depression more frequently than mania. He spoke of both the challenges of having a chronic mental health condition as an older gay man, and the more positive outcomes. Commenting on how his mental health affected his sexuality, he said: 'My libido kind of comes and goes, it's very slow scale.' In some ways, he appeared to be socially isolated: 'I was depressed all of last year, seriously depressed . . . I couldn't get up until 4 o'clock in the afternoon.' It was many years since he had formed an intimate partnership. However, in other ways Chaz was connected to a number of important social networks that alleviated this isolation. He had made good friends at one group for people with mental health challenges, which, although open to anyone, whatever their sexuality, had, at the instigation of LGB staff members, organised 'gay evenings'. Despite periods of unemployment and sickness, across his life course, Chaz had also undertaken considerable voluntary work, including buddying work for people with AIDS.

Yet Chaz's case also highlights how social class is significant here. Describing himself as 'solidly working class', he noted that his biggest challenge was poverty. Whilst economic issues affect all people with mental health conditions, especially those with bipolar disorder, which can sometimes be difficult to control and result in periods of unemployment (Kleinman et al. 2003), Chaz's story illustrates how important it is to consider, in his case, intersections of sexuality, age, class and mental health. In short, all of these could, at any point in time, impact significantly on his quality of life, producing a matrix of inequalities.

Whilst Chaz lived alone and had a mental health condition, other participants spoke of their experiences of caring for partners or friends with mental health challenges. April's story, in particular, further illustrates the importance of LGB social networks, but also social capital more generally.

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> My then partner was gradually succumbing to a severe mental illness aggravated by alcohol abuse . . . during what was a most difficult and stressful time I received nothing but support from the gay community, but also from my colleagues, straight friends and neighbours. (April, lesbian, 59)

April's former partner committed suicide and she had drawn on these experiences, plus her professional and LGB networks, to raise awareness of mental health issues in the wider LGBT community. It should be noted, however, that these actions were rooted in an earlier life experience: a gay male colleague had committed suicide and for the first time in her life April used this experience as a catalyst to make contact with other LGB people and address the difficulties she was experiencing with her partner. Thus, as I argued in Chapter 6, social networks are both a source of social capital and a means of affirming one's sexuality and other intersecting identities; they act as buffers, in this instance, against isolation and heterosexism.

Older LGB people and dementia

Dementia is 'a set of symptoms that may include memory loss and difficulties with thinking, problem-solving or language. Dementia is caused when the brain is damaged by diseases, such as Alzheimer's disease or a series of strokes' (Alzheimer's Society 2014). Its prevalence increases with age and approximately 830,000 adults in the UK are directly affected by it, whilst 23 million people have a relative or close friend living with dementia (Alzheimer's Research UK 2014).

A variety of different approaches have been applied to dementia, including bio-psychosocial and person-centred (Baldwin and Capstick 2007; Harding and Palfrey 1997; Kitwood 1997) and, more recently, intersectionality (Hulko 2004). Such approaches have been used to address complex and overlapping inequalities, moving beyond a bio-medical view, which regards dementia in terms of cognitive and physiological 'disease'.

Until recently, there had been little research about the experiences of older LGB people and dementia. Where sexuality has been discussed in relation to dementia, it had been constructed in terms of concerns about sexual activity, obscuring sexual identity issues (Archibold 2004; Benbow and Beeston 2012). In the UK, the studies of Elizabeth Price (2005, 2008, 2010, 2012; Newman and Price 2012) and Richard Ward (2005) provide notable exceptions to this occlusion. Above all, they illustrate how older LGB people's experiences of dementia are shaped by heteronorms. I will draw heavily on Elizabeth Price's work in the following discussion, because experiences of dementia were less central to participants in the OLGB studies.

Interactions with dementia service providers

Price (2010) has demonstrated how stigma and discrimination can cause some LGB people to employ a range of passing and disclosure practices related to their

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sexuality when interacting with dementia service providers. For instance, whilst some people may remain, as far as possible, completely silent about their sexuality, or that of their partner or friend, others may opt for full disclosure. Price notes, however, in a way that echoes points I raised in Chapter 4, that these degrees of 'outness' can be highly contextual; they were not specifically age cohort related, as those who were older were not more likely to attempt to pass as heterosexual than those younger people.

Older LGB people might find themselves being categorised as heterosexual and feel unable to challenge this heterosexism in a care situation where they are disempowered. One of the participants in the OLGB studies referred to a story he had been told by an older lesbian friend who was caring for her mother with dementia. He noted:

> She mentioned the fact that her mother had dementia and they [*care workers*] just immediately assumed that she was a spinster who lived with her mother, and they put her in that category and that was it and erm, she said, 'It was just like you know, I didn't exactly want to come out to them but it was just the assumption?' Just there, you're in this box. (Anthony, gay man, 54)

Thus, heteronormative categorisation practices, which appear to be relevant to Anthony's friend, can have an effect on LGB people with dementia, in addition to those caring for them.

Furthermore, Price (2008) reported that when service providers knew of a client's sexuality, they effectively defined that person by their sexuality. Thus, their sexuality determined their dementia. One example that Price cites was an older gay man with dementia being forced to have an HIV test, even though his dementia was not AIDS related and his partner was not consulted. Similarly, her participants expressed concerns about third-party disclosure, whereby service providers inadvertently disclosed clients' sexuality to other clients or co-workers (ibid.).

Price also reported (2010) that participants spoke of dementia support groups as very heteronormative spaces wherein they felt socially isolated. Indeed, such interactional erasures were recounted in a rich and insightful piece by Newman and Price (2012) where Roger Newman's experiences of interactions with a range of service providers and support networks were outlined. As an older gay man who cared for his partner who was diagnosed with Alzheimer's disease, and as someone who helped to establish a successful LGBT dementia support group, Roger's story illustrates the pervasiveness of heteronormativity and its harmful effects on people's lives and experiences. Aside from misunderstandings and outright discrimination, he reported an invisibility of LGBT lives in healthcare and dementia-specific materials. Such occlusions can also be seen in how dementia is diagnosed: for instance, cognitive/memory tests that do not engage with LGB lives (Price 2005, 2008). Above all, there is a profound need for service providers to understand sexuality and especially the lives and cultures of LGB people. It is little surprise, therefore, that older LGB people express considerable concern about dementia care, either for themselves or for significant others. Inevitably

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their concerns impact on their imagined futures, particularly thoughts they may have about ageing with dementia, what that may be like and how they might like it to be, if possible.

Imagining future dementia care needs

Price (2012) found that most of her participants expressed a deep concern about living with dementia in the future. This operated on two levels: firstly, because they feared an erasure of their lesbian, gay and/or bisexual identity; secondly, because they wanted an LGBT-inclusive space in the future – that is, the possibility of an LGBT care home, or one that is welcoming and 'LGBT friendly'. These are echoes of points I noted in Chapter 5, concerning the home and leaving the apparent safety of the home. However, dementia provides a further, intersectional, factor to existing inequalities (O'Connor, Phinney and Hulko 2010). Price's (2012) participants reported making Living Wills, now referred to as Advance Directives, or writing detailed 'lists' of preferences if such circumstances occurred, hoping to off-set heteronormative problems. Others spoke of the 'dream' of having some form of 'kite mark' system in place, to aid them in choosing appropriate services, particularly residential care homes. Additionally, as Roger Newman's story illustrates, older LGB&T people are actively taking matters into their own hands, by setting up support groups and lobbying for change themselves.

Changing services

One suggestion that has been made to rectify the problems noted above, particularly in health and social care, is to ensure services are culturally competent (Fredriksen-Goldsen et al. 2014; Hardacker et al. 2014; McGovern 2014). Cultural competence refers to the delivery of services in ways that address the lives and experiences of diverse service users, regardless of their social, cultural or ethnic background, yet in ways that meet their specific service needs; in short, equipping service providers with an understanding of the diverse lives of service users. This could include developing LGBT-affirmative environments; ensuring staff are educated through on-the-job training programmes and qualifications; and developing specialised LGBT support groups (McGovern 2014).

As I have indicated elsewhere in this book, training initiatives of this type are evident in the UK, although, as I will discuss in Chapter 9, putting such policies into practice, especially in times of limited financial resources and funding cuts, is challenging. However, I think it is worth noting something else that follows from a concern with intersectionality: for cultural competence to be truly inclusive, it must ensure that a range of voices and experiences are evidenced. If cultural competence means reproducing existing divisions, within and between older LGB people, in terms of gendered, classed and ethnic inequalities, then it really may be little better than a heteronormative model of care.

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Conclusion

This chapter has examined older LGB people's experiences of health and medical care services and institutions. It began by noting that there is a historical legacy of mistrust between lesbian, gay and/or bisexual people and the medical profession. Evidence from previous studies and the OLGB studies suggests that this legacy continues to affect some older LGB people's interactions with professionals in an array of medical and health care settings. Part of this mistrust, which we might say is now more akin to unease, is a concern that professionals in these settings will not understand their sexualities. For some, this appears to be based on actual experiences of discrimination, whilst for others it is located in a more pervasive, indeed invasive, culture of heteronormativity and heterosexism that continues to affect many institutional health settings. This chapter has demonstrated how the significance of heteronorms, together with homophobia and biphobia, can affect the health and well-being of older LGB people in four areas: sexual health, cancer, mental health and dementia. What is clear, however, is that people's lived experiences of these areas of health and well-being are complex and intersectional, and therefore challenge simplistic conclusions. We cannot say that *all* older LGB people will experience heterosexism in medical care settings and, even if they do, the ways that they react and manage this form of discrimination are diverse. However, once again, drawing on the OLGB studies and the extant literature, this chapter has demonstrated that other sources of identity and inequality, particularly those related to gender and social class, intersect with age and sexuality, as well as disability and ethnicity, to affect how individual older LGB people experience their health later in life.

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9 Policy, practice and making an impact

Introduction

In this penultimate chapter, I want to draw the threads of the previous two chapters in this part of the book together and discuss a specific project within the OLGB studies. This project sought to have an impact on the services used by older LGB&T people. The inclusion of trans people's experiences in this project was not arbitrary, but followed careful deliberation on the part of the project partners. Whereas the previous projects in the OLGB studies had focused primarily on ageing and sexuality, it was felt by those of us who developed the project that the needs and experiences of older trans people were seriously underrepresented and needed to be raised with service providers, an occlusion that has been noted in the literature (Cook-Daniels 2002a, 2002b, 2006) and which I referred to in Chapter 1. The project I will discuss in detail in this chapter made a conscious effort to address issues regarding trans ageing and the experiences of older trans people. Hence, in this chapter, I will generally refer to older LGBT people, whilst always mindful that such categorisations can obscure difference, diversity and intersectionality.

The project comprised knowledge exchange between different groups of stakeholders, attempting to improve a range of services with older LGBT people in mind. Knowledge exchange refers to a two-way process between social scientists and individuals and organisations. Its aim is to share knowledge, understanding and ideas that will result in a beneficial impact, or effect, on particular groups within society and simultaneously enable social scientists to improve their knowledge about specific social groups.

This chapter will consider several points related to this project, which I will refer to throughout as the KE project. Firstly, the chapter is intended to explain the main drivers for the KE project and to show how these fit into a wider legislative and policy context, a debate that refers back to some of the points I raised in Chapter 2 concerning issues of citizenship and recent legal transformations in the UK. Secondly, the chapter will detail how the KE project was conducted, in terms of its methodology and the challenges that were faced during its progress. I outline these so that others may learn from the process, particularly how such a project can be organised. Thirdly, I will reflect upon the outcomes of the project.

Some of these outcomes were intended and others, such as those that I consider were affected by a backdrop of austerity, were not. The purpose of reflecting on the outcomes of the project in this way is not only to draw out the micro issues, regarding the effects of the project on those participating, but also to illustrate what I consider to be significant intersections caused by the prevailing political and economic climate on services used by older LGBT people. The chapter concludes that undertaking such knowledge exchange work is vital if legislative and organisational policies and practices are to make a difference to older LGBT people's lives.

Drivers for change: equality and diversity work in service provision

The KE project can be framed within the wider context of LGBT equality work in local government, which has a somewhat troubled history in the UK. Carabine and Monro (2004) argue that despite some growth during the 1980s, mostly among left-leaning metropolitan authorities such as the Greater London Council, there followed a political backlash in the form of Section 28 of the Local Government Act 1988, which forbad the so-called promotion of homosexuality, echoing then British Prime Minister Margaret Thatcher's view that children were being taught that it was an acceptable lifestyle choice. This pernicious piece of legislation continued to have an effect upon LGBT equality work well into the 1990s. Although new initiatives were developed during this period, paradoxically with greater success amongst authorities not encumbered by the legacies of the 1980s, it was the arrival of the New Labour government in 1997 that led to significant, if sometimes contradictory, changes. Drivers for change here included: the repeal of Section 28; (re)organisation practices, such as modernisation and managerialism within local government; evidence-based policy and performance measures designed to make policy and its implementation more effective; and a raft of legislation, which I discussed in Chapter 2, notably the Gender Recognition Act (2004), the Civil Partnership Act (2004) and various equality laws culminating in the Equality Act (2010). New Labour changed LGBT equality work, however, merging it into the more mainstream remit of diversity and equality, and encouraging and requiring local government organisations and their associated service providers to engage with LGBT citizens (Carabine and Monro 2004; Cooper 2006; Mitchell et al. 2009; Richardson and Monro 2013). Hence, alongside other forms of discrimination associated with ethnicity, age, gender and disability, it is now illegal for organisations to discriminate in the provision of services on the grounds of sexual orientation or gender identity. This means that the onus of responsibility now rests with service providers, whether from the public or private sectors, to provide fair and equal services.

Recent evaluations of LGBT equality work in local government conducted over the past decade suggest that despite such legislation and a changed political climate, implementation of LGBT equalities initiatives and policies are inconsistent (Monro 2010). Other research, conducted by Colgan and colleagues (Colgan and

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McKearney 2012; Colgan and Wright 2011; Colgan et al. 2009), has also found an uneven response. Some managers who were interviewed as part of Colgan's research were very proactive in promoting change, whilst in other contexts it was frontline staff, particularly those who openly identified as lesbian, gay, bisexual or trans at work, who felt obligated to take on such equality work. LGBT equality work may require managers and staff who are willing to put in extra unfunded resources in terms of time and commitment to ensure that it works. Moreover, other research has found that LGBT equality work is sometimes viewed as less urgent or significant than other strands of diversity and equality work, such as that associated with faith, race, gender and disability (Monro 2006). Indeed, research conducted in 2008–2009 at a local government authority in London (Senyucel and Phillpott 2011) illustrated that managers and frontline staff were rather sanguine about the need for equality and diversity relating to sexual orientation policies in their organisation. They felt that equality issues associated with sexual orientation were already well established, even if this was not the case.

The KE project was also driven by academic debates concerning the generation of social and cultural impact – that is, the notion that social scientific research should make a discernible contribution to the lives of individuals and to institutions (ESRC 2013). The KE project received funding from the Economic and Social Research Council (ESRC) and a local government authority, building on research undertaken in a previous study (see studies in Appendix). Whilst it is possible that it would have been conducted should this funding not have been available, it was championed by senior staff at the local authority in ways that were noted earlier. In short, it was this championing that helped to ensure its success, which echoes points I noted earlier, in relation to other research studies.

A further driver for change was the existence of third-sector and activist initiatives and previous research projects. As I have noted throughout this book, third-sector and activist organisations have led the way in developing initiatives to tackle discrimination against older LGBT people. In the UK, for instance, Age UK (formerly Age Concern) has developed its *Opening Doors* programme (Age Concern 2006) to provide community information/support services and training for service providers. Polari/Age of Diversity (Davies and River 2006) has conducted small-scale research projects and training for service providers. More recently, Stonewall (Guasp 2011; Taylor 2012) have sought to highlight the need for more inclusive services and to showcase existing good practice.

Collaborative research projects, comprising a range of stakeholders, including academics, local government authorities and older LGBT community members, have been conducted to try to promote inclusive services. Important examples include the *Grey and Gay* project in Dorset, UK (Fannin et al. 2008), which emphasised the importance of developing appropriate and LGB-'friendly' services, including education and training for social work professionals. Additionally, work conducted by the *Polari in Partnership* project with local authorities in the London area (Davies and River 2006) focused on housing, health, care, support to stay independent and community safety. In so doing, it engaged local older LGBT people and brought them together with professionals and other service users.

Putting knowledge (ex)change into practice

In the Appendix, I have outlined details of the original study on which the KE project sought to build and much of this data have informed previous chapters of this book. The report from the original study made a number of recommendations for the local authority who commissioned it to incorporate into its sexuality equality scheme, notably to ensure that service providers: acknowledge that older people are sexual beings and that not all older people are heterosexual; avoid homogenising the life experiences of older lesbian, gay and/or bisexual people – that is, recognise intragroup diversity; show an awareness of language and how to raise issues of sexuality with individuals; provide inclusive services and do not make moral judgements; have clear codes of conduct, which are followed; and ensure that complaints about heterosexism, homophobia, biphobia or transphobia are investigated immediately. Furthermore, the research also included a number of interviews with key informants at the authority who stated that although there was a willingness to address these issues, much more could be done. This included increasing staff knowledge, not only of those directly employed by the authority, but also within its outsourced service provider organisations.

The local authority subsequently promoted the report and the sexuality equality scheme via events in the local area and on its website. However, in discussion with senior managers at the authority it was decided that a more proactive, education-based initiative for service providers was necessary. It was recognised, for example, given the outcomes of the previous research, much of which I have discussed in this book, that creating change without a further initiative would be difficult to enact. Therefore, a decision was taken to create the KE project and apply for research council (ESRC) funding. Hence, as previous studies have suggested (Monro 2006), drivers for change for the project came via performance indicators, champions within the organisation and its partners. Additionally, a direct policy initiative addressing sexual and gender diversity was needed, since the local authority was working towards implementation of the personalisation agenda, designed to enable service users to tailor care and other support services to their own individual requirements (Carr 2010). Personalisation appears to represent an opportunity for older LGBT people to get services that they feel are appropriate for them. However, it does inevitably mean that those who have knowledge of how systems function and can use their economic, cultural and social resources to make it work for them, are likely to receive a better experience. Thus, intersecting factors may once again have an effect on outcomes.

The KE project received some funding from the local authority, both monetary and in kind, which was supplemented with ESRC monies. Certainly, although the local authority was committed to LGBT equality work in its corporate strategy, it was unlikely the project would have developed as it did without the ESRC funding. Similarly, obtaining the ESRC funding meant that the academic researchers would receive dedicated institutional support for the project from their respective universities. In short, research council funding for such initiatives is vital.

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This year-long project represented, in part, a top-down initiative of the type noted by others (Richardson and Monro 2013). It was principally initiated by a small group of managers, key advisors and researchers. Yet in its methodology it also sought to follow previous research (Fenge 2010; McNulty, Richardson and Monro 2010) by incorporating the voices/experiences of frontline service providers, LGBT advocates and older LGBT people in a more participatory manner, as will be outlined in the following section.

KE project design

The project incorporated elements of action research, which is a methodology designed to influence and change practices (Robson 2011). Action research does not provide generalisable conclusions, but rather local solutions to specific problems through a cyclical process of problem identification, intervention design and implementation, evaluation and review (McNiff and Whitehead 2002; Stringer 2007). The key problem identified from the original research, which I have reiterated across many chapters in this book, was that service providers do not necessarily understand the complex needs and experiences of older LGB&T people and, consequently, their service practices and policies do not reflect these. The KE project was, therefore, intended to raise awareness of older LGBT service users amongst service providers, change policies and practices with this group of older people in mind, and measure the durability of change.

In order to achieve these aims a three-stage methodology was designed. It was largely influenced by two pieces of work previously conducted by others researchers: the 'Grey and Gay' project (Fenge 2010) conducted in Dorset, UK and 'LGBT Equalities and Local Governance' (McNulty, Richardson and Monro 2010) conducted in Newcastle, UK. The stages of the KE project methodology are represented in Figure 9.1.

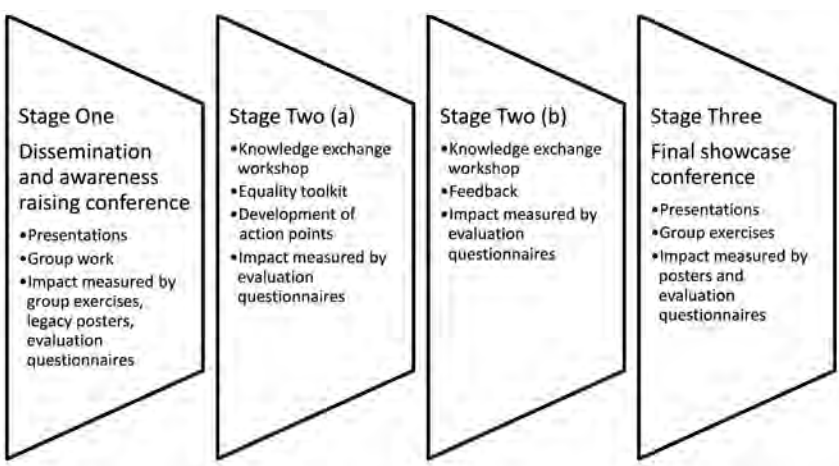

Figure 9.1 Stages of knowledge exchange

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As Figure 9.1 indicates, Stage One of the KE project was an awareness-raising and dissemination day conference. This enabled service providers and other stakeholders within the local area to learn about and discuss the needs and experiences of older LGBT people who could be their service users. Presentations were made by myself and Dr Ann Cronin concerning the original research; a representative of Polari/Age of Diversity, an older LGBT advocacy and research organisation, spoke about the historical background of LGBT rights and research regarding older LGBT people; a representative from the International Longevity Centre (ILC) discussed some current projects they were engaged in with Age UK; and a member of the Beaumont Society, a leading transgender advocacy organisation, talked about her experiences of being an older trans woman. These presentations, about different issues affecting older LGBT people, were supplemented with an afternoon workshop, which was designed to enable participants to discuss the issues raised during the presentations and to produce posters to represent their learning and their thoughts on future directions for older LGBT advocacy work. Although the stage design was determined in advance, reflections from these participatory elements influenced the activities of Stage Two of the project.

Stage Two enabled a smaller group of service providers to participate in two knowledge exchange workshops. To facilitate the generation of impact, in the form of changed practices and policies, my colleague and I developed an 'equality toolkit' for use in the first workshop. This took the form of a workbook, the SAFE framework, which asked participants a series of questions about their organisational policies and practices and how these could be improved for older LGBT service users. It was set around four themes: strategies and supervision; awareness and acceptance; fairness and friendliness; evaluation and effectiveness. These themes were developed out of the original research, as well as a review of literature and studies concerning trans ageing, plus an analysis of the posters created during Stage One. Participants were asked to answer the SAFE framework questions individually and then discuss their answers in small workgroups. Subsequently, participants at the workshop had to individually create two action points, or things they would attempt to change in their own organisation/practices, to improve their service for older LGBT people. The aim of this process was to empower the service providers to reflect on their practices and policies in relation to the needs of older LGBT people and then formulate their own responses. It was not intended as a didactic tool for castigating them about what they did not know. The participants were also supplied, upon request, with electronic resources, such as reports about good practice with older LGBT people, to help them initiate their action points after the workshop.

The second workshop, at Stage Two, took place some three months later. Here, those involved in the first workshop regrouped and reflected on their experiences of trying to implement their action points. This enabled them to discuss what had worked and what problems they had encountered.

Stage Three was an end-of-project final showcase conference designed to raise awareness of the project findings nationally. It included presentations from four of the service providers involved in Stage Two, who spoke about their experiences

during the project and particularly their action points. There were also presentations from academics, Age UK, Age of Diversity and Press for Change, a leading trans rights group. After these presentations, a more interactive workshop enabled participants to debate and think through the issues that had been raised. It also enabled them to think about next steps in relation to their own practice.

Participatory elements

Some action research projects are more participatory than others (Silver 2008; Stringer 2007). Arguably, the design of this knowledge exchange project was only partially participatory, especially in its development. For instance, participatory action research, where participants effectively set the parameters of the research design and agenda, was not used, although it has been used successfully in other research with older lesbian and gay people resulting in attempts to improve social worker training (Fannin et al. 2008). The project did not do this, partly because of temporal and financial constraints during project development and partly because it was necessary to provide a detailed methodology when applying for ESRC funding. However, the project was partially participatory: it had a steering group composed of the researchers, members of the local authority scrutiny and equality team, a senior commissioning manager in the borough, members of the local LGBT forum and a member of the local NHS trust. In addition, older LGBT activists and community members were involved at all stages of the project, particularly during the two knowledge exchange workshops, where they were positioned as workgroup advisors, a position I reflect upon later in this chapter.

Recruiting participants

Convenience, snowball and purposive sampling techniques (Bryman 2004) were employed to recruit participants across all stages of the KE project. Those purposively sampled included service providers in housing services, occupational therapy, the local NHS trust, leisure services, and residential and day care services, all areas where the original research and previous studies, such as those discussed in detail in this book, have suggested older LGBT people may experience significant effects of heteronormativity, heterosexism and homo-, bi- or transphobia.

Organisations working with older people, such as Age UK, the General Medical Council, the Salvation Army and the Alzheimer's Society, were also recruited, together with advocacy organisations such as Stonewall, the Beaumont Society, Press for Change, Age of Diversity and local LGBT groups. The aim was to involve both LGBT-specific and non-LGBT-specific 'mainstream' organisations. The showcase conference was also advertised to academics. As previous research indicated the importance of individuals who can promote change in organisations (Monro 2006; Colgan et al. 2007), both senior managers and frontline staff were recruited. Actual figures for participants at each stage of the project were as follows, with predicted figures in brackets: Stage One n = 75 (100), Stage Two n = 24 (50) and Stage Three n = 101 (100–200).

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Creating and measuring impact

As I noted earlier, knowledge exchange projects are designed to create, measure and maximise social and cultural impact (ESRC 2013). The steering group for the project decided this sort of impact should be measured via questionnaires. Dr Cronin and I designed these in consultation with the steering group. The questionnaire consisted of both closed and open questions. Examples included, 'How would you rate your knowledge of issues facing older LGBT people before today's event?' and 'How much knowledge regarding issues facing older LGBT people would you say you have as a result of today's event?' (responses were assessed via a Likert scale). Attitudes towards older LGBT people and understandings of their diverse service needs were measured at all stages. Participants were also invited to recommend issues that they felt needed to be covered in more detail or depth in future projects and to include an assessment of the legacy of the KE project. At Stage Two, the degree of success of putting action points into practice was measured. Six months after the project finished, all participants were re-contacted and surveyed again to assess the durability of impact: for example, to assess how much change, if any, had occurred for those involved at Stage Two since the project ended and to ascertain if others who had attended at Stage One or Stage Three, but not Stage Two, had effected changes as a result of exposure to the project.

Making an impact

The impact questionnaires that were collected after each event did indicate that participants had garnered a greater understanding about older LGBT people, their lives and service experiences. Qualitative comments on the questionnaires and, indeed, comments made during the events, suggested that many participants had not considered the needs of these older LGBT service users before. Some participants voiced honest opinions that have been noted by others conducting research for organisations (e.g. Knocker 2012), that they had never considered that their service users might be anything other than heterosexual, or cisgendered. In essence, although they had not deliberately sought to discriminate, heteronormative and cisgenderist presumptions had affected their judgements of who was using their service. Similarly, answers to closed questions on the questionnaires also indicated that a majority of participants, particularly those who engaged in the knowledge exchange workshops at Stage Two, had learned about older LGBT people's lives, challenged their own perceptions and changed their own work practices. There was a sense, therefore, that whatever a service provider's own work experience, the KE project had provided a platform for finding allies and developing a network of colleagues who could support each other, which previous research indicates is essential for facilitating practical change (Brooks and Edwards 2009).

When they were asked to specify what the nature of impact had been, 75 per cent of participants responded that they felt that knowledge gained during workshops would have a lasting legacy on the policy, practice and ideas of their organisation.

The questionnaires at Stage Three also asked participants to specify areas where they felt the impact of the project would be in the future and they suggested the following: policy (65 per cent), practice (73 per cent), economic, in terms of better and more effective services (50 per cent), and ideas (58 per cent). In short, participants rated impact in terms of changes in practice as most significant.

Participants were also asked to provide qualitative comments on areas that should be developed in the future. It was clear from these that there was impetus to continue dialogue, not only for the researchers to consider, but for those participating to take their learning back to their organisation to disseminate it to colleagues. Their comments included:

- Disseminating the information.
- Putting pressure on public bodies to train up their staff.
- Engaging with BAME communities.
- Needing more training to ensure good practice.
- Hoping to take some of the lessons from today back to my organisation.
- Feeding back to all local relevant services to engage them.
- Continuing contact with attendees to follow up progress.
- Training local services on LGBT issues/best practice.

As indicated by the examples above, further training, service directories and engagement with BAME (Black and Asian Minority Ethnic) communities were considered especially important after Stage Three of the project. Indeed, these reflections concur with the findings of previous research that emphasise the importance of thinking across equality strands in an integrated way (McNulty, Richardson and Monro 2010).

Specific impacts that took place as a result of the KE project included: introducing the recording of clients' sexuality in a sheltered housing service; using the Age UK older LGBT Health and Social Care checklist (Age UK 2011c) in a medical setting; discussing sexuality and gender identity with care home staff; ensuring staff in a housing organisation had an awareness-raising session provided by Opening Doors London; running a training session for leisure service staff; and acting as the organisation's first LGBT champion.

Overall, the impact data noted above suggest that the KE project successfully raised service provider awareness and changed practices. However, a number of intersecting factors influenced this impact and I will discuss these in the remaining sections of this chapter. I will briefly detail some key facts concerning the coming of austerity, before speculating how these shaped the KE project and may affect the future for services used by older LGBT people.

Intersections of austerity

In the Spending Review of Autumn 2010, the Right Honourable George Osborne MP, the UK Chancellor of the Exchequer, outlined a series of public spending cuts and freezes that have come to be seen as the start of a new era of austerity

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in public finances. As the Institute for Fiscal Studies has noted, 'funding to local government from the Department for Communities and Local Government (DCLG) was planned to be cut by 27.4 per cent in real terms over this period [for the four years 2011–2015]' (Crawford and Phillips 2012, 125). Subsequently, further spending cuts were announced to the local government budget, although slightly less than some had initially feared. In the General Election campaign of 2015, both the Conservative and Labour parties were committed to deficit reduction and a further period of austerity; and the subsequent Conservative Government, which was duly elected, came to power on a manifesto pledge to make a further £12 billion cut in public welfare spending.

In such austere times, issues of value for money and outcomes-based measures have been emphasised across many sectors. Local authorities, their associated service providers and the organisations that rely on their funding have been faced with difficult decisions regarding policy initiatives and service provision, whilst simultaneously having to fulfil statutory requirements to ensure equality and diversity. Evidence is beginning to develop that such austerity measures are affecting services used by older LGBT people. This evidence ranges from anecdotal, soft evidence, to empirical, hard evidence.

Firstly, there have been cuts in services provided by LGBT third-sector organisations, particularly small organisations not covered by the wider voluntary and community sector infrastructure and local authorities themselves (Dangerfield 2011; Gulliver and Prentice 2014; Kairos in Soho 2011; Reid-Smith 2012). Indeed, past evidence suggests that in times of limited availability of resources LGBT equality work is affected, being viewed as less important than other front-line services (Monro 2006).

Secondly, it has been suggested that funding cuts are also seriously affecting services and benefits for older people, especially in social care (Adetunji 2011; Age UK 2011b; Ginn 2013). As older LGBT people's services lie at the intersection of ageing services and those related to equality and diversity, it is arguable that they are under significant pressure. Furthermore, with cuts to local government budgets in years to come, these pressures are likely to increase (Smulian 2013). Whilst there remain legal parameters to ensure equality in service provision, finding ways to achieve this will be increasingly difficult.

In a recent, wide-ranging report conducted by the social research organisation NatCen (2013) the perceived effects to services caused by austerity measures have been explored. As the authors note, whilst it is difficult to disentangle the effects of austerity from already-existing forms of discrimination, the report does make a first step to document the perceived effects of austerity on services used by LGBT people. Indeed, although not explicitly stated in the report, austerity appears to exacerbate intersectional differences. For instance, there was a perception amongst respondents that challenges to heterosexism were being reversed, that LGBT equality work was viewed as less important in times of funding crises and that the possibility for third-sector organisations to step in to fill in gaps in provision was influenced by heterosexism; in short, heterosexism shaped the response to austerity.

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The NatCen (2013) report also explored what responses can be manifested in such a climate. This, it argued, is especially important given that austerity is likely to continue until the end of the current decade. Individual responses included: participating in varying forms of activism; offering supports; and raising objections with service providers. Moreover, individuals spoke of the need to regain an earlier form of LGBT activism and community-led initiatives and supports. At service level, responses included making efficiencies: arranging pay freezes, increasing workloads, restructuring services with redundancies, demotions and retirements, merging services and rationalising within geographical limits.

Austerity, knowledge exchange and impact

Having discussed the wider economic and political context, I want to illustrate the ways that I believe this framed the KE project I have been discussing thus far. In effect, I want to illustrate how efforts to improve services for older LGBT people, as a group, are affected by the wider austerity context and how this intersects with equality work more generally.

Shortly after the KE project started it emerged that participants, although enthusiastic, had to balance competing organisational roles and pressures in order to attend events. Initial responses to recruitment measures indicated that some of those who had hoped to attend were unable to do so because of staffing resources at their place of work. It was suggested by some that there were no longer enough people to cover their job or that recent restructuring, in terms of who covered what services, meant that newer members of staff could not be left alone for such long periods.

Other participants claimed that they had not been fully supported by their organisation and had attended during their own time – that is, they either had attended outside of their hours of employment or they had taken annual leave in order to attend. Additionally, some participants were unable to attend the Stage One or Stage Three events for the full day and so missed the afternoon impact-generating sessions. Thus, the ability of the project to make an impact, and indeed to measure it, was somewhat circumscribed by these organisational factors, particularly the need to maintain strained staffing levels.

Whilst the above examples refer to soft, mostly anecdotal evidence, they should not be ignored, since they reflect organisational problems found in similar research: LGBT equality work is regarded as less important in a hierarchy of needs compared with keeping frontline services staffed (McNulty, Richardson and Monro 2010). Alternatively, as Monro (2010) has noted, as sexuality and indeed gender identity are viewed as private issues, they are more prone to being marginalised. There is a danger of creating an equality hierarchy whereby those elements related to sexuality and/or gender identity become marginalised and the intersections between strands are downplayed.

It is difficult to ascertain the degree to which these factors were exacerbated by austerity. Similar research conducted before austerity began to take effect suggests that LGBT equality work is sometimes regarded in a cursory way, despite

legal requirements to promote it (Monro 2006). Although such initiatives are now regarded as obligatory by managers (Colgan and Wright 2011), employees may see adherence to these as more equivocal, especially when frontline services are squeezed. Hence, austerity and the organisational restructuring that it creates may reinforce existing barriers.

The KE project had aimed to bring together both managers and frontline workers, to address issues raised by other researchers about who drives organisational change (Colgan and Wright 2011). However, the extent to which those who engaged in the workshops were able to implement change in their organisation was variable. One social care worker explained, in her response to the six-month follow-up survey, that whilst her line manager recognised the importance of improving their service for older LGBT people, actually taking practical steps, such as producing a set of guidelines for other members of staff, was proving difficult to enact. Competing pressures, including temporal but particularly financial resources, were intervening and lessening the impact.

The question concerning where impact is most effectively generated remains contentious. Is it at top level, in senior management, which then trickles down an organisation, or at a practitioner and grounded level, which then creates the climate for wider organisational change (Colgan and Wright 2011; Monro 2006)? As in previous research, the project found that a significant amount of impact was dependent on goodwill and good communication between different groups or individuals within an organisation as well as the personalities and values of those involved (Richardson and Monro 2013). Here again, these drivers may be adversely affected in times of austerity when organisational restructuring or redundancies can disrupt staff relationships and networks built over a period of time. Indeed, as the NatCen (2013) report illustrated, restructuring is unlikely to be sustainable in the long term. In such a case, a cursory, 'tick-box' approach to equality work noted by others (Colgan et al. 2007; Richardson and Monro 2013) may be encouraged as more strategic, developmental work is fragmented and work that recognises the complexity and intersectionality of experiences is overlooked.

The interpersonal in times of austerity

Given the importance of relationships to drive change in organisations, it is also important to consider the affective experiences of participants engaged in the KE project. During a Stage Two workshop one participant explained that although she was glad to have participated, the project had generated a number of conflicting emotional responses for her. She was pleased to be undertaking something positive, improving her service for older LGBT clients, but this caused her some discomfort too. She was acutely aware that other people within her organisation, particularly her line manager, dismissed the action points she was attempting to undertake because of her own sexuality; in other words, whilst she fulfilled a role, her identity as a lesbian meant this was then reduced in importance as a consequence. It was viewed as personal rather than professional. Such experiences are reminiscent of those found in the work of Colgan and colleagues (Colgan et al. 2007;

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Colgan and McKearney 2012; Colgan et al. 2009) and others (Humphrey 1999), who have highlighted how LGBT employees are often compelled to negotiate personal and professional identities and how organisations, consequently, diminish their equality work. Here again, austerity may emphasise these problems. In responding to the six-month follow-up survey one lesbian home care worker indicated that she had volunteered to be an LGBT champion because there were no resources for the role or work and it would not have happened otherwise.

There are also ramifications when considering the role of older LGBT community members who participate in projects of this kind in austere times. Some older LGBT volunteers in the KE project clearly relished the opportunity to explain to service providers how their needs were currently not being met. But others expressed a more tenuous involvement. This is not unusual, since other researchers have commented on the different reasons and contributions of older LBG people engaged in participatory action research (Fenge 2010; Fenge et al. 2009). Indeed, there is always a danger that certain voices are privileged in the process and others remain muted: for example, older LGBT people from ethnic minorities or working-class groups might not volunteer for cultural and/or economic reasons (Ward, River and Fenge 2008). Hence, KE projects may privilege white, middle-class concerns and ideas and further marginalise others. However, there is another aspect to this when viewed through the prism of austerity.

Arguably, knowledge exchange work in times of limited funds requires the affective, economic and social resources of older LGBT people whose sexual and gendered citizenship is then appropriated, transformed and potentially turned into a commodification of self that is tied to a politics of development (Bell and Binnie 2000) – or, as this relates to older people, to a discourse of active ageing that emphasises the importance of volunteering in later life (Walker 2008). By this I mean that the subjectivity of these volunteers is utilised to address institutional concerns and, as such, they are institutionalised, in particular ways, as a consequence. They are asked to represent 'Older LGBT people'. Hence, there is a governing of self along institutionalised lines that may, at times, be at odds with what these older people want or require; they may be shaped as specific subjects in ways that I noted in earlier chapters of this book. Therefore, those conducting this form of equality work must consider how it engages people as members of an older LGBT community; although it can be positive it may simultaneously be manipulative and occlude difference under the remit of diversity.

Conclusion

Previous chapters in this section of the book have explored older LGB people's experiences of services, demonstrating that complexity and difference pervade. In this chapter, I have discussed in detail a knowledge exchange project that actively sought to improve services based on the findings of previous research I had conducted and which I have discussed throughout this book. This chapter has detailed how knowledge about the lives of older LGBT people can be used to try to create better services with those older people in mind; and it has considered

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some of the benefits and challenges of undertaking such work. However, I have also sought to address the intersecting effects of the wider economic and political context on this type of equality work. Hence, I have addressed the issues I felt were raised because of austerity; for it is important to remember that despite many years of equality work and legislation, any improvements that have been made can be undone, sometimes in unintended ways.

Sections of this chapter have focused in quite considerable detail on the methodology of the KE project. My aim in doing so has been not only to illustrate how such a project can be conducted, but also to foreground some of the more critical issues addressed in the subsequent sections: how change, in terms of impact, can be measured and what factors create barriers to its achievement. I have illustrated support for the findings of others (Gulliver and Prentice 2014; NatCen 2013) that suggest the coming of austerity has had and will continue to have profound effects on the services used by older LGBT people. This is, in part, because older LGBT people's lives are positioned at the intersection of a range of identities and social divisions and are consequently subject to a range of discriminations and inequalities: for example, cuts in ageing services affect issues concerning ageing; cuts in equality and diversity work affect issues concerning sexuality and gender identity, amongst others. They are, in effect, caught in a perfect storm of austerity. However, I do wish to qualify this suggestion given all of the proceeding chapters in this book. As I have consistently argued, this group of older people is exceptionally diverse and there is not a singular experience. Hence, some more middle-class older LGBT people will weather the storm of austerity without too many problems, whilst austerity and cuts in public services will heighten the marginalisation experienced by others. This is the very point about intersectionality – individuals are positioned differently, in different contexts, and their experiences are variable.

I am also aware that service providers are as diverse as older LGBT people, whilst of course some service providers are older LGBT people themselves. All service providers will have intersecting differences that will affect their potential as providers and their experiences as employees. All will have competing identities that affect their abilities to 'make a difference': for instance, a senior manager may have more social and symbolic capital within an organisation than a front-line worker, but does that necessarily facilitate their ability to create change and improve services for older LGBT people? As previous research has illustrated (NatCen 2013), senior managers can be or feel just as disempowered in a climate of austerity as others.

In the next chapter, which concludes this book, I will draw the different threads of all of the preceding chapters together. I want to consider some of the benefits and problems with drawing on diversity and intersectionality concerning the lives of older lesbian, gay and/or bisexual people and to make suggestions for future research.

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10 Conclusion

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Introduction

The aim of this final chapter is to consolidate the discussion thus far, drawing out key themes that have emerged across the chapters in this book: diversity and difference; in/visibilities; the intersection of heteronorms, ageism and other forms of inequality; and sociologising lesbian, gay and/or bisexual lives, beyond agency and constraint. The chapter will discuss the ramifications of these themes, together with the central tenet of the book, and make a number of suggestions for academics, policy makers and service providers. It will also consider some limitations with the OLGB studies and the conclusions I have subsequently drawn.

(Re)viewing older LGB lives: identities, intersections, institutions

Throughout this book I have been outlining, in various ways, how people who are positioned as and/or who identify as lesbian, gay and/or bisexual, experience ageing. I suggested in Chapter 1 that this is prescient, partly because older LGB people are now a more visible presence in the UK's growing ageing population, but also because a growing number of academic, policy and practitioner studies about LGB ageing have emerged in recent years. These suggest that older LGB people face some unique challenges, but also some possibilities later in life. However, my use of these studies has also been to situate, compare and contrast them with my own empirical work on lesbian, gay and/or bisexual ageing, which I have gathered together in this book as the 'OLGB studies'. A key aim has been to highlight something that I noticed very early on when conducting this empirical work and thinking through issues raised in the extant literature: it is very difficult, if not impossible, to fully account for diversity and difference within and between individual older lesbian, gay and/or bisexual people and then to compare and contrast their experiences of ageing with those of their heterosexual peers. Yet, despite this, such a task needs to be accomplished because within the confines of what still is a heteronormative society, LGB people do experience later life in different ways from their heterosexual peers. However, as Cronin (2006) has argued, being lesbian, gay and/or bisexual is not the same as not being heterosexual.

We should not take heterosexuality as the reference point from which all others are judged. Doing so merely reinforces the dominant paradigm.

In order to address difference, I have drawn on a range of theoretical and conceptual literatures at various points in this book, all of which can loosely be labelled social constructionist. Overall, I have argued for taking difference, diversity and intersectionality seriously, and to achieve this I have situated my discussion within theories of diversity, which have been used in gerontology and theories of intersectionality, emanating from feminism and the sociology of sexualities. My rationale has been that diversity in experience, identity and institutional positioning is important, but thinking about how sexuality and ageing intersect, along with other identities and forms of difference and social division, in a range of contexts, is imperative. Hence, I have tried to avoid a broad-brush approach to LGB ageing, steering a course between what I identified at the outset of this book as narratives of constraint and disempowerment, on the one hand, and those of agency and celebration/empowerment, on the other.

Older lesbian, gay and/or bisexual people are situated at the intersection of a range of identities, social divisions, inequalities and contexts, both social and institutional, hence in the book I have explored questions of identity – such as becoming and being an older LGB person, how these identities are also embodied and how older LGB people are situated in diverse social networks. I have, however, put older LGB people in a number of institutional contexts, including health and social care contexts, the context of care and caring, the wider LGBT community, the home, and in LGBT equality work. To be an older lesbian, gay and/or bisexual person is, therefore, not an individualised choice, but the effect of a series of positionings, by self and others, that reflexively co-construct one another. These positionings can, depending on the context, be experienced as empowering or in others as disempowering. This positioning is illustrated in Figure 10.1.

In Figure 10.1, the dark arrow represents the reflexive relationship between three levels of positioning: self, social and institutional. In effect, in every context an individual is positioned across all three, and their positioning in one – for instance, how they define themselves – will be influenced by the social and

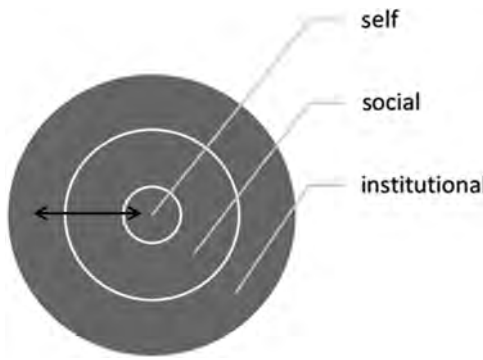

Figure 10.1 Positionings

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institutional contexts in which they are located at a particular point in time and space. To give an example: whether someone defines themselves as lesbian, gay or bisexual in a care home context will depend upon their 'reading' of that social and institutional context – that is, their interactions with others, such as fellow residents and care providers – as well as their feelings about that institution more generally. Does the care home have a visible LGBT presence, such as clear policies that are represented in institutional materials, for example posters or information leaflets? Are there any other LGBT residents or staff? However, it is important to remember that this figure is actually intersectional and shifts through time and space. People are never just one identity at any one point in time and space; their understanding of themselves and how other people understand them also shifts over the life course. This can be represented as shown in Figure 10.2.

Figure 10.2 illustrates how individuals are positioned at the intersection of multiple identities, social divisions and inequalities and that this intersectional matrix will change depending on context: for instance, in one context a person's age may be to the fore, or their ethnicity or gender may predominate, but, and this is crucial, others are still engaged and active. They do not disappear altogether. As I noted in Chapter 4, identity categorisation work is ongoing and reflexive. In this case, the dark arrow represents this movement. However, it also represents movement across the life course. As I have demonstrated at multiple points in this book, people's experiences of their sexualities change across the life course: even if a woman defines herself as a lesbian in early life, how she experiences her sexuality may change. Take Sandy, for instance, who, as I noted in Chapter 6,

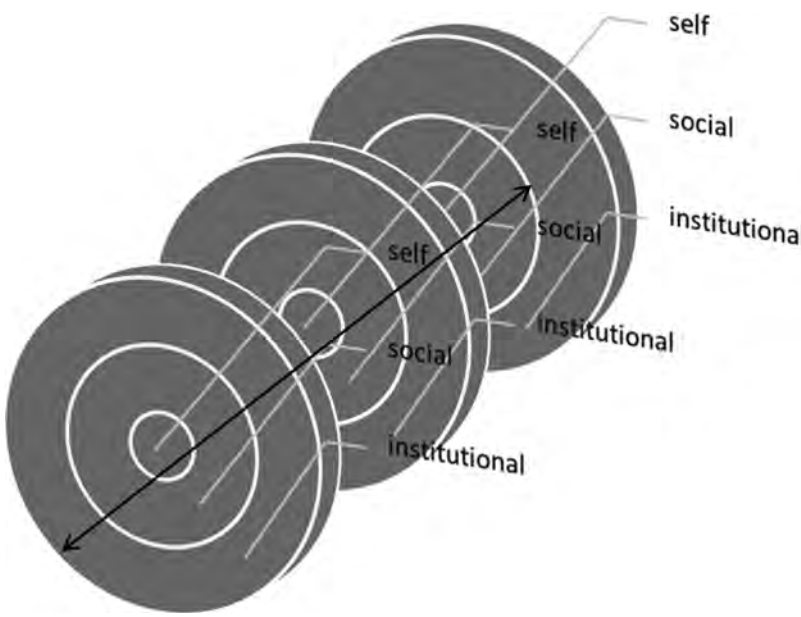

Figure 10.2 Positionings, taking account of intersectionality across the life course

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said, 'Compared to how it was when I was younger, it's totally, totally different. And not what I'd have chosen', referring to how she experienced her sexuality in later life, isolated from other lesbians of her age. Such issues of inclusion and exclusion are also played out in relation to social institutions, such as health and medical services and residential housing. As I noted in chapters 5 and 7, because of legacies of stigma and with heteronormativity a continuing presence, the performative enactment of older LGB identities is an active, ongoing, performative accomplishment. I will consider the ramifications of this for policy makers and practitioners shortly.

I noted in Chapter 2, but have also emphasised at various points in other chapters, that older LGB people face a range of discriminations and challenges as they grow older that their heterosexual peers do not, or may do but in different ways. Numerous studies, across areas as diverse as health and social care, housing, friendships and social networks, illustrate that older LGB people face institutionalised heterosexism that shapes and indeed distorts their experiences of ageing. Certainly, the research I have conducted accords with much of this research literature and further demonstrates the way that prejudice and intolerance affect lesbian, gay and/or bisexual people as they get older. Of particular note is that documented in the fields of medicine and health and social care, where older LGB people have concerns that their sexual identity will effectively have to become invisible in order for them to get appropriate treatment. I have also shown how a lack of social capital, through social isolation and lack of access to LGB specific social networks, can have a detrimental effect on living later life as a lesbian, gay and/or bisexual person. However, whilst these insights may appear to concur with many studies, particularly large-scale surveys by advocacy and lobbying organisations such as Stonewall (Guasp 2011), which suggest that older LGB people are disadvantaged later in life, I have also problematised this representation.

Overall, I have shown throughout this book that whilst it might be prescient for academics, policy makers and service providers to discuss older LGB people as a group, as indeed I have done at numerous points, but especially in the chapters that constitute Part III, it is also important to consider individual lived experience; biographical differences cannot and should not be occluded. However, as I have asserted in a number of places, but especially in Chapter 2, the lesbian, gay and/or bisexual life course must also be historicised. As scholars of sexuality, such as Jeffrey Weeks (2007, 2012) have argued, sexualities have a history and putting older LGB lives in historical context is vital, as others have already noted (Knauer 2011). Yet discriminations and inequalities, empowerment and privilege in the present are both a legacy of the past and a consequence of current social and institutional positioning and changes.

Key themes of the book

In this section of the chapter I want to draw out what I think are a number of key themes that have occurred throughout this book. In so doing I argue for a resolutely sociological view of lesbian, gay and/or bisexual ageing.

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Diversity and difference

I have consistently demonstrated throughout this book that diversity and difference pervade LGB ageing; in short, there is no singular experience of being an older lesbian, gay and/or bisexual person. The evidence I have discussed from the OLGB studies I conducted shows that diversity and difference need to be accounted for when considering the relationship between sexuality and ageing, even for what was a relatively homogenous group of people in terms of ethnicity and to an extent social class. It is for this reason that I prefaced the discussion of this data with a chapter concerning theories of diversity and intersectionality. I have argued, continuously, that it is important to consider not only diversity *per se*, but how difference, in the guise of intersecting identities, social divisions and forms of (dis)empowerment can, and does, shape lives.

I have demonstrated how gender, social class, ethnicity, embodiment and geographical location intersected amongst the participants in the OLGB studies to produce considerable variation in how their ageing sexualities were experienced and lived out in everyday life. Unless we open up older LGB lives to sociological scrutiny, we cannot adequately understand how vectors of inequality, constraint and disempowerment, manifested in and through heteronormativity, may remain intact and commensurately how vectors of empowerment, agency and celebration can remain hidden or underplayed. In this sense, I concur with others who argue that we need a more relational focus to LGB ageing (Heaphy 2009). We need to consider both agency and constraint or, perhaps more accurately, the interlocking dynamics of these factors, in order to really be able to understand lesbian, gay and/or bisexual ageing. We need to ask ourselves: can we say that the experiences of being an older, white, working-class lesbian living alone in a city are comparable to those of an older, white, middle-class, gay man, who lives in a rural community where he is part of a large social network? Does gender trump sexuality in terms of their experiences of ageing – and what of class and location here? What of health status? Hence, what I have argued throughout this book is the need to consider older LGB lives as unique and collective, as general and situational; to have an awareness of similarities, but also differences. As I argued in Chapter 3, whilst diversity theory may take us some way to understanding differences, the complexity of differences is only really captured by intersectionality, in my view.

In/visibilities

Crucial to the experience of difference is another central theme that has emerged across the different sections of the book concerning questions of visibility and invisibility in the lives of older LGB people. There are several ways that these are manifested.

As I discussed in the introductory chapter and in the chapters that comprised Part I of the book, the lives of older LGB people have only fairly recently become the focus of academic study, social policies and practitioner interventions – that is, made into a visible group for research and/or intervention. In this sense, their previous invisibility, or 'queer absence' (Cronin 2006), has started to be addressed

and has now turned into something of a queer flourishing. More studies, organisations and policies than ever before are being developed to include older LGB people. I noted, for instance, various initiatives run by third-sector organisations that do important work improving the lives of older LGB people. Similarly, in Chapter 9, I discussed how older LGBT issues can be the focus for equality work in local government authorities and their partner organisations. Yet I have also demonstrated in my analysis of the data collected as part of the OLGB studies, that older LGB people themselves have a range of responses to being made visible in these ways: whilst some are content with this and very pleased to be identified as an older lesbian, gay and/or bisexual person, others are clearly more reticent. Moreover, I think the reasons for this are more variable than are sometimes stated. As I have explained throughout the book, being visible, or indeed wanting to be visible, is highly contextual, depending on a person's assessment of a situation and their place within it. For instance, I showed in Chapter 8 how people will assess a medical or other health-related situation before deciding to reveal their sexual identity to a professional. As I explained in both chapters 2 and 8, this may partly be due to perceptions that the medical profession may pathologise them because of historical disciplinary legacies, for instance psychoanalytic/psychiatric understandings of non-heterosexualities (Knauer 2011) and/or an assessment of the personal attitudes of a particular professional, such as a GP or care provider. In this case, invisibility may be a preferred or a necessary and safer option. But invisibilities may also come from a general feeling that sexuality is 'nobody's business', or unimportant to a particular situation within which a person finds themselves. Despite this, many people in the OLGB studies felt that invisibility was problematic, even dangerous, noting that being invisible in health care settings meant that their needs and experiences were occluded.

In/visibilities are also manifested in the language people use to categorise themselves and how they conform or contest categorisations by others, as I showed in Chapter 4. In effect, I have illustrated how questions of visibility are not simplistic and unidirectional; they are, instead, complex and shift over time and space because they are, to an extent, linked with previous life experience, and inextricably linked with ageing. So again, I have contested a view suggesting that older LGB people are invisible or marginalised, because I believe this would miss the significant identity work that is undertaken, including the reasons for it, and shows why taking a sociological approach towards older LGB lives is particularly important.

The intersection of heteronorms, ageism, and other forms of erasure and inequality

Another key theme that I have addressed throughout the book concerns the pervasive forms of erasure that are created by heteronormativity – the belief that heterosexuality is normal and natural, so that all other forms of sexuality are deviations and it follows that society should be organised around and for the heterosexual majority. This is similar to heterosexism, the belief that everyone is heterosexual unless stated otherwise, but it does not necessarily include overt

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homophobia and/or biphobia, which are negative and prejudicial attitudes and actions towards someone or a group of people because of their lesbian, gay or bi sexuality. Through my assessment of the evidence I have gathered together in this book I believe that the continued existence of heteronormativity and heterosexism can, to a greater extent, help to explain the forms of invisibility that I noted in the previous section. However, these are not the only forms of erasure that older lesbian, gay and/or bisexual people may experience and have to manage and challenge. I argued in Chapter 3 that taking intersectionality seriously, as I have attempted to do in divergent ways throughout this book, means that it is important to consider how inequalities and forms of erasure and discrimination intersect.

Heterosexism and heteronorms intersect with ageism, sexism, classism, racism, ethnocentrism and other forms of inequality and division in different ways, in a variety of contexts. As I noted in Chapter 6, an older lesbian, such as Maz, may have fewer options in later life when compared with an older gay man, such as Leonard, because of the intersections of her age, gender, sexuality and social class. Hence, her ability to deal with and live within the confines of heteronorms is likely to be more circumscribed. Having said that, I do not think we should assume that all older lesbians are similarly marginalised and all older gay men similarly privileged. Taking intersectionality seriously means paying attention to intragroup differences, not erasing them. Likewise, it should not be assumed that those who are older are necessarily more marginalised or isolated. Many of the participants in the OLGB studies, including those who were amongst the 'old-old', negotiated various constraints to live fulfilling older lives. In effect, what I have been arguing throughout the book is that despite the continued existence of inequality, we should not assume that because someone is an older LGB person they are unable to negotiate the travails of living with heteronormativity. This is something that I think is particularly troubling about a constraint narrative, which tends to underemphasise people's ability to act. However, it is important to be realistic and not to overemphasise individual older lesbian, gay and/or bisexual people's agency in this respect. The effects of heteronormativity, together with other forms of inequality, particularly ageism, can be highly corrosive. Yet what I have continually emphasised throughout the book is the intersection of constraints and agency, rather than adhering to a binary view that emphasises one narrative or the other.

I have not, however, been able to explore all possible intersections affecting older LGB people, largely because the participants in the OLGB studies did not display them. For instance, as I noted in Chapter 5, intersections of ethnicity were only really evident when the OLGB participants, who overwhelmingly self-identified as 'White British', spoke about the ethnicity of 'Others', who were ethnically different from them. In this respect, intersections of ethnicity were less pertinent to this particular sample. However, there is clearly a pressing need to examine LGB ageing amongst Black and Asian Minority Ethnic (BAME) communities in the UK, to really explore and begin to understand further how ethnicity and culture intersects with heteronorms and ageism in later life for older LGB people from BAME communities and backgrounds.

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I have also been unable to focus as much attention as I would have liked on the lives of older bisexual people, again because of the constitution of the OLGB sample. As I noted in a number of places in the book, the erasure of bisexuality in later life has been discussed by others (Dworkin 2006; Jones 2010, 2011; Weinberg, Williams and Pryor 2001) and clearly a more focused, empirical study to address bisexual ageing in the UK is much needed and long overdue. We need to consider how heteronormativity affects older bisexual people in ways that are both similar to and yet different from its effects on older lesbians and gay men, whilst also recognising intersecting differences amongst older bisexual people related to other identities, divisions and inequalities. Whilst I have attempted to consider ageing bisexualities in this book, I realise my efforts have been partial and in many ways inadequate; ageing bisexualities remain an occlusion in the literature.

In discussing various health conditions and health statuses in this book, I have been unable to fully engage with the complexity of issues concerning disability in the lives of older LGB people. When existing studies address health care, they invariably, although not exclusively, focus on institutions and practices; there is less literature concerning older lesbian, gay and/or bisexual people with disabilities, despite evidence that LGB people are more at risk than their heterosexual peers of developing disabilities as they get older (Fredriksen-Goldsen, Kim and Barkan 2011; Grollman 2014; Gonzales and Henning-Smith 2015). Again, much more research is needed in this area, especially in the UK.

I have made reference to location in a number of sections of the book, but especially in Chapter 5 in reference to the body being located in geographical spaces, such as the wider LGBT community, the home and residential care homes. I noted in this chapter and at other points in the book that wider LGBT spaces are often perceived as ageist and exclusionary in terms of gender, socio-economic factors and ethnicity. Thus, places that appear to transmute or at least transgress heteronorms, are not necessarily inclusive for older LGB people. Indeed, in the discussion of social networks, in Chapter 6, it was also clear that other spaces were more significant in terms of leisure and socialising. Questions concerning the safety of the home and leaving home to enter the possibly heteronormative world of residential housing are of paramount concern to many older LGB people and were certainly discussed by some participants in the OLGB studies, at length. Yet again, more research is needed.

Sociologising older LGB lives: beyond a constraint and agency dichotomy

At the time of writing, there is a phrase abounding, especially on social media, that one should 'commit sociology'. Emanating from comments made by the former Canadian Prime Minister Stephen Harper, when referring to responses to a planned terrorist attack, it appears he meant that it was not necessary to bring a social understanding to these, but rather to view such actions as a crime, pure and simple. Understandably, many sociologists, in particular, have taken to social

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media to argue that sociology is precisely what is needed in order to address social issues and concerns.

In many ways in this book, I have been 'committing sociology' on lesbian, gay and/or bisexual ageing. As the previous section makes clear, I believe it is important to find ways to put older LGB lives in a resolutely social context. This means drawing on a wide range of literatures and perspectives, as well as putting lives in a social context, with reference to the historical, political, cultural and economic factors as I have done at various points in this book. However, one of the considerable challenges that sociology grapples with is the problem of agency and constraint; to what extent are people free to conduct and live their lives as they choose, and to what extent are they shaped and determined by social institutions, divisions and structures?

I began this book by suggesting that the extant literature about older LGB people's lives can be seen as bifurcating into narratives of constraint or agency: for instance, consider this statement by Nancy Knauer (2011, 137) concerning older lesbian and gay people in US society: 'today's gay and lesbian elders are extremely vulnerable . . . without financial resources or legal protections, gay and lesbian elders predictably turn to the closet as an adaptive strategy.' Yet, shortly after this statement, Knauer also notes: 'there is much to be celebrated about the determination and creativity of today's lesbian and gay elders' (2011, 139). I am not explicitly disputing either statement, although I think the former is rather hyperbolic. Knauer (2011), a legal scholar, presents a detailed, important and insightful analysis of the constraints of heteronormativity facing older lesbian and gay people in the US. However, by committing sociology on older lesbian, gay and/or bisexual lives, I contend that this dichotomy can be seen for what it really is: not a dichotomy at all, but rather a complex, intersectional matrix that is always contextually situated.

LGB ageing is not a uniform experience. It cannot, therefore, be subsumed into such a binary narrative order. Indeed, as I have consistently asserted, it is vital to consider difference, diversity and intersections as a means of moving beyond such narratives. What I am proposing, therefore, is the need to think of LGB ageing as situational in and through multiple identities, institutions and intersections. We need to take a case-by-case approach, rather than assuming that one size fits all. I do realise that this runs the risk of producing a highly individualistic view of the experiences of older lesbian, gay and/or bisexual people – one that may appear to be politically naïve. So I hope instead to have added to the very important knowledge developed by others in this area (Almack, Seymour and Bellamy 2010; Cronin 2006; Cronin et al. 2011; Heaphy 2007, 2009; Heaphy and Yip 2006; Heaphy, Yip and Thompson 2003; Price 2005; Pugh 2002; Simpson 2012; Weeks, Heaphy and Donovan 2001), to have shown why further exploring LGB ageing, sociologically, is needed to help avoid overly simplistic representations, whilst at the same time offering a theoretically informed and empirically grounded approach. Although, at times, I have argued that older LGB people need to be regarded as a group, I have also suggested that such a group needs to be disaggregated and people's individual experiences need to be the focus

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of attention. As I have stated at various points in this book, to be a member of a particular generational cohort, such as the 'Stonewall generation', or the 'peri-AIDS generation', the 'old-old' or an LGB Baby Boomer (Grierson and Smith 2005; Knauer 2011; Rosenfeld 2002, 2009), only colours identity formation and actual experience; it does not determine it. Nor does it solely fix experience within particular socio-cultural and temporal limits. Just because an older lesbian came of age prior to the birth of the modern LGBT rights movement, does not mean that her entire life will always be determined and constrained by her formative experiences. Undoubtedly these experiences may continue to haunt her memory. They may even influence her behaviour. Yet, from the evidence I have explored in this book, they do not and should not be considered to anchor her experience in a past from which she cannot escape. It is this sociological reckoning with experience that, I think, stands in contrast to more psychological and gerontological models of LGB ageing, which sometimes have a tendency to be more ahistoric and fixed.

Ramifications for research, policy and practice

Having repeated my central argument and explored various themes that have emerged across this book in this section I want to consider where this takes lesbian, gay and/or bisexual ageing, in terms of the ramifications for research, policy and practice, and to think about some future directions.

Who cares?

I would hope that any reader who has persevered this far might not ask why we should care about lesbian, gay and/or bisexual ageing. Yet this is a question that has often been posed to me by other academics and by policy makers and service providers, although more by the former than the latter two, interestingly. There is of course an obvious answer concerning a common humanity, as well as the sorts of legal and policy frameworks I outlined in chapters 2 and 9. Arguably, however, exploring the lives of older LGB people sheds light on processes of marginality, inclusion and exclusion, inequality, and the shaping of social norms that are much wider in society. Charting older LGB lives, therefore, tells us much about how norms govern the life course of all people, as well as the disciplinary processes that govern certain lives and not others. Older LGB people tell us much about categorisation, how categorisation shapes self, and how this is a facet not only of self-identification, but also of social institutions. Indeed, as I noted in Chapter 4, policy makers and practitioners sometimes draw on seemingly everyday categories, without necessarily considering the wider disciplinary background to them, or what such categories elide.

Gerontologists need to think about sexuality in later life, not only as it is practised, i.e. sexual activities, but the ontology of sexuality, in order to avoid re/producing heteronormative models of ageing that prioritise the heterosexual family and its kinship relations above others. Indeed, this has implications in other contexts, such as legal policy, since much law is based on normative understandings

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that reproduce the marginality of lesbian, gay and/or bisexual networks in later life (Westwood 2013a). It certainly has practical implications elsewhere, especially in relation to care networks, which I discussed in Chapter 7.

My own work with service providers, which I discussed in Chapter 9, has indicated to me that despite the very best of intentions, the idea that older people could be lesbian, gay and/or bisexual is often regarded as astounding, and educational or training programmes are required in order to upskill workers, to support them, not necessarily to admonish them. There does appear to be an implicit ageism amongst some policy makers and service providers regarding minority sexualities: surely only younger people are lesbian, gay and/or bisexual! Some research has recently been conducted to assess the efficacy of training programmes in the US (Porter and Krinsky 2013) and the results indicate that although there are often changes in understanding and practice, further ongoing discussion is invariably needed. There are, I think, three important issues here. Firstly, such education and training does not take place in an economic, political and institutional vacuum, as I noted in Chapter 9. The issues of how much priority is placed on older LGBT equality work in times of austerity and who is expected to do it, are significant. Secondly, the extent that such training programmes are able to fully engage with diversity and intersectionality is subject to conjecture, since there has been very little in the way of study of it. I would say that my own attempts were only partially successful in the knowledge exchange project I discussed in Chapter 9. There remains a tendency to produce a representation of older LGBT people for policy making as somewhat homogenous. Thirdly, the debate is phrased in terms of 'fixing' individuals' knowledge, or the knowledge of groups of individuals – for example, service providers – or the policies they draw on, rather than addressing wider social structures. Older LGB people are marginalised, in some cases, because of the wider heteronormative order of society. Undermine and deconstruct the heteronormative, and the experience of lesbian, gay and/or bisexual ageing will change. Yet this is rarely manifested in training manuals, policy documents or even, sometimes, in academic research.

Avoid homogenising, avoid individualising: thinking intersections

A further ramification of what I have been arguing thus far concerns what intersectionality implies about conceptualising lesbian, gay and/or bisexual ageing in research, policy and practice. Should we, for instance, treat every individual as a multifarious complex of interlocking identities, who is unique, and thereby ignore the collective? Or should we treat older LGB people as a group, with commonalities and forms of solidarity? What I have demonstrated throughout this book is that we need both, the individual and the collective. However, rather than a dichotomy, it is necessary to think of levels of intersectionality, what McCall (2009) refers to as the anti-, intra- and intercategorical. At times, we need to critically question the ontological status of 'older lesbian, gay and/or bisexual adult', as if this were a category, or collection of aged–sexual categories, of identity. What erasures take place in this categorisation? Who and what is privileged and in what ways? This is

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what I explored in Chapter 4, drawing on insights from Queer Theory, Symbolic Interactionism, Conversation Analysis and Membership Categorisation Analysis. At other times, such as in many of the other chapters in this book, it is necessary to use these categories *as if* they have ontological stability. This helps us to explore differences within and between individuals and contrast these with sexual others, such as all those categories that cumulatively constitute heterosexuality, although this too is intersectional (Jackson 2006, 2011).

All of this, I believe, should lead us to the realisation that the intersectional approach to lesbian, gay and/or bisexual ageing is in its infancy and the contingencies that policy makers and service providers need to consider will inevitably multiply and become more complex. I realise that this creates trouble for policy makers and practitioners, especially if they want generic and standardised solutions to equality and diversity work involving older lesbian, gay and/or bisexual people. However, such 'surface level' approaches are unlikely to be effective since they obscure the complexity of people's experiences and are more likely to reproduce constraint narratives of LGB ageing.

Alternatively, I hope my analysis throughout this book has indicated that highly individualised approaches, such as personalisation, can have potential problems too. Whilst homogenising runs the risk of overemphasising constraints and producing a set of simplistic 'solutions', personalisation and individualistic approaches to LGB ageing could over-determine agency and choice and fail to fully account for intersecting inequalities. For instance, research concerning personalisation has highlighted how it can act as a political tool during a period of austerity to justify cuts and the closure of services, rather than something to open up choice (Sawyer 2008; West 2013). Moreover, the notion of choice within personalisation largely depends on the ability to choose, which in itself is socially constructed and structured (Needham 2011). While taking individual preferences into account in policy and practice may be valuable and, to an extent, help to counter the dominance of heteronormativity, a highly individualised focus may leave that socio-sexual hegemony in place. As Willis et al. note (2011), heteronorms may trump personalisation.

Specific, friendly or just plain overlooked?

For policy makers and service providers, the complexity of lesbian, gay and/or bisexual ageing has ramifications in terms of the types of services that they propose and/or provide. For instance, they might ask: should policies and services be tailored to the specific needs of older LGB people? An example of this might be to provide LGB-specific residential housing, of the sort attempted in other countries (Carr and Ross 2013) – or it might be to provide specific health and/or social care advice and services (Hunt and Fish 2008). However, this might not be feasible and so-called LGB-'friendly'/inclusive policies and services might offer more potential. There is no consensus within and between older LGB people in this respect and I do not offer a solution here. Perhaps the best that can be done is to provide a menu of choices. What must be avoided, above all, are services and

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policies that overlook LGB ageing and the lives of older LGB people completely. In a diverse and complex society, all older people must be considered and represented, in all their diversities, complexities and intersections.

Conclusion

In this final chapter I have drawn together the key themes that have emerged across the chapters that constitute this book. Reflecting back on these chapters here has afforded me the opportunity to consider the wider ramifications of my analysis for academics, policy makers and service providers. Yet as I have reached this conclusion I am aware that much more needs to be done to explore older lesbian, gay and/or bisexual lives and to ensure that all older LGB people are treated with dignity and respect, whilst differences within and between them, through a range of intersections, will need further consideration. In this respect, coming to the end of this book is not the end of a journey – although it is in some ways the end of an academic one for the author – but is merely a further step along the way. I hope to continue following that journey with others.

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Appendix

Details of the OLGB studies

The empirical data that are used throughout this book and which I refer to as the OLGB studies come from several connected pieces of research that I and my colleague Dr Ann Cronin had undertaken over the past decade. In this Appendix I will give details about the studies, although it should be noted that extensive details about the third study, the knowledge exchange project, are contained in Chapter 9. Hence, I provide a few additional details here.

Study One: case study of caring practices between a group of gay men

This study was a small, scoping study of the lives and caring practices/relationships of a group of gay men, conducted in Autumn 2008. The group consisted of two older gay men who were lifelong friends, Alec (68 years old) and Peter (59 years old); their two younger partners, Euan (40 years old) and Joe (27 years old); plus their older friend Kenneth (72 years old) (please note all names are pseudonyms). The research was a precursor to more detailed/extensive research that was conducted as part of Study Two. These men were recruited through personal contacts; hence they were a convenience sample (Bryman 2004). Gerring (2007, 17) describes case study research as a 'definitional morass' since it has multiple classifications and possibilities. I am using the term here to refer to a single observation. These men would, in some ways, appear to have lived unremarkable lives. However, for me, this makes their story of care practices all the more powerful. Their case is both ubiquitous – you could find men like these in many research projects about older LGB people – and indicative of the complexity of care giving and receiving within some LGB social networks. Hence, their case speaks to wider issues within LGB communities and tells us something important about care practices more generally.

The men were interviewed in their homes and the interviews lasted approximately 120 minutes. They were recorded and then analysed using thematic and narrative analysis (Coffey and Atkinson 1996; Earthy and Cronin 2008) to produce themes relevant to the remit of the project, a focus on caring. These forms of analysis are located within a social constructionist (Burr 2003) paradigm, which challenges realist assumptions regarding the epistemological status of qualitative

data. Instead of regarding an individual account as representative of 'real life', constructionist approaches recognise that an individual account is the outcome of a process in which people engage in 'story telling' and in doing so produce narrative accounts of their lives. As Riessman (1993, 114) notes, story telling is a universal practice, which enables the teller to construct and identify significant events in their everyday lives, and in doing so link the 'past and present, self and society'.

Study Two: empirical research for a local government authority

In Autumn 2008 Dr Cronin and I were commissioned by a local government authority (LGA) to undertake a study of LGBT people aged over 50 years who lived or worked within its borough. The LGA oversees a large and diverse metropolitan borough, with a population that is heterogeneous in terms of ethnicity, cultural heritage and social class. Within its boundaries are some well-known and popular LGBT venues, principally commercial bars and clubs. The LGA already had a good record of promoting LGBT equality and diversity, having taken part in the Stonewall Equality Index and having organised events as part of LGBT History Month.

The research was needed principally to feed into the LGA's sexuality equality scheme, which was being developed as part of their equality and diversity policy/remit. I detail in Chapter 9 where the impetus for these policies comes from and will not repeat it here. Dr Cronin and I were given three months to conduct the research and produce and disseminate a report.

Research design

The research design drew on ideas of complementarity (Alexander et al. 2008), using different methods to explore the multidimensional aspects of a phenomenon. The design was composed of the following discrete elements: review of the research literature concerning LGBT ageing; collection of empirical data, via interviews, from a small group of local service providers and key informants who had conducted LGBT ageing research in the past; and empirical research, utilising focus groups and interviews, with older LGBT people who lived or worked within the borough.

Recruitment of participants

Initial contact with service providers and key informants was via our contact at the LGA. Snowballing (Bryman 2004) from these contacts led us to other service providers and key informants. From the outset of the project we were warned by those who have extensive experience of working with and researching older LGBT people that recruitment of participants would be both difficult and time-consuming. Many older LGBT adults, particularly those who do not belong to informal/formal social networks or partake in organised social activities, may be isolated and hence difficult to contact and recruit. Likewise, we were advised

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that due to the gendered nature of LGBT commercial spaces, it would be easier to make contact with men rather than women in such locations. We, therefore, employed a multidimensional sampling strategy, involving a rigorous and extensive publicity campaign and a range of discreet sampling methods.

We produced flyers, adverts and cards asking for participants who identified as lesbian, gay and/or bisexual or trans and who were 50 years of age or older. These were distributed in a number of different locations throughout the local area and wider city. These locations included LGBT-specific sites – for example, bars, cafes, bookshops – as well as public libraries, health centres, LGBT-specific events and through contacts at LGBT organisations. Additionally, adverts were placed in local newspapers, LGBT specific publications, through social media and via word of mouth.

The use of these strategies was generally good, although the use of social media was not. This may have been because this group of adults were not online, although we did ask them if they used the internet during the interviews, or perhaps it is more likely that the social media platform we used was not embedded as a forum for an older user group.

Demographic and other characteristics of participants

In total we recruited four service providers and three key informants, drawn from: older LGBT organisations; older people's organisations; and those from the service provider sector within the local government authority borough. We were able to recruit four gay male participants for a focus group discussion and twelve other lesbian, gay and/or bisexual participants for individual in-depth interviews. We experienced problems recruiting older lesbian and bisexual women, something that is commonly noted in the research literature (Averett et al. 2013; Westwood 2013b). Therefore, we supplemented this sample with seven in-depth interviews Dr Cronin (2006) had collected for a previous scoping study with older lesbians. These women were more geographically dispersed, living in urban and rural areas. The demographics of the final, complete, sample we used are detailed in Table A.1.

As this table clearly demonstrates, the sample of participants in Study Two were quite homogenous on a number of characteristics. Nobody self-identified as trans, although this does not necessarily mean that all participants were cisgendered. As a consequence a key recommendation of the final report we produced for the LGA was for further research specifically focusing on trans ageing. We also emphasised that more research needed to be conducted concerning bisexual ageing. All except one of the participants self-identified as 'White': one gay man self-identified as 'mixed White/Black Caribbean'. We had considerable difficulty in recruiting people from Black and Asian Minority Ethnic (BAME) communities. Previous research conducted in a major British city also experienced these issues (Davies and River 2006) and it is noted in the literature more widely (de Vries 2014; Galupo 2007). We recommended that in order to adequately sample minority ethnic populations in future research, more time, resources and more

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Table A.1 Demographic and other characteristics of participants in Study Two

Demographic or other characteristic	*Details*
Self-identified sexuality/sexual identity	11 gay men
	1 bisexual man
	11 lesbians
Self-identified gender identity	12 men
	11 women
Self-identified ethnic identity	20 White
	2 White Irish
	1 Mixed White/Black Caribbean
Self-identified social class identity	9 working class
	14 middle class
Income levels (where available)	2 £5,000–9,999
	6 £10,000–14,999
	5 £15,000–19,999
	3 £20,000–24,999
	3 £25,000–29,999
	3 £30,000+
Employment status	9 employed full time
	8 employed part time
	1 registered disabled, not currently working
	5 fully retired
Household composition	11 living with partner
	1 living apart together
	11 single
Age range (at time of interview)	9 50–54 years
	7 55–59 years
	5 60–64 years
	0 65–69 years
	1 70–74 years
	1 75–79 years

strategic use of BAME LGBT organisations than were available in our project would be required. Participants were asked about their financial resources, although not all disclosed this, and they were also asked to self-identify with a social class group. Approximately two-thirds of the same self-identified as middle class. It is also noticeable that the sample is weighted towards those who were aged between 50 and 64 years when interviewed, with only two participants aged in their seventies. Thus, the sample is predominantly composed of LGB Baby Boomers. We recognised that this was a limitation and again made recommendations for further research with the oldest-old.

In total, Study Two drew upon a sample of 23 individuals. Inevitably, the small scale of this sample is potentially problematic if generalisations are to be made. However, it does provide useful contrasts (by ways of similarities and differences) to previous studies. Additionally, as I have noted throughout this book, even within small samples there is considerable diversity and difference, which would only be magnified in a larger sample.

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Data collection methods

Service providers and key informants were interviewed; on each occasion a topic guide was used. We used two modes of data collection with our research participants: focus group discussions and in-depth interviews. All were audio recorded.

Focus group discussion

There is an extensive literature concerning the use of focus groups in social research (for an overview see Cronin 2008). We chose to use this method of data collection for two principal reasons: first, to elicit issues and themes to inform the development of our in-depth interview schedule; second, to bring together a group of people to actively produce knowledge about a topic through their interactions with each other, such as by telling anecdotes, querying and qualifying each other. The focus group we conducted consisted of four gay men, aged between 52 and 76 years, and lasted 90 minutes.

Individual interviews

We conducted in-depth interviews with participants. These ranged from 60 to 90 minutes in duration. An interview schedule was developed from four sources of information: review of the extant literature; issues that arose in interviews with service providers and key informants; issues that arose from the focus group discussion; issues that arose from the discussions of caring in Study One (above). Overall, we wanted to provide our participants with a context in which they could tell us about their lives. Hence, although we used an interview schedule, we diverted from this where necessary. The majority of interviews took place at participants' homes or at a local LGBT centre. Some of the data in Dr Cronin's previous research with lesbian-identifying women were gathered via email.

Data analysis

All focus group and interview data were transcribed and analysed using NVivo software and like Study One drew upon thematic and narrative analysis (Coffey and Atkinson 1996; Earthy and Cronin 2008) to produce themes relevant to the research questions and the remit of the project. The narrative accounts were, however, divided into those provided by service providers and key informants and those provided by older lesbian, gay and/or bisexual participants.

Ethics

The research adhered to the researcher's respective university ethical guidelines and those produced by the British Sociological Association.

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Study Three: a knowledge exchange project

The details about the methodology of this project, including its rationale and aims/objectives are contained in Chapter 9. The project followed on from the previous studies and was designed to put policy recommendations into practice through a series of knowledge exchange events. It received funding from the Economic and Social Research Council and the local government authority.

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