The Life and Ageing Experiences of Gay Men Over the Age of 65 in New Zealand

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ABSTRACT

BACKGROUND

What does it mean to age as a gay man in New Zealand? Until recently, this has been a question difficult to answer as there were no studies completed in New Zealand regarding this topic and thus, this principal work explores this question.

AIMS

The purpose of this study was to explore the life and ageing experiences of gay men in New Zealand over the age of 65 years. Its three aims were to:

- Critically explore the narratives of gay men over 65 years.

- Identify areas of support that these men might need as they age, and

- Inform professional health practice about the care needs of older gay men.

METHODS

This enquiry has utilised two theoretical frameworks, narrative gerontology informed by critical gerontology melded together in which to explore the above aims. Data were gathered from semi-structured interviews with 12 men from the ages of 65-81 years of age. Analysis of the data were completed by thematic analysis.

FINDINGS

There were two main themes that became evident in this project and these were *emergence of the gay self* and *the ageing experience*.

CONCLUSION

Resilience was a significant factor in how well the men aged even in an environment of homophobia. Being independent and having a strong social support network were factors that assisted them in ageing in the absence of a partner. Other ageing concerns that surfaced that were not sexual orientation specific were dealing with loss, death, financial well-being, and the ageist attitudes of others. The men were wary of sharing their sexual orientation with too many healthcare professionals and they feared having to potentially hide their sexual orientation again if they ever needed to go into a long-term care setting in the future. This study highlights the unique experiences of ageing among older gay men in New Zealand. Healthcare professionals as well as nurse educators and researchers must recognise the unique history of this group of men and any conflicts this group may have with others of different orientation in order to assist them to age well in a safe social environment.

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First and foremost, I would like to thank my research participants, for without them there would be no thesis. I would also like to thank the guidance and support of my supervisor Dr Stephen Neville. His unwavering dedication to this project and to my (mental) well-being throughout this journey has earned my respect and admiration. He has been the consummate role model to me in his dedication to nursing research and to the gay community of New Zealand.

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To all my school teachers in the past who always wrote on my report cards and told my parents, "If Bernie would just apply himself..." Guess what, I did! Thanks! To all my nursing mates and role models in the past and present, thank you.

Finally, to my Mom and Dad, this work is a dedicated to you both and to your love and support you have given to me over the years. You cared for me, encouraged me to go to school and to reach high. You are the parents every child should have. Mom, I wish you were around to see my work come to fruition. I miss you.

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The following poem was kindly given to me by one of my participants. This 75 year old man shared his story with such an open heart that not only did we share cups of tea and biscuits, but also tears. Thank you sir for your story and your contribution to this study.

I break the news to those so close, and whom I love,
my heart hurts and breaks, for more days than in a month.
I struggle, seek counselling (again**)** there's anger, shame and bitterness,
all this has to end as being worthwhile !
Separation from my wife?!, pain, grieving, yes many more tears,
Will there ....Be peace of mind, after parting...
......from where I sit.

It's time to par, my thanks to those who've given us support,
family, and friends, they're with us now, with emotion fraught.
Our lives, like a book, one chapter ending, and a new one begins.
Yes, the characters are the same, but different.
And yet still to be intertwined, through family and friends,
But separate...
......from where I sit.

Now separately, this growth, of doing, caring and living, will continue.
There will always be those memories of the good times, for me and you.
So often, I have asked, "what of my faith and my beliefs?"
Where is **my** God in all of this ?
I can only say..."for the first time in my life, I...can...talk...to...God !
And feel OK about myself. But oh, at what cost!"
Oh yes, God has helped me through....
......to where I now sit.

You see, it is very much a matter of acknowledging **who** I am,
it is **not** a decision **to be** gay.
Who would go through all that struggle, trauma, agony, tears and yes-possible rejection?
Just to be able to say "I'm gay!"
I believe that I've been gay from the beginning of my life.
Now, yes and only now I am at peace with God my Creator,
and yes I'm proud to be a Gay Christian...
......no matter where I sit!

By: Jasper (*pseudonym*)
December 1994
Coming out at the age of 59

CHAPTER ONE: INTRODUCTION TO THESIS

1.0   Introduction

The great violinist Itzhak Perlman once said, "...it is the artist's task to find out how much music you can still make with what you have left" (Shield & Aronson, 2003, p. 223).   No matter where we place ourselves on the age continuum, we have a finite time left in our life to do what we want to do before we leave this mortal life behind. Ageing has been discussed, debated, explored, examined and written about for millennia and continues to be focussed on annually by the United Nations as every October 1st is the International Day of the Older Person (United Nations, 2011).   On that day it is a time for people to reflect on how older people fit into our world and our relationship with them.

The older adult population have a great depth and breadth of life experiences and wisdom to offer the generations behind them.   For many older people of today, they will have lived through the Second World War, the boom and bust cycle of economies, advances in technology, social changes and societal upheavals.   A significant social upheaval that occurred was the civil rights movement in the United States during the 1950s and 1960s, the feminist movement of the mid-1960s which gave way to the gay liberation movement of the late 1960s.   The gay liberation movement began to break down societal stigma and the pervasive homophobia that endured up until that time.

This chapter overviews the gay movement that began in New York City and eventually spread to New Zealand; the researcher's interest in the research topic is also put forward. The aims of the study are then presented along with a brief discussion of the terminology used in the work. This chapter culminates in an overview of the thesis chapters.

1.1   A Journey Begun

It has been 43 years since the 1969 Stonewall riots in New York. Forty-three years since gay, lesbian, and transgendered people refused to capitulate to the police and go quietly into the police paddy wagons. This sense of retaliation against the police who

historically targeted homosexuals surged around the world to eventually land on the shores of Aotearoa in 1972 when gay liberation groups began to spring up across the three main centres of the country: Auckland, Wellington and Christchurch (Ministry for Culture and Heritage, 2010). This wave of political activism swept through New Zealand changing the social identity of the country forever and eventuated in the reforms of New Zealand law and the passing of the Homosexual Law Reform Bill in parliament in 1986. Since 1972, 40 years have passed and some of the men (and women) who partook in those early New Zealand demonstrations are most likely reaching or have reached the age of 65. I was only one year old when those pioneers of social reform fought back at Stonewall and only four years old when things began to change here in New Zealand. I feel privileged to have grown up in the social environment that followed their initial struggle for political and social equality amid an overwhelming heterocentric culture.

Another landmark event that occurred was the de-registering of homosexuality from the Diagnostic and Statistical Manual of Mental Disorders in 1973 (Butler, 2004; Kimmel, Rose, & David, 2006) after 21 years in it (Clarke, Ellis, Peel, & Riggs, 2010). Social scientists, medical doctors and others refuted the pathology of homosexuality and awarded the freedom to millions of gay men (and lesbians) around the world to come out of their closets and embrace who and what they were. Prior to this time, gays and lesbians lived in fear of hate and imprisonment and often were ostracised from their families and therefore moved in underground social communities in order to mingle with others in the same situation (Berger, 1982; Clarke et al. 2010; Kimmel et al. 2006; Rosenfeld, 2003). Gays and lesbians were subjected to counselling and conversion therapy in order to channel their *abnormal* desires toward a more heteronormative nature (Berger, 1982, Butler, 2004; Clarke et al. 2010). Thankfully, these pioneering men and women who changed Western social history and society have allowed their gay, lesbian, bisexual, and transgendered peers born in later decades to live life virtually unrestrained.

As an ageing gay man, I have often reflected on my own youthful political activism savouring in how radical I felt I was being at that time. When I look at photographs of

the 1969 Stonewall Bar riots and view the photographs in books like *Queer in Aotearoa New Zealand* (Alice & Star, 2004) and *Outlines: Lesbian & gay histories of Aotearoa* (Laurie & Evans, 2005), I feel admiration for these men and women who decided that they would not be quiet any longer, be relegated to the position of second-class citizens nor be classified as mentally ill. Having the freedom to express my sexual orientation as a gay man and not to live in fear of discrimination on a daily basis is due to the actions of those people who came before me.

As I settled into my forties I became more self-reflective and began to wonder how I came to be at this juncture in my life and what the future holds for me as a gay ageing man in New Zealand. My deliberations were accentuated by the teaching position I hold at a tertiary education institution and the gerontology course that I teach within a Bachelor of Nursing program that led me to formulate the foundational inquiry for my thesis. It was my awareness that I am getting older and the sense that time is passing at a rate faster than I perceive that has made me more aware of my sense of self. I wanted to not only reflect on my past but also to look to the future using this thesis and my participants as a lens to that future and what may await me.

It is unfortunate that within New Zealand there is a limited amount of literature on the topics of ageing and gay men when compared to what has been published internationally on the same topic. Within the last decade, there has been an increase in published material on ageing within New Zealand non-heterosexual communities, however, more is needed.

1.2   Study Aims

The overall aim of the present study is to explore the life and ageing experiences of gay men over the age of 65 in New Zealand. This will be achieved by:

1.   critically exploring narratives of gay men over the age of 65 years;
2.   identifying areas of support that these men might need as they age;
3.   informing professional health practice about the care needs of older gay men.

1.3   Terminology

Within the literature, there are many names utilised by researchers to describe the person who is same-sex attracted and the most recent term is: LGBTTIQQ2S (lesbian, gay, bisexual, transgender, transsexual, intersex, queer, questioning, two-spirit) (Schneider, 2010). In the case of men for example, homosexual, queer, gay, and men attracted to men (m2m) are terms commonly applied. Terms used in derogatory ways by people who discriminate and are prejudiced against same-sex attracted persons are: queer, fag(got), poof, fairy, homo, and pansy. As the negative tones of these words reverberate, the seemingly benign word homosexual can illicit the same negative connotation. Homosexual harkens back to an era where homosexuality was a negative stereotype, clinically pathologised and something to be cured or persecuted (Committee on Lesbian and Gay Concerns, 1991; Cornelson, 1998; Shapiro, 1990). While the terminology in the context of researching same-sex attraction is vexing, in the context of this thesis I will be using the word gay and gay male/men in which to identify men who are attracted to and have sex with other men.

1.4   Overview of the Thesis Chapters

This thesis is presented in six chapters.

Chapter one introduces the topic of ageing and several significant historical events within the international and New Zealand gay, lesbian, bisexual and transgendered community (GLBT). Following this, the author's personal interest in the research, the study's aims and terminology used in the research were identified and discussed.

Chapter two provides an overview of the international and domestic elderly population. The emergence of gerontology as a topic of study is included as well as an examination of several prominent psychosocial development theories of ageing as well as identifying several New Zealand ageing initiatives that focuses on older people. Also included is a brief discussion of the supports available for consumers of healthcare in New Zealand of which the ageing population is a significant proportion.

Chapter three focuses on a critical review and discussion of the domestic and international literature related to ageing. This chapter also identifies key concepts and discusses significant bodies of work relevant to general issues of ageing, and ageing among older gay, lesbian, bisexual and transgendered populations.

Chapter four presents the methodologies which this research utilises, specifically discussed are the theories of narrative gerontology and critical gerontology. Other sections present within this chapter are the fundamental research processes that were followed in conducting this study.

Chapter five introduces the participant's and their narratives so that the reader can begin to understand the participants backgrounds and their life experiences.

Chapter six contains the results of the data analysis process. It begins with a thematic map and then delves into the identification and discussion of the two main themes: *The Emergence of the Gay Self* and *The Ageing Experience* along with their associated sub-themes.

Chapter seven includes the discussion of the findings of the study in relation to the literature. Implications for professional health practice and for nursing education and research as it relates to this study's findings are discussed. Strengths and limitations of the study are presented and the thesis conclusions are offered.

1.5   Conclusion

There have been major societal upheavals over the last several decades that have brought about changes to western society and changed it from traditionally conservative, to a more egalitarian and socially conscious form. During earlier decades, same-sex attracted people were scorned and derided by the heterosexual majority however with the deregistering of homosexuality as an psychiatric illness in the 1970s it has led the way for following generations of same-sex attracted people to live their lives freely and openly. The purpose of the present study is to explore the life and ageing experiences of gay men over the age of 65 in New Zealand. This chapter

provided an introduction to the study as well as an overview to the chapters contained within this work. The next chapter looks at the demographics of ageing, ageing theories and New Zealand policies aimed towards our own ageing population.

CHAPTER TWO: PUTTING AGEING INTO CONTEXT

2.0 Introduction

There are multiple interpretations of what ageing means to people. It could mean the chronological age of a person, the experience of ageing itself, a new social status or even seen as something negative. In this chapter, ageing is explored within the context of population and within theory. Herein is examined the demographic profile of the population numbers of aged or elderly over the age of 65 in the world, a brief look at the emergence of gerontology as a legitimate branch of science and discovery, the most common psychosocial theories of ageing and an examination of the policies aimed toward ageing populations here in New Zealand.

2.1 Global Ageing Impact

According to the United Nations, there is an unprecedented growth in the numbers of elderly people in westernised countries never before experienced in the world with a drop in the fertility rate and a decrease in global mortality being contributing factors (United Nations, 2002). According to a more recent report published by the United Nations (2010), by 2050, the world population of elderly over the age of 60 will reach 2 billion. The same report states that currently there are 1 in 7 individuals 80 years of age and over and by 2050 that will increase to 1 in 5. This population shift will place a change of emphasis on domestic government health policy and the demographics of those that will require healthcare services in the near future. New Zealand is not immune to the coming changes in its population. By 2051, there will be 1.4 million people in the country over the age of 65 years (Statistics New Zealand, 2007).

The growing and the greying of the human population can be partially attributed to the advances in science and medicine as well as the relatively recent peaceful state of the world (Sperry, 1996). What we are not prepared for is the sheer numbers of elderly that will be manifested in the next 20-40 years. Within this burgeoning New Zealand population will be many older gay, lesbian, bisexual and transgendered people. Along with their non gay, lesbian, bisexual and transgendered counterparts, these people will also require non-judgemental healthcare services, community and professional supports in order to age well into their later years.

For researchers, identifying how many gay, lesbian or bisexual people there are in a given population has been, and continues to be difficult to do. Since 1996 the New Zealand population census has collected information about same-sex couples who share a residence. According to the Ministry of Social Development (2010), the 2006 census recorded over 12,000 adults living with a same-sex partner and the numbers have been ever increasing since first being recorded. However, despite this valuable information the New Zealand census does not collect information on whether individuals identify themselves as gay, lesbian, bisexual or other. Over the decades, many researchers have erroneously used the value of 10% from Alfred Kinsey's reports from the 1940s and 1950s to estimate the number of people not identifying as heterosexual (The Kinsey Institute for Research in Sex, Gender, and Reproduction, 2012). Kinsey himself stipulated that it was impossible to determine the number of self-identified gay or lesbian people at any given time. For contemporary researchers though, a more conservative estimate of between 3%-8% of any given population is used to estimate the gay, lesbian, or bisexual population (Butler, 2004; Orel, 2004; Shippy, Cantor, & Brennan, 2004). For New Zealand, by using the 3%-8% estimation, this would mean there could be anywhere between 133,081 and 354,882 gay, lesbian and bisexual people in the country. Transgendered people were not cited in any of the population estimates articles or in any census data descriptions and therefore their exclusion here are not meant to be insulting or disrespectful.

2.2   Emergence of Gerontology

It was not until the latter part of the twentieth century that the social sciences and humanities began to seriously examine ageing and the impact it has on the person, community and society. In years past, the older person was seen as unfit and no longer able to add to the economic machine of his or her society (Laslett, 1979; Moody, 1992). However, as time progressed, subsequent studies have shown this erroneous view of the older person is no longer valid as we have moved beyond the great industrial revolution of the 1800's to a newer, more modern understanding of what it means to age and the contributions that older people continue to make. A way in which the image of the older adult has changed for the better has been through the developing areas of medicine and nursing through the development of gerontology and geriatrics.

The terms gerontology and geriatrics are used interchangeably, however they are two very separate branches of investigation. Geriatrics is the specialty field of medicine and nursing where specialist doctors and nurses work to address the unique needs of older adults particularly in the diseases and disabilities this group lives with. This is differentiated from the science of gerontology which is, "the study of the biological, behavioural, and social phenomena that occur from the point of maturity to old age" (Erber, 2005, p. 6). Gerontology draws on a number of different disciplines and professions to generate perspectives and conceptual frameworks in which to discuss ageing. One of these frameworks is social gerontology which is concerned with the investigation of sociocultural conditions on the process of ageing and its consequences. It began with Clark Tibbitts in 1954 (in Hooyman & Asuman Kiyak, 2005) and has blossomed to include biomedical scholars such as: W. A. Achenbaum, R. C. Atchley, J. Baars, T. Cole, V. Bengston, R. M. Berger, J. E. Birren, D. Dannefer, R. J. Havinghurst, A. Lowenstein, and R. A. Settersten to name a few.

2.3 Relevance to This Study

This study focuses on the narrative of older gay men's lives and fits with Erik Erikson's (1902-1994) second-to-last stage of psychosocial development which is adulthood and its dualistic psychosocial perspectives of generativity versus stagnation (Erikson, 1982). It is the elder's focus at this stage to review his/her life and reconcile lifelong generativity and stagnation in order to, as McAdams (1996) so eloquently states, to nurture, teach, lead and promote the next generation. As you will recall, the impetus of this research was my own advancing age and the intent of using the participants as a lens to my own potential future, therefore, utilization of the narrative in the context of this work, "refers to the way in which an adult makes sense of his or her generative efforts in the context of his or her self defining life story..." (McAdams, 1996, p. 46) and informs the intent and aims of this study.

2.4 Theories of Ageing

Even though ageing has been contemplated and discussed since antiquity, major ageing theory development underpinned by social, medical, and behavioural research did not occur until the early 1940s. Defining what constitutes old age has been

debated in research circles for a long time as evidenced in the literature of Neugarten and Moore (1968) and Clark et al. (2010). However, developmental theorists tend to agree on a scaling of ageing into three groups, these being: young-old (65-74 years), old-old (75+ to approximately 80-85 years, and oldest-old (85+ years) (Clarke et al. 2010; Powell, 2006; Santrock, 2009;Tirrito, 2003). Functional ageing is another way of classifying age that is used internationally. The concept of functional ageing means how well the individual is able to benefit others and themselves in one way or another. As Miller (2004) points out, depending on the cultural context of how the concept of functional ageing is applied, it can mean that the person is able to function at a higher physiological level than those of a similar age or it may mean that the person is functioning at a higher social/psychological level than physical when compared to others who are the same chronological age.

Other than the chronological ageing process and the categories that theorists developed in which to fit older people into, it is a matter of importance of how a person adapts to the ageing processes – this is an area called psychosocial gerontological theory. Four of the most common psychosocial theories noted in gerontological literature are disengagement theory, activity theory, continuity theory, and person-environment fit theory. Another perspective discussed here is not a theory per se, but an accepted view of ageing and is termed the lifecourse perspective.

2.4.1   Disengagement Theory

Disengagement theory was first mentioned in 1960 by Cummings, Dean, Newell, and McCaffery and further developed and explained by Cummings and Henry in 1961 (Tirrito, 2003; Bernard & Scharf, 2007). As Cumming's and Henry saw it, disengagement theory was a, "mutual withdrawal or disengagement resulting in decreased interaction between the ageing person and others in the social systems he belongs to" (Bengtson, Gans, Putney, & Silverstein, 2009, p. 31). This theory is steeped in the premise that as a person ages the individual withdraws from society, or socially disengages. The social ramifications of this theory are significant. In essence, this theory promotes the idea that older workers should give way to younger, more able-bodied young people (Coleman & O'Hanlon, 2004, Holmes, 2006) and therefore

reinforces socially sanctioned forced retirement as the person is theoretically incapable of continuing his/her functions and responsibilities (Tirrito, 2003). As Bytheway, Ward, Holland and Peace (in Bernard & Scharf, 2007) write, this was certainly evident in the 1980's and 1990's when companies were forcing out older workers by ways of redundancy payments in order to make room for younger and more productive people.

Nowadays disengagement theory is largely ignored in current gerontological circles, but may be useful to explain, firstly, how older people are lacking opportunities in their later years and therefore are under-represented in current the workforce (Pillemer, Moen, Wethingston, & Glasgow, 2000), and secondly, how the oldest-old (85 years+) may be more likely to disengage from their active lifestyles (Bengston et al. 2009). Disengagement theory was controversial when it first surfaced and was quickly replaced by an opposing theory – activity theory which served as a way of refuting the oversimplified idea that older people willingly and automatically disengaged from their work or social networks (Albert & Cattell, 1994; Bengston et al. 2009).

2.4.2   Activity Theory

Activity theory was developed by Havinghurst in 1963 and advances the idea that normal successful ageing involves continuing to be an active social participant and maintaining the middle-age outlook on life (Victor, 2005). Simply stated, this theory ascribes to the notion that maintaining activity (and socialisation) levels into the later years not only brings about happiness, but adds to quality of life. Therefore, in order to maintain this activity, the older adult substitutes for the losses that comes with older age (Holmes, 2006; Tirrito, 2003). For example, volunteer work could be taken up to fill the gap of paid employment. However, critics of this theory argue that many older adults do not want to take up new activities or that access to new activities may be hindered by social, economic, environmental and health influences, which many older adults experience, thus preventing successful adaptation to ageing. To add to this, it would seem that given numerous opportunities for social interaction some older people choose to refrain from socialisation in favour of conserving emotional resources that already may be severely depleted (Fredrickson & Carstensen, 1990).

This selectivity, as pointed out by Fredrickson and Carstensen (1990) allows the older person to conserve energy which is at a premium in older age, and also allows for the regulation of emotional investment with those closest to the individual. This emotional re-allocation, as identified by Fredrickson and Carstensen is an adaptive mechanism for affect regulation in the aged.

2.4.3   Continuity Theory

Continuity theory is the third theory of psychosocial ageing that I have identified and will discuss. This theory originated from the 20 year (1975-1995) Ohio Longitudinal Study of Ageing and Adaptation (OLSAA). First proposed by Robert Atchley in 1989, this theory proposes that human behaviour remains consistent over the lifespan and can be thought of as a cognitive adaptive framework to ageing. In simpler terms, it is a way of explaining continuous adult development which includes how adults adapt and change to situations that they encounter throughout their later years. Atchley (1999) writes that, "despite significant changes in health, functioning, and social circumstances, a large proportion of older adults show considerable consistency over time in their patterns of thinking, activity profiles, living arrangements, and social relationships" (p. 1). The older adult attempts to maintain established life activities that have been developed, but will also adapt to changing social and environmental influences in order to maintain this consistency (Bengtson, Gans, Putney, & Silverstein, 2009; Tirrito, 2003; Victor, 2005). It is a conscious and constant adaptation to external influences which affect our internal personal construct, but only to the amount and degree that we personally determine. The freedom of what will change, how a person will go about changing it and how far a person will go in this change is entirely left up to the individual.

Critics of continuity theory state that it is too lax a theory to be tested in any type of longitudinal study, but Atchley (1999) states that it can be tested under certain conditions and is a valuable theory to explain the successful relationships and activities of older people. Atchley is so confident of his theory that he claims it can be a blueprint to measure the, "general adaptive principles that people who are normally ageing could be expected to follow, explanations of how these principles work, and a

specification of general areas of life which these principle could be expected to apply"
(1989, p. 183).

2.4.4   Person-Environment Fit Theory

This theory has been utilised in business management for decades since it was first developed in the early 20th century, and was constructed in order to examine the interaction (or the commonly used term – fit) of the worker to his/her work environment (Edwards & Billsberry, 2010; Jansen & Kristof-Brown, 2006; Ostroff & Rothausen, 1997). The original business premise behind this theory is that when the worker and the work environment are synchronous, then the individual is happier and more productive and the company or organisation is more effective, productive and ultimately, better off. In more recent times, this theory has spread to the realm of gerontology and has developed into an ageing theory in which it aims to discuss the interrelationship of older adults and their environment. This is further explained using the work of Meiner (2011) in the following paragraph.

Meiner's explanation of the person-environment fit theory is this: throughout the life of an older person, his/her experiences have been shaped and developed in such ways that these changes allow them to be able to successfully negotiate and deal with their environment so that they can exist in harmony. However, there are two notable impacts upon this theory that can occur with advanced age. Firstly, the occurrence of chronic diseases that tend to occur with advanced age may impair the person's competence or ability in dealing with and manipulating the environment. Secondly, as advanced age approaches, the environment becomes more threatening and thus the older adult may feel incapable or unprepared to deal with the situation. For example, an 80 year old woman may feel afraid of using a cellphone or be afraid of breaking a computer if used incorrectly as this new technology was not around during the woman's early years and therefore it is alien to her.

The four ageing theories I have discussed above illustrate how an individual may age and adapt to this new period in his or her later life.   Essentially, what is being examined in this chapter is the human experience of ageing and what happens to

people as they age. One particular perspective on viewing ageing that incorporates the human experience is the lifecourse perspective.

2.5   Lifecourse Perspective

More commonly referred to as a framework rather than a theory, the lifecourse perspective of ageing is a unique and functional paradigm in which to view ageing and its origins. Its beginning has been attributed to 19th century developmental psychologist Charlotte Bühler (1893-1974) (Maddox, 1995). This perspective of ageing is particularly appropriate to the focus of this study and its participants as the lifecourse perspective is particularly useful when studying narratives. Lowenstein (2003) explains that lifecourse theory has its roots in several disciplines (sociology, anthropology, history, biology, developmental psychology) and emerged from several different theories from within these disciplines. Several 20th century researchers credited with refining this framework are Leonard D. Cain Jr. (as cited in Faris, 1964), Glen Elder (as cited in Hareven, 1978), and W. M. Runyan (1978).

According to Vincent (1999), lifecourses are generated by life-cycles – the flow of time that a person moves through, beginning in birth and ending in death, or a sequential life role such as child, adolescent, parent, grandparent, ancestor, or viewing it in such a way that an adolescent must first be a child and a parent must initially be an adolescent, and so on.   Life-cycles can also be understood in terms of life-span development; an undertaking of roles throughout a person's life (Vincent, 1999). The lifecourse perspective has also been associated with Erik Erikson's later stages of psychosocial development (Findlay & McLaughlin, 2005; Jamieson, 2002). The social states or roles in which we find ourselves in the various stages of our lives are also called trajectories (Elder, 1994; Marshall, 2009; Pillemer, Moen, Wethington, & Glasgow, 2000). Embedded within these trajectories are transitions, or changes in an individual's state or stage in his/her life (Elder, 1994; Marshall, 2009). The unfolding of a person's life (trajectory) is interrupted by changes or events (transitions) in which the person has to readjust to. For example, a young child leaving the safety and comfort of home and having to go to school for the first time, growing up and then graduating and attending university, failing a course, securing a career and employment, changing

jobs, falling in love, marrying, having children, becoming widowed. The lifecourse is unstable, largely unpredictable, dynamic and continually changing (Bytheway, Keil, Allatt, & Bryman, 1989).

The lifecourse is the path that is not pre-destined or mapped out for each of us concerning any particular point in our life. It is the key events that occur to us as we exist in our surroundings and as we go through life that makes us who we are (Sugarman, 2004; Zarit, Pearlin, & Schaie, 2003). Davey (2001) makes clear that a lifecourse is, "highly personal and unique to each individual, and yet also contains experiences and events common to most members of a social group" (p. 12).

Rejecting the idea that lifecourse is a predestined path for one's life, the personal choices an individual makes that ultimately informs his/her life can help in identifying, "how and why they arrived where they did" (Vincent, 2003, p. 117). A quote by Vincent (2003) illustrates the perspective of the lifecourse in a poetic kind of way when he writes that, "the traveller at the start of the journey of life does not know where it will end, but the traveller in old age can in hindsight give an account of how and why they arrived where they did" (p. 117).

The theories of ageing as well as the lifecourse perspective outlined in the previous sections illustrate how the older person may adapt themselves to the ageing process within the environment and/or social milieu that he/she exists in. Looking at ageing at a more practical and local level, a question can be now asked: what is being done here in New Zealand to support the older adult? In the following section, I will identify and briefly discuss several New Zealand initiatives that contribute to well-being of this countries older population, regardless of sexual orientation.

2.6   New Zealand Public Policy and Ageing Initiatives

In order to prepare for a burgeoning elderly population, two key government ministries, the Ministry of Health and the Ministry of Social Development, have developed several national approaches to cater to New Zealand's older population. The approaches that are discussed here are the New Zealand Positive Ageing Strategy

(NZPAS) (Ministry of Social Development, 2001), the Health of Older People Strategy (HOPS) (Ministry of Health, 2004), the policy of Ageing in Place (Davey, 2006) and the latest government enterprise, the interRAI project (Downes, Dever, & Douglass, 2010). What is also applicable to this discussion of New Zealand initiatives is the protection given to recipients of healthcare services in this country by the Health and Disability Commissioner and the idea of recognition of uniqueness given to each individual by the New Zealand Nursing Council through the promulgation of cultural safety or *Kawa Whakaruruhau* for Registered Nurses practising in New Zealand.

As stated earlier, the Ministry of Health and the Ministry of Social Development have developed a number of national strategies aimed to assist and/or promote the health and wellness of older adults in New Zealand. A diagram of these New Zealand strategies and their relationship to each other is found in Figure 1. Following the 1999 United Nation's 53rd General Assembly, member states voted in favour to develop, "practical strategies for a society for all ages aimed at mainstreaming ageing into programmes and policies, while ensuring that the immediate developmental, income-security and health-care needs of the older persons are met" (United Nations, 1999, p. 3). By 2001 New Zealand was the first United Nations member to develop a policy following the 1999 General Assembly and this policy was called the New Zealand Positive Ageing Strategy (NZPAS).

In her preface, Dalziel (2001) explains that the NZPAS purpose is to promote the value and participation of older people in the community. In her statement, Dalziel specifically addresses the risk of social exclusion of older people that stems from several sources – both internal and external to the government which threaten the government's willingness to promote and support the development of positive ageing within New Zealand in all areas.

Figure1: Relationship between strategies
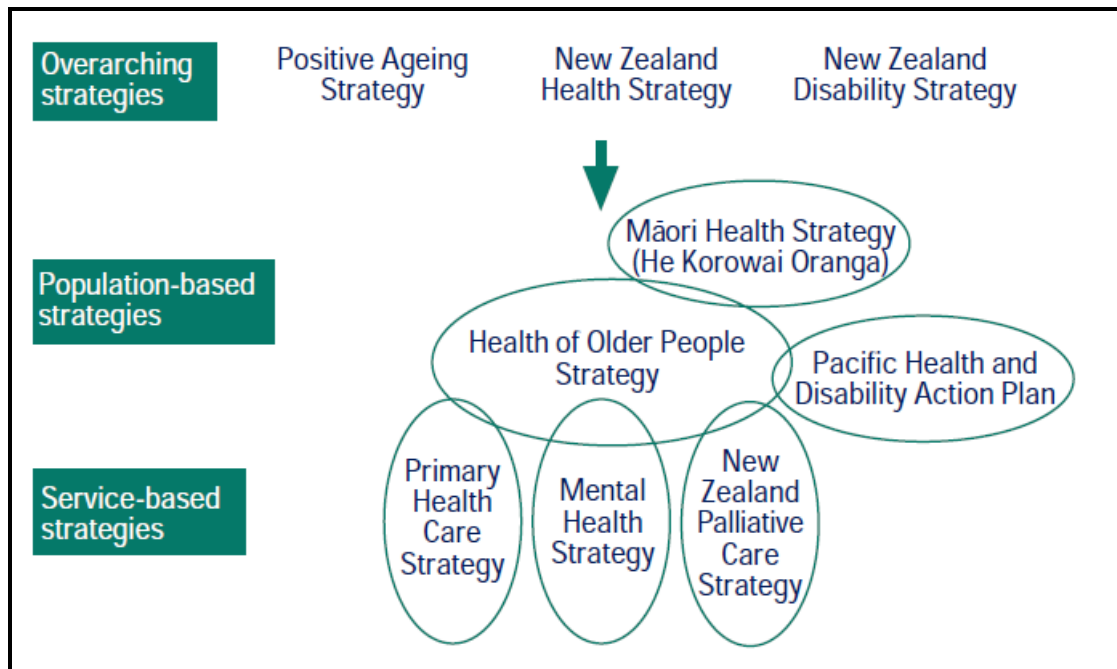
Source: Ministry of Health (2004)

However, there were several other influencing factors. According to Davey and Glasgow (2006), consecutive New Zealand governments during the 1990's responded to international ageing trends by focussing on a change in public and social policy regarding the welfare state and its dependents. In addition to this, the continued rise of health expenditure in New Zealand and the forecasted senior boom within the next several decades also served to mobilise successive ruling governments to seek ways of moving the population from a dependent-on-the-government position to one of self-reliance. The NZPAS established a set of Positive Ageing Principles on which the Strategy is built and thusly identified ten positive ageing goals with associated key actions to ensure that all key target areas are being met.

The New Zealand development and adoption of the NZPAS and HOPS allow for the tailoring and administration of services that better suit the older adult population. In particular, the NZPAS establishes a set of principles as a framework for integrating policies and programs across the government sector thereby improving opportunities for older people to participate in the community in ways that they choose. The policy of Ageing in Place which was first tabled by the 1994 delegates of the Organisation for

Economic Co-operation and Development (OECD) aimed to enable seniors to continue living in their own home or similar surroundings and be supported and cared for in ways that promoted independence and self-reliance (Davey, 2006). The NZPAS also reflects the significance of the Ageing in Place policy and has specifically incorporated it into its ten positive ageing goals and key actions. To ensure adherence and commitment to the NZPAS from within its own departments, the government has required annual reports on how each department is achieving each of the ten NZPAS goals, and out of this strategy emerged the HOPS.

The HOPS (Ministry of Health, 2004) focuses on providing an integrated approach to health and disability support services that allows the older person to, "access needed services at the right time, in the right place and from the right provider" (p. 3). The HOPS is suited to an older person's evolving needs and includes family, whanau and community life and is supported by a multitude of health and disability support programmes available in the immediate community and

> …focuses on improving health status, promoting quality of life where health cannot be restored, reducing inequalities, and promoting participation – in social life and in decisions about health care and disability support provision. There is an emphasis on health promotion, disease and injury prevention and timely, equitable access to health and disability support services. The actions and key steps in the Health of Older People Strategy set out the implications of these strategies for older people and include the relevant actions from their work programmes (Ministry of Health, 2004, p. 6).

The establishment of the NZPAS and the HOPS in earlier years has led to one of the latest projects involving the New Zealand government. The New Zealand government is currently partaking in a collective international trial involving 30 countries testing the International Residential Assessment Instrument, or interRAI. The need for a consistent and accurate assessment tool was identified by the New Zealand Guidelines Group in 2003 following the release of its report: *Assessment Processes for Older Persons* (2003) which called upon the University of Otago to assess current international tools for evaluative assessment of the elderly. Otago University and other international educational and health institutions identified that the interRAI was

among the world's best assessment tools. According to Downes, Dever, and Douglass (2010), the interRAI delivers consistent assessment data on elderly who are community dwelling or in acute care that will contribute to evidence based practice and policy decisions that ultimately improve healthcare delivery to the elderly. In an effort to deliver the best quality healthcare possible for the older population of New Zealand, the government and the country's District Health Board's have pursued the above mentioned health initiatives. To further maintain the best healthcare delivery possible in the country, two organisations – the Office of the Health and Disability Commissioner as well as the Nursing Council of New Zealand (NZNC) continue to strive to ensure that the upmost professional care is given to consumers of the healthcare in this country.

In an effort to protect the consumers of healthcare in New Zealand, the Code of Health and Disability Services Consumers' Rights was established in law in 1994 by the formation of Health and Disability Commissioner Act. What the office of Health and Disability Commissioner seeks to promote and protect are the consumer's rights when seeking and/or receiving health services and does this by providing and promoting the 10 Consumer's Rights as noted below:

Right 1: the right to be treated with respect

Right 2: the right to freedom from discrimination, coercion, harassment, and
            exploitation

Right 3: the right to dignity and independence

Right 4: the right to services of an appropriate standard

Right 5: the right to effective communication

Right 6: the right to be fully informed

Right 7: the right to make an informed choice and give informed consent

Right 8: the right to support

Right 9: rights in respect of teaching or research

Right 10: the right to complain

(Health and Disability Commissioner, 2009)

The Office of the Commissioner also imposes these Rights as obligations and duties on New Zealand health professionals who are required to follow these Rights in the pursuance of their duties. In further protecting the consumers of healthcare services here in New Zealand is the NCNZ and its utilisation of the concept of cultural safety or *Kawa Whakaruruhau*. This concept within the registered nurse scope of practice exists to ensure that New Zealand nurses practice according to the patient's and/or family's cultural norms and beliefs. Not only does it allow the nurse to practice in a culturally sensitive and aware fashion, but also unique to the idea of cultural safety is the tenet that it allows the consumers of healthcare services to, "comment on practices and contribute to the achievement of positive health outcomes and experiences" (Nursing Council of New Zealand, 2011, p. 7). Cultural safety extends beyond ethnicity and includes other factors such as disability, age, gender, occupation, socioeconomic status, religion and sexual orientation.

Approaches at national and professional levels to maintain safe, adequate and competent health care delivery for all consumers of healthcare in New Zealand enable a degree of protection for populations who may be susceptible to poor standards of care as a result of their age and, in the case of this research, sexual orientation. An emphasis on the health and well being especially in the older population may make the difference between living independently and safely in their home or being forced to enter a long-term care (LTC) facility.

2.7   Conclusion

Ageing has many challenges and these are even more accentuated once a person is into their sixties and beyond. As the world's population rises, there will be more numbers of elderly in every society who will challenge their government and health professionals to deliver appropriate, timely and affordable care. Gerontological research has given us several psychosocial theories in which to examine how a person adapts to the ageing process, several of which have been discussed in this chapter.

In addition to the theoretical, more practical aspects of care and healthcare delivery has been instituted by New Zealand to assist its older population with their health and

well-being. Over the last decade, a number of programs aimed at supporting the older population have evolved from the New Zealand Ministry of Health and the Ministry of Social Development, these being the NZPAS, the HOPS, and the interRAI project. Other supportive services such as the Health and Disability Commissioner and the New Zealand Nursing Council also support the consumers of healthcare in the country so that the care and attention they receive are of the highest professional standard. In the following chapter, literature concerning ageing, elderly and gay male experiences with ageing are explored.

CHAPTER THREE: LITERATURE REVIEW

3.0   Introduction

The literature review is a fundamental undertaking of any piece of reliable research and adds to the credibility and strength of the phenomenon being studied.   The literature chosen for this review with regards to ageing and ageing amongst older gay men originated in peer reviewed scholarly, research, or professional journals and originated from the United States of America, Canada, New Zealand, Australia, Israel, South Africa, Netherlands and the United Kingdom.   Two literature searches were conducted: one in early 2010 and one in mid 2011.   Databases utilised in both literature searches were Academic OneFile, Academic Search Premier, ERIC, CINAHL with Full Text, Psychology and Behavioral Sciences Collection, EBSCO, Health Source Nursing/Academic Edition, MEDLINE with Full Text, and SocINDEX with Full Text, Humanities International Complete. Both literature searches were not limited to full-text documents and both domestic and international pieces of literature were sought. Articles that included heterosexual and/or non-heterosexual participants were examined and/or saved.   Key words used in the search included: *gay*, *homosexual*, *elderly*, *elder*, *older adult*, *older person*, *old age*, *age*, *ageing*, *ageing*, *issues*, *difficult*, *experience*.   Truncation and wildcard symbols were used to retrieve all variants or variants of spellings of a word stem.

The first literature search performed using the above mentioned key terms examined material from 1980-2010. Literature starting from the 1980's was reviewed in order to gain an understanding of the extensiveness of the current phenomena to be studied. The searches yielded a range of hits from 0 – 202,990. The second literature search performed sought material from 2001-2011. This second literature search utilised the same databases and key terms and was completed in order to identify current pieces of work that may not have yet been published when the first search was completed. There was a particular focus on literature that was published within the last ten years. This was to ensure that the literature used in the present study was the most current. This search yielded a range of hits from 0 – 68. The focus of this literature review are the experiences of ageing among gay men, however, within the literature presented

other groups such as lesbians, bisexuals and transgendered people may be represented. It should be noted that the inclusion of these groups is important to the general understanding of ageing among minority groups.

This chapter will focus upon same-sex attracted studies examining the areas of gay identity emergence, homophobia and heterosexism, ageism, companionship and loneliness, and future care from New Zealand and international written works. This critical discussion will highlight the issues relevant to gay men over the age of 65 here in New Zealand.

3.1 Key Concept: Gay Identity Emergence

Older gay men grew up in an era when homosexuality was a punishable offence and society looked upon homosexuality with extreme disdain. During the 1950s, many North American agencies were overt in their targeting and persecution of gay men and lesbians. Many of these men and women lived in a continual state of fear of being found out and losing their employment, housing or families, and many were prosecuted by the police (Haber, 2009). The emergence of one's gay identify or what is commonly known as coming out is a process that, for older gay men, has been a meticulous and carefully choreographed process (Cooper Fox, 2007). It is as Cornelson (1998) describes as a new consciousness of self-identity, self-definition and self-acceptance.

3.1.1 Identity Work: Being Out or Staying In

Cooper Fox (2007) examined ageing metaphors and queer identity amongst older men at a gay community social organisation called Prime Timers. Prime Timers caters to the needs, desires, and affiliations of older gay men and offers them a space to share and compare their respective experiences. This qualitative piece of research included participant observation of approximately 65 individuals and interviews with 10 members who ranged in age from 39-65 years. Cooper Fox spent 27 hours over several months observing members at their monthly meetings. Several of the participants had been married and had children. The reasons the men gave for marrying and denying their gay being were related to the idea that passing as straight would make their lives

easier and contribute to a more publicly acceptable way of living. For many of the men in Cooper Fox's study, "survival meant/means being able to pass as straight" (p. 51).

In Rosenfeld's (1999) qualitative work on identity development, the word *survival* was not a term used to discuss the disclosure of one's sexuality as it was by Cooper Fox (2007). Rosenfeld used the words competence and incompetence to indicate the openness of their sexual orientation. Identity work among gay and lesbian elderly was explored through interviews with 37 gay and lesbian people over the age of 65. The terms competent and incompetent were used by Rosenfeld to identify those older gays and lesbians who, respectively, either disclosed their sexual identity or were still passing as heterosexual and exist in society without disclosing their sexual orientation. In conclusion, Rosenfeld identified that each person maintains his or her own orientation and internalised social order based upon the contextual situation in which they find themselves in. However, when individuals become well-adjusted to their new sexual orientation, it can be an empowering event as they rediscover their true self. Social situations can dictate when, how, and to who the gay person will disclose his/her sexual orientation (Clarke, Ellis, Peel, & Riggs, 2010; Clover, 2006; Hunter, 2005).

Openness relating to orientation disclosure is selective. Miranda and Storms (1989) performed a two-tiered study in their exploration of lesbian and gay identity and subsequent psychological adjustment. Study one contained a sample of 100 participants (50 men, 50 women aged 16-57) whose response regarding positive lesbian and gay identity, satisfaction with sexual orientation, psychological adjustment and self-labelling and self-disclosure was sought. A 103 point quantitative questionnaire was distributed to all the participants. The second study replicated study one but used a sample (n=131) of younger college (gay and lesbian) students (average age of 24.5 years). The original questionnaire was redeveloped and then simplified and personalised for the group in study two. Following analysis, self-disclosure of orientation was to: "new friends, gay people, friends from the past, siblings, mother, father, and bosses" (p. 68). Even though the study was limited by the sampling selection (the participants were approached in gay social environments) and the tool

only measured partial psychological adjustment, it is interesting to note from Miranda and Storms' study that family were the last to be notified of one's sexual orientation.

In a mixed methods study exploring openness of sexual orientation, Fannin (2006) distributed 100 questionnaires and performed 30 interviews with a group of older lesbians and gay men. Unfortunately actual participant numbers (n), age ranges, and locations were not supplied. Fannin discovered that less than 50% of respondents were out to family and friends and even less (20%) were out to colleagues, neighbours or employers. As startling as these statistics may seem, D'Augelli, Grossman, Hershberger and O'Connell (2001) also elicit similar results in their study of 416 older gay, lesbian and bisexual adults (297 male, 119 female; ages 60-91 years) whereby they found that the majority of participants had not fully disclosed their sexual orientation to the people they knew. The authors identified the age range of their participants (60 – 91 years) but did not breakdown how many participants fell into each age range. One could speculate that perhaps the older GLB person may not identify as GLB and therefore may have differing views on what they identify themselves as and thereby affecting the results. Disclosure of sexual orientation was examined in the studies by D'Augelli et al. (2001), Fannin (2006) and Miranda and Storms (1989) and each showed how delicate a process it can be for the person.

3.1.2   Socialisation

The topic of socialisation which is discussed in this section refers to with whom an individual goes out with, spends time with or identifies as a friend. Socialisation may be a form of individual support but friendship support networks will be discussed in greater detail later on in this literature review. It was in 1970 that Weinberg examined the social and psychological characteristics of gay men in different age categories. His quantitative work included a sample of 1100 gay men in New York who completed a questionnaire.   Ages for the participants were rather confusing as Weinberg (1970) roughly stipulated the ages of the participants as 18% being under 26 years of age and 24% being over 45 years. No reason was given by the author regarding the lack of specificity with respect to the numbers of people and their ages. Weinberg's study supported the idea that the older gay man associates less with other gay men and

participates less in the gay world. As to the reasons behind these findings, Weinberg does not give any potential explanations. Behind the slight pathological impression the article had, Weinberg discusses the psychological state of being of *homosexuals* and uses words such as *isolated*, *deviant* and *miserable* and *he* when describing gay men in his article. It should be remembered that this article was written before the American Psychological Association deregistered homosexuality off the DSM in 1973, so it comes as no surprise. The sample in Weinberg's study is not representative even though there were 1100 participants. Most of the data were collected from gay bars, social and political organisations in New York City, therefore, it could be construed that the participants were more likely to be middle class, educated and well positioned in gay society.

In 1979 Lindquist and Hirabayashi examined psychological responses to marginal status among 142 self-identified gay males in Edmonton, Canada.   They hypothesised that involvement with other gay people would be more closely associated with better social adjustment than would be the case for non-gay participation. The researchers stipulated that they attempted to gain a purposive sample and ultimately left some questionnaires for distribution in the gay community while others were distributed individually in the other places. After analysis, the authors concluded that for men who had a low commitment to a gay identity involved themselves with non-gay others and non-gay associations to provide a sense of well-being and improved social adjustment. Unfortunately the author's did not cross-reference the results with the ages of their participants so it is unknown as to how age may affect social adjustment.

In their study, Bennett and Thompson (1980) explored social and psychological functioning in Australian male *homosexuals* by utilising a questionnaire among 478 men. The authors concluded that although older men have a greater tendency to hide their sexual orientation due to a generational difference between them and younger self-identified gay men, there was no difference in how older gay men related to either the gay or straight community. The study also helps to dispel the belief that older gay men disengage from their social environment and that there is no difference with who the older gay man associates with – a contrast to the studies of Weinberg (1970) and

Lindquist and Hirabayashi (1979). What is not discussed in the article by Bennett and Thompson is how the men may successfully negotiate their adjustment to both gay and straight communities and their successful interactions with both.

A more recent British study by Heaphy (2009) examines how gay men and women over 50 years of age structure and negotiate their lives, and the factors that limit this negotiation. Using 102 females and 164 males over a two year period, the author and others undertook a survey, interviews and focus groups and came to the understanding that social networking is crucial to the lives of older gay and lesbian men and women and this networking mainly occurs in the gay and lesbian community. However, networking opportunities were limited by economic, social and cultural resources. Many of the older gay men and lesbians wanted to move closer to a centralised gay community in their later years; however economic resources precluded this from occurring. This study also supported the earlier work of Bennett and Thompson (1980) and Minnigerode and Adelman (1978) and contemporary works by De Vries and Megathlin (2009) by emphasising that same-sex orientated people wanted to maintain strong social ties, and in the case of Heaphy's study, to be strongly connected to their community.

3.1.3   Stress of Coming Out

Even though the coming out process can be a stressful event, it is not entirely a negative experience for some people. Iwasaki and Ristock (2007) studied what lesbian and gay men aged 21-48 years felt were the meaning and sources of stress that they encountered in their lives. Employing three focus groups – one group with ten lesbians, one group with 10 gay men and the third group which was of mixed gender (four lesbians and six gay males), the study produced interesting results. Participants said that perceived stress can be both negative (having detrimental effects on health) and positive (a motivator, promoter for self-growth). Participants also cited a number of sources of stress including family problems, intimacy problems in relationships, financial and work related stress, and the coming out process. Interesting to note was that, "coming out specifically, was not unanimously seen as a negative stressor for all participants" (p. 308). The complex interaction between gender, ageing and

culture/ethnicity would seem to play a part in assisting in the formulation of a positive and self-assured gay or lesbian identity. The authors identified several limitations in their study, these being a lack of ethnic diversity, an unintended exclusion of people who identified as bisexual and that generalisability was limited due to their usage of qualitative enquiry. Coming out may be a process laden with indecision and insecurity, but once the process is complete, a great sense of relief is evident.

In continuing the discussion on the stress of coming out, Grov, Bimbi, Nanín, and Parsons (2006) utilised 2733 gay, lesbian and bisexual participants aged 18 to over 55 years of age in their investigation of race, ethnicity, gender and generation impacts upon the coming out process. They reported that the older people were, the less inclined they were to disclose their sexual orientation. As Iwasaki and Ristock (2007) found the interaction between gender, ageing and culture/ethnicity seemed to play an integral part in building gay and lesbian identity, Grov, Bimbi et al. found that racial or ethnic differences did not impact upon a persons decision to disclose his/her sexual orientation. However, they did find that people of colour and younger gay men and lesbians may keep their sexuality hidden from others due to a fear of stigmatisation or taboo or out of fear of rejection by their families. Although the author's did not directly declare any stress existing among the participants, these findings may be interpreted as keeping ones sexual orientation hidden from others may contribute to a stressful situation or existence. Similar results to Grov et al. (2006) and to Iwasaki and Ristock (2007) were reported in a study undertaken by Lewis, Derlega, Berndt, Morris, and Rose in 2002.

As in Iwasaki and Ristock's work, Lewis et al. (2002) explored what gay men and lesbians consider stressors in their lives. Lewis et al. gathered data from 979 participants with a mean age of 32 who completed a 70-item questionnaire and were asked to indicate the degree to which they had experienced stress in given situations. Lewis et al. uncovered that gay men and lesbian stressors were associated with visibility issues, being *out* to family and others, family conflict due to one's sexual orientation, discrimination at work, and violence and harassment from others knowing their sexual orientation. In addition, the participants who were candid about their

sexual orientation to others, the less stress and conflict they experienced. As the mean age of the participants was 32 years, most of them would have grown up in an era where to be gay or lesbian was generally more acceptable than older cohorts born in earlier decades who may have been less likely to disclose their sexual orientation to others. The issues of homophobia and heterosexism are covered in the next section of this literature review.

3.2   Key Concept: Homophobia and Heterosexism

Clarke, Ellis, Peel, and Riggs (2010) offer simple definitions of the terms homophobia and heterosexism. Homophobia is defined as, "negative attitudes towards lesbians and gay men that may manifest themselves through anxiety, disgust, aversion, anger, discomfort or fear of lesbians and gay men, or of homosexuality more generally" (p. 262). Heterosexism on the other hand is defined as "assuming heterosexuality to be inherently normal and superior to homosexuality and that everyone is or should be heterosexual...(and)...infuses social institutions and everyday interactions (p. 262). Heteronormativity is another term that is used interchangeably with heterosexism. Furthermore, literature is replete with the expression *heterocentrism* and is another name used in academic discourse to refer to the assumption that everyone is heterosexual (Kimmel, Rose & David, 2006). Within all this terminology is the older gay male or female who has had to live a lifetime within a society that focuses solely on the heterosexual person and couple, with procreation being the ultimate reward for a heterosexual existence. Because of this heterocentric view that being able to procreate is the main sole purpose of existence, it lends itself to the idea that anything else that does not fulfil this purpose is open to ridicule and violent opposition. Homophobic violence in the form of verbal or physical attack is not unheard of and is almost a daily occurrence that barely raises an eyebrow in public opinion (Butler, 2004; Cosis Brown, 1998) and as Cornelson (1998) states, "it is one of the few prejudices whose expression is still widely tolerated and accepted...(p. 263).

It has been well documented internationally that there is an element of discrimination, homophobia and lower standards of treatment given to GLBT by healthcare professionals (HCP) (Clover, 2006; Hinchliff & Gott, 2011; Irwin, 2007; Kean, 2006;

Knochel, Quam, & Croghan, 2011; Metlife Market Institute, & The Lesbian and Gay Aging Issues Network of The American Society on Aging (2010); Orel, 2004). The same negative findings were found in New Zealand's largest study of GLBT community – the Lavender Islands study which was carried out in 2004. From this study of 2269 GLBT people who replied to a 133 question survey, Henrickson, Neville, Jordan, and Donaghey (2007) and Neville and Henrickson (2006, 2008) highlight the heteronormative beliefs that health professionals in New Zealand held when working with GLBT patients. Although most of the participants felt that their health providers were open or receptive to their sexuality, other participants felt their sexual orientation interfered with or altered the care they received. A lack of openness between the two parties can have detrimental effects upon patients if they do not disclose all necessary information to their HCP. Although the age ranges of the Lavender Islands study were from 12-80 years, it is notable that there would be some older people within the sample that may have experienced the misappropriation of their sexual orientation by HCP.

As with other studies similar to Lavender Islands, representativeness is a significant issue as the participants are self-selected and generally hold similar characteristics in education, earnings, political activism and ethnicity. However, the authors point out that, "it is the only study of its kind, and without a sampling frame there is no substantive way either to dispute or accept the sample as representative" (Henrickson et al. 2007, p. 245).

Barrett's 2008 study undertaken in Melbourne Australia, sought to explore the experiences of gay, lesbian, bisexual, transgender and intersex (GLBTI) seniors in aged care services. This study consisted of two phases involving people aged 56-87 years. Phase one conducted in-depth interviews with 25 residents of aged care facilities and phase two consisted of three case studies of participants chosen from phase one. The participant's tell of horrifying stories of homophobic and heterosexist abuse during the 1950s. Psychiatric institutionalization and shock therapy (now called electro-convulsive therapy) were not unusual events to have occurred. Barrett's (2008) report is meant to stimulate debate regarding the disparities into the care of GLBTI and encourage aged-

care reforms in Australia. Even though the study contained only 25 participants, it is sufficient to generate discussion as the work is attempting to inform rather than sway public opinion. Invisibility of older GLBT continues today as many remain closeted and retain a fear being targeted for homophobic attack (Blando, 2001; Butler, 2004; Cook Daniels, 1997; Fenge, Fannin, Armstrong, Hicks, & Taylor, 2009).

Irwin (2007) reviewed the literature concerning the implications of discrimination and homophobic attitudes against GLBT patients among nurses. Irwin's findings support Barrett's (2008) conclusion that older GLBT have a justified concern regarding the quality of their healthcare by health institutions and associated personnel. Unfortunately, Irwin does not detail the structure and method by which she reviewed the literature only reporting from authorised works from 1993-2006, however, this should not undermine the point that Irwin is attempting to make.

Along the same line of enquiry to Barrett (2008) and Irwin (2007), Knochel, Quam, and Croghan's (2011) work looked at readiness and attitudes of ageing service providers, in this case, the directors of Metropolitan Area Agency on Ageing (sic) (MAAA) toward serving gay and lesbian people. Surveying 84 directors, 61.3% of them were mindful of the need to address specific cultural gay and lesbian issues, yet other directors reacted in a strong homophobic and heterocentric way by stating, "We do not offer any services to those people anyway" (and) "we don't deal with any of those issues" (p. 384). And yet other directors of the MAAA avoided the idea that their agency dealt with gay and lesbian people so as to not upset their private financial donors. It would seem that the humanistic act of caring for and supporting others in health is surpassed by negative attitudes and financial gain.

The impact of homophobia is felt by GLBT at all levels of public services and society: at work, school, in public, in health services and even within the GLBT person's own family (Brotman Ryan, Collins, et al. 2007; Clarke, Ellis, Peel, & Riggs, 2010; Lavin, 2008; Kelly, 1977). Homophobia and being marginalised are contributing factors to stress for GLBT men and women (Iwasaki & Ristock, 2007; Lewis, Derlega, Griffin, & Krowniski, 2003; Meyer, 2003). Compounding this experienced stress is a feeling of minority stress

resulting from existing in an environment of heteronormativity and the minority status the GLBT person is relegated to.

Tolley and Ranzijn (2006) examined the attitudes of staff (n=114) of aged care facilities toward non-heterosexual residents. They hypothesised that there would be a positive correlation between heterosexism and heteronormativity in nursing home staff. The hypothesis was supported. Tolley and Ranzijn explained that unconscious thought processes and/or lack of knowledge contributes to heteronormativity and that with better knowledge about elderly gay and lesbian seniors and challenging existent heterosexist beliefs, staff in aged care facilities can reduce prevalent ideas of heteronormativity. Examining the articles around healthcare professionals and their GLB clientele, it is apparent that health services are not always mindful of or open to the elderly GLBT public (Adams, McCreanor & Braun, 2008; Cook Daniels, 2002). Though some healthcare agencies may be guilty of not *thinking outside the box* in terms of their client's sexual orientation as were the participants in Tolley and Rnzijn's work, Knochel, Quam, and Croghan's (2011) study illustrated how some health agencies out rightly refuse to include care for needy GLBT.

In a small 2007 exploratory study by Adams, Braun and McCreanor, they found heteronormativity in healthcare environments similar to the findings of Clover (2006), Hughes (2008), Knochel, Quam, and Croghan (2011), and Tolley and Ranzijn (2006). Using semi-structured interviews with 11 men (9 informants being gay) and following thematic analysis of the data they found that heteronormativity was a leading factor in the lack of policy and research into gay men's health issues in New Zealand. This heteronormativity would seem to have occurred because there is an invisibility at local and national policy level to other issues regarding gay men and their health other than the historical and stereotypical views of gay men's health that revolved around HIV, sexually transmitted diseases (STI), alcohol and drug use. As the author's stipulate, an apparent lack of any in-depth research and policy action concerning gay men's health may mainly be due to the issue being too politically charged. Albeit since the New Zealand government had passed the Homosexual Law Reform Bill in 1986 and granted same-sex civil unions in the last decade, it would seem that any expenditure of money,

human effort or the idea of privileging of gay men may be too much for a political party to handle. As a reminder, one of the aims of this study was to understand how gay men's health is understood and considered amongst those involved with health service provision in New Zealand. The fear of a public or even internal political party backlash would seem to be a contributing factor to a lack of advancement of gay men's health and maintenance of homophobia and heteronormativity that perpetuates in public health policy in this country.

Adams et al. (2007) continue to identify other contributing factors to the lack of policy and action on the health of gay men. These other contributing factors are apathy within the gay community to research, other health issues amongst gay men other than the highly political and money generating issue of HIV/AIDS and the lack of inclusion (or the exclusion) of gay-specific input (stakeholder) when men's health policy is being debated and/or written. The authors conclude that if these three shortcomings in the development of gay men's health policy are not reversed, then the disparities between heterosexual men and gay men will continue to grow. Along a similar line of inquiry, in 2008 Adams, Braun and McCreanor then investigated the consumer's views on health service and this research is examined in the next section.

Adams, McCreanor and Braun (2008) looked at gay men's experiences of using HCP, specifically doctor's services. The study sought to examine gay men's experiences with their general practitioner (GP) and thereby elicit gaps in service provision due to the fact that some gay patients may not disclose their sexual orientation to their physician. In their study, 11 focus groups were completed with 50 self-identified gay men in two New Zealand cities. Following analysis the author's discovered that the men's primary concern was their ability to access high-quality healthcare. It was identified that the men utilised two methods in order to achieve this, firstly, by carefully selecting a doctor they felt they could form a solid doctor/patient relationship with and secondly, by managing their sexual orientation disclosure to the physician based upon the physician's attitude and response. Like the Lavender Islands study carried out in 2004, Adams et al. (2008) also identified issues of heterosexism and homophobia which have been historically evident within the medical profession. Their results showed that several of their participants encountered negative experiences with their HCP when

their sexual orientation was exposed. Although most of the men in the 2008 study had a positive relationship with their HCP, there was an underlying current of HCP unease extending to homophobia toward gay patients.

What was particularly interesting in the study by Adams et al. (2008) which contrasted sharply with the Lavender Islands findings was that some men voiced their concerns regarding confidentiality and competence among *gay* physicians rather than heterosexual HCP's. According to the men, this was due to potentially moving in the same social circles as their doctors, being that the gay community is usually quite small and knowing many people within that community is not uncommon. Even though some of the participants held fears of confidentiality and competence toward gay HCP's, there were men who sought out exclusively gay GP's and some men who settled for heterosexual GP's who were either gay-friendly or were simply a good doctor.

In the 2008 article, Adams et al. have illustrated some of the personal experiences of gay men's usage of GP services in New Zealand. It is well known that as people age, their usage of GP services increase (The AGS Foundation for Health in Ageing, 2005; Wang, Walls, Blakey & Green, 2006) due to more chronic conditions being present and increased challenges that occur with ageing.

The studies discussed in this section reveal that generations of GLBT people continue to experience homophobia despite the social and technological advancements of society. Another unfortunate burden that falls upon the many older people regardless of sexual orientation is ageism and this is examined in the next section.

3.3   Key Concept: Ageism

The term ageism was initially coined by Robert Butler in 1968. The original definition of ageism he gave was the:

> ...systematic stereotyping of and discrimination against people
> because they are old, just as racism and sexism accomplish this
> with skin colour and gender. Old people are categorized as

senile; rigid in thought and manner, old-fashioned in morality and skills...Ageism allows the younger generation to see older people as different from themselves; thus they subtly cease to identify with their elders as human beings. (Butler, 1989, p. 139)

With time and the changes in society that has occurred since 1968, this definition has given way to more contemporary interpretations. A current interpretation of ageism from Schaie (1993) incorporates not only the traditional negative definition of the term, but also the positive human element that can be lent to it. She writes,

Ageism may be defined as a form of culturally based age bias that involves (a) restrictiveness of behaviour or opportunities, negative attitudes based on age, age-based stereotyping, and distorted perception in the services of maintaining such stereotypes, positive or negative; (b) a cultural belief that age is significant dimension by definition and that it defines a person's social position, psychological characteristics, or individual experience...(p. 49)

Ageing is inevitable and an expected outcome of most peoples lives. According to Fannin (2006) being *gay and grey* is not only awkward in today's society, but is an under-researched topic. In contrast to New Zealand literature, there is a vast international range of research dealing with a varied array of ageing issues within the context of the gay and lesbian population (see Berger (1984), Berger & Kelly (2001), Brown, Alley, Sarosy, Quarto, & Cook (2001), Fannin (2006), Grossman, D'Augelli, & O'Connell (2001), Heaphy (2009), Heaphy, Yip, & Thompson (2004), Hughes (2009), Kelly (1977), Lee (2004), Metlife Market Institute et al. (2010), Minnigerode & Adelman (1978), Rosenfeld (1999), Slevin (2008) and Schope (2005).

Ageing is a complex issue and an intensely personal experience as well. Ageing among gay men as a area of research had begun to be explored as early as the 1970s. In an

article by Kelly (1977), he outlines his longitudinal study which was undertaken over two years which involved questionnaires, interviews and participant observation among 241 gay men between the ages of 16 and 79. Results in this study reflected the works of Dixon, Richard and Rollins (2003) and Berger (1984) which showed that ageing gay men (and lesbians) faced the same ageing difficulties as heterosexual people – ageism, loss of loved ones and future care concerns. A number of Kelly's participants commented on how ageism is encountered inside and outside of the gay community and these ageist attitudes are still reflected in the later work of Schope (2005), a work completed 35 years after Kelly's study. Ageism is well represented in other studies such as Brown et al (2001), Clover (2006), Cooper Fox (2007), Horton, Baker, Cote, and Deakin (2008), and Peacock (2000).

However, the impact of ageing may be more profound for the ageing gay man due to the emphasis on youth and good looks prevalent in the gay community (Cooper Fox, 2007; Haber, 2009; Iwasaki & Ristock, 2007; Kean, 2006; Kertzner, 2001; Long, 2001; Orel, 2004). In order to explain this, Schope (2005) introduces the term *accelerated ageing*. The meaning behind this is that, "gay men view themselves as older at a time when heterosexual men do not...(and)...gay men who come out in their late twenties or in their thirties may even feel like they have jumped right from adolescence to middle or old age" (p. 25). Schope's study included 183 gay men and lesbians who answered a questionnaire on the topic of how gay men and lesbians perceive the ageing process. Findings identified that men reacted more negatively to ageing than women. Furthermore, men believed that society viewed ageing negatively and they viewed their own ageing in a similar fashion.

In his conclusions, Schope (2005) identifies that gay men are more ageist than lesbians and that they are more sensitive to their peers when it comes to being viewed as old. In 1978, Minnigerode and Adelman studied ageing involving older gay men and lesbians and discovered that men were more dissatisfied with ageing than women – a finding similar to Schope. Furthermore, Lee's (2004) study also showed similar results to Schope's (2005) and Minnigerode and Adelman's work. Lee's (2004) results show that most of the 15 men in the study (aged 57-84 years) were aware of others physical

signs of ageing and yet denied their own ageing process, citing that they were *not there yet*. Whether this denial originates from the peer pressure within the gay community that embraces youthfulness or from lack of personal insight, it neglects to be explored by Lee who simply relates the results to Karp's (2000) Framework for Ageing Reminders without going into any in-depth discussion of the results.

Another common topic identified and discussed in literature is ageism. The inclusiveness of identifying with others as gay is beneficial for older gay men, but there is a catch to this inclusiveness it would seem. Although it is apparent that gay men get support that they require from being part of a community, there exists within the male gay community a divide between younger and older gay men, one based on youthfulness, vitality and physical prowess that is abundant with youth (Cooper Fox, 2007; Heaphy, 2009; Slevin, 2008). This would seem to be in stark contrast to Shope's (2005) findings where the lesbians in his study had no age barrier to dating whereas the gay men were extremely conscious of age when considering who is *dateable*. According to Schope's (2005) male participants, being old applied to those men aged 39 and over; a finding similar to Brown, Alley et al. (2001) and Iwasaki and Ristock (2007).

Hughes (2009) identified in his study of 371 gay men and lesbians (ages <25 years - > 66 years) that there existed a concern for a lack of respect for older people by the younger generation in the non-heterosexual community. A lack of respect extends to the environment of gay saunas and bathhouses and other cruising areas where older gay men seek sexual encounters. Similarly, Lee's (2004) study found older participants revealing the insulting remarks directed at them by young men because they considered the older men too old to be participating in such activities. Conversely, older men found it uncomfortable to be frequenting places most often patronised by younger people. Views similarly expressed by Berger's own (1984) older participants. Using the qualitative method of interviewing, Berger asked 18 gay male and lesbian participants aged 40-72 years to comment on intergenerational attitudes. Results were mixed in Berger's study, although a majority of the participant's did identify that

younger gay men and lesbians held negative attitudes towards them because of their age.

Personal experiences of ageing and adaptation are closely intertwined. Adaptation has been examined by several researchers, some being Berger and Kelly (2001) and Metlife Mature Market Institute (2010), among others, and has been captured under the title of resilience.

Berger and Kelly's (2001) article relied on evidence from Berger's study of 112 gay men over the age of 40 years during the 1970s. Even though the data were dated and they did not elaborate on the time frame in which the study was completed or the exact age ranges of the participants, it is still significant to note that the men in the study showed a resiliency to ageing, in what Berger and Kelly describe as mastery of stigma. To understand what mastery of stigma means it needs to be understood that gay men and lesbians need to manage the stigma of being non-heterosexual in a society that disapproves of the non-heterosexual lifestyle. As Berger and Kelly explain, "in later life, they (gay people) must face the stigma of being old... (and)...are in a better position to adapt than their heterosexual counterparts" (p. 63). Another method to adaptation to ageing that Berger and Kelly promote is the crisis of independence.

Crisis of independence can be a somewhat awkward term but it is essentially a reflection of the life experiences that gay men encounter as they cannot rely on traditional societal institutions to care for them. As Berger and Kelly (2001) describe, heterosexual men may be less independent and/or self-reliant and end up relying on established societal institutions, such as marriage, for their needs to be met, hence it is believed that most gay men have to fend for themselves throughout their life.

In support of Berger and Kelly's (2001) conclusions, a quantitative study completed by the Metlife Mature Market Institute, The Lesbian and Gay Aging Issues Network, & Zogby International in 2006 lends a great deal of support to the ideas of mastery of stigma and crisis of independence. Using a sample of 1000 American GLBT people aged 40-61, a significant number of the participants, "felt that their experiences as

GLBT people actually have helped them prepare for ageing" (p. 53). The results generated by the Metlife Market Institute et al. (2006) study displayed, amongst other things, how well adapted older GLBT are for their ageing years. Similar results regarding resilience to ageing have also been revealed in the studies by Brown, Alley, Sarosy, Quarto and Cook (2001) and in Schope (2005).

Although there has been a significant foray into GLBT ageing experiences over the last three decades, researchers into this area have uncovered key areas of GLBT ageing that have begun to illustrate how older GLBT envision their future and their preparations for that future.

3.4   Key Concept: Companionship and Loneliness

The topic of support networks and loneliness has been an area of discussion in a number of academic works, but not limited to: Clover (2006), Masini and Barrett, (2008), Metlife Market Institute et al. (2010), Orel (2004), Porter, Russell, and Sullivan, (2004), Shippy, Cantor, Brennan, 2004, and Weinberg (1970). Companionship can take the forms of either friendship or family networks or by having a significant other, partner or lifetime companion. However, having a companion is not necessarily a straight-forward concept as it would seem. Companionship or partnership would appear to exist in several forms: having more than one significant partner, partners coexisting within heterosexual marriages, casual-but-committed partnerships, as are three or four-way partnerships in contemporary society (Hunter, 2005). Another form of companionship that researchers of GLBT people have found among this population is the creation of family of choice.

3.4.1   Families of Choice

It is interesting to note that several authors refer to the term, *families of choice* (Fokkema & Kuyper, 2009; Hughes, 2009; Metlife Market Institute et al. 2010; Orel, 2004). These families of choice are chosen and formed by gay men and lesbians as alternatives to biological families and consist of friends and partners (Metlife Market Institute et al. 2010; Shippy, 2005). Families of choice are formed as a response to the gay individual not being out to their biological family and therefore, others take the

place as significant supports to the closeted person or the person who has not disclosed his/her sexual orientation to others (Grossman, D'Augelli, & O'Connell, 2001; Heaphy, 2009). As in the article by Heaphy, Yip, and Thompson (2004), the authors identified that some gay and lesbian people have consciously distanced themselves from their families in order to protect the secret of their sexual orientation, and instead made significant friend networks or negotiated families while maintaining deep rooted affiliation and commitment to their biological family. The study completed by Heaphy et al. was based on focus groups and in-depth interviews of 266 gay and lesbian people aged 50-70 years.

Supportive networks have been found to be instrumental in assisting people age into later adulthood and have a positive impact upon their health and well-being (Smith Barusch & Peak, 1997; Orel, 2004; Snyder, Jenkins, & Joosten, 2007). For example, in an article by Porter, Russell, and Sullivan (2004) they examined how aged care and gay community support services can have an impact on ageing gay men who are homeless or insecurely housed. The article is based upon case study analysis of two men who were part of a larger three year ethnographic study of 67 low-income single older men living alone in Sydney, Australia. In their conclusion, Porter et al. (2004) explain that supportive networks in the form of caring relationships are, "a significant contributor to well-being" (p. 54). So in the absence of a traditional family structure and with familial and social isolation that may come with being homeless, agencies and facilities that support the health and well-being of homeless gay and heterosexual men in an ongoing fashion can be included in the wider definition of a family of choice.

The idea of *families of choice* comprised of close friends (gay and non-gay) and partners exist in stark contrast to the conclusion of Lindquist and Hirabayashi (1979) when they wrote that it is better for a gay person's psychological adjustment to associate with heterosexuals rather than others who are gay for better "adjustment outcomes" (p. 101) or less loneliness. In their summary, Lindquist and Hirabayashi state that the more the, "gay person...affiliate(s) himself with like others...he runs the risk of isolating himself from much that he has come to value and cherish" (p. 102).

3.4.2   Loneliness

A phrase from Meri-Esh and Doron (2009) relating to the idea of loneliness is fitting at this point. They write, "...there is a distinct difference between being alone and being lonely" (p. 50). A person can be by himself or herself and not be lonely, whereas to be lonely means, "to be sad because one has no friends or company" (Lonely, 2012). Loneliness does not solely exist in the gay community, but it is evident in heterosexual communities (Hunter, 2005). Loneliness can manifest due to having close friends or partners die or living in isolation, being away from a gay community or through the lack of companionship (Clover, 2006; Grossman, D'Augelli, & Hershberger, 2000; Kimmel, Rose, & David, 2006). Isolation was noted as a contributing factor to loneliness in Fannin's (2006), Grossman et al. (2001) and Fokkema and Kuyper's (2009) research.

The importance of socialisation among gays and lesbians is apparent in the work of Hughes (2009) when his participants identified that maintaining social networks and friendships were of utmost importance in order to avoid *aloneness*. What was interesting about Hughes results is that the men in the study placed more emphasis on maintaining these networks, than the women in the study. However, this could be due to there being more men in his sample than women. Nonetheless, in the study of social embeddedness and loneliness undertaken by Fokkema and Kuyper (2009), it was ascertained that gay men and lesbians were in significantly higher contact with friends and neighbours than their heterosexual counterparts possibly to stave off loneliness. As the author's surmised, a lack of spouse, children or contact with other family members may have been grounds for the difference between gay and non-gay people. Several limits to the study were identified by the authors including: poor sampling technique, use of face-to-face interviews which may have skewed the experience of loneliness, and that there may have been a difference in the higher use of internet social networking sites among gay and lesbians versus the heterosexual population. As stated earlier, friendship support networks are integral in the gay person's day to day life, however, it has been noted in the literature that companionship or having a long-term life partner is seen as desirable among gay men.

A number of authors have identified that loneliness would seem to correlate with a lack of companionship (Fokkema & Kuyper, 2009; Grossman, D'Augelli, & Hershberger, 2000; Grossman, D'Augelli, & O'Connell, 2001) even though same-sex attracted people highly value a long-term stable relationship and place a high degree of importance on establishing one (Heaphy, 2009; Hunter, 2005). In Gottman et al. (2003) qualitative longitudinal study lasting from 1987 to 1999, by they interviewed 40 gay male and lesbian couples (ages 21-40) for relationship satisfaction and predictors of relationship dissolution. The study's findings supported other researcher's conclusions that gay and lesbian relationships operate on essentially the same long-term stability and satisfaction principles as heterosexual relationships. The conclusion regarding relationship satisfaction in Gottman et al. study were similar to the research conclusions drawn by Farr, Forssell, and Patterson (2010) who concluded that regardless of sexual orientation, most couples had secure, long-term attachments and high relationship satisfaction.

3.5   Key Concept: Future Care

This section examines how gay men envision the state of their later years with respect to potential long-term care placement. Most people as they age hope that they will live a long healthy independent life (Quine, Morrell, & Kendrig, 2007). Unfortunately there are instances when failing health or other circumstances occur and support is required. Meri-Esh and Doron (2009) highlighted that older gays and lesbians believed that if they did not take care of themselves, then who else would? In the MetLife Mature Market Institute et al. (2010) study, the men within the mixed-gender 1000 group cohort voiced their biggest fear was becoming dependent upon others and becoming sick or disabled, a view supported by Orel (2004). As stated earlier in chapter two, New Zealand has an *Ageing in Place* policy enabling seniors to continue living in their own home or similar surroundings and be supported and cared for in ways that promote independence and self-reliance (Davey, 2006). The desire to remain independent and living in one's own home with supportive care has been identified by older gay and lesbian participants in several studies (Heaphy, 2009; Hughes, 2008; Masini & Barrett, 2008).

3.5.1   Long-Term Care Placement

Supportive care, as noted above, would seem to originate from those closest to the individual in need of such care: wives and children from heterosexual unions (Porter, Russell, & Sullivan, 2004), same-sex partners (Cronin & King, 2010; Heaphy, 2009; Heaphy et al. 2004; Masini & Barrett, 2008; Shippy, 2005), and *chosen family* (Hughes, 2009).   Between the realities of individualised care at home and the prospect of placement in a long-term care facility, the participants in Heapy, Yip, and Thompson's (2004) study perhaps had stated the obvious of what many older gay men and lesbians may be contemplating and that is to "rely on social services, sell their homes to finance professional care, and turn to whoever is there and willing" (p. 891-892) before being admitted into a long-term care (LTC) facility.

It needs to be stated that many participants in the studies reviewed who were apprehensive about being admitted to LTC are mistrustful of any facility. What older gay and lesbian people are most fearful of in a mixed gay/non-gay environment is discrimination and homophobic abuse at the hands of healthcare staff and other co-residents (Blank, Ascensio, Decartes, & Griggs, 2009; Butler, 2004; Cahill & South, 2002; Cahill, South, & Spade, 2000; Hughes, 2008, Irwin, 2007). Hughes (2009) found that over half of his sample (55.3%) strongly indicated that they were concerned that their same-sex relationship would not be recognised and believed that HCP would be discriminatory toward them (45.6%).

With respect to the New Zealand context, it has been suggested that GLB people are wary of HCP's and carefully judge who will be a suitable primary care provider (Adams et al. 2008; Neville & Henrickson, 2006). It has also been noted that they are just as careful to seek out a GLB friendly or GLB orientated LTC facility (Clark, Ellis, Peel, & Riggs, 2010; Hunter, 2005; Orel, 2004) or to avoid them all-together to the person's detriment (Brotman, Ryan, & Cormier, 2003). A study carried out by Brotman, Ryan and Cormier (2003) utilising a qualitative exploratory design employed four focus groups across three locations in Canada consisting of 32 gay or lesbian seniors. The ages of the participants were not supplied and the term *senior* is not defined.   The aim of the study was to ascertain the thoughts and beliefs of gay and lesbian seniors and

their families of accessing health and social services in their communities and to, "examine the role of health care and social service organisations in shaping access and service delivery" (p. 192). One of the main conclusions offered by the authors was that current long-term care organisations had limited knowledge of the needs of and care required for the older gay and lesbian population due to entrenched heterosexism and homophobia.

A New Zealand article by Neville and Henrickson (2010) focused on retirement and long-term care concerns and GLB accommodation plans for older age. Following analysis, the results showed that GLB were least likely to choose to live in a long-term care environment in their later years but would rather live as long as possible and as independently as possible in their own dwelling. However, if the decision had to be made to enter a long-term care facility, the respondents preferred to enter a facility that was specifically GLB focussed or friendly, however, it was neither asked by the authors nor eluded to by the participants as to what would make them choose one living arrangement over another.

In another piece of New Zealand literature, Bland's (2007) ethnographical study focused on the exploration of the nature of comfort and how nurses contributed to residents comfort. Bland interviewed 52 people (27 nursing home residents and 28 nursing home staff) and also performed 90 days of participant observation across three participating rest homes. Bland concluded that comfort was, "multidimensional, idiosyncratic, dynamic and context dependent, rather than merely the absence of discomfort" (p. 937). Comfort not only came from a positive relationship with staff, but comfort also came from a continuity of personhood which preceded nursing home admission. This could only be continued by the positive and well-connected relationship with the staff in the nursing home. From the earlier discussion related to existing homophobia and heterosexism in healthcare settings, it is not difficult to extrapolate that a non-heterosexual person being admitted into a mainly heterosexual long-term care facility may feel emotionally threatened and greatly uncomfortable if he/she could not continue being himself/herself as he/she was previously. The author describes long-term care facilities as having difficulty maintaining personalised care as

there are strict daily routines to be followed, diverse physical, emotional, and spiritual needs among the residents, and staff that have high professional and patient demands placed upon them. These findings are supported by Walker's (2001) study which also highlighted the complex tasks of balancing professional duties and personalised care. Walker's study examined the interviews of 17 informants, male and female, 32-69 years of age during their hospitalisation and identified that nurses who exhibited great professional skill, friendliness and attitude of caring increased the patient's sense of comfort and safety, which in the case of this thesis would alleviate much of the anxiety that the GLBT population may have.

Unfortunately, most LTC facilities follow a *one-size-fits-all* care model which profoundly impacts upon resident's quality of life and is contrary to the concept of individualised care that many health delivery settings profess to deliver (Koch & Webb, 1996; Redfern, 1988; Redfern, 2006). The year Bland spent gathering data for her study and the conclusions she makes are significant considering there are approximately 700 nursing homes in New Zealand with approximately 32,000 residents (New Zealand Aged Care Association, 2011). It could be argued that even if a small proportion of this rest home population were GLBT, it would be unlikely that any individualised care would be given to a gay or lesbian resident given the *one-size-fits-all* care model that is prevalent in LTC settings. According to Kane et al. (2005), the nursing staff in their study stipulated that quality of life is important in a rest home setting but at most times is undeliverable.

Although there has been movement in the development of retirement facilities in the United States and Australia, (Cole Palmetto, 2003; Gay and Lesbian Association of Retiring Persons, 2011; Linton Estate, 2011), there has yet to be any similar development of such facilities here in New Zealand. Until then, older GLBT people in New Zealand will have to carefully assess the quality of retirement communities here in the country.

3.6   Conclusion

Within the last four decades, there has been earnest effort in international research to spotlight the lives of the ageing GLBT population. However, within New Zealand the literature produced has been limited in quantity and the topic of ageing/aged GLBT has not been popular. The scarcity of ageing research in New Zealand was highlighted in Adams et al. (2007) when they wrote that there is a need for local research in order to inform policy and service development on the issues of gay men's health. Herein lies the necessity of additional research into the ageing gay male population of New Zealand and thus my opportunity to contribute my work toward this goal.

CHAPTER FOUR: RESEARCH DESIGN

4.0   Introduction

This thesis explores the life and ageing experiences of gay men in New Zealand over the age of 65 years. The experiences shared by the participants are of a very personal and unique nature and merely viewing these stories as data to be manipulated trivialises the lives and the stories of the participants. Hence, it is my intention to give as much life and voice to the participants narratives and avoid minimising their life experiences. This thesis utilises a framework based upon narrative gerontology informed by critical gerontology, and this chapter provides an overview of both theoretical concepts and how they are able to be used as an insight into ageing among these New Zealand men. Following this is a description of the more practical aspects of the study, these being ethical considerations, sampling, design, interviewing, transcription, data analysis and reflexivity. The chapter then concludes with how trustworthiness was achieved as part of the research process.

4.1   Research Aims

The purpose of this study was to explore the life and ageing experiences of gay men in New Zealand over the age of 65 years. Its three aims were to:

- Critically explore the narratives of gay men over 65 years.

- Identify areas of support that these men might need as they age, and

- Inform professional health practice about the care needs of older gay men.

4.2   Narrative gerontology

The primary theoretical perspective being utilised in this study is narrative gerontology. This theory originated in the early 1990's from the works of Birren and Schroots who had focussed on metaphors in their research (Kenyon, Clark, & de Vries, 2001). The metaphors studied originated from the life stories told to the researchers by their participants. Thus, the study of narrative is the exploration of how we experience the world and the expression of life-like accounts. Narrative inquiry lends itself to narrative gerontology to gain insight into the ageing process by interpreting the lifestories that constitutes what it is to be a person. These lifestories, or stories from a person's life, are a combination of metaphorical, historical and contextual

meanings wrapped together and told to others as a narrative. Riley and Hawe (2005) emphasise that *story* and *narrative* are words that are used interchangeably in the research literature. However, the subtle difference between the words *story* and *narrative* when used in narrative research lies in the space between the data (story) and the analysis (narrative). Simplified, narratives emerge from the analysis of stories.

Just as a story exists in a book, our lifestories have characters, plots, subplots, climaxes and may have conclusions, or it may be a story that is to be continued. Trentham (2007) describes narrative gerontology and telling of life stories as people seeing themselves as characters in their stories who then interpret past events to "...reconstruct coherent plots that create meaning and guide future actions and life decisions" (p. 24). These narratives are not static, they can evolve and change as a person goes through life and can influence how we exist within the environment, as well as change our beliefs and behaviours throughout the lifespan. As Kenyon (2003) states, "it is always possible to recast a life story because we *are* fundamentally our stories" (p. 31).

The terms *facticity*, *possibility* and *restorying* are several terms identified by Kenyon and Randall (1999) when referring to the epistemological assumptions of narrative gerontology in relation to the non-static nature of our *self-storying*. According to these authors facticity refers to the story we are at any one point in time whereas possibility refers to those elements of a life story that are subject to change which is then called restorying. Changes that occur in an individual's life and in one's life story mirror the topics of trajectories and transitions which were previously referred to in the discussion of the lifecourse perspective in chapter 2. As our trajectory changes and as transitions occur, therefore so does our life story and our narrative.

Narrative gerontology allows the researcher to explore a narrator's emotions, thoughts, and interpretations as well as the story teller's perspective (Chase, 2005). A narrative allows the storyteller to express his or her voice and communicate the "subject positions or social locations from which he or she speaks" (Chase, 2005, p. 657). In other words, the researcher emphasises the narrator's voice and allows for

the expression of worldly past experiences and understandings that may be framed by personal, interpersonal, sociocultural and structural dimensions. The concept of voice within narrative gerontology and therefore narrative inquiry is important to understand as a balance needs to be found between how a researcher may interpret and explain the story (narrative) while retaining the authenticity of the narrator (Chase, 2005; Kenyon et al. 2001). It is a delicate task when using multiple stories from several participants and aggregating the information in order to explain an occurrence or phenomenon and yet maintaining respect for each individual. Perhaps it is best summed up by Goodley, Lawthom, Clough, and Moore (2004) when they inform perspective narrative researchers by asking them to think when writing; "Whose voice is being heard and who is talking or speaking for whom?" (p. 62). Narrative gerontology and inquiry seek to explore an individual's complex self-reality as informed by his/her past experiences and transform it into a scholarly piece of work that describes the meaning of a person's story.

Narrative gerontology is an appropriate and useful interpretive framework for my research as it allows me to gain an insight into the ageing experiences of older gay men and allows their stories (narratives) to be shared, explored and discussed; a technique which quantitative methods lack. It has been noted that medical research is predominately quantitative in nature while nursing research is slanted toward the more qualitative approaches of inquiry, but both methods of research are useful in a myriad of ways (Whitehead, 2007). It can be said that quantitative and qualitative researchers have polarised opinions of each other. Quantitative researchers or *hard* scientists rely on positivist approaches, replication of studies and generalisability to distinguish their work from what they consider poor scientific or academic inquiry. They wrongly view qualitative researchers as having unreliable methods that cannot reproduce results and therefore qualitative methodologies have acquired the undeserved name of *soft* research. Quantitative methods can examine and measure individual opinions, feelings and attitudes and both approaches allow for researchers to disseminate their results in similar ways. The narrative, and therefore a qualitative approach in this work focuses on how these men have interacted in the world during their lives, how they continue to do so and what they expect their future to be like. In

essence, it lends to their voices being heard through dialogue between participant and researcher.

4.3   Critical Gerontology

Critical gerontology (CG) is the second theoretical lens being used in this research. Having originated during the 1920's at the Frankfurt School in Germany, a group of critical theorists began to move away from their Marxist beginnings in order to examine social issues at an academic level (Cole, Achenbaum, Jakobi & Kastenbaum, 1993; Ray, 2007). Eventually what began as a critical social dialogue in the 1950s emerged in later decades to become a new field of social gerontology. By the late 20th century there was a major "...shift in interest and funding in favour of biological and medical approaches to the study of ageing that favoured disease models and biological reductionism that began to obscure positive images of older people" (Moody, 1992, p. xvii), a term now called biomedicalisation of gerontology or the biomedicalisation of ageing, and it was at this point that critical gerontology really began to emerge as a theoretical framework.

It has been noted that critical gerontology is not a single distinct theory but rather can be viewed as an amalgamation of multiple theoretical perspectives – critical, feminist and sociological that coalesced and developed over decades. As a theory, critical gerontology can be considered an emancipatory perspective that has a three-fold purpose. Firstly, critical gerontology has a way of looking at social injustice and sources of oppression, secondly, as way of interpreting the meaning of the human experience, and finally, as a way of understanding the interplay of socio/political/scientific aspects of our existence (Cole, Achenbaum, Jakobi, & Kastenbaum, 1993). In simpler terms, Bernard and Scharf (2007) explain that critical gerontology is a method used to critique how ageing is understood and as a process for describing and unmasking the status quo; a view supported by Moody (1992). It also needs to be stated that it is evident in the literature that critical gerontology is not to be viewed as a tool for partaking in polemics, but as a critical form of theory that initiates dialogue, raises questions and promotes value committed approaches to social change.

As the perspective of critical gerontology advanced over the decades, it has continued to challenge the idea of, what Estes and Binney (1991) describe as the *biomedicalisation of gerontology*. The empirical process of understanding phenomenon through measurement, adjustment of variables and acceptance or rejection of hypotheses is believed by some investigators to be the only legitimate process to understanding and discussing the ageing process. In the context of studying ageing, what are neglected in empiro-postivist scientific studies are the subjects' personal experiences of ageing in favour of biological, cellular degeneration and disease models. As Neville (2005) states, "critical gerontology asserts that other viewpoints are also needed [to explore ageing] and these include the hermeneutic, social, cultural and political approaches to ageing" (p. 16). Cruikshank (2009) asserts that other viewpoints need to be considered in order to determine why social inequalities exist, be this in power, class ethnicity and gender, and which continue to persuade the masses that ageing is a disease. These erroneous viewpoints not only accommodate the biomedicalisation model of ageing, but the biocommercialization of it as well.

At the heart of critical gerontology is a humanistic perspective which rejects the political economy (or capitalism) of ageing. Political economy is the study of politics and society, and using it as a lens to examine ageing in all its aspects, it exposes the, "exploitation of elderly people by various dominant groups including the medical industry and political and commercial elites" (Cole et al, 1993, p. 5). Examples of these elites would be the pharmaceutical industry, the anti-ageing industry, insurance companies, and federal governments who are becoming increasingly economically focussed and profit driven. In essence, critical gerontology theorists argue that the ageing individual is relegated to being just another clog in the positivist scientific discourse of ageing which minimises the meanings and voice of the person. As Kontos (1998) describes, critical gerontology is a way of giving back that voice to the older person and being able to explain what old age and ageing is really all about – the aged person is essentially the expert on ageing.

Critical gerontology was chosen to complement the narrative component in this study for two reasons. Firstly, critical gerontology follows a similar humanistic perspective as narrative gerontology and allows for the *human face of ageing* to emerge and allows for deeper insights to be made into what ageing is and how it is experienced – first hand. Secondly, critical gerontology casts a critical eye on ageing, and as Kontos (1998) explains, "old age has biological, psychological and sociological aspects" (p. 170) and for ageing to be understood, we need to examine it within the human/cultural state. The critical aspect of this examination is not a method of extricating the self from the environment in which one exists, but acknowledging and understanding the influences that are present which can lead us to recognising how social order impacts upon us so that we can have a realisation of what old age really means.

Narrative gerontology and critical gerontology resist the biomedicalisation of older people as a homogenous group who are also viewed as a set of physical, cognitive, and economic problems who require treatment. Making use of these two theoretical perspectives privileges the voices of older gay men to ensure their views on ageing are heard and their future healthcare needs are met. Ultimately, the mixed perspective approach to this study allows the reader to garner a brief insight into what it is like to age as a gay man and also to understand the deeper meanings of what it means to age and what, if anything influences it.

As a reminder, this thesis explores the narratives of gay men over the age of 65 years in order to identify areas of support that they might need as they age. It also intends to inform New Zealand health professionals of the care needs of older men that have been identified by the participants and/or the literature on the topic. In the following sections, I will provide a discussion on the ethical considerations of this research followed by explanations regarding the sampling strategy, design, transcription and data analysis as it applies to this study. I will then explain how the issues of reflexivity and trustworthiness were met.

4.4   Ethical Considerations

Ethical approval for this study was granted by the Massey University Human Ethics Committee. As a practising nurse, I am bound by ethical principles set out by the Nursing Council of New Zealand. As Wilson and Neville (2008) explain, nurses have a professional and ethical obligation to act accordingly while treating those under their care. These ethical principles also extend to nurse researchers when dealing with any research participants. As nurses we generally understand that not meeting the needs of those under our protection can negatively impact upon both parties. Furthermore, obligations also include acknowledgement of cultural differences and hence, in a New Zealand context, cultural safety must be considered. It is when research is conducted with vulnerable and/or minority populations that potential problems can occur. One just has to look back at international and New Zealand history to see the grave impact that unrestrained and unethical research can have on a population, for example, the Tuskegee syphilis experiment in Alabama and the women with abnormal Pap smears and cervical cancer at the National Women's Hospital in Auckland (Polit & Beck, 2012).

In research conducted with minorities within a single country Olsen (2003) states that, "there is a commonality of law and there may be a greater shared common sense of norms regarding authority and social goals" (p. 124). Simply stated, researchers may be governed by accepted national guiding principles, such as *kawa whakaruruhau* or cultural safety here in New Zealand that allows both parties to work cooperatively during the research process. In the pursuance of this study, the researcher was guided by four ethical principles outlined by Parahoo (2006) which included: "the right not to be harmed, the right of full disclosure, the right of self determination, and the right of privacy, anonymity, and confidentiality" (p. 112).

Participants made initial contact with the researcher by telephone or email telling of their interest to be a participant in the study; therefore this helped ensure that no participants were coerced into partaking. Prevention of harm to the participants was ensured by having a counsellor in each of the two cities where the study was advertised available to support any participant should he require it.

In terms of the right to full disclosure, an information sheet (see Appendix A) which gave a detailed explanation of the study to the prospective participant was sent within 24 hours of their contact with the researcher and an interview date and time was agreed upon. The day prior to the interview, each participant was telephoned and the time and place for the interview were confirmed. On the day of the interview the study was fully explained to each participant and then they were asked to sign a consent form and transcript release form (see Appendices C and E). The consent form allowed the participant to choose whether the interview could be recorded and if they wished to have the recording returned to them. The transcript release form gave the participants the option of having the transcript of the interview returned to them to read and amend if necessary and that they had understood that the information given may be used in reports and publications arising from the research. Before the beginning of each interview it was confirmed with each participant that they had read and understood the information sheet that was emailed to them and asked if they had any questions regarding their participation or about the study. I obtained permission before the interview and the audio recording began. The participants were informed that the audio recorder could be turned off at anytime during the interview should they desire it. With respect to self-determination, the participants were informed that the interview could be stopped and they could withdraw from the study at any time for any reason and without consequence.

Maintenance of confidentiality was preserved by ensuring the anonymity of each participant by using pseudonyms I had chosen for each person within the field journal, transcription notes and in this thesis. Any references deemed susceptible to identification of the participant in the participant profile section of the thesis were omitted. Data underpinning this study incorporated interviews, audio recordings, observations and field notes. All data is secured in a locked filing cabinet at the researcher's place of employment with access only by the researcher and the thesis supervisor. Arrangements have been made for all data - electronic and paper based, to be transferred to Massey University – Albany campus and securely stored for safekeeping for five years with its subsequent destruction by a representative of the university.

4.5   Sampling Strategy

The inclusion criteria for this study meant that participants were self-identified, community dwelling gay men over 65 years who were able to speak fluent English. The twelve participants who were included in the study originated from two large cities in New Zealand. One city had eleven participants and the second city had one. The only exclusion criteria were gay men less than 65 years and non-English speakers.

Participants were obtained via a number of recruitment techniques. Non-probability sampling techniques are commonly used in qualitative pieces of research, and in this study included purposive and convenience samples to gather participants. Purposive sampling allows the researcher a degree of control of the composition of the sample due to the fact that the participants share a particular characteristic, whereas convenience sampling allows the researcher to choose what participants are available due to the fact that they are most likely easy to find (Parahoo, 2006). In this research, snowball sampling and viral sampling were also utilised. Snowball sampling is a technique where one participant refers the researcher to someone else they know who in turn refers another person and so on (Polit & Beck, 2012). Viral sampling on the other hand is a sampling technique when a study or information about a study is forwarded along to friends or other acquaintances who may be interested in the topic and partaking in the research (Raynauld, Giasson, & Darisse, 2011).

Methods used to advertise the study included posters in gay-orientated social venues in Auckland and Wellington where larger numbers of older clientele frequent (see Appendix B). These venues included: Urge Bar, Sunday Aquarius Club, Checkmate Sauna, Wingate Club, Centurion Sauna, The Den, Auckland Community Church and the Metropolitan Community Church (Auckland). The first 12 men who made contact and met the study criteria were chosen to participate. The ages of the participants ranged from 65 to 81 years. Eleven of the men lived in Auckland and one lived in Wellington.

The age of 65 years was chosen to identify older men in this research as it is the age in New Zealand where older adults become eligible for a number of governmental benefits and schemes such as New Zealand Superannuation, Super Gold Card and the Veterans Pension (non-disabled). Sixty-five years has also been noted in other pieces

of research which focus on late age (Crisp, Wayland, & Gordon, 2008; Kertzner, 2001; Shankle, Maxwell, Katzman, & Landers, 2003).

4.6   Design

Data were collected using semi-structured interviews and was conversational in nature with a number of open questions posed to the participants (see Appendix F). All interviews were audio recorded with the participant's consent. Upon conclusion of the interview, each participant was given a $20.00 supermarket voucher as a gesture of appreciation for partaking in the research.

4.7   Transcription

The interviews were transcribed by a professional transcriber used by other researchers in the nursing department at the tertiary institution where I work. Prior to any transcription being done, a transcriber confidentiality agreement form was signed (see Appendix D). The digital audio recording was downloaded to my secure computer and the interviews were burned onto a compact disc (CD) then given to the transcriber for transcribing. Upon receipt of the twelve typed manuscripts, all CD's were returned to the researcher and secured within the locked filing cabinet with the other research papers. Manuscripts were returned to the researcher in electronic format (e-mail). Some areas of the transcribed interviews were unable to be deciphered correctly from the audio recording and the transcriber had identified these problem areas. All transcribed manuscripts were compared to their audio files and any errors or omissions corrected by the researcher. There are some words in the audio recordings that remain unintelligible and therefore were omitted in the transcribed manuscripts but these omissions do not affect the overall quality of the passage in which they occurred.

4.8   Data Analysis

Qualitative research seeks to explain how we construct our realities, explore the relationship between the researcher and the participant(s), examine the research topic, and navigate the situational constraints that shape the inquiry (Denzin & Lincoln, 2005). In order to give any piece of research any significance, particular attention

must be given to the analysis portion of the research process, and the data which has been collected must be assembled, organised and analysed in such a way that conclusions can be made. It has been said that the qualitative process of data analysis can be a convoluted, non-linear and rigorous, and one where the researcher takes time to move back and forth through the phases (Braun & Clarke, 2006; Burns, Grove, & Gray, 2011; Lathlean, 2006; Munhall, 2007). In addition to this, the qualitative researcher utilising interviews does not begin the process of analysis after all the data has been collected, rather the researcher begins data analysis as soon as the first interview has begun (Burns, Grove, & Gray, 2011, Grbich, 2007; Lathlean, 2006). During each interview, the researcher will usually identify common participant thoughts, ideas, or spoken words, amongst other things and therefore begin the preliminary process of analysis. Once the interview process has been completed, then the actual work of data analysis can begin.

Thematic analysis was chosen as the preferred method of analysis in this study as it is a relatively quick and easy method to learn and perform and is accessible to researchers who have little or no research experience (Braun & Clarke, 2006). Thematic analysis have been successfully utilised in narrative enquiries such as those performed by Ayres (2000), Bernard, Malone, Kman, Caterino, and Khandelwal (2011), Kothari, Bickford, Edwards, Dobbins, and Meyer (2011), Lieblich, Tuval-Mashiach, and Zilber (1998), and Saburova, Keenan, Bobrova, Leon, and Elbourne (2011). In addition to this, critical theory, of which gave way to critical gerontology, have also used thematic analysis in research, some examples being the work undertaken by Keyvanara and Haghshenas (2011) and Phillips, Davidson, Jackson, and Kristjanson (2008). Furthermore, as I was going to be analysing what was being spoken by the participants, thematic analysis seemed a reasonable approach. As Joffe (2012) states, thematic analysis, "is not tied to a particular theoretical outlook and so can be applied when using a range of theories and epistemological approaches" (p. 211).

In this study, data were analysed using the process of thematic analysis proposed by Braun and Clarke (2006). Braun and Clarke's (2006) model involves the researcher moving through six phases of thematic analysis. These include:

1. "Familiarizing yourself with your data: Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.

2. Generating initial codes: Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.

3. Searching for themes: Collating codes into potential themes, gathering all data relevant to each potential theme.

4. Reviewing themes: Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic 'map' of the analysis.

5. Defining and naming themes: Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.

6. Producing the report: The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis" (p. 87).

While each interview audio recording was away being transcribed, I re-listened to the entire audio interview and noted down significant discussion topics, commonalties, and key words that arose. After obtaining all the electronic manuscripts, I had them printed and bound and then read each one without making any correcting marks or research notes, but noting areas where the transcriber could not identify what was being said and therefore had left three ellipsis points (…). Following this, I listened to the audio recordings of the interviews with the printed manuscripts so I could ascertain the omissions of the transcriber who could not identify what was said on the audio recording. It was also the time when I could record what was physically occurring at particular stages during the interview, such as instances of crying or periods of intense emotion. This process of engaging with data is what researcher's label, data immersion – repeated reading of the data in an active way to search for meanings, patterns and becoming familiar with all aspects of the data (Braun & Clarke, 2006; Burns, Grove & Gray, 2011; Fereday & Muir-Cochrane, 2006). This completed the first phase of Braun and Clarke's (2006) data analysis.

The next stage of my data analysis was to generate initial codes which are a form of data reduction as noted by Lathlean (2006). Codes identify intriguing features of the dialogue by linking meanings and patterns together which organises the data into meaningful groups. Importantly, Braun and Clarke (2006) emphasise that at this stage, coding depends on whether the researcher will be identifying themes that are *data-driven* or *theory-driven*, in other words, whether the themes will depend on and emerge from the data or whether the data will answer specific questions that coding will attempt to answer. In this study, coding was data driven. I performed phase two coding by either making notes in the margin of the manuscripts or by underlining areas of text which seemed to stand out, which were emphasised by the participants or showed repeated patterns. I then took all the codes and notes from the 12 transcripts and personally transcribed them into multi-squared documents within a Microsoft Word document so that I could cut each one out and then physically manipulate them into potential themes for phase three of my thematic analysis.

In phase three, themes are developed from codes (Burns, Grove, & Gray, 2011) and according to Braun and Clarke (2006) this involves taking the codes indentified in phase two and collating them into potential themes at multiple levels, for example, over-arching themes and sub-themes. This process "is a form of pattern recognition within the data, where emerging themes become the categories for analysis" (Fereday & Muir-Cochrane, 2006, p. 1). Over a three day period I organised out my prepared data codes into preliminary themes. After three full days of concentrated deliberation and re-organisation I felt that I had managed to identify the candidate themes and sub-themes.

In phase four, the preliminary themes that were identified in phase three were reviewed once again and a detailed picture of relationships began to emerge. It is at this point that the researcher reviews and refines the candidate themes where some themes might collapse into others or when others might yet emerge (Braun & Clarke, 2006). Concurrently, a schematic representation or a *thematic map* may be useful to visually represent the linkages amongst the themes/sub-themes. This phase was performed on day three of my analysis when I had labelled the sub-themes and

reviewed the contents within each to establish whether the contents truly made a good *fit* or whether the coded data needed to go to another sub-theme area. Braun and Clarke (2006) warn that manipulating the data can go on *ad infinitum*, but when, "refinements are not adding anything substantial, stop!" (p. 92). At this point I had identified two main themes with several sub-themes to each and these are identified and discussed in chapter six.

At this second to last stage of data analysis, I finalised a thematic map after on-going refinement by clarifying that each theme captured the important aspects of what it was intended to identify. It is at this stage that the researcher determines if each theme is capturing what it is supposed to be and is able to sufficiently explain the *story* around the themes. It is, as Braun and Clarke (2006) write, the *essence* of what each theme is about which is the core objective in phase five. A test to determine if phase five has been sufficiently performed is to describe the scope and content of each theme in a couple of sentences. If this is able to be done, then the researcher may progress to the last stage. I performed this test and was able to recite a short story to myself around the themes and coded data and was satisfied I had accomplished phase five. Furthermore, it is at this stage that themes and their sub-themes are given their names which will give the reader an impression of what the theme is about.

The sixth and final stage of thematic analysis is to anchor the themes within the literature on the subject and produce a written document. This is an important moment as the linked themes need to connect to the original data. As Burns, Grove, and Gray (2011) convey, "rigor and clarity of the linking is of great importance, and it is the researcher who must remain rigorous in showing the links from the themes back to the original data" (p. 96). As this study utilises a narrative gerontological framework, the telling of the individual story and then the greater story around the themes are not only central to the process, but can be quite complicated. As Kenyon, Clark and de Vries (2001) describe, this "tension between lifestories and "data" (tends) to be a continuous occupational hazard" (p. 13). However done, the finished document must provide sufficient evidence to give substance to the themes by explaining issues

through the re-telling of other stories so that coherent arguments can be conveyed (Braun & Clark, 2006; Stake, 2005).

4.9 Reflexivity & Trustworthiness

In any piece of research, accuracy is what the researcher strives for. Accuracy in quantitative research is measured in terms of reliability and validity and therefore has no place in the qualitative arena (Elliott, 2005; Gerrish & Lacey, 2006; Parahoo, 2006), although this position has been refuted by a number of authors (Morse, Barrett, Mayan, Olson, & Spiers, 2002; Munhall, 2007). Conversely, in contemporary qualitative research and as an alternative to the measures of quantitative reliability and validity, qualitative researchers offer up the terms of accuracy, truth, credibility and transparency in order to obtain accurate and meaningful data (Gerrish & Lacey, 2006; Parahoo, 2006). Reflexivity is also a key component to qualitative researchers in the pursuance of their study.

Reflexivity in qualitative research is one of the most important aspects of any qualitative study yet it is a research term full of contention as to what it actually means and how it is to be used (Cruickshank, 2009; Elliott, 2005; Hammersley, 2004; Latimer, 2003; Parahoo, 2006). However, the fundamental tenet behind the idea of reflexivity is that the researcher needs to be acutely aware of *the self* so as not to unduly influence the research process. In order to accomplish this feat, the researcher needs to, "critically ... examine and analytically ... reflect upon the nature of research and the role of the researcher in carrying out and writing up empirical work" (Elliott, 2005, p. 153). When reflexivity is performed as a continuous process it adds to the analytical discussion of the researcher's own theoretical and biographical perspective and how these might impact upon the research process and ultimately, how the research is presented. However, upon reading the literature, it would appear that a couple of thorny theoretical issues arise.

As Cruickshank (2009) testifies, although qualitative researchers are keenly aware of the necessity of reflexivity, she states it is an area yet to be rigorously implemented in gerontology (Cruickshank, 2009). The second issue pertains to reducing research bias.

This is highly problematical if a critical approach is taken in the research, as it is in this study, and especially if the researcher knows the participants. In light of these issues, it is difficult to be absolutely independent of one's research. However, there is an approach that researchers, novice and experienced alike can take to reduce personal bias and presuppositions and this approach is to carefully chronicle the research process from start to finish in a research diary or journal (Jootun, McGhee, & Marland, 2009; Ortlipp, 2008; Paterson, 1994). This undertaking allows the researcher to raise issues that pertain to the relationship of the participants, data collection, or analysis as well as to identify any influences during an interview that may contribute to the Hawthorne effect in which the researcher may unduly influence the participants and influence what they say and/or do (Parahoo, 2006; Paterson, 1994). Having acknowledged my position, personal beliefs and bias' at the start of this thesis and whereby continuously reflecting upon the research process, I have maintained a reflexive consistency. The next section examines the issue of trustworthiness in this research project.

An important consideration in qualitative research is to ask the question, do the themes capture the essence of the narratives? In other words, do the data reflect the truth? Qualitative researchers answer this question by attempting to ascertain trustworthiness. In this research, Dempsey and Dempsey's (2000) three criteria were used to evaluate confirmability, otherwise known as trustworthiness, and these were credibility, auditability and transferability - I will talk to each of these in turn.

Credibility refers to confidence in the truth of the data and the interpretations that emerge. Polit and Beck (2012) refer to a number of ways that credibility can be attained such as prolonged engagement, persistent observation, peer debriefing and member checks. Eleven of the twelve interviews took place in participants' homes and one interview took place in my home as the participant stated that he had family staying with him and therefore privacy would be an issue. Interviews were conducted over four weeks commencing August 13, 2010 and concluding on September 11, 2010. There was an identified time limit of 60-90 minutes for each interview, however some of the participants stories were highly engaging and the participants were extremely

animated by sharing their story that by stopping the interview it would have limited the depth and breadth of information being sought and interrupted the flow of the session, therefore some of the interviews lasted for up to 180 minutes.

With reference to the general questions I had prepared as outlined in the interview schedule (see Appendix F), probing and clarifying questions were asked during the interviews when the situation(s) arose. Field notes were taken during the interviews and incorporated into the data collection and discussion aspects of this study. Interviews with participants were booked one to two days apart to allow for reflective time, further journaling and discussions with the thesis supervisor regarding the interview process, participant interviews, and personal feelings. The thesis supervisor is an experienced qualitative researcher in gay men's issues and therefore served as an expert peer in the debriefing exercise during the data collection process as well as discussing contextual issues to which I found perplexing.

In the course of this research project, the transcripts were not handed back to the participants for checking and confirmation for several reasons. Firstly, there was the potential prospect that when the participants viewed their interview transcript, it could provoke further and stronger outpouring of emotion than was present in the original interview. Forbat and Henderson (2005) write that a researcher must be mindful that when participants see their own words and stories on paper this can elicit not only "empowerment and ownership, but also surprise and embarrassment" (p. 1118). Secondly, none of the participants wished to review his interview transcript prior to or after analysis of the data although they had signed a transcript release authority form (see Appendix E).

In order to ascertain audibility in a piece of qualitative research, the question, "Can a reader follow the documentation from data collection and analysis right through until the conclusion?" needs to be asked. Following the interview, I allowed myself a period of time for a written debrief. This reflexive exercise allows the researcher to explore "personal feelings and experiences that may influence the study and integrate this understanding into the study" (Burns, Grove, & Gray, 2011, p. 95). A number of

authors (Goodley et al. 2004; Hogan, 1995; Munhall, 2007; Olesen, 2005) describe this useful process when researchers are using inductive qualitative theoretical frameworks such as phenomenology, feminist, narrative, ethnography, grounded theory and discourse analysis. In my process of engaging with my research, I utilised this form of reflexive process by making entries into a research journal which utilised Hogan's (1995) framework for event analysis. The writing prompts in Hogan's framework were as follows:

- Situation: Reflect on the actual experience.
- Affective domain: Reflect on the feelings and emotions experienced.
- Interpretation of events: What did you learn?
- Decision: What did you do as a result? (p. 7)

Hogan (1995) writes that journaling can reveal insights and patterns as well as stimulating reflection and promoting analytical thinking. During the weeks of interviews, it would take between 20 to 60 minutes to write out a journal entry. When I did go back and re-read the entries I could see myself in another light. I was a person who had shown up to the interview with preconceptions about the participant, how the physical environment affected me, and perhaps most of all, the emotional impact that some of the interviews had upon me, be it tearfulness, pride or outrage.

It was noted between my supervisor and me that after the twelfth interview, there were multiple commonalities between what the participants were expressing during the interviews. It was then decided that data saturation had been reached. As Burns, Grove and Gray (2011) stipulate, saturation of information occurs when only redundant data arises when sampling is continued and this is the time that the researcher may stop interviewing (Parahoo, 2006). Another way in which auditability was achieved in this research was having two duplicates of the twelve transcripts of the interviews made and shared by myself and the thesis supervisor. After the transcripts were read by both parties and each had identified preliminary themes then a comparison of the potential themes was discussed. When similar themes were identified by myself and my thesis supervisor, it was then determined that audibility was being achieved.

The final of the three criteria for trustworthiness is transferability. It is here that *fittingness* or how applicable the findings are to others or settings outside of the research. A commonly applied term and one that Polit and Beck (2012) use is *thick description* to refer to the research setting, transactions and processes that occurred during the study's execution. Throughout this chapter I have endeavoured to describe in detail the processes I have followed to reach my results and throughout this journey, my peers who are experienced qualitative researchers aided me in clarifying issues that I encountered and also served as valuable and constructive listeners. As Roy (2001) writes, "involving others guards against unwarranted interpretations informed by unrecognised or unquestioned assumptions or prejudices" (p. 75). Qualitative findings are derived from the participants, interpreted by the researcher, but in the case of transferability, the burden of proof rests with the reader who has to come to the conclusion whether the findings can be applied elsewhere.

4.10   Conclusion

In summary, this chapter presented an overview of the methodology and methods utilised in the undertaking of this research. The methodology that has underpinned this study, narrative gerontology and critical gerontology was discussed. In addition to this, the research principle of ethics was reviewed. The description of the non-probability sample of 12 participants which was employed was explained as were research design and transcription techniques. Lastly, a comprehensive description of data analysis undertaken in this study through the use of Braun and Clarke's (2006) model of thematic analysis and approaches to reflexivity and trustworthiness was given. From the analysis, two main themes encompassing several sub-themes emerged from the data. In the following chapters, the participants in this research study will be presented in a brief biographical portrayal, followed by the themed results.

CHAPTER FIVE: THE PARTICIPANTS

5.0   Introduction

The participants that are presented in this chapter are integral to this narrative piece of research, for without them there would be no narratives to examine and no research to complete. Narrative inquiry enters into the lives of the participants. As stipulated earlier in this thesis, people are natural storytellers and storylisteners and throughout our lives we not only collect life experiences, but share those experiences with others in the form of stories. By inviting these men to tell their stories, I am the privileged receiver of their experiences in life.

5.1   The Participants

Maintaining privacy is of utmost concern to a researcher and therefore pseudonyms have been employed throughout this work to provide the participants in this study their privacy and confidentiality. Other than their ages, the introductions to the participants herein have been deliberately blurred in order to protect their identities. What I attempt to do in this section is to let the reader begin to make a connection with the participant's and their personal stories so that they are not just viewed as data sources, but as human beings who have lived and continue to live rich and meaningful lives. These men are the true narrators of this research.

Claude (74)

*Well I have no trouble being gay in New Zealand. I didn't even realise
I was gay until I was in my 40's, mid 40's and I was still trotting out
with birds at that time...I'd never been in a gay situation before in my
life.... Claude, p. 1)*

I walked into Claude's house which was immaculately clean and well presented. It is full of memorabilia of the deeply emotional and long-term relationship that he once had. He has lived in the same house for the past several decades, a house that he had established many years ago with his now deceased partner but now shares with his current partner who is significantly younger than him. Claude is a man whose look belies his age and who is strikingly handsome. He exercises daily to keep fit and active and to keep up with his partner who has recently moved in. The development of his new relationship is one of the happiest events to occur in Claude's later life after a particularly difficult period after losing his previous partner after a long illness.   He speaks of his previous partner with such endearment that he often cried during the interview recalling the adventures that the two of them had and the home they made together. His first same-sex physical experience and first relationship was with his former partner who is now deceased. Claude recalled how he had met his first partner at a punchbowl at a Waitangi Day party and briefly talked to him before he left and started driving away. Claude ran after him waving his arms and holding his business card to give to him because he felt blown away by this man. They slept together the following day after and were rarely apart in the years that followed.

In previous years Claude travelled the world and worked in many countries, but at present he is retired and particularly happy and content to remain at home decluttering his house and yard and mingling in the social scene with gay and non-gay crowds. According to Claude, he is happy to be taking things easier now.

James (65)

It's probably in some ways like leading a double life almost because I was never out at work and I have never made it public. I've never come out to people I've worked with or anything like that. So it's probably work you know, having sort of two lives maybe (James, p. 7).

James immigrated to New Zealand from the United Kingdom as a young man in his 30's. James recalls as a youngster collecting pictures of men and pasting them into a scrapbook that he had and thinking there was nothing unusual about this activity or his fascination toward men rather than women when compared to the other boys of his age. Coming to New Zealand in 1978 while in his early 30's, James attended a few gay social groups that were around at that time, but kept mostly to himself. His involvement with gay social groups in Auckland has waned over the years and he currently maintains contact with only one social group today and mingles with a small group of friends that he has kept in contact with over the decades. He had attempted a couple of relationships during his younger years but found that he prefers a single life and his own space in the one bedroom unit he purchased many years ago. He is a very tidy and well manicured man who exudes independence and portrays a strong private persona. His responses to questions were short and precise, and he does not divulge much about himself. He has minimal interaction with his family back in England and does not seem perturbed by this. James is the youngest of three siblings and he recalls that while growing up his parents were distant and not lovingly physical with him. He is not close to any of his siblings but is close to his niece who resides in Australia.

Even though he remains fairly closeted, he appreciates the rights and freedoms that same-sex attracted people now have. James conveyed that being a gay man in the early 21st century allows for a freedom to express oneself which was limited in the years previous to the 1986 Homosexual Reform Law. At this time in his life, James feels that ageing is a negative factor for him but the friends that he has help him cope with growing older and the challenges that ageing brings.

Patrizio (68)

I was 12, 11, 12, and basically I've been gay since then. Not so much gay, we all thought it was natural. I had no worries about it at all and I thought shivers, I'm a queer....Dad was so straight and told me to keep away from those fucking poofters, you know, if I catch you I'll bloody kill you. All that sort of thing, I grew up with that (Patrizio, pp. 1-3).

Patrizio is a dynamic man who is passionate about life and living. His stories captivate the listener. He currently rents a flat with two other younger gay men as he is struggling financially in his later years. He has seen and done much in his life despite coming from humble and difficult beginnings. Patrizio was placed in an orphanage by his father as a very young child and stayed there for several years until his father finally came to collect him and from that experience came a life-long craving for love and physical affection from those around him. Later in life he graduated from tertiary education which allowed him to travel the world and work in Europe for several years. It was during his time in Europe during the swinging and hedonistic 1960s that Patrizio shared his fond memories of his youthful experiences. During his return to New Zealand in the late 1960s he met a woman who bowled him over and who, he states, found stunning and to whom he eventually married. Through this marriage came his proudest accomplishments – the three children that he had always wanted. However, the feelings of same-sex attraction stayed with him despite being married, baptised and praying to God. Eventually the marriage broke down due to what Patrizio calls his indiscretion with another man. What followed was an acrimonious divorce culminating in his wife revealing Patrizio's sexual orientation to their family, friends, and community. This new gossip in the community caused Patrizio to lose his job and many friends and acquaintances. At this point in his life, Patrizio is content, single and desperately wanting a partner. He is content with close friends and having the frequent sexual encounter at his favourite sauna. Patrizio is enduring difficult times at the moment, with a sporadic income and savings that are quickly dwindling, however he is optimistic that he will be able to succeed in achieving his goals over the next few years, including finding a man to love.

George (69)

I used to go to the various venues and looking for love Bernie, in all the wrong places is what it amounts to. If it happens it will happen. You still got to get out there. That's what my problem is now. I'm looking for somebody to share the rest of my life with and at my age it doesn't come along like that anymore. And all the clichés of that experience and the wisdom of age and that...it's just bullshit. I don't think I know anymore now than I did when I was 12 (George, p. 4)

George is a New Zealander from birth and as a young teenager he realised that he liked looking at men rather than women and then stumbled upon the sexual activities that took place in a number of public toilets (also known as *bogs* and *beats*) around the city where gay men frequent for anonymous sex. He began frequenting these places regularly during his teen years. Filled with self-doubt as a man in his twenties, George began questioning his sexuality and wondering if marriage would change him. He married, settled down and had several children. However, as he states, it was not long before he was back at the *bogs* and *beats* which eventuated in him being arrested by the police. Following his arrest, George contemplated suicide then decided against it. He and his wife decided to attempt sexual-conversion therapy for him at a fundamentalist church but to no avail. After one failed marriage (his wife still resents him), having most of his children hate him because of his sexuality, and having his partner of fourteen years leave him for a younger man, he is a disillusioned soul.

Ageing, loveless, and financially near-broke, George continues to attempt to improve himself and his situation by a variety of methods and by being an active member in the gay community supporting others with coming-out issues. George continues to seek help with his mental well-being by seeing a counsellor on a regular basis. Curiously, during the interview George uttered the following statement that continues to resonate in my thoughts: *If I was straight I'm sure I could find myself a partner*.

Charles (73)

I was touched by a 17 year old and that was the first gay experience...and my fantasies were at that time sailors because it's the naval base down there and I had these fantasies for years but I also had girlfriends, I went out to the dances, I did all the normal things that young teenagers do (Charles, p. 1).

Charles is a man that has come into his own, however it has been a process that has taken years. Raised by a 33 year old widowed mother he grew up in the company of women and did not have a father figure around him. Crippled by shyness for years that impaired his ability to socialise, he worked endlessly to overcome it and was successful. Having feelings toward men all of his life, Charles also called into the public toilets periodically for anonymous sex and continued this while being married for a number of years. After he and his wife had several children, his wife and he eventually grew apart and ultimately divorced. Charles remains close to his children, but has not disclosed his sexual orientation to them after all of these years. Once free of his marriage, Charles was able to pursue a lifestyle that he felt comfortable in which meant socialising in the gay community and organising many of the first gay social events in the country during the 1970s. He turned his shyness around and through the years has continued to help others who are unsure about their sexuality or who were as shy as he once was. Charles has become an instrumental part in the social scene for Auckland's older gay community, not so much nowadays, but especially during the 1980's.

In his early years, Charles had a successful career as a member of the management team of a well-known New Zealand corporation but eventually tired of it and left it to open his own successful business. After several years and suffering from near burnout, he decided to retire and as a result of keen investments through his life, much of his time now is enjoyed relaxing with friends and travelling the world.

Larry (79)

Well, I didn't have any realisation of my, any conscious realisation of my gayness until I'd been married for two or three years at the age of 33/34 and began to realise that I had other interests apart from the marriage...so I sort of lead a fairly active secret sexual life (Larry, p. 1).

Growing up in small-town New Zealand, Larry had to learn how to be strong and stick up for himself. He is a man who has led an incredible life. When he was in his early 20's Larry married a girl he had known for a number of years as a friend and had a number of children with her, something he never regretted. Larry admits that he used to lead a fairly active secret sexual life throughout his marriage but when his wife found out about his sexual orientation and his sexual liaisons after a decade of being with him, it was the demise of their marriage but not their friendship bond. They continue to be extremely close friends. Larry states that they decided to stay together for the children's sake and were successful at it until their children grew up and left home. Eventually Larry moved out of their home, resettled and had several long-term relationships with men during the 1980's. Unfortunately this was the beginning of the AIDS epidemic and his relationships were cut short by AIDS, having claimed two of his partners.

Having had first-hand experience with the epidemic and having worked at the community level for most of his lifetime, Larry became an avid proponent of HIV awareness since the 1980's. He not only became an educator in the gay community but also in the general non-gay population. Larry has also helped numerous men with coming to terms with their sexuality over the last two decades. Never one to back down from confrontation, he continues to challenge homophobic ideas that he encounters from people that he meets. After giving so much of himself to the gay community through the years, he is now finding the time for himself and enjoying his international travel and catching up with his numerous friends in New Zealand.

Edgar (81)

In the days when I was at school, I was born in England in a sort of rural community and I hadn't heard of homosexuality. I had no idea that there was such a word I suppose. But I can remember another boy at school I sort of became friends with and we would play around a little bit and even then I don't think, all sex was sort of taboo in the adult world in those days (Edgar, p. 1).

Originally born overseas, Edgar was in the armed services of his home country for several years before making an ultimatum to himself and deciding to embark on a move to Australia where he believed it was warmer and more masculine. Not being emotionally or physically close to his family, he left them all behind and went to Australia on ship as was the only way of passage back then. He has never been in contact with his family since he left them some 56 years ago. After being in Australia for several decades, he decided to move to New Zealand in 1974 as there was a large Polynesian population here to whom he was attracted to, and there were more amenities for gay men, for example, saunas, than there were in Australia. A confirmed bachelor all of his life, Edgar tried to settle down with one man, but according to him, it never worked out. Currently he lives by himself in his own home surrounded by years of accumulated magazines, plants, books and whatever else he cannot bear to throw away. Having long since retired and at 81 years of age, Edgar still maintains a fairly active social life. Learning advanced computing skills and organ playing, he teaches other older people how to use a computer and even as a confirmed atheist, he plays the organ on occasion at a local church while belonging to several community organisations. The oldest of the participant's he typifies what one thinks of a little old man - small and slight in build, but yet feisty and independent in personality. Never one to suffer fools lightly he speaks his opinions on matters without mincing words to the point of insensitivity. Ever the pragmatic person he stated, *when I die I just want to be burnt and that's it. I don't want anyone saying anything nice or nasty about me at a funeral. I don't want a funeral.*

Martin (76)

I think I knew I was gay right from the start... I was always interested in men…I was just waiting to be pounced on by somebody but it just didn't happen…it really wasn't until I was in my late teens that I had sort of some, I ran into another gay person…(Martin, p. 1).

New Zealand born and country raised, Martin was an enthusiastic, care-free and determined young man in a small coastal town in which he started his own successful business at the age of 19. Martin recalls having a great time as a young gay man, although he says that his sex life was barely existent, but he never regrets the times he spent with his multitude of friends (gay men and lesbians) that used to come and go visiting him and going to the local pubs around the countryside. Recalling his youthful experiences with bouts of laughter, he tells of a group of friends who had formed a singing comedic group that entertained people in the local pubs*, they walk in, in the 70's when kaftans were in and so they took the kaftans to the extreme and there was one guy, Tucker, he was from up North, a natural born comic and that and he was sort of the leader of the group and he was always slipping out and coming back with another outfit on. It was quite hilarious!*

After several years of running his own business, he left his small town and joined many of his friends in the city he now resides in. Other than the occasional liaison Martin has been single all his life and has no regrets about it and sees his bachelordom as a positive factor, believing it has made him independent, resourceful, and self-reliable. He is a man devoted to his pets and his magnificent garden and invites those that visit him to share in his love of both.

Ken (69)

Well my life as a gay man has been extraordinarily lucky I guess. I mean I think I was lucky enough to know at a very early age that I was gay. I was born in…the South Island in 1941 and for, I mean there was no vocabulary to actually express or even kind of shape the way I felt about being gay, about being attracted to other young men, boys. I wasn't attracted to boys but young men, from about the age of 9 and 10, from puberty. I knew what I wanted. I never had any doubts about it. I never thought it was wrong or bad because no one ever talked about it (Ken, p. 1).

Recently returning to his native home from several decades overseas, Ken has led a life few would have ever either chosen or endured successfully. His love of art in all its forms led him to pursue a career that has brought great reward and great sorrow. Ken grew up with his only other sibling who was, as he says, totally opposite to him. While he preferred the classics, playing piano and European history, his brother played rugby, crashed cars and got girls pregnant. When Ken was 18, he declared his sexual orientation to his parents which resulted in him being disowned. Two years later when he was 21 and of legal age to leave home, Ken left on a ship to Europe, not to return for several decades. Over time, Ken became successful in his career, working up to 60-100 hours per week for many years, and winning many European awards for his craft. He eventually found, as he states, his one true love in his life. Together for 20 years, he tragically lost his partner to cancer. Thinking that he would never find love again, he met his second partner of several years who was 20 years his junior. Unfortunately, this partner took most of Ken's money and left Ken with barely enough to survive on during his retirement years. At the moment, Ken is happily ensconced in his new surroundings and now finds the time to pursue his own interests that do not include unrealistic deadlines and middle-of-the-night demands for his presence as there were back in Europe. He is involved in the local gay community but still yearns for another love to fill the void in his life.

Jasper (75)

I realised as a younger person of my desires for men and actually when I look back on my life, I see that it was long before I really realised in some of my earlier actions. At school even. If we went swimming I was always the first one into the pool and down under the water to feel around guys legs sort of thing and yet, but I didn't put a name to it. I didn't think of it as being the fact that I was more physically attracted to guys than I was to girls. I didn't really think about it… (Jasper, p. 1).

Jasper is a warm, generous and friendly man who immediately makes you feel comfortable in his presence. Raised in a strict religious upbringing, Jasper got married in the hope that marriage would rid him of the feelings of same-sex attraction that he kept hidden for years. Using Jasper's metaphor, he was a time bomb waiting to go off throughout most of his life. He finally could not hold his feelings and desires back any longer and after calling a family meeting, he acknowledged his sexual orientation to his family at the age of 59. His wife who he still has great respect for took their divorce amicably but remains sad about the loss of her marriage. Most of his children support him, despite one who continues to have difficulty with her father's sexual orientation. Being immersed in the church environment since he was a child, Jasper conveyed that after he came out his relationship with God had changed entirely, and according to Jasper, it changed for the better. He continues to have a deep and meaningful relationship with God and counts several friends, gay and straight, as being his supports in these, his later years.

Following his marriage breakup Jasper has had only one gay relationship that lasted two years with a man from overseas. Unfortunately the relationship did not last leaving Jasper extremely disappointed and angry. As Jasper sees it, having come out at the age 59 he has missed out on all the gay experiences that he may have had during his younger years but yet optimistically, he looks forward to the future.

Adam (67)

Well I guess it started when I went to school at the age of five. I discovered I liked looking at men's cocks and I didn't understand what it was all about of course at that age. When I went to high school I still had those feelings…it wasn't practical to be openly gay in a small community, a small town in New Zealand is not very sympathetic.
(Adam, p. 1)

Adam has endured a lifelong disability since childhood; however this has not prevented him in achieving in his life. Owning his own successful business, Adam has a one-day-at-a-time attitude and refuses to give up easily. Born into a strict fundamentalist religious family, he was their sole child. Knowing he had an attraction to men, he kept it a secret until the day his last parent died. He revealed that if his parents found out about his sexual orientation, he would have been disowned. He graduated from university and was successful in his work and still owns his own business today. Throughout his young adulthood, Adam talks about the stress that he was under while living in the community he grew up in. Hiding his sexuality and attending church, his *double-life* as he calls it, almost gave him a nervous breakdown. All this was compounded by the fact that he was laid-off from his job. In the end, he decided that a move to a larger metropolitan centre would be the best move for him and he has never regretted his decision.

Now that he could be free he was able to do and attend all the gay things and events that eluded him for so long. Eventually Adam had a 3-4 year relationship with a man who he adored, but unfortunately it did not last and the man left leaving Adam devastated and unwilling to pursue any further relationships with men. Religion and God has always held a vital place in Adam's life since his youth and it continues to be paramount in his day-to-day existence. Adam states that Church and God help him through the rough patches in life that he encounters. He counts several of his close friends as major supports at this time in his life.

Tony (72)

When I was a young boy at school, I enjoyed sex with my school mates in the way that boys do, and I accepted my gayness. To me it was entirely natural and it showed just the way I was although at that stage I hadn't put a name to it. What was difficult for me was that sexuality was never ever mentioned in our family (Tony, p. 1)

Tony lives in a wonderfully appointed, luxurious and immaculate unit of his own, and environment he long craved for. For many hours of the day or week, Tony does not leave his unit as he is barely able to walk and if he goes out to church or to friend's places, he requires a wheelchair. Born in rural New Zealand and with a congenital motor impairment, Tony knew of his attraction to men at a young age. Even as a youngster, he developed an intense attraction to one of the boys at his school but found it a terrifying situation as he could not understand the feelings he was having, nor could he talk to anybody about his feelings. Coupled with his feelings of confusion, he spent several of his childhood years in a home for crippled children. Tony eventually graduated from college and then university. Throughout his life, Tony has been faced with hardship and some difficulty caused by his disability but he never let it interfere with what he wanted to get out of life. At the age of 25 and as was associated with standard medical practice then, his physician started him on a multiple drug regime to control the tremors in his legs and was placed on Valium, Pethidine, and barbiturates. After 27 years on this cocktail of drugs, he was detoxed in 1990 from what he called a paranoid life spent within an ever shrinking world existing in isolation in his home. Although he rejoices in the care and attention his caregivers bestow upon him, he is greatly saddened by the fact that he has not had a partner in his life.

Today, Tony see's his life as both a multitude of missed opportunities, as well as being blessed for the many things and people he has in his life today. Tony is an enthusiastic champion for disabled peoples rights and maintains an active presence in local and national bodies concerned with this issue.

5.2   CONCLUSION

The men mentioned in this chapter come from a variety of origins and backgrounds and have endured a multitude of life challenges which have made for unique and varied life experiences.   The experiences that the twelve men in this study express as told in these condensed biographical compositions are what Holloway and Freshwater (2007) describe as their narratives, and, "human lives are lived through narrative, and the history of humankind is littered with stories" (p. 9).   In this chapter, the reader has briefly entered into the lives of the participants and shared in their life stories and in this way the stories begin to have an effect on us in ways that we may never have thought of before. Gaining an insight into the lives and the being of the participants changes us in ways that we may think, perceive and feel differently towards them and therefore, we have changed cognitively and affectively, albeit, subtly (Kenyon, Clark, & de Vries, 2001). The themes and findings which followed the collection and analysis of the twelve men's stories are presented in the next chapter.

CHAPTER SIX: FINDINGS

6.0   Introduction

The purpose of this study was to explore the life and ageing experiences of gay men in New Zealand over the age of 65 years. The previous chapter briefly outlined the biographical lifestories of the twelve participants who were aged 65 years or more during the time of the interviews. This chapter presents the findings following the completion of analysis and the identification and discussion of the themes that became apparent which are supported by direct participant quotes and references to the literature. The first main theme that will be discussed is *Emergence of the Gay Self* and its sub-themes of hoping for sexual orientation conversion, coming out, and homophobia. The second main theme that was identified was *The Ageing Experience* and associated with this theme and what will be discussed are its four sub-themes, these being: ageist attitudes, dealing with ageing, companionship, and future care and supports.

As has been identified in chapter three, older gay men have had to endure many years of oppression from the heterosexual majority that manifested itself in specific laws that punished gay men with fines and imprisonment. The men also endured homophobic attitudes that originated from a multitude of sources: family, religious organisations and the general public. From a narrative and critical gerontology perspective, the gathering, organisation and telling of a person's life story is, as Cohler (in Cole, Achenbaum, Jakobi, & Kastenbaum, 1993) states, a record for the, accomplishment in life and satisfaction with life as lived..." (p. 116). The record that Cohler speaks of is an account of not only an individual's life, but of the social and environmental influences that have impacted upon the person.   These life stories are reflected in the themes and their discussion in the following pages.

Figure 2 Theme 1: Emergence of the gay self

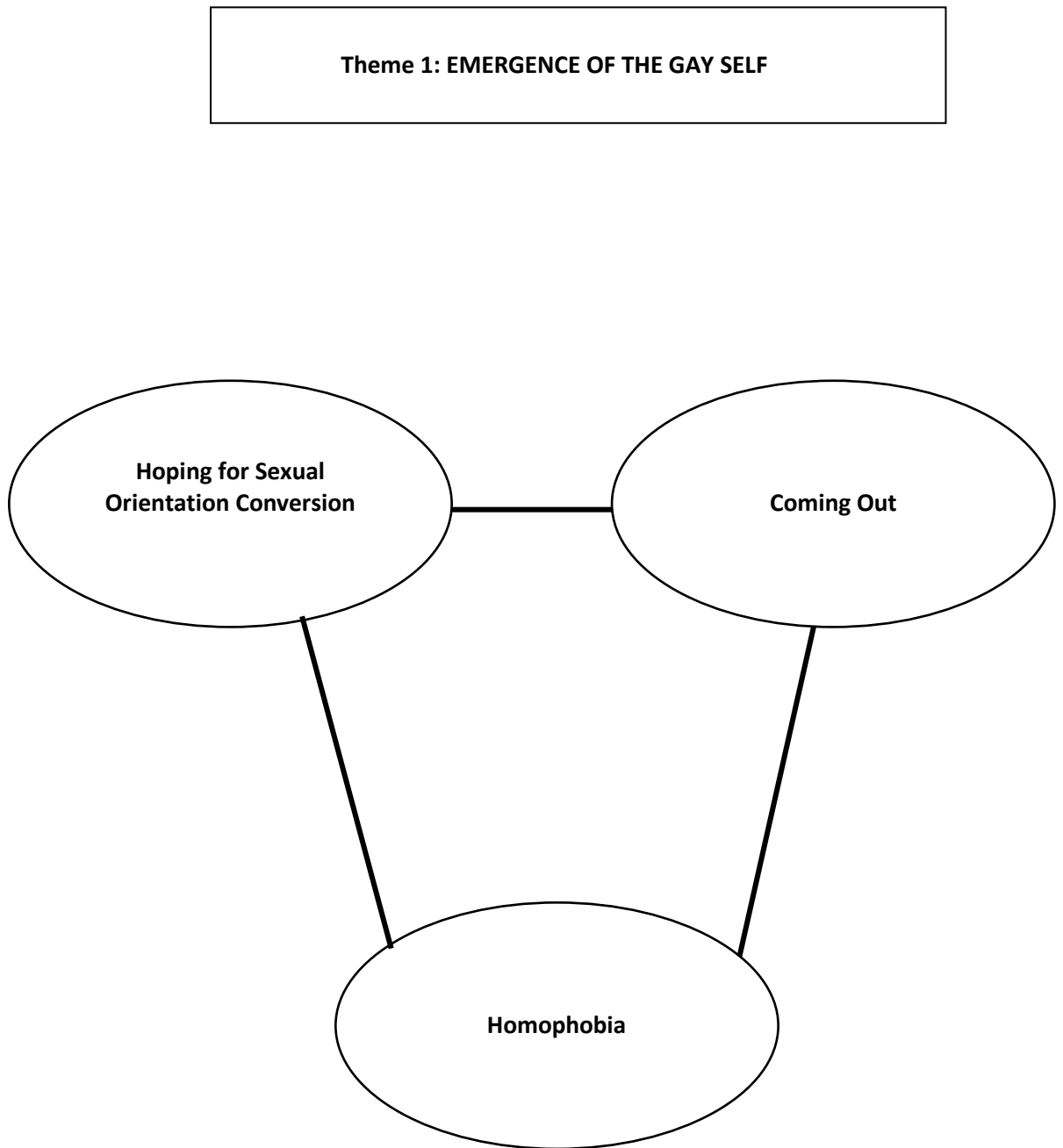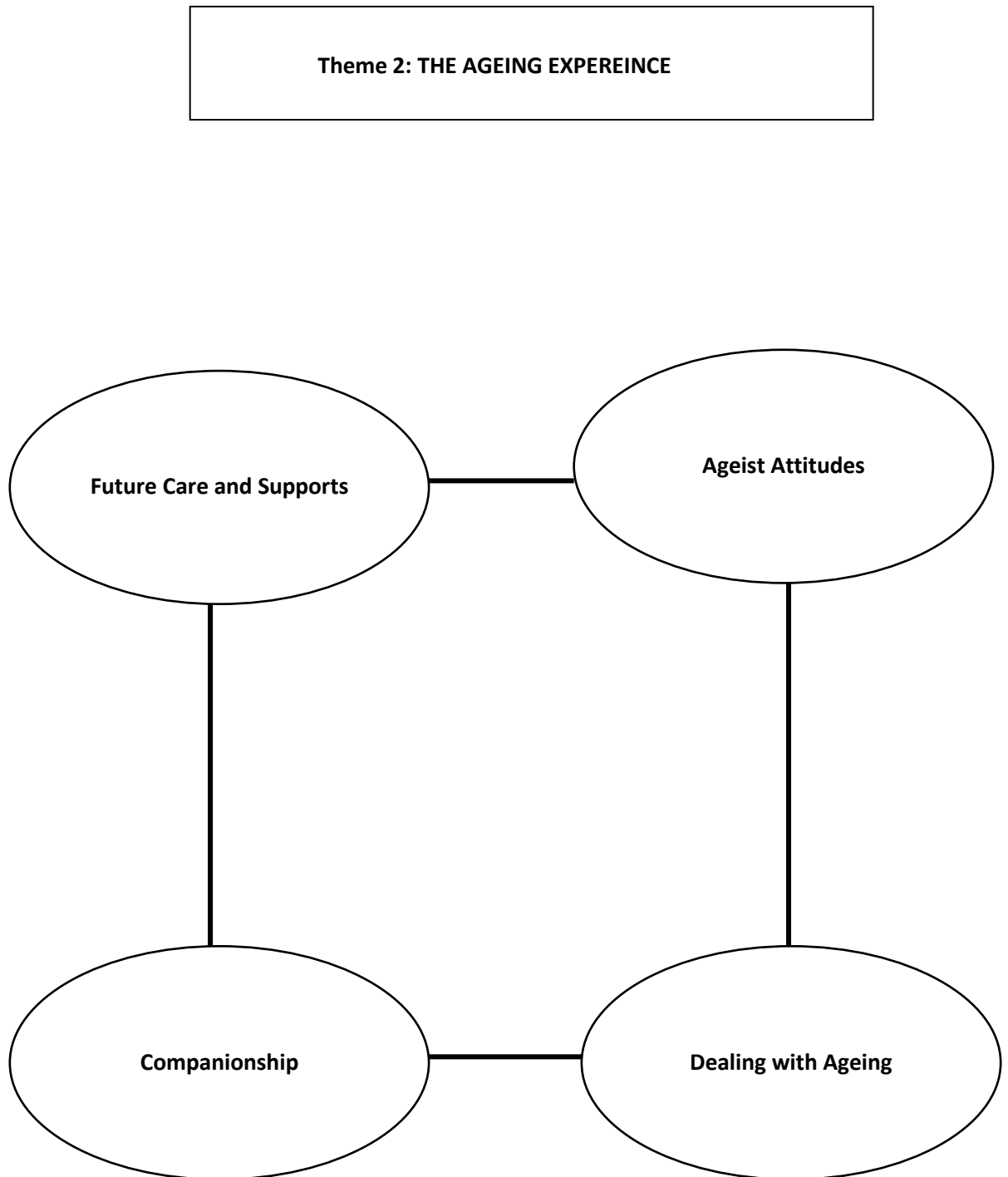Theme 1: EMERGENCE OF THE GAY SELF

Hoping for Sexual
Orientation Conversion

Coming Out

Homophobia

Figure 3 Theme 2: The ageing experience

Theme 2: THE AGEING EXPEREINCE

Future Care and Supports

Ageist Attitudes

Companionship

Dealing with Ageing

6.1   Theme 1: Emergence of the Gay Self

"*God accepts me as I am, unconditionally*"

Emergence of the gay self is the first theme identified following analysis. Most of the participants had identified a same-sex attraction early in life, most notably in their early teenage years. Although a couple of the participants had accepted their sexuality early on in life, many of the other men had not fully accepted their same-sex attraction and lived an exclusively heterosexual life until they were in their 40's or 50's. The differences in self-awareness and self-acceptance among the 12 participants had much to do with navigating their own personal feelings, family life, social status and professional lives. These factors caused many of the men a great deal of personal torment and for some, continue to do so even though it has been more than two decades that they have self-identified as gay. As explained in chapter two, coming out at any age is usually fraught with indecision with regards to the consequences that may result of doing so and for those men who lived in a time where homosexuality was a punishable offence, they would not be so quick to open themselves up to punishment and ridicule.

6.1.1   Hoping for Sexual Orientation Conversion

The first sub-theme explores the common wish among several of the participants of their desire for sexual orientation conversion. The pathologisation of homosexuality since their childhood will have left an indelible mark on the health of many of the men who then may have hoped to change and rid themselves of their same-sex attraction (Haber, 2009). The fear of being labelled as sick, perverted and having no doubt heard people's stories of conversion or aversion therapy which was and still is currently available would have driven men to hope that they could be *corrected* and therefore be able to fit comfortably into the general heterosexually focussed society. Hoping for sexual orientation conversion through heterosexual marriage and ensuing sexual relations or by attendance at church and prayer were a common statement from several of the men. The men talked about being tormented with the thought of being gay, the sin it brought onto them and how they could be redeemed in the eyes of the church and of God. However, as it would appear, once they had come to terms with their orientation, things became much calmer and spiritually affirming for them.

For Patrizio, he identified as same-sex attracted before his marriage, but fell in love with his now ex-wife and had several children with her. During his marriage he believed that being baptised by a life-long friend of his who was a pastor he would be able to change himself into a fully fledged and heterosexually orientated man:

It was Christian Fellowship. He baptised me, came down to Auckland, he baptised me in the stream up in Waitakere with all my friends around and hoping, hoping, hoping that something would happen. The skies would open and deliver me from this curse (Patrizio, pp. 26-27).

George and his wife also looked to religion for help, but instead of helping him with his dilemma, the fundamentalist organisation that he and his wife belonged to has left George with mental health issues for which he continues to have treatment for after many years:

So anyway, I thought I had to change this. In those days I was a practising Christian and I used to pray that either I would wake up dead or wake up changed. One of the two, and it never happened. My wife found this Christian thing called Exodus which I went to for a year and which absolutely screwed my head up. It was impossible. I was doing...what I was trying to do was change a way of life that I couldn't change and my head went all to hell (George, p. 3).

In a similar religious vein, Jasper had an extremely delicate and troubling emergence from his heterosexual persona throughout his life and his marriage knowing deep down inside of himself that he wanted to be with a man and not a woman. This was compounded by the fact that he was an elder in their church and a missionary:

There were lots of times when I would be at my beside, obviously my wife wasn't there because she'd be working or something, but I would just be in tears screaming at God and saying for God's sake, why am I like this. This is not life for me; this is hell (Jasper, pp. 1-2).

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For some of the men like Jasper, George and Patrizio, they had the belief that having sex with a woman would assist in them becoming, in their minds, *normal* or completely heterosexual:

...I never had sexual intercourse with a girl until I got married and at that stage I wasn't sure I could because I'd be playing with boys, the men all the time...and I thought that would change me. I thought the availability of on site sex when I wanted it would change me. Both concepts were wrong. It's not available on site when you want it and it didn't change me anyway. It wasn't very long I was back out doing the beats again. And that continued right through my marriage. I had, wherever I went I was still looking for sex with men (George, p.2).

There was certainly never anything sexual and when the crunch time sort of came and I started going out seriously with the young lady who then became my wife, it was sort of, when I start thinking about it, it was like well perhaps those feelings for guys would go away when I got married. If I started having sex with a woman then those other feelings would go away. Yeah right. Yeah right. (Jasper, p. 1).

The technique that Jasper and George employed is a conversion technique that is used in re-orientation therapy. It is called orgasmic reconditioning (Clarke, Ellis, Peel, & Riggs, 2010) and is about equating heterosexual stimuli with climax, but as it turns out, it was not effective for either of them.

6.1.2   Coming Out

Coming out, according to Robinson (2008) means to, "declare one's homosexuality publicly to family, friends, and possibly also to workmates or colleagues…" (p. 9). Most men felt a sense of relief when they came to terms with their sexual orientation and openly came out to others. Coming out stories among the participants fitted into two categories: early or late emergence. Many of the men had identified that they had feelings of same-sex attraction when they were younger; however in the homophobic social and family environments that they existed, they buried those feelings and desires deep inside themselves. The following excerpts from the participants illustrate their

early gay identification and then move to the formal coming out process during their later ages.

Six of the twelve participants mentioned that as school-aged children and teenagers they had sexual encounters with other boys of the same age – some encounters were based on exploring their burgeoning sexuality during puberty and some were more serious sexual encounters. These men continued their sexual liaisons during their young adulthood, and some throughout their heterosexual marriages. It would seem that the most innocuous and discreet place to have these sexual contacts were in public bathrooms/toilet blocks (colloquially known as bogs in New Zealand). The frequenting of these public *bogs* for sexual purposes is what gay men refer to as *cruising the bogs*, and for much of their younger years, Charles and George frequented these facilities.

According to Charles, as a young man in his late teens and early twenties, he was content with going to the public toilets with other men for sexual relief. However what was an interesting point that he brought up as a married man later in life was that he did not label his actions as cheating on his wife as he was having sex with another man:

> *I didn't go into anything gay prior to marriage, but I used to call in at the toilets where most of the people, guys, that was all there was, and I would have a play around and also I had, yeah, well that was basically what did, but to me it was just, and even through marriage I played around but it was no big deal. It was just something you did on the side and I wasn't cheating on my wife because it wasn't another woman…(Charles, p. 6).*

George's life was similar to Charles', before and throughout his married years. Like Charles, George had frequented the bogs as a young single man and as an older married man, but unknown to him, his trysts would have a major impact upon his life and mental health:

I started work at 16 and then discovered in those days the toilets around Auckland had holes in the walls and that sort of thing and I fell in love with the whole concept. I used to go to town after the movies with my friends and I would come home through all these beats all the way home and my teenage years were spent doing that sort of thing. I played football, got into that, not very well, I was in athletics, I was quite good at that. Go out with my mates to the dances at night. In those days it was Saturday night dances. I went with my mates and picked up girls and go home with them. I never wanted, I always wondered what screwing was like with a girl. Never had it and I never had sexual intercourse with a girl until I got married and at that stage I wasn't sure I could because I'd be playing with boys, the men all the time. So as I say, my life and my generation for me lead to marriage and children, family, house, the whole lot...In 1983 I got picked up in a High Street beat by the police, prosecuted. My wife found out. She didn't have to find out but I thought it was the end of the world and I contemplated suicide and all sorts of things and I thought my name would be in the paper and my family would be disgraced, the whole damn lot. My name wasn't in the paper, nobody knew but her and I. It just worked that way. (George, pp. 2-3).

As a young boy, James said he had a unique habit, which unbeknownst to him then now explains an emerging attraction to men:

...I never even thought about it. It never even entered my head, thought I did sort of, I remember in the UK I used to collect men photos but it didn't click with me at the time that I sort of looked towards men than I did towards woman but never even entered my head. (I) had no thoughts about being gay or gay life... (James, pp. 1-2).

As with the other participants, Patrizio was introduced to same-sex physical encounters early on in his life:

Well I got thrown into what you might say the gay world when I was three years old. World War II mum and dad split up. Dad got custody and put me and my older sister into an orphanage...I was four when I went in and it was in a place called (town name) down near (town name) and the kids were, there were about 14, 15 boys and

about the same number of girls and an older boy adopted a younger one as a buddy, as a big brother. Once a week, Friday night, big buddy was allowed to take little buddy to bed with him, which was very nice. I crazed for love quite honestly because I didn't have a mum, I didn't have a dad anymore and this beautiful young guy he hugged me and that sort of thing and he, I felt this hard thing down below you know and so he took my hand and showed me what to do and I ended up with sticky hands. I'll never forget it. We'd do this three times a night and basically he became my big brother and for four years we just carried on like that. Then he left and I was absolutely devastated… but then… (I) got to secondary school. I sort of kept running into guys who were similarly minded like me and I had a guy who was my best friend, Rocky, and he was basically my cock buddy. We'd hop on our bikes and go up to Mt Wellington and find somewhere secluded, toss a coin who's going to do it first and then we'd spread eagle and away we go you know (Patrizio, p. 1)

Larry states that he had never questioned *that side* of him when he was growing up and thought that most boys just experimented with each other as it was common at the time he was growing up and this was an idea echoed by several of the men in the interviews:

Looking back I can see it going right back to the age of five, maybe even earlier. We used to live a couple of miles away from my grandmother's place, my mother's mother, and she had a single daughter and a single son who lived at home. Looking back I'm quite certain that they were both gay…the house was small and the son who was a grown man, he had a sleep out and when I went to stay I was always out in the sleep out with him and I can remember desperately trying to stay awake so that I could see him or if I was awake making a tunnel through the blanket so that I could see him. So there was an obvious there right from very early stages (Larry, p. 3).

I mean I think I was lucky enough to know at a very early age that I was gay. I thought I was the only one in the world who felt like this and it was only when about at the age of 12 or 13 I actually found coming over from Blenheim to Wellington at Whitcomb & Tombs which is what Whitcoulls used to be called, the bookshop, a kind of

compilation book called Eros, writings from the last two millennia about gay men's experiences. I was very, very discreet and I'd dared not speak its name, it didn't have a vocabulary, but there were bits and pieces of Plato's symposium and that kind of thing and I suddenly realised that I wasn't alone in fact (Ken, p. 1).

*I think I knew I was gay right from the start, but you know when you you're a kid you don't really know but I was the usual thing, of course it's quite interesting really. Some people come quite late and they've never ever considered it or anything but I was always interested in men and it was, yeah, not that I disliked girls. It wasn't until I was really, nothing much happened to me at school or anything unfortunately. I was just waiting to be pounced on by somebody but it just didn't happen…*there was an awful lot of wanking *(Martin, p. 1).*

When I was a young boy at school, I enjoyed sex with my school mates in the way that boys do, and I accepted my gayness. To me it was entirely natural and it showed just the way I was although at that stage I hadn't put a name to it (Tony, p. 1).

…I can remember another boy at school I sort of became friends with and we would play around a little bit and even then I don't think, all sex was sort of taboo in the adult world in those days. I mean you know we're going back into the war time years mainly when I was at secondary school and even when I sort of went as an apprenticeship later I don't think I realised, I don't know when I realised that homosexuality was a sort of a special kind of sin and started to sort of realise that there were separate people who were such. It probably wasn't until I was in London in the university that I really realised. Even then I didn't think how horrible it was and then I got called up in the army and I think then it was beginning to dawn on me that it was taboo. I mean I realised I was homosexual, liked men best. (Edgar, p. 1)

Well I guess it started when I went to school at the age of five. I discovered I liked looking at men's cocks and I didn't understand what it was all about of course at that age (Adam, p. 1).

For some men, the latent emergence of their sexuality has been shaped by their social and sexual experiences as an adult. Some men ventured out into the fringes of the gay community while others followed a heteronormative lifestyle that may have included dating the opposite sex, or marriage and children:

I didn't have any realisation of my, any conscious realisation of my gayness until I'd been married for two or three years at the age of 33/34 and began to realise that I had other interests apart from the marriage and developed that and I was a Presbyterian minister at the same time so it was a dicey situation. So I sort of led a fairly active secret sexual life, in fact a very active one. We'd been married about 10-12 years when my wife discovered. We had four young children and so we talked that through, tears and talk and tears and talk and so forth and so on and decided that we were good friends, good partners, good parents, lets get on with it. Then a couple of years later the sexual life between my wife and I, we decided it was pointless. It was stressful for both of us. Then I met my first lover and that was the reason, or the catalyst really for leaving the ministry which I had sort of been wanting to anyway and that was what was lying underneath it and for moving to Auckland because he lived in Auckland. Then when we moved here he didn't want anything more to do with it, which was pretty stressful. That's probably the most stressful time because I really was in grief (Larry, p. 1).

I did, you know try and take girls to dances but nothing ever sort of worked out terribly well. I don't know when the complete and absolute realisation came to me. Certainly by the time I'd got to (Australian state) I made an attempt to find girlfriends except once or twice when I was manager I thought god I've got to do this and for sort of social purposes but again nothing ever worked out. I mean you could get away with some extent that you were young and not married yet but I mean by the time you're getting into your 40's that one sort of wears out (Edgar, p. 8).

When you start into puberty things happen, but I never got with a girl. I mean all these, the boys always talk about this and you wonder what it's like but the first intercourse I had, proper intercourse was with a man. I was still a teenager so I must

have been 16, 17, 18, that age. I'm not quite sure. And I thought if that's a gay life I don't want it. He lived in a very dismal one room boarding house in Grafton. He was quite handsome as I remember but that was my experience of a gay person and I thought, it wasn't called gay then. Queens, queers, wussie, poofters all that sort of thing, and I didn't want that. That reinforced my idea of having a family, a home, a marriage (George, p. 8).

I could perform sexually with both and so it wasn't any big deal being married and being gay because the gay thing didn't actually come into it. It was just something you did on the side. I don't know if that's called bisexual or just hidden sexual but it was only after my marriage broke up that I actually got involved with gay people and went out into the gay scene (Charles, p. 6).

6.1.3   Homophobia

The final sub-theme to be discussed under emergence of the gay self is homophobia. The homophobia identified by the participants includes the general and well-known form of (external) homophobia– "negative attitudes toward lesbians and gay men that may manifest themselves through anxiety, disgust, aversion, anger, discomfort or fear…" (Clarke, Ellis, Peel & Riggs, 2010, p. 262) and the lesser known – internalised homophobia, whereby gay men and lesbians identify themselves as sick, deviant, odd and view heterosexuality as normal and superior (Cosis Brown, 1998). Several of the men also mentioned the homophobia that is endemic to the church that they attend and to religion in general. Perhaps a significant event in these men's lives and to which several of them had commented upon was the passing of the 1986 Homosexual Law Reform Bill in which homosexuality was decriminalised and the age of consent was lowered to 16 years of age.

External homophobia was one category that emerged from within the sub-theme of homophobia and there were considerable differences between the sources of it among the participants. For some of the men homophobia originated from their family, and for others it came from friends, peers or strangers.

For Patrizio, he encountered homophobia throughout his life from a wide variety of sources. Other than the verbal threats of violence made against him by his father, he also encountered it from his friends, profession and church:

I was teaching the local minister who was a young guy, teaching his daughter to play the piano. He would come and sit in on or his wife would come and sit in on the lesson half an hour. Then one day he asked me any chance you could play the organ for the church this weekend. I said sure, give us a list of the hymns and so I practised them and got down there and the organ was a tinny old thing. So the following week I brought down my Roland keyboard with the two amps and plugged it up and of course we had a grand pipe organ and the people didn't know what hit them. They all came up and said Patrizio that was great, absolutely great. So I did it the next weekend, and the next weekend, and there was a knock on my door on the Saturday of the fourth week, a month later, and it's Alan. He says oh Patrizio look, I am most embarrassed. This is probably the worst thing I have ever done in my life, but he said the people at church have asked if you could be not playing the organ. I said why, and they says they don't want a person like you in their church. Playing the organ. You're welcome to come to church but they don't want you playing the organ. These are the old brigade… It was Christian Fellowship. It was a mixture of Methodist, Anglican, Presbyterian and the services encompassed a lot. I am not religious at all but my wife was and the kids aren't at all either because they've seen what religion does to a person. Anyway, so, that knocked me for a six and I had just got over being ostracised by the people, by the students, by the teachers, the teachers none of them did… This was a religious group, supposed to love their neighbour and to love everybody, treat everybody equal, kicked me out because I'm queer (Patrizio, pp. 26-27).

For George, he first encountered homophobia as a young man from his father who told him to be aware of homosexuals looking for young boys like him, but as an older man and a father himself he continues to experience homophobia everyday - from his own sons:

I lost everything...my two youngest sons haven't spoken to me for 25 years because they don't speak to their gay dad (George, p. 6).

For Adam and Ken, they had their first experiences of homophobia when they were still young and around their parents:

My parents, I couldn't talk to them. My mother had a strong Christian faith and I thought if I tell her I'm gay she'll boot me out of the house. So I still lived with them which was valuable later when their health deteriorated and my father was openly homophobic and I didn't feel I could talk to him either (Adam, p. 3).

My father said that I couldn't be his son and I left home and I had a brother one year younger who wasn't then but was on the way to becoming what he is now which a rabidly homophobic fundamentalist Christian (Ken, p. 2).

In contrast, experiences of internalised homophobia were also apparent in several of the men's comments. Other than Edgar, Patrizio and Adam, several of the other men grew up in quite strict religious environments. Religion and the promulgation of the traditional family unit was particularly strong in society several decades ago and this idea placed covert and overt pressure on people to conform to these standards (Cornelson, 1998). As the topic of sexuality was taboo and not to be discussed during the years that the men were growing up, the concealment of their orientation and feelings may have had a detrimental effect on the men and instilled in them that their feelings were wrong and immoral. These negative feelings of same-sex attraction still emerge in the comments made by some of the participants and in the words that they spoke during the interviews.

I don't think it's a pleasant life where you know amongst ourselves we talk about this sort of thing. I don't think it is. You're on the fringe of society and leading a sort of secret life through most of your life. It's not a satisfying existence I don't think. I don't know whether I would, I don't often think about what would happen if I had kids and

that sort of thing but I think that to me seems a more natural form of existence than the unnatural ability of the homosexual world (Edgar, pp. 1-2).

For Patrizio and Adam, they had labelled their same-sex attraction in a negative format and one that would stigmatise gay men as having an affliction to be cured:

I wished the skies would open and deliver me from this curse (Patrizio, p. 27).

I still had the problem that I was gay (Adam, p. 4).

6.2 Theme 2: The Ageing Experience

"…I see this old bastard. That pisses me off…"

As Spector-Mersel (2006) comments, the old are viewed by younger people as a group barren of any characteristics other than their age which then creates a metaphorical geriatric melting-pot and by treating age, and ultimately, the individual as a static phenomenon, the uniqueness and the essence of a person is lost. Older adults have shown themselves to be just as physically and socially active and politically and environmentally aware as their younger rivals. Take for example, Maggie Kuhn who is purported to be the activist founder of the American Gray Panthers in 1972 (she was 65 years old at the time) who touted the idea that the baby boomers were a significant political force to be reckoned with and took ageing issues and its problems to a national level (Roszak, 2009). Although not as politically active as Kuhn, the participants in this study have managed to lead lives with an awareness of how their personalities, surroundings and their own capabilities were to inevitably transform their lives into what they are now and ultimately share their life stories in this thesis.

Under the main theme of the ageing experience emerged four areas that are directly connected to ageing and these are: dealing with ageing, ageist attitudes, companionship, and future care and supports. For some men, ageing was not a significant experience to which they never gave much thought to and yet for others, ageing was an intensely negative experience with significant impacts.

6.2.1   Dealing with Ageing

Becoming older entails a multitude of changes that the person must face and ultimately deal with. Ageing is a process of adaptation and adjustment in which the person seeks to maximise their physical and psychological potential. Some ageing issues that are encountered include a change of social role and status, a reduced income that may come from retirement and alternatively, an increase in leisure time and time to make new social connections. It is noted by a number of authors that a person's inability to deal with the usual ageing issues which may further be compounded by identifying as non-heterosexual is a factor for increased stress and depression (Coleman, 1990; Erber, 2005; Iwasaki & Ristock, 2007).

A number of the participants discussed how they dealt with ageing, for example, Ken believed being in control of his life helped whereas Patrizio and several others felt that being positive and maintaining a social support and friendship network facilitated ageing. For example, Charles founded a naturist club for older gay men and Claude frequented a retirement club with his mother and ex partner:

(Ex partner's name) had learnt to play Majong in Holland and mum was in a Majong group and occasionally I would take her out and, sometimes with (ex partner's name), and we'd go to Waipuna Lodge and get a sort of a smorgasbord dinner there you see, it would be the three of us (Claude, p. 14).

Well when I had the (name of club deleted), I built it up to about 60 members and there were 28 ex married men in that group that I knew of and still do know (Charles, p. 3).

James was quite clear on what helped comfort him through his ageing experience:

...it's friends and probably, not just gay friends but also maybe straight friends as well, knowing them and say probably knowing that they're there and should you need some help they're there for you. I think that's probably been the most significant thing, is friends I think (James, p. 11).

For Edgar, he identified another method to deal with ageing:

Well I keep myself occupied…I spend probably nine and a half hours reading the Herald everyday and then the computer magazines and then sceptic's magazines and anything that there is going. There's the senior net thing. That's my one little bit of public duty, we go along and teach other old people how to do word processing and that sort of thing (Edgar, p. 6).

One of the ways that several of the men dealt with the ageing experience was in the enjoyment that they received from having the freedom to do as they pleased without the restrictions of work or other constricting factors. Some of them had stated that they feel happier, are getting more pleasure from ageing and are actually enjoying the experience of ageing. For Tony, his ability to deal with his ageing years was due to several factors, firstly, the well-established relationships and the presence of his personal caregivers and their ability to take him places that he could not go to now since he is quite immobile, secondly, having his home designed just exactly as he had imagined it, and having financial freedom.

I'm enjoying life more than I ever have before and I sit here and I look around through to my study and I never imagined that at this time of my life I would be in a home that I like so much or that I would ever be looked after so well (Tony, p. 8).

Through several of the interviews, there was an element of resilience that came through which aided the men in dealing with their ageing years and perhaps Martin summed it up best when he stated that by getting older:

…you gain confidence and your hide grows a little bit thicker...things about ageing, I suppose it's the confidence (Martin, p. 14).

Keeping within the theme of dealing with ageing, a variety of issues were identified by the participants who dealt with loss which may be attributed to their age and included

loss of relationships and a loss of sexual stamina. For Jasper, the loss of his first and most intense same-sex relationship was a significant low for him in his life thus far:

...the meeting of someone who I could love unconditionally and who I thought was loving me unconditionally and so that was an incredible experience...I'm so angry that I have now been out 15 years. I came out of the marriage to have the opportunity and be able to know a relationship and of that 15 years I've only had just over two years of a relationship. I'm angry because I feel that why haven't I been able to connect with someone and have a longer relationship and I felt angry. I'm not sure at who or what or whatever, but there is an anger that's in there and a sadness that, and I do put it down to age. I do put it down to age, because it is so much easier for the younger set to move around and that sort of thing (Jasper, pp. 14-15).

In Larry's situation, an active sex life has always been important to him, however as his age advances he sees a change in his performance levels and in the quality of his sexual liaisons:

I think the downsides of ageing of course are that you're not able to do a lot of things that you used to do. Sexual activity is not as easy as it used to be and just sexual activity is not as satisfying as it used to be, you want more than that, and you know what there is more and so you look for that, but I don't intend giving it up (Larry, p. 16).

An area that is linked to the sub-theme of dealing with ageing and ageing's inevitable consequence is the topic of death and dying. Surprisingly, many of the men were comfortable with discussing this topic openly, honestly and to a person they had never met before. In fact, Erber (2005) identifies that it may seem paradoxical that older adults are more open to accepting and discussing their death than middle aged or younger adults as they are closer to the event. Many of the men interviewed for this study welcomed an end to their lives and some even spoke of and entertained the thoughts of *euthanasia* (suicide).

Larry, who was from a strong religious and counselling background, shared his thoughts on euthanasia and suicide during the interview claiming he was quite open to the idea:

I've no problems with euthanasia or suicide and I've dealt with a few of that in my pastoral times and people are quite shocked when I'd say well that person made their decision, it's respected. I've often thought about that and as you get older you think more and more about it, particularly with my brother having just died. Had a heart attack 10 years ago so you know, I know I've always got that edge (Larry, p. 12).

Edgar was perhaps the most prolific in the discussion around death and dying and he was steadfast in his views, although some of his estate planning and suicide plans were not yet finalised. He went on to explain his thoughts around his death and the preparation for it:

I joined the Voluntary Euthanasia Society or even more so the one called Exit which is how to do it and I'm not the least bit suicidal but if I ever get in some miserable state I hope to God that I would be able to go through the bottle of helium by myself rather than being in a terribly dependent situation. Quality of life is that word that people talk about nowadays don't they. At the moment even though I'm 81 my quality of life is quite good. I'm quite surprised that you can get to that dreadful age and still be reasonably fit and alert (Edgar, pp. 3-4).

As for Ken, he has prepared for his death many years ago. He shared his views on suicide and had a quite matter-of-fact view about life and death:

I think that the kind of thing is to start saving the pills and the moment comes when you know. I've always felt other people don't share my hopes that some people will be able to tell me exactly down to the day how much time I have left. So I could say to hell with the money, to hell with being frugal, frugal is such an ugly word, I have so much money left in the bank, I will go and spend it all by that date and then I will borrow as much as I can from the bank to go to San Francisco for the last time and then

when I croak, because the bank gets the house, so nobody is out of pocket and any money left over is going to the SPCA (Ken, pp. 19-20).

An unfortunate result of ageing is the possibility of acquiring an illness to the point where one becomes incapacitated and associated with this statement is Claude's emotive story. Claude and his deceased partner were rarely apart for 28 years before he died in 2009. He told me that he cared for him at home until he could no longer cope and then placed him into a rest home. When he brought him home one last time, decisions were made that would end one life and send another into the most tumultuous period of his life:

It was about that time that, 2002 was when [partner's name] *was diagnosed with Alzheimer's... I think it was 2009 and we got to talking one night and he was very adamant that he did not want to live anymore and it sort of got me quite upset, really did. I didn't know quite what to do about this and I didn't think I could live without him even though he was in such a state and so the short story of it was that he was determined he was going to take some tablets and go and I said well I'm going to join you and that's what we tried to do and that was the, he died on the 17th of May and, actually he died on the 16th of May, it was the Saturday and he did it while I was out in the garden and I came in and he was dead and I thought bloody hell. I didn't know quite what to do and I didn't know whether he'd spoken to anyone and that sort of thing and so anyway I just, I undressed him and left him naked in the bed and I took some tablets myself and then some friends came around the next day, I actually stayed, I slept and cuddled him all night and I was in tears all night and I didn't know quite what to do and on the Sunday morning I decided right well I'm going to go too because I didn't think I could live without him. So I sort of tidied up a few things, I got some letters quickly written to about 10 people and shoved them in the post box down here, came back and tried to euthanize myself and I think I took too many tablets because I never got the bag over my head properly, it wasn't properly sealed, because that's what he used and there was only the one bag in the house that was big enough to go over our head and I had to use his one (Claude, p. 5).*

Claude continued his story focussing on the legal aftermath of his partner's suicide and his own attempt:

...they (the police) *took our computers out, well my computers because* [partner's name] *couldn't manage a computer, they took both computers out of the house and they took a lot of clothing and they took all the bedding out...I went through quite a lengthy period, it must have been about 10 months and I was underneath the thumb of the police and I was allowed to be out on bail as it were, I was able to live in the house, I wasn't actually on bail but I had this minder nurse that would come around every week twice a week just to sort of keep an eye on me, see whether I was still alive or what I was doing and that sort of thing and then eventually the police charged me with assisting a suicide and they had, they didn't have any proof. They never had anything against me at all (Claude, p. 6).*

...then I went to Court about a month after that and I was in dread about that and the Judge that we had, the Magistrate that I had, I was told by the barrister that it was the most strict barrister that there was in Auckland, barrister, Judge, Magistrate. Magistrate's the right word I think. Any rate I had to sit in the bloody prisoner box and that sort of thing. When he came out to, he came out of his room and my barrister and the police solicitor spoke for I don't know, two or three minutes and they virtually said nothing because all the evidence had been passed over to the Magistrate and he'd gone through it all and he sort of hummed and ahhed after they'd sat down and he said mm, I'm not quite sure what to make of this, he said. The penalty for this is five years in jail. I still go into tears over that because I got such a hell of a shock, and he said well it's not worth, what you've done he said is not worth five years in jail and he went down a list of a whole lot of different penalties and he came down to community service and he said I don't think you need to go onto community service he said. You haven't got a record or anything like that and he said oh well he said, I don't think I can charge you with anything, you're free to go. And of course I was in tears then (Claude, pp. 6-7).

Financial security was another area to the sub-theme of dealing with ageing that emerged from the data. From their stories, some of the men had prepared for their retirement at a young age and are now financially stable in their older years, whereas others are struggling:

Financial stability. When I was in the guest house I never went out anywhere and I invested what money I was making and over those years I built up a portfolio of investments…I think I've got enough finances coming in to pay the bills and this is before I was 65. And also when I left television I got a superannuation from them as well and so I found I had enough money to live on and I had a freehold house and to retire you need a freehold house because people that have big mortgages and they're retired, they have lots of problems. They can't do this and they can't do that…you have to have financial stability to make retirement good… (Charles, p. 12).

So that's what's going to happen to me because I haven't got $150,000, unless I win Lotto. I would like, I can't say retire because I never want to retire, I would like to own my own home…See my pension only pays for the rent and then I have a debt that I have to pay that I got caught out in America. I went over there on a scam, got caught out and I owe $50,000. So I got a loan to cover that and I'm paying that off so much a week but the rent and the loan come to more than my pension and that's without electricity and all the other things. So it's compulsory saving in that respect but it's making me live very frugally, and I am going to have to keep doing that for a long time. The only thing I own is my caravan and well even that is the bank's, the loan company's got it's thing for security. So if I sell it, and I don't want to because it's my home in the holidays (Patrizio, p. 41).

I put up with some boarder cum flatmate cum whatever it is in the other part of the house because it makes all the difference between living comfortably and living frugally. I've got some savings but inflation erodes savings over the years and I'm not one for wining and dining or clothes, I've given up overseas holidays (Edgar, p. 10).

This section revealed the varied ways that the men in this study deal with their ageing experience – either through their own internal strengths or by means of friends or other support networks all culminating with them being able to deal with their own end-of-life issues. However, a problem that continues to plague society is the discrimination of older adults by those of younger generations and this is explored in the next sub-theme.

6.2.2   Ageist Attitudes

Discrimination based on age is seen on an almost daily basis in our society whether it be in public or on television - the young denigrate the old for being slow and overly cautious and the old criticise the young for being reckless and impudent. These negative images are deeply rooted in western culture and have become even more entrenched due to the economic and cultural disparity between the generations (Achenbaum, 2005). Introduced in chapter 4 was the concept of biomedicalisation of ageing and how science turned the natural process of ageing into a disease. The increased negative public perception of ageing may have culminated in an increased fear and revulsion of ageing which may stem from our own apprehensiveness toward accepting our own mortality. The effects of ageism on society means has an impact on many fronts, for example: the marginalisation of a group of people, less economic opportunities available to them, decreased valuation of the accrued wisdom of older people, and an increase in negative behaviours and attitudes toward older people. Overwhelmingly, several of the men told of incidences of negative attitudes directed at them from younger gay men in the community and how out-of-place they felt at gay venues like nightclubs for example:

Young people don't want to know you...(George, p. 15).

...we see so much of the young buffed people and I said to someone the other day I wonder what they're going to be like in 30 years time or something like that, how are they going to react, because they react in a way that is a bit sort of derogatory towards older people now (Jasper, p. 18).

...there's also the usual problems of ageing as a gay man is the fact that you are no longer really accepted in the social world because you're too old. It's okay amongst my contemporaries, my peers, but if you go out somewhere you kind of get either the invisible look or a derogatory look. So it's difficult, these days you have to be young and pretty to be out there (George, p. 1).

Apart from the nightclubs, it would seem that even in the most intimate of environments like a gay men's sauna complex, older men are still marginalised and disregarded:

In fact when I first came to Auckland it was like I'm here, I need to meet somebody, I want to meet somebody, and so I rang. At that stage I rang, it was called Gayline at the time, and I rang and I said, I explained the situation and he said go to the Centurian. No, it wasn't called the Centurian; I think it was called Beresford or something. Anyhow, so I went there. I mean okay, I was 59, might have been 60 because it was towards the end of the year and it's like nobody spoke to me and looking back on it, it was like obviously wow you're too old because it was very much, it still is to a certain extent very much a young person's sauna (Jasper, p. 5).

I know I don't look 70 and the body is still fully functioning in every department but you tell someone your real age, other gay men, and they run screaming (Ken, p. 6).

As it has been illustrated, ageist attitudes and behaviours can compound the pre-existing negative emotions of ageing that may be present in the older person. Present day society places a cultural value on youth, and this is especially evident in gay culture where an emphasis on youthful looks predominates (Kennedy, 2008; Long, 2001, Slevin, 2008; Teuscher & Teuscher, 2007). Ageism can greatly impact upon the psychological and social well-being of an older gay man especially when he is attempting to form a bond with another person. The third sub-theme of companionship is explored in the next section.

6.2.3   Companionship

As Jerrome (1990) states, "intimate relationships are characterised by emotional intensity, self-disclosure, and a high degree of personal involvement" (p. 181). Intimate relationships are composed of having a companion that shares similar traits and commonalities, interests and therein exists a mutual attraction. Seven of the men in this study had, at some point during their lives, a male companion/relationship with one of the twelve participants currently in a relationship.

Most of the men expressed a desire to find a partner, however many of them felt that the opportunities for finding a companion was limited either due to their age, or their own sense of attractiveness and desirability in attracting an interested companion. For Edgar, his youthfulness and physicality was something he particularly missed as it was a way of attracting the muscular and masculine men he has always been attracted to:

What aging means, what you used to be like physically...It's just an acceptance of reality I suppose. I don't sort of give a proper answer to that. You have to accept what is and not the way you would like to have it (Edgar, pp. 14-15).

In a similar vein of discussion to Edgar, Charles has certainly felt the negative aspects of his age on his ability to attract men:

That was good in those days but once you...get older then you've got to realise that everybody's after younger men (Charles, p. 3).

The idea of having a companion was so highly significant for several of the men that they seemed to make it an explicit point of discussion during the interview by discussing their first love, only love, or their most significant relationship:

I went to a work school in Wellington and I met a fellow down there who I first time in my life fell in love. Really head over heels, drop dead in love. Absolutely. And I wanted to leave the family and everything. I thought about it and I come home and I was, oh, totally twisted. I wasn't sure what was going to happen, but when I got back

there with my wife, my three kids, the baby was only 18 months, I can't leave them. So that was the end of that although I've never forgotten him (George, p. 2).

…one day in the first year, it might have been '57, a guy, again he was just standing in the queue waiting to go to the cafeteria and a guy stepped forward and shook my hand and he said hello my name is [man's name] *and I said my name is Tony. He said yes I know and there was the most wonderful man and a relationship began that very day. He seemed to be completely unaware that being gay publicly wasn't acceptable. He used to put his arms around me and tried to kiss me when he got on his motorbike and then when lying on the lawn on the side of the road and sort of was terrified and backed away. There were all sorts of thing at play and he used to come to my home often and we'd do our study at night together and occasionally he would stay over and sleep with me in my bed. It was what we call a three quarter bed, there was one and a single bed. My grandmother was horrified because I would say proudly in the morning Nana,* [man's name] *stayed overnight can he have some breakfast and she would give us breakfast in silence, but she was, she just shook her head and said this isn't right, but it was wonderful being with* [man's name]*. He didn't ever say that he was gay. That topic never came up and it turned out that he was bi and a year or so after we first met he met a woman and she went to Australia and he went with her and I was devastated of course. That relationship was absolutely amazing (Tony, p. 2)*

Claude tells the story of how he had met his late partner of almost 30 years:

…the first time I met [partner's name] was at a gay barbecue and it was out in the country at (town name) near (town name). I'd met these guys on a trip. I'd gone up North and I did an overland trip, over sand dunes and all sorts of things in the wild up, out of (town name), down (town name) and around there. As a result of that they sort of questioned me and found out that I was gay and then on the way back from there I stopped off at their place in (town name) and they had built themselves a French style chateau, two storey, domed thingy over the stairwell and all this sort of thing and they invited me to go to a party there on Waitangi Day in 1981 and as a result of that, it blew me away, it really did. There must have been 120, 130 people there, all gay. I was

sort of lost in the wilderness almost with this sort of thing. I knew a few people by sight and sort of had a little bit of a chit-chat and all that sort of thing. I met [partner's name] at the punch bowl not long before midnight that night and we were both helping ourselves to a glass of punch and we had a bit of a chitchat, I don't know for 10, maybe 15 minutes and the chap that had taken him up there came along and said, he said to Hans are you ready to go now, I'm thinking of leaving now, and [partner's name] said yes okay and he said goodbye and just disappeared and I thought bloody hell, what the hell do I do now. It sort of blew me away. I mean just for a few short minutes of chitchat and in the end I decided right I've got to get a business card and get it to him and I ran out, ran out to the van and pulled the business card and I just caught the car going out the driveway, put it through the window to him because he wasn't driving at the time, he was a passenger. The next night it was all full on and I'd never been in a gay situation before in my life and he hadn't had anything much in the way of sex or anything like that. He sort of socialised with gay people but not had sex and of course we had a bit of fun over sex, yeah a wee while. So from there on out we just sort of seemed to get closer and closer (Claude, p. 1).

Conversely, some of the participants said that having a partner and thus a relationship was not high on their needs now or at anytime during their lives. For example, Martin said he was too preoccupied by his own business in order to focus on finding a partner:

I do have odd guys that call in here and that and that suits me fine. I don't think I want the commitment of anybody permanent. I suppose it's the way I was brought up. Perhaps if I'd been able to get into a relationship earlier in my life I might have been happier in a relationship but I'm so independent now I can't be bothered (Martin, p. 9).

Edgar conveyed his personal feeling of how he is not *the relationship type* even though he had attempted a relationship with another man many years ago:

...when I was in (Australian state) I did sort of find somebody that I actually lived with who was gay and reasonably physically attractive but it didn't really last long. I

don't think I've ever sort of been into the sort of gay marriage type of thing ever (Edgar, p. 11).

James also had attempted relationships in the past, but found that they were never really for him. Here he recalls his biggest failed romantic relationship:

I must have met somebody through there who also was the partner of the same guy who I met at the meditation group, something like that, but then I never, I, we met up a few times. I think we might have gone for a cinema or dinner or something like that but then I didn't do anything else and then I got introduced to him again. So I actually had a, I think we formed a relationship but it didn't sort of last for any great length of time. I'm probably not that sort of, I like my own space probably (James, p. 5).

The men fell into two distinct groups: those that wanted a partner and thus, a relationship, or those that were happy being single and independent. The men who desired companionship continue to strive towards attracting a man even though their comments during the interviews conveyed their difficulty in attracting somebody at their age, a view supported by Schope (2005).   The men's stories of finding it difficult to attract a partner gave way to feelings of loneliness; however, the feelings of loneliness seem to be mitigated by having an extensive social network.

Regardless of sexual orientation, as men and women age their physical and psychological well-being needs to be maintained, and for older adults, this means encounters with health care professionals.   The next section examines participants perspectives on their future care and support as well as their viewpoints on health care professionals.

6.2.4   Future Care and Support

As Neville and Henrickson (2010) write, the increasing global numbers of older adults is fast becoming an international issue of discussion and planning and this is becoming even more evident among the older non-heterosexual community.   Regardless of sexual orientation, in the coming years older people will be putting pressure upon

healthcare systems never before seen and will also be likely to be seeking admission to long-term care institutions (Meiner, 2011). As explained in chapter 2, people would rather be cared for in the comfort, familiarity, and safety of their own homes (Heaphy, Yip, & Thompson, 2004; Metlife Market Institute, & The Lesbian and Gay Aging Issues Network of The American Society on Aging, 2010; Quine & Morrell, 2007) and is the focus of the Ageing in Place initiative in New Zealand. This section examines the thoughts of several men pondering their future care requirements and the support needed from health professionals who will be inevitably caring for them. The men brought up the subject of gay orientated long-term care facilities or rest homes as places they would not feel comfortable in if they were not able to remain independent on their own home. Interestingly, the men who talked about potential placement in long-term care where overwhelmingly negative, apprehensive and anxious about this future prospect:

I'm not sure whether it would ever work, and I think there might be a place in America that they might have already started it, but a village of some sort for older gay people would be nice… So you can have a common room where you could sit and have coffee and talk to each other and go back to your own place and have people over you wanted to. I imagine it could get a bit bitchy now and again. That would be nice. I can't see myself going into the ordinary run of the mill old folks home. Sitting there, wetting myself with a bunch of old ladies. No. It could be fun. Well you see there's another thing. Gay sense of humour can be different too (George, pp. 13-14)

For Jasper, the possibility of having to enter a heterosexually orientated rest home as an openly gay older man evoked a great sense of unease in him as illustrated by the following exchange between him and the researcher:

Jasper:

My friend and I were only sort of briefly discussing this the other day but okay, if it's necessary for me to go into a home at some stage, I'm quite happy to go in, but hey, there's no, I don't know of any really open gay accepting rest homes. So you become very much a minority in a very close situation with other people and I think, that is a

worry because I'm very much a, it depends on what I'm like when I need to go in there, but I like, I'm a persons person, a bit of a social, well social butterfly yes and no.

Researcher:

I mean that's a common thing from the other fellows as well. They have lived their life now as an out person and if they ever have to go into a facility they're back being…

Jasper:

Closet, forced to go into closet.

Researcher:

Again, so I don't think you're not alone in that and certainly I've thought about that myself.

Jasper:

I mean I know there have been moves or thoughts, I don't think it's got any further than thoughts, about a gay rest home somewhere but I mean it just doesn't, and the lesbians were looking at it and getting underway but again I've not heard of any development...(Jasper, p. 15).

For Patrizio and Adam, having a long-term care facility that is same-sex orientated is something they desire and would like to see developing in New Zealand for the time that they may require it:

I would like to see an old folks home for gay men, with gay nurses, totally supportive, like we have old folks home for old folk, because all the nurses tend to be woman and I'd like to see a residence. So if I ever become, lets say incapacitated like my dad did perhaps with, not Alzheimer's but frail, I would like to go somewhere, I've got no money so I'll have to go to an old folks home, but I would like it to be with gay people and spend the rest of my life with gay people (Patrizio, p. 38).

…now when it gets to the point where I can't look after myself, what happens then if I don't happen to have a partner at that point to look after me? I realise that there is going to come a point, hopefully not too soon, but there is going to come a point when I won't be able to live on my own and what then, because rest homes are not always ideal places for gay men and you know, there's a, well you haven't got the commonality and fellowship with other people and that does concern me.   I mean you're probably aware of the debate that's being circulated about the lack of rest home accommodation for gay, both lesbian and gay, well the whole GLBT thing, there's no sort of retirement accommodation exclusively available and in this country as there are in say the United States and so which is an issue for the gay community. I mean it's a difficult one because we're, in New Zealand…it's population numbers. We are a smaller country and so it's, but no it's a problem at the back of my mind (Adam, pp. 8-10).

Larry comments on his feelings regarding rest home placement if it ever came to that in his life in the following dialogue with the researcher:

Larry:

It depends, I think depends very largely on health issues. How much and what sort of supports you need. I would be very reluctant to go into a home as it were, like (name) or something like that. (Name) is okay but I wouldn't want to do that. I'd feel isolated, but only about 7% of older people in New Zealand go into homes…So that leaves 93% of us die in our own homes or with our family or whatever.

Researcher:

So when you say you wouldn't want to go into a rest home because you would feel isolated, do you mean isolated as just being by yourself with nobody that you know or is that isolated as something else?

Larry:

Both. Going into a community, a new community is always difficult and I think more and more difficult as you get older and older. Going in as a gay man, you are actually doing the coming out process all over again. Same fears and rest homes can

get very nasty, very gossipy and build each other's gossip. So it can be quite cruel. I have seen a lot of that because I was involved in pastoral care of those places and my wife was involved in those places. So I wouldn't want to do that. I don't think I ever will unless it's for physical wellbeing reasons and I think if I got to that stage where I was so ill or physically disabled then I would do something about that...I think the community has to be much more accepting and allowing gay men and women to go into those places to be gay men and women (Larry, pp. 11-12).

As any older adult, ageing gay men want their physical and mental health needs met, whether it be in a long-term care facility or within the community, and want health professionals who are receptive to their needs and can practice inclusively and in a culturally appropriate way (Kimmel, Rose, & David, 2006). This area was explored with the men by asking them the question what they would like to tell health professionals in this country about ageing as a gay man in New Zealand. Most relevant to this group was that New Zealand health professionals should be less discriminatory in their practice, display some degree of acceptance, and be less judgemental when working with older same-sex orientated people:

I don't want to have to say to anybody at any time ask me are you gay. I just want them to say are you Phil? Nothing else in that. Does it matter who I go to bed with and what I like doing with people. This is the way health professionals if they ever get true to people, if that's all we want more than anything else. We don't recruit ... if that was possible why aren't you gay, you know. No, you've got to want to be to go out, but what I'm saying is I want them to just accept a human being as a person, not as anything else and if I want to marry somebody and it's a male that my matter. If I want to go to bed with somebody that's a male..that's my own matter and you shouldn't have to think about that. If I come home to my family, a boy, a young man comes home to his family with a man, there shouldn't be any thought about, but it is of course. I don't think it would ever change, but do you know what I mean about the, yeah. So that's what I want health professionals to sort of work through, that they can do that, but apart from just to accept gay men as men...(George, p. 14).

I must admit that the times I've been in hospital in the last few years, I've been quite open about who I am and I've never found any negative attitudes. Oh yes I have, once. I was in Melbourne and I had what I thought was another heart attack and they rushed me off to hospital in an ambulance in the middle of the night at the cost of $870 for a 10 minute ride and I had a male nurse who was superb. He absolutely was excellent and then I've forgotten what happened, he realised I was a gay man which last I saw of him and another came and he said, he let me know that things had changed…I think the health professional scene needs a lot more education in these fields…There were doctors who said they wouldn't let HIV patients sit in their waiting room because they thought they might pass it on to someone else…Stop making assumptions. You go in there and they assume that you're a straight man and they treat you as such and it shows up very often when they talk about your partner and they almost always say she. They just don't have it on their radar that it might be male and so I rejoice when I'm somewhere and they say your partner male or female and I think that's great because it shows that they are aware of those sorts of things… Sensitive awareness of possibilities that you're not dealing with a heterosexual person or don't assume that you're dealing with a heterosexual person and I think in most cases medical people shouldn't be afraid to ask. They ask about all sorts of other private things so why shouldn't they ask that. (Larry, pp. 12-15).

We would appreciate a care system which enables us to still be openly gay and to have contact with others who are also gay…we don't want to be isolated and shoved away…we need respect for who we are (Adam, p. 10).

…we just need as much respect and freedom of choice as anybody else has. We are no different. We are no better, we are no worse. What I think I would ask the carers of New Zealanders when I'm in an old peoples home and I'm dribbling and sitting in a chair against the wall trying to knit, please don't call me Ken. Don't address me by my Christian name. If you're 50 or 60 years younger than me, call me Mr So and So or sir or madam but not Ken. Call me madam (Ken, p. 22).

Jasper shared his thoughts regarding healthcare professionals who work with same-sex orientated people and indicated that health professionals needed to be open-minded:

To be understanding. To try and relate to the person and not be judgmental. I don't know quite what else to say there, because it is all about understanding (Jasper, pp. 17-18).

The results presented in this final section demonstrate the men's outlook on their future care needs and support as well as their expectations from healthcare professionals. For many of the men in this study, their younger years were consumed with concealing their true sexual orientation, however, through subsequent years, the stigma of being same-sex attracted has greatly lessened and there is much more public acceptance of gay people. The trepidation that the men feel towards long-term care suggest that they desire to remain openly gay and to be around others of the same orientation, whether that be other co-residents and/or staff. Additionally the men do not want to retreat back into the closet in order to protect themselves from homophobic abuse from others from within the facility – be it other residents or care staff. During the interviews, many of the participants expressed values such as, acceptance, sensitivity, diversity, freedom, and respect. It was these values that they wished to convey to New Zealand healthcare professionals about working with older gay men. Furthermore, these principles are found within the literature explaining the practices of cultural competency and cultural safety which physicians and Registered Nurses follow in New Zealand (Durie, 2001; Nursing Council of New Zealand, 2011).

6.3   Conclusion

Two themes emerged following interviews with the twelve participants: emergence of the gay self and the ageing experience and from these, several sub-themes emerged. Reflecting back on their younger years, many of the men noted that they were attracted to the same sex. Over time and through their own unique personal experiences, most of the men have come to accept their sexual orientation. In addition to this, the men now have to deal with ageing and what has come to occur – ageism, an absence of companionship and envisioning what care supports that they

may need in the future. This ends the presentation of the findings for this study. In the final chapter the research themes are critically discussed in detail with relevant literature with a discussion of the study and its implications for professional health practice and nursing education research is given. Strengths and limitations of the present study are examined and the final conclusion is made.

CHAPTER SEVEN: DISCUSSION

7.0   Introduction

The previous chapter presented the findings of the participant interviews following data analysis. This concluding chapter begins with a brief summary of the findings that emerged from the data and analysis followed by a critical discussion of the identified themes which had surfaced and culminating in a discussion of the topic – being gay and getting older. Following this, recommendations for various ageing supports are examined and discussed, and information and implications for professional health practice, nursing education and research are presented, in addition to the strengths and limitations of this research study.

As a reminder, the aim of the present study was to explore the life and ageing experiences of gay men in New Zealand over the age of 65 years. Its three aims were to:

- Critically explore the narratives of gay men over 65 years.

- Identify areas of support that these men might need as they age

- Inform professional health practice about the care needs of older gay men.

The methodology employed in this study was narrative gerontology informed by critical gerontology. Data were gathered by using semi-structured interviews with 12 men and analysed using Braun and Clarke's (2006) framework for analysis. Two upper-level themes were identified: *the ageing experience* and *emergence of the gay self*. Within each of these upper-level themes, several sub-themes emerged which were presented in chapter six.

7.1   Summary of Findings

The first of the two main themes emerging from the data were: *emergence of the gay self* and from this surfaced three sub-themes: *hoping for sexual orientation conversion*, *coming out*, and *homophobia*. Several of the men in the study were previously married to women as were the societal expectations of men during the 1950s/1960s with some men believing that a heterosexual union would change their sexual orientation or desires. Sexual orientation conversion was also sought out through church attendance

and prayer. The men revealed their coming-out experiences and how they embraced their new sexual orientation and the resulting impact this new lifestyle had on their lives. The existence of internalised and external homophobia was evident.

The second theme identified was: *the ageing experience* and from within this emerged four sub-themes: *dealing with ageing*, *ageist attitudes, companionship* and *future care and supports*. Many of the participants found themselves to be single in their later years. Most of the men have identified several ways that helped them deal with their ageing, however, the major factor that the men expressed was how retirement allowed them to enjoy their freedom and pursue their interests. Several of the participants commented on situations that they had to manage as they aged and these were dealing with losses, dealing with the prospect of their own mortality and death, and balancing their financial status into old age. In addition to the discrimination based on sexual orientation that the men face daily in current society, several of the men in this study commented on the ageist attitudes they had encountered from younger gay men.

The desire to have a companion or partner was evident among the participants, with only one among the twelve men in the study currently in a relationship; most of the other men had settled for a close friendship network and the occasional sexual liaison to make up for the absence of a partner. Looking toward the future, the men's narratives identified a number of areas that were important to them, these being the availability of long-term care facilities that were either gay orientated or gay friendly, and positive interactions with healthcare professionals.

7.2   The Men's Stories – Being Gay and Getting Older

The first aim of this study was to explore the narratives of gay men over the age of 65 years. The lifestories from each of the men in this study has been and are influenced by their choices, their environment and the people that they interact with. Furthermore, Kenyon and Randall (1999) state that in the creation of any lifestory, there exists a unique existentialist perspective in which a paradoxical situation exists as each of the men in this study are concurrently creating themselves and being created

and thereby, their stories are bound to change through time. The life narratives of the men that contribute to the development of their stories regarding their gay identity and ageing as gay men in New Zealand paint a picture that is both complex and highly individualistic.

It is impossible to determine at what age gay men and lesbians first begin to identify as having a same-sex attraction, and it is even more difficult to ascertain how many older gay men and lesbians have self-identified in their later years. Before coming to terms with their sexual orientation as adults, ten of the twelve men had realised their same-sex attraction at an early age, with one of the participants saying he could remember being attracted to men at five years old. Is it possible to be able to have an attraction to men at five years old? It would most certainly not be a sexual attraction since five year olds do not know what sex is, but could it be an innate attraction nonetheless? This would certainly give credence to the *gay-gene* theory of the development of same-sex attraction; however this is not the topic of discussion nor is it the focus of this thesis. Clarke, Ellis, Peel and Riggs (2010) note that identity development in relation to sexuality and gender identity can be recognised from an early age with feelings of difference and atypical interests. This would certainly seem to fit with many of the participant's comments that they felt different growing up, that there were childhood desires towards men or, in the case of James, who collected pictures of men as a young child and kept them in his scrapbook.

The struggle a person encounters when coming to terms with his or her sexual orientation can lead to stress and suicide attempts (Lewis, Derlega, Griffin, & Krowinski 2003; Meyer, 2003; Iwasaki & Ristock, 2007), but according to D'Augelli, Grossman, Hershberger, and O'Connell (2001) and Grossman (2006), suicide in older gay men and lesbians is rare and a very small percentage is ever attributed to sexual orientation. Only George, in this cohort of twelve men contemplated suicide in relation to his sexual orientation, but in an indirect way. George's contemplation only occurred due to his embarrassment and guilt following being arrested by police for public indecency after having been caught having sex with another man in a public bathroom while he was still married to his wife. George stated that he was fearful of facing his wife and

the shame that it would bring onto his family. During the interviews, the other eleven men had never mentioned contemplating suicide during or after acknowledging their sexual orientation. Only Claude had attempted suicide as a result of his own partner taking his life and the pact that they both had made to eachother. Many of the participants struggled since adolescence with indecision, guilt and anxiety to eventually come to terms with their new identity and sexual orientation. The process of self-acknowledgement, self-labelling and self-disclosure when coming out, remains to most people, a long road to self–acceptance.

Heterosexuals are mostly free from needing to conform to a new sexual identity at any point in their lives, or of needing to find a new family – a family of choice. Unfortunately, as Kimmel (2004) explains, most GLBT people do not have role models to look up to and compare themselves to heterosexuals and therefore, "fall into stereotypes about negative views of aging for sexual minorities" (p. 265). For people questioning their sexuality, provision of human services such as GLBT drop-in centres or toll-free telephone counselling that allow people to connect with other GLBT people and seek assistance that supports them in their coming-out journey and allows for the formation of a positive sexual identify while refuting the stigma of same-sex attraction is a necessary provision (Berger, 1982; Brown, Alley, Sarosy, Quarto, & Cook, 2001; Hughes, 2003).

In the present social environment, it is increasingly common that there are more openly gay men but the process of getting to that stage of self-acknowledgement and openness to others is the topic of discussion in this section. The questions surrounding the self-identification of a person's sexual orientation has been greatly researched over the last several decades, but the participants in these studies have been mainly younger gay and lesbian cohorts. In contrast to this, the emergence of a late life sexual orientation identification is less studied and this thesis attempts to contribute to this dearth of research, especially in New Zealand.

As explained earlier in this thesis, the men in the present study who were aged 65 – 81 years lived during a time whereby same-sex attraction was frowned upon by society

and seen as a psychiatric illness and something that needed to be eliminated. Even in 1977, four years after homosexuality was deregistered as a psychiatric illness by the American Psychiatric Association, Kelly's (1977) cohort of participants were still fearful of disclosing their sexual orientation to others especially in the work-place. Three participants in this study, Charles, Larry, and James, were vigilant throughout their working years in keeping their sexual orientation to themselves or to very close friends/co-workers to which they could trust. Many gay men and lesbians are currently having to continue to remain fully or partially in the closet in their workplaces despite advances in recognition and legal protection (Blackwell, 2008; Embrick, Walther, & Wickens, 2007; Willis, 2011). Same-sex attracted people were stigmatised, victimised, and marginalised and seen as a threat to all aspects of mainstream heterosexual society (Haber, 2009; Robinson, 2008).

It has been foreshadowed throughout this work of the difficulties that most of the men in this study have encountered throughout their lives, and to some extent several are currently continuing to experience. Eleven of the twelve men had known about their physical and emotional attraction toward other men since their younger years, even as far back as young children without realising that it was considered wrong within the conservative social climate of the time. The realisation that they were *different* to others among their gender group and the stress caused by such a realisation culminated in several ways of men developing adaptive strategies to cope with their situation - to either follow a heterosexual way of life which involved getting married and having children or deciding not to act upon their feelings in meeting other similarly minded men. However, in the cases of Ken, Adam, Tony, and Martin they were part of a minority who managed to live a gay lifestyle rather quietly and subversively among male only secret societies during their younger years in New Zealand. Yet others, like Edgar and James took the initiative and left their home in another country and to some extent, cut off contact from their biological family and settled in New Zealand. Their desire for a wide geographical distance from their families of origin was intended to allow them to continue to live their gay lives in secret in order to spare themselves the emotional turmoil and humiliation of possibly being disowned by their families

because of their sexual orientation. Since six of the participants in this study were previously married, further discussion is warranted.

It was not unusual in the 1950s and 1960s for gay men to marry women and have children in order to blend into mainstream society so that they could hide their true sexual orientation. The men in this study were no different to what other researchers like Barrett (2008), Butler (2004), Cooper-Fox (2007) and Robinson (2008) identified in their works. Defaulting into a traditional marriage arrangement was a common occurrence – a decision made by five of the men in this study (George, Jasper, Charles, Larry, and Patrizio). Marriage was seen as a way that the men could make their same-sex-attraction *go-away* and they would magically cure themselves of the problem that plagued them. However, it is been theorised that a person's sexual orientation is unable to be changed and that attempts at conversion may actually be psychologically harmful for gay men and women (Berger, 1982; Blackwell, 2008; Clark et al., 2010). Indeed, the American Psychological Association has accepted that a dual *normal-variant paradigm* exists in the population – this being same-sex and non-same-sex attracted people (Drescher, 2002). Marriage, particularly in the case of Patrizio, was the only way he felt that he could get the children he desired. This heterosexual emulation displayed by the men was in part due to the social pressures of the time whereby younger adults were expected to start making social and emotional bonds that would lead to matrimony and the production of offspring (Fannin, 2008; Rosenfeld, 2003). The associated stress that gay men and lesbians of earlier decades must have endured when they had identified themselves as *homosexual* while living in closed-minded environment must have been intense and at times, overwhelming.

After the emotional upheaval that may come before the acknowledgement and acceptance of a new sexual orientation, the person may still encounter negative opposition to his or her new status, and this may originate internally or externally in the form of internalised homophobia or external homophobia, and this will be covered in the next section.

In chapter three, explanations of internal and external homophobia were given. For most of the men in this study, they had encountered external homophobia from a number of sources throughout their lives. The men were subjected to homophobic actions and comments from friends, strangers, family members, church and religious leaders and work peers. It was during their early years that the men kept their sexual orientation hidden and *passed* as heterosexual to avoid any negative confrontation or labelling as *homosexual*. The term *passing* is used in the literature to refer to, in this case, men who conceal their sexual orientation so that they *pass* as heterosexual in public settings (Berger & Kelly, 2001; Robinson, 2008). The suppression of one's true sexual identity may lead to stress and negative adaptive behaviours such as increased alcohol intake, weight gain (Masini & Barrett, 2008) anxiety (Miranda & Storms, 1989), and according to Meyer (2003) more incidences of mental health problems.

For those people coming to terms with their new gay or lesbian orientation, successful coping and the establishment of a positive and supportive social environment is preferable, but is not always available. However, not all of the men in this study, indeed most of them, had any kind of supportive network when they were coming out. Many researchers use the term *invisibility* when discussing how gay men and lesbians attempt to pass themselves off as heterosexual and several of the men deployed strategies to pass as heterosexual at some point in their life (Porter, Russell, & Sullivan, 2004; Pugh, 2005; Wright & Canetto, 2009). With an environment dominant with homophobic attitudes and beliefs, the closeted gay man or lesbian remains invisible to everybody. However, it can be said that among those gay men and lesbians who had passed as heterosexual in years past and remained invisible were adapting to their hostile environment and displaying a form of resilience.

Researchers have noted episodes of internalised homophobia among participants in a number of studies including Grossman, D'Augelli, and O'Connell's (2001). Interestingly, these authors reported that internalised homophobia was higher among men than women. The differences in the results between genders in the Grossman et al. (2001) study may illustrate societal ideas of equating masculinity with heterosexuality. The three men in this study who espoused feelings of internalised

homophobia were Adam, Patrizio and Edgar, with Edgar displaying the strongest feelings of internalised homophobia. Comments made by these men included their perception that their sexual orientation was a *problem* or *curse*, and most remarkably it was Edgar's comments that being gay was *not a pleasant life* (p. 1), and that a heterosexual lifestyle is a *more natural form of existence than the unnatural ability of the homosexual world* (p. 2). It could be argued that Edgar's belief of not having any children to show others that he did something good in his life, he may have effectively been saying that having offspring is the only form of proof in which a gay man can prove his worthiness of existence. Whatever factors that lead to the development of internalised homophobia, it represents a major impediment to the coming-out process and, "the creation and maintenance of a healthy self-esteem" (Cornelson, 1998, p. 6).

The issue of homophobia and being stigmatised, marginalised and even being rejected from one's own family are contributing factors to stress for GLBT men and women (Iwasaki & Ristock, 2007; Lewis, Derlega, Griffin, & Krowniski, 2003; Meyer, 2003) so it is apparent why a number of the men would want to hide their sexuality. As Cooper Fox (2007) so eloquently phrased it, they were looking out for their own survival. The literature is replete with examples of how older gay men and women were able to overcome a lifetime of societal stigma and successfully eventually identify as gay or lesbian. Instead of succumbing to the negative impacts of homophobic and heterosexist environments, and through managing life's daily hassles, the men and women developed a degree of resilience by resisting the notion that they were sick, lonely, pathologised and incapable of achievement. The stress for the men in this cohort is unrelenting as they continue to endure not only the stress from being part of a minority, but also from the stress associated with ageing – a point also highlighted by Herdt and de Vries (2004).

As Moody (2006) wrote, "as long as there have been old people, there has been ambivalence about old age" (p. 23). This thesis can act as a conceptual space to critically explore through the telling of personal stories what ageing means to a group of gay men and how they deal with it. Ageing amongst men, regardless of sexual orientation, is part of the human experience. From a critical gerontology perspective,

contemporary images of ageing resist the notion that ageing is a time of infirmity, illness and general decline (Berkman, 2011).

Several of the participants attributed their adaptation to the ageing experience through their own intrapersonal growth and strength. Phrases that surfaced regarding participant's intrapersonal strength were: *being in control, making your own decisions, autonomous, taught to rely on own sensibilities, looking after myself*, and *having a good mental attitude toward ageing*. After a lifetime of looking out for themselves when they were prone to being targeted, ridiculed and discriminated against without any recourse, the men managed to rely on themselves and their own sensibilities to get through the difficult periods in life. Being in control of their own lives was an important factor in ageing and may stem from them being self-reliant for many years in the absence of a partner, offspring or other close family member or friends. All but one of the men in this study was single and many had been single for a number of years and therefore self-reliance may have played an integral role in their lives. This phenomenon had been identified by Berger in 1982 and is what he termed, *mastery of crisis* and then later entitled *crisis of independence* (Berger & Kelly, 2001). It would seem that having lived when they had to deal with many of life's difficulties independently in addition to evolving a new social and sexual identity through the coming out process has prepared them for life as an older gay man and made them increasingly resilient and more able to handle the challenges that come with advancing age (Kean, 2006, Orel, 2004; Schope, 2005).

Financial planning as part of ageing was an important factor for many of the men in this study; as one participant said, *you need money as you age*. As a gay man or lesbian, there is obviously a break away from the traditional and heterosexual form of relationship, matrimony and production of offspring. Not all of the men in this study were financially comfortable and indeed some of the men struggle to make ends meet in their later years. Financial stress has been found to be a common factor in the later years for aged gay men and lesbians regardless of relationship status (Iwasaki & Ristock, 2007; Metlife Market Institute & The Lesbian and Gay Ageing Issues Network of The American Society on Ageing, 2010). However, de facto same-sex couples in

New Zealand receive most of the other benefits that heterosexual couples enjoy and this is due to the reinterpretation of "partner" and/or "couple" to include a male/female, male/male or female/female relationship (Interpretation Act, 1999). Overseas, older gay and lesbians may be worse off than in New Zealand. For example, in the United States, surviving spouses of same-sex couples are not entitled to survivor benefits, social security benefits and pension plan benefits because they are not married and are not male and female (Cahill & South, 2002). For most men in this study, they have prepared for their later years through a lifetime of saving, retirement plans, and investments many years previously. However, for some of the men who have come out in their later years, they have had to divide their assets with their ex-spouses and have been left with the bare minimum. For one participant in this study, a previous same-sex partner had taken half of his life savings after the required time had elapsed to claim half of all his financial assets. This unfortunate event was legal as it occurred prior to the changes made to the Property (Relationships) Act (1976) in 2002 and 2005 that repealed the time element of three years which defined a de facto relationship. In order to survive, several of the men have needed to live with others, take in boarders and live frugally in order to get through this time in their lives. Although the New Zealand Ministry of Social Development assumes the responsibility for assisting senior citizens with financial support and assistance, the stigma associated with receiving support (welfare) for day-to-day living may be strong within this older generation that have struggled to overcome obstacles in earlier decades only to be caught off-guard in their later years. For the older gay man, preparation for ageing in the form of financial security would be essential (Hunter, 2005). A reliance on oneself in being financially prepared for the future would mean that a person can maintain his or her independence and have a happier and relaxed retirement (Berger, 1982) and therefore can be resistant and resilient to the impacts of ageing.

For all the men interviewed in this study, the future was a time of great uncertainty. Of utmost importance for all the men was the existence of a social support network which has been found to be vitally important to older adults as a way to moderate stress, and literature states that the basis of this support network may consist of partners, family, and friends (Grossman, 2006; Lavin, 2008). With regard to three men

in this study, Adam, Jasper and Tony, social support for them also came in the form of church attendance, a belief in God and for one man, regular counselling sessions. However, evident in all of the narratives were the importance and relevance of friends and family. As most of us rely upon our friends for emotional and sometimes physical support, so do many of the men in this study. The men defined friends as those that have *been there for you* and consisted of gay and non-gay people. Indeed, the men in this work who had identified people as friends had a long-standing relationship with them that has lasted anywhere from 10-30 years or more. Some men believe that as they age, they do not need to add new friends to their friendship network and are selective to whom they apply the title of friend (Long, 1989). Friends of the men participating in this study acted as social contacts for social outings and significant supports, but for men like Tony and Adam who have been disabled since their childhood and to whom their health make ageing more difficult, their friends also supplied personal cares – though not regularly.

Although several of the men still maintain strong kinship ties with their biological families (families of origin) who serve as social and physical support, most of the men have constructed, what is known as *families of choice* or *chosen families*. As stated in chapter 3, families of choice are formed as a response to the gay individual not being out to their biological family, or having severed ties with their biological family and therefore, others take the place as significant supports (Grossman, D'Augelli, & O'Connell, 2001; Heaphy, 2009; Hughes, 2009). A rejection of a traditional heteronormative definition of family by gay, lesbian, bisexual and transgendered people has given way to new and expanded versions of what a family is (Neville & Henrickson, 2008) and are placed at the same level of importance as a traditional biological family would be (Heaphy, Yip, & Thompson, 2004). As Berger (1982) states, older gay men can look to friends to form a support network that is just as effective and supportive as those men who have married in a traditional ceremony. In saying this, it should be noted that several of the men, especially those that had children, were still in continued contact with their children, and at times, with their ex-wives giving these men two families and double the support network than the others without any offspring. Many studies found that biological family support in addition to

the support garnered from friends was instrumental in adapting to ageing (Heaphy, 2009; Shippy, Cantor, & Brennan, 2004).

The restructuring of one's life in the later years not only allows more social exposure, but also creates new learning opportunities and may make for less episodes of loneliness and may help to increase self-esteem and lessen anxiety (Blank, Asencio, Descartes, & Griggs; 2009; Fokkema & Kuyper, 2009; Long, 1989). The participants had contact with friends and family on a regular basis, either by phone or in person and participated in a number of community organisations, gay and non-gay orientated. When Minnigerode and Adelman conducted their study in 1978 with older gay men and women, the men's friendship network mainly consisted of men, whereas in this study, the gender make-up of most of the men's friends included men and women. A contributing factor to this change could be the greater acceptance of gay men today compared to decades earlier, and can also be attributed to the social/political climate during the 1970s when gay men may have mingled mainly with their own gender as a social and political statement. Over time, this may have changed with social acceptance and political legislation leading to a variation in gender makeup of friendship networks. It may be possible that as a person ages, the confines of sexual orientation become irrelevant to who is considered a friend.

As human beings, we have the need to share close physical contact with another person and therefore, intimacy and sex were important to many of the men in this study. As a response to this need gay saunas/baths and cruise clubs have blossomed over the last several decades to cater to the sexual and to a lesser extent, the social needs of the gay male population. Sex is an instinctual part of being human and no matter what age one may be, the desire may still there and for some of the participants, saunas are frequented for this reason. One particularly frequented sauna in a New Zealand city that several of the participants frequent attracts an older clientele who are on average over the age of 50 years. The men are comfortable with going there as most of the men are of the same age. As one participants stated, *you are very unlucky if you don't have sex there.* What was interesting to note about this particular venue was how frequently the men mentioned that not only did they attend

this venue for sex, but several of them also used it for relaxation and socialisation with it. This is supported in the literature which makes clear that sex among older gay men is actively pursued (Bellastella et al. 2005; Berger, 1984; Pope, Wierzalis, Barret, & Rankins, 2007; Robinson, 2008).

The men have lived lives that have not only taken them on many different paths in their lifetime, but they have also garnered a number of stories that they completely embrace as unique and as their own. A particularly interesting issue that surfaced in the participant's stories was that they are aware that time is running out for them which in itself is also a negative factor of ageing for them. The insight that can be gained from this revelation into ageing is that there is something unique about this stage of life, possibly because for many men, it is the final stage of life and also a time of deep reflection for them. They will have experienced childhood, young adulthood, middle adulthood and are now immersed in late adulthood. Time once again emerges as an aspect of the lifecourse. The lifecycle and hence the lifecourse that is ours is, at its most fundamental, based upon time itself (Vincent, 1999). There is an awareness of finitude and a shortened time perspective when old age is upon us (Lee, 2005; Moody, 2006). Knowing that the end of one's life is coming faster than we would either like to realise is an uncomfortable thing to contemplate, but for many men in the study they have pondered the end to their lives and have certainly chosen how they would like to die and when. As such, a very empowering self-image emerges.

The topic of death came up naturally during the interviews and the men that mentioned it were not fearful, but accepted death openly. Certainly for each of the men, dealing with death as a natural outcome of ageing is an issue each has to confront in their own time. As mentioned previously, deciding when and how they wanted to end their own lives when the time came was most apparent. Suicide, especially in the elderly is generally less well known than suicide in younger people, nevertheless, it is generally thought that anybody who attempts suicide or contemplates it is psychologically unstable. In the eyes of the Roman Catholic church and other Christian religions, suicide is considered a sin and would mean eternal damnation to those that succeeded in taking his/her own life. However, in a sharply

divergent view and one that would make most people uneasy, Heisel (2004) and Cicirelli, MacLean, and Cox (2000) concluded that suicidal ideation in the elderly may be a rational response to ageing in the elderly and that deciding to end one's life may be influenced by valuing preservation of quality of life and having a locus of self-control. Only one of the men in the study had a history of clinical depression and had contemplated suicide earlier in his life and was still receiving treatment for his condition. Another of the men, Claude, had attempted suicide in response to his partner's suicide and the pact that they had made together. For the others, it was perhaps a continuance of their decision making that they have had to do all their lives. A transcendence of their strength that they will continue to control their own destiny and decide when they will exit this mortal existence while still in control of their lives, bodies, and minds rather than being subjected to life extending interventions that is commonplace today.

Throughout this thesis, the element of resilience has surfaced either through the men's personal stories or simply just in the way that they have surmounted the odds against them to make it to this particular point in their lives. Resilience is defined as, "the ability to rise above difficult situations" (Edward, 2005, p. 1). Just as human beings have evolved and adapted to the varying environments through the millennia, the men in this study have managed to emerge through decades of public and political opposition and homophobia demonstrating behaviours of adaptability and resilience to their environment much like our human ancestors have done. Resilience studies have examined, "factors or characteristics that assist individuals to thrive from and in adversity" (Edward & Warelow, 2005, p. 1), and it has been noted that these protective factors can be either inherent in our genes or learned behaviours. As Morrow (2001) stresses in her article, older gay men and lesbians have displayed psychosocial strengths, such as managing the stress that comes with years of prejudice and discrimination. Managing to handle the continued opposition against them in personal, economic and social forums, older gay men and lesbians may be more prepared than heterosexual people to cope with the losses and ageist attitudes that come with ageing.

A number of studies point to the possible advantages that older gay men and lesbians have over their heterosexual counterparts in mastering this *crisis of competence/crisis of independence* (Berger, 1982; Cooper Fox, 2007; D'Augelli, Grossman, Hershberger, & O'Connell, 2001; Fannin, 2006; Miranda & Storms, 1989; Rosenfeld, 1999; Woolf, 2001). Certainly the study carried out by the Metlife Mature Market Institute et al. (2010) strengthens this idea as the researchers found that the majority of their 1000 participants identified that being GLBT had helped them become resilient as they aged.

Continuing to look at resilience through a strengths-based lens, a number of researchers have also suggested that gay men and lesbians are better equipped for the ageing process and the challenges that ensue because of gender role flexibility (Balsam & D'Augelli, 2006; Berger & Kelly, 2001; Brown, Alley, Sarosy, Quarto, & Cook, 2001). Morrow (2001) suggests that people who are less dichotomised into rigid gender roles are able to adjust to changes encountered when ageing.

Being able to live and grow as a person and not be limited by uncertainty and fear that stems from homophobia and heterosexism would certainly give rise to the idea that a certain personality type is required and that conscious actions are undertaken in order for the person to become resilient in the face of fear and adversity. As a number of Armed Forces veterans interviewed by Sherman (2006) in his study of personal resilience had stated, "...to move through fear, to confront it, and to develop plans to deal with its source" (p. 2) makes a person resilient. Just as the soldiers have done, the men in this study have also managed to successfully navigate their lives. What can be done to support older gay men to become more resilient as they age? This question will be discussed in the following section.

7.3   Ageing Support Recommendations

The second aim of this study was to identify the areas of support that older gay men might need as they age. Given that the men in this study commented on a number of issues within the two main themes, there were three issues that stood out which would assist the men as they aged and these were: enhancing independence, enhancing social

support networks, and instigating LTC reformation in preparation for the potential surge of older GLBT admissions. I will discuss each of these three items in turn.

7.3.1   Enhancing Independence

As noted in the results section of this work, many of the participants display an independent nature in their day-to-day lives and some have had to become independent due to adverse events in their lives in which they were left to fend for themselves. The biggest form of independence most of the men received pleasure from was that they were able to live independently in their own home.   In order to enhance this independence, a re-visiting and re-commitment to the policy of Ageing in Place should be undertaken by all sectors of government, health and social agencies that work with older adults. As noted in the briefing to the incoming Minister for Senior Citizens, there are a number of factors that are currently occurring in New Zealand that make Ageing in Place a policy worth recommitting to: the older adult population is growing, older people want to participate in the community and want to work longer, older adults want to remain independent, be free from abuse and discrimination, and there needs to be a reduction of pressure on residential care services (Ministry of Social Development, 2005).

Being independent is a form of resilience and contributes to the strength and ability of a person to endure and overcome barriers that may present. In this latest effort to impart the importance of the policy of ageing in place in New Zealand and maintaining independence into older age, Wiles, Wild, Kerse, Kēpa, and Peteru (2011) have identified six principles which can be used to frame policy, research and service provision with regard to ageing and place, and these principles are:

1.   Emphasise the need to consider ageing in place at different scales and in relation to different sectors beyond just the level of housing, including neighbourhoods, communities, infrastructure, fiscal policies, and cultural needs

2.   Address the issue of inequalities and inequities in "ageing in place including housing, health, care and support services, finances, transport, cultural amenities, remembering that older people are not an homogeneous group

3. Ensure that policies and strategies prioritise the need for older people to have choices for ageing in place. Barriers to there being a range of options need to be addressed, recognising that ageing in place includes private and residential care as well as staying in one's home or community

4. Commit to the need for partnership with diverse older people in developing and implementing policies, practices, and research that affect both them and the wider community, recognising the skills and advocacy roles that older people possess

5. Take into account Māori self-determination in relation to whenua, tangata whenua, te reo Māori ngā tikanga, marae, urupā, wānanga, whakapapa

6. Incorporate best-practice national and international guidelines, including principles endorsed by the United Nations, World Health Organisation, New Zealand's Positive Ageing Strategy and local government commitments in relation to older people (p.2).

The above six principles may assist older people, regardless of sexual orientation to become resilient and age in place. The work done by Wiles et al. has also allowed their participants to express their frustration about not being heard by policy makers and service providers. Older GLBT have had to be self-sufficient and independent throughout much of their lives due to discrimination and homophobia. Self-sufficiency and independence is the underlying principle that composes the concept of crisis of independence. Self-reliance in the absence of a partner or children and having to evolve a new social and sexual identity has prepared these men in this study to be resilient and independent. In becoming independent, the participants have learned to plan for the future and the New Zealand policy of Ageing in Place and the principles outlined by Wiles et al. will only help to aid in this process.

7.3.2 Enhancing Social Support Networks

An adequate social support network is known to alleviate the negative effects of stress (Grossman, D'Augelli, & O'Connell 2001), promote positive psychological adjustment of gay men and lesbians (Masini & Barrett, 2008), contribute to lower episodes of depression, anxiety and internalised homophobia (Miranda & Storms, 1989; Shippy, Cantor, & Brennan, 2004), bolster independence and usefulness to others (Thomas, 2010), and decrease loneliness (Grossman, D'Augelli, & Hershberger, 2000; Fokkema &

Kuyper, 2009).   Among the GLBT population, support networks are considered important and can, at times, be a lifeline (Clark, Ellis, Peel, & Riggs, 2010).   These systems of networks can be either informal or formal.   Most GLBT people are likely to have a set of supportive contacts composed of family members (biological or families-of-choice) and friends who may or may not know the person's sexual orientation, but create an informal social support network (Masini & Barrett, 2008).   In summary, a supportive network consisting of friends and family is integral to the psychosocial health of the older gay male and with whom they can openly interact with is not only beneficial for happiness, but also for good mental health (Adams, Dickinson, & Asiasiga, 2012).   However, not only would a supportive network be limited to friends and family, but may also consist of spiritual leaders as was important to several of the men in this study who stated that they had belonged to a religious organisation for many years and will continue to do so for their own health and spiritual well-being.   By maintaining contact with an informal network of supporters, the older gay male can develop and maintain the resilience that comes with disclosure of his sexuality as well as ageing.

In terms of formal support for older gay men, the development of support groups for men who are coming out in later age, perhaps following traditional marriage, and with or without having children may be of benefit for their psychological health and well-being.   This being said, support groups can serve to protect men from the effects of social isolation and assist them in making new social connections along similar narratives to other older gay men (Barusch & Peak, 1997).   Coming out in older age helps reduce the isolation that is perpetuated by the invisibility of older gay men in the general population and the discrimination that comes as a result of presumed heterosexuality (Age Concern, 2002). Adding to this, Grossman et al (2000) have highlighted that the uniqueness of the network of a GLBT person usually consists of a high number of other GLBT people.   With this higher degree of familiarity with each other's sexual orientation, a better fit is expected between a person leading a support group and the older gay male making it necessary that such a support group is for gay males, by gay males adding to the satisfaction that he receives.

The ability to have a satisfying fit between a support service and working within the milieu of a particular population and culture, in this case, the GLBT population, fits with the New Zealand principle of cultural safety which is integral to the registered nurse scope of practice. The potential admission of older gay men to long-term care facilities and the interaction between them and nursing staff is the subject of the following section.

7.3.3 Long-Term Care and its Reformation

The word reformation used in the title of this section is deliberate. As the reformation of the church occurred in Europe in the 17th century, a similar revolutionary and radical transformation must occur within long-term care institutions in New Zealand and elsewhere. As stated in the Older People's Health Chart Book (OPHCB) issued by the Ministry of Health (2006), the number of older adults in long-term care facilities was greatest for those aged 75+ years. Although the statistics of the ages of people in LTC in the OPHCB were broken down into categories and into gender, there was no reference to sexual orientation and this absence contributes to the invisibility of older GLBT men and women. As highlighted in this work, many of the men interviewed were not only expecting to be admitted to long-term care at some point later in life, but were also fearful at this prospect and what it would mean to their psychosocial well-being as an openly gay man. The overwhelming general consensus of the participants was that if they had to be admitted into a facility, they did not want to go back into the closet, which was an identical finding by Mock, Taylor, and Savin-Williams (2006). The men in this study used terms such as *isolating*, *difficult*, *nasty*, *cruel, minority*, *no commonalities or fellowship* to describe what they felt about long-term care facilities. One of the men even clearly stipulated that rest homes are not ideal places for gay men. It is not difficult to understand why they would voice such strong feelings such as this.

A vast number of studies have examined the relationship between LTC facilities, the LGBT population, and the homophobic/heterocentric environment that dominates them (Berger, 1982; Barrett, 2008; Cook-Daniels, 1997; Heaphy, Yip & Thompson, 2004; Kean, 2006; Neville & Henrickson, 2008, 2010; Shankle, Maxwell, Katzman, &

Landers, 2003). Indeed, men's fears are not unfounded as the literature is replete with negative views of LTC by older gay men who view LTC facilities with fear and believe that these facilities are in no way prepared to care for those of different sexual orientations (Blank, Asencio, Descartes, & Griggs, 2009; Clarke, Ellis, Peel, & Riggs, 2010; Hughes, 2008, 2009; Johnson, Jackson, Arnette, & Koffman, 2005; Porter, Russell, & Sullivan, 2004; Tolley & Ranzijn, 2006). In addition, much has been written about healthcare professionals (HCP) negative attitudes when working with GLBT people: Cronin and King (2010), Irwin (2007), Johnson, Jackson, Arnette and Koffman (2005), Neville and Adams (2010), and Pugh (2005). With a combination of the unimpressing results stemming from the studies of LTC facilities, HCP and the GLBT population, it is no wonder that the men in this study viewed LTC with deep trepidation. The participants would prefer to stay in their homes as long as possible, but they were also realistic when it came to understanding that at a greater age or with advanced infirmity, placement in a LTC facility may be required at some point. What the participants were fearful of were the potential discriminatory attitudes, behaviours, actions and general ignorance of GLBT issues from health professionals and healthcare workers who staff the LTC facility as well as other residents.

The fear of discrimination and homophobia that GLBT people of all ages, especially the older GLBT population have towards LTC staff and facilities have been well documented and discussed (see Chapter 3 Literature Review). In order to understand the problems that plague many long-term care institutions, it does not take much effort to uncover the unsavoury occurrences. Media and word-of-mouth has brought to light the negative images and stories of widespread abuse and regimentation that exist within LTC facilities. The major problems in nursing homes include low pay and high worker turnover, limited staff training, and staff that are immigrants with English as a second language (Cruikshank, 2009; No Author, 2012). Another factor that contributes to poor nursing care and potential abuse is the unskilled or limited education of care staff within these facilities especially in relation to older GLBT residents. (Barrett, 2008; Cook Daniels, 1997; Johnson, Jackson, Arnette, & Koffman, 2005; Jorgensen, Parsons, Reid, Weidenbohm, Parsons, & Jacobs, 2009).

With the predicted elderly surge in the population coming to fruition in the next few decades, there will inevitably be a number of older GLBT people requiring skilled nursing care. The challenge made by Neville and Henrickson (2010) to nursing staff means healthcare professionals need to be cognisant of the older GLBT population and practice in a culturally safe manner. Heterosexism and heteronormativity is well entrenched in healthcare service and settings (Adams, et al 2007; Clover, 2006; Hughes, 2008; Knochel, Quam, & Croghan, 2011). Even within a segment of the older heterosexual population, there are differences among them that need to be considered when giving care. No longer can LTC facilities work within a one-size-fits-all model of care delivery as it is clear that the older adult population is not a homogenous population. As elders age they are confronted with both physical and psychosocial losses - they become increasingly vulnerable to disease, disability, and loss on a multitude of fronts. When this is compounded with admission to long-term care, there is the risk of a lack of respect for the elderly person who is then liable to lose his or her identity and independence (Quine & Morrell, 2007). In an institutional facility, the residents receive care from strangers who may hold negative and persecutory beliefs around same-sex attracted people (Cronin & King, 2010). Although as a society we might like to believe that health professionals, and in particular, nursing staff, are generally accepting of all people of different creeds, religions, backgrounds and sexual orientation, this is not always the case (Cook Daniels, 2002). After a lifetime of exposure to discrimination and abuse, being admitted into a LTC facility can leave them feeling isolated, unacknowledged and depressed (Hunter, 2005). As social movements through the previous decades have made it understood, oppression of a sector of society cannot be continually maintained. Diversity of sexual orientation must be welcomed in healthcare settings in New Zealand just as ethnicity and cultural differences have been for many years already under the domain of cultural safety.

7.3.4   Information for Healthcare Professionals

This research presents one of the first pieces of research in New Zealand regarding the life and ageing experiences of older gay men. The findings in this study provide an insight into the lives of ageing gay men in New Zealand and their interactions with others. One of the aims of this study was to inform professional health practice about

the care needs of older gay men. Healthcare professionals (HCP) may hold discriminatory beliefs against GLBT people based on misinformation, personal opinions or religious views. However, other HCP may simply not understand the long struggle and difficulties faced by same-sex attracted people, not realise that he or she is caring for a gay man and therefore, be simply uninformed. In the worst case scenario, a HCP may cause GLBT clients to be on the receiving end of sub-standard and, in the context of New Zealand, culturally unsafe care. As several of the men interviewed for this work conveyed, they have not disclosed their sexual orientation to their physician or other healthcare worker as they believe that no matter what orientation you are, you should still receive appropriate and professional care. If the men in this study do not disclose their sexual orientation to their medical doctor, and if other gay men are following suit, then a culture of invisibility endures and no recognition or challenges or changes can occur to practice (Neville & Adams, 2010; Pugh, 2005).

There are however, several recommendations for health professionals that require highlighting. A stigma of GLBT discrimination continues to exist in nursing as it does in medicine (Brotman et al. 2007; Irwin, 2007; Neville & Adams, 2010; Neville & Henrickson, 2006). It should be recognised by all health professionals that many older GLBT people will have experienced years of stigmatisation, marginalisation, discrimination and victimisation at the hands of homophobic people. This discussion stresses the importance for health practitioners at all levels of healthcare service delivery to examine their own ideas and prejudices of same-sex attracted people in order to deliver competent and culturally safe care. It should also be noted that incidences of internalised homophobia originating from older gay men may be present due to the internalisation of homophobic attitudes encountered throughout their lives.

When working with a known gay patient, part of the assessment process that the HCP may choose to perform is an assessment of the support network that the older gay man has as it has been noted that a good support network is essential for the older gay man's personal well being, continued independence and resilience. Based on the findings in this study, health professionals should also be aware that the older gay male may have a *matter-of-fact attitude* toward death planning and his own eventual end –

however, the presence of bereavement, grief and lack of preparation for death should always be taken into consideration and appropriately dealt with.

Other recommendations for professional health practice to assist older gay men as well as older lesbian, bisexual and transgendered people would be to:

- Develop Best Practice Guidelines for LTC facilities regarding GLBT history, issues and needs immersed within a diversity training framework
- Persuade the Nursing Council of New Zealand and other professional nursing groups to support and promote policy change in all DHB's in the country for GLBT patients and staff
- Institute and enforce policies that confront homophobic and transphobic attitudes of all healthcare staff regardless of the workplace environment
- Promote healthy environments that are open and respectful to all users despite sexual orientation and utilise gender neutral language within these environments.

7.3.5   Implications and Recommendations for Nursing Education and Research

In North America, there is an emphasis placed on gerontological content within undergraduate nursing and medical education programmes (Dorfman, Murty, Ingram, & Li, 2008; Newell, Raji, Lieberman, & Beach, 2004) in order to prepare HCP for the growing numbers of elderly in the coming decades. The importance of preparing nursing students to deal the complexities that comes with ageing is an advantage for the general population as these nurses are then capable of treating older patients in a more holistic and knowledgeable fashion. The undergraduate nursing programmes that are available within New Zealand should have substantial gerontological content immersed within the curriculum or have what is known as a *stand-alone* gerontology course. Within undergraduate nursing programmes, an emphasis on *cultural safety, or kawa whakaruruhau* regarding sexual orientation should be accentuated. Dialogue should be encouraged between the Ministry of Health, General Practitioner services and social/health based academics to develop a strategic research plan on identifying

issues that pertain to the GLBT population such as: the invisibility of the older GLBT population, bisexual and transgender ageing, how coming-out in late life and the issue of internalised homophobia impacts upon the ageing process, and identification and elimination of existing barriers that prevent GLBT people from attaining the same recognition as their heterosexual counterparts. Future studies could focus on how age, gender, race, ethnicity, country of location, socioeconomic status, discrimination, homophobia and community engagement influence the GLBT ageing process.

7.4   Strengths of the Current Study

This study is the first piece of New Zealand research to exclusively examine the life and ageing experiences of older gay men in New Zealand and to identify supports that they view as necessary to support them as they age. The narratives that emerged were open and honest and in some instances, were given in great detail and most of these were able to be shared herein. Additionally, since the participants varied in age from 65-81 years, this lent itself to a broad range of views of ageing being gathered across several life stages.

7.5   Limitations of the Current Study

Although the research sought to examine ageing among older gay men in New Zealand over the age of 65, there were limitations that may have impacted upon the study and the results. Firstly, due to the difficult nature of finding participants for this study, it eventuated that the participants self-identified as gay - an operational definition; this may not be typical of older gay men who have not. Secondly, and with respect to sampling, there were several limitations: this was a rather small sample size of 12 men, snowball and viral sampling approaches were employed in this study which tends to gather similar participants, and the men interviewed were all of white middle-class European descent. Furthermore, participants self-selected and were connected to a strong gay network which contributes to limited generalisability. The last limitation was in the sample and that there was a lack of ethnic and cultural diversity among the participants, therefore it may be debatable whether the results could be applied to men of other races, ethnicities or cultures.

7.6   Conclusion

This study has explored the life and ageing experiences of twelve gay men in New Zealand over the age of 65 years. From the data, two themes emerged: the ageing experience, and the emergence of the gay self. It is noted that the men in this study are experiencing similar ageing psychosocial effects as their heterosexual counterparts and the results of this inquiry are similar to other studies of ageing gay men undertaken in the past three decades. There were no distinct differences in ageing experiences from other studies other than the positive effects of the New Zealand Homosexual Reform Act (1986) which allowed a greater freedom among the men without fear of imprisonment.

The participants have adapted to their sexual orientation in three distinct ways: they adapted to their orientation with little disruption, for some, they left their country of origin in order to escape from having to come out to their families, or they had entered into a marriage with a woman, had children but eventually came to the realisation that they were hiding their true orientation and eventually came out. Despite the varied ways the men came to terms with their true sexual orientation, most of the men have adjusted to it.

The concept of resilience resounded throughout the data which spoke to the strength, attitude, and the characters of the men in this work. Most of the men have overcome a lifetime of barriers and hostility due to their sexual orientation and now are reaping the rewards of being resilient in their older age.

Since this thesis is nursing focused and the third aim was to inform professional health practice, a statement regarding the ageing gay male and healthcare is necessary. The healthcare industry, specifically LTC, and those that work within it need to examine their interactions between themselves and the older gay male (and LBT) population who may or may not be apparent. Long-term care institutions are noted to be notoriously homophobic and heterocentric. The men in this work are fearful of long-term care and potentially being discriminated against. Furthermore the men do not want to suppress their sexual orientation (having to return to the closet from whence

they came) in order to receive non-discriminatory care. Health professionals need to recognise this issue and take action to address and alleviate these concerns.

In the coming decades, the global trend of increased numbers of older people will become more apparent (United Nations, 2010). New Zealand will not be exempt from this trend and this country will see the numbers of its own elderly significantly increase (Statistics New Zealand, 2007) and within this ageing population will be a number of older GLBT people. For all of us, ageing is inevitable. The ability to remain healthy, independent and happy into our later years is something that we all want to achieve. As an individual, we also have a genuine need to be accepted by others and be able to move throughout our life unhindered. However, having a sexual orientation that is different to the majority of people may be a disadvantage and this disadvantage may be accentuated by advancing age. I finish this thesis posing a question to the reader: several participants had stated in the interviews that *ageing is difficult*, so why would we want a society that makes ageing even more difficult just because you have a different orientation to the majority?

References

Achenbaum, W. A. (2005). *Older Americans, vital communities: A bold vision for societal aging*. Baltimore, MD: Johns Hopkins University.

Adams, J., Braun, V., & McCreanor, T. (2007). Warning voices in a policy vacuum: Professional accounts of gay men's health in Aotearoa New Zealand. *Social Policy Journal of New Zealand* (30), 17, (pp. 11-20). Retrieved from http://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/journals-and-magazines/social-policy-journal/spj30/30-pages199-215.pdf

Adams, J., McCreanor, T., & Braun, V. (2008). Doctoring New Zealand's gay men. *The New Zealand Medical Journal, 121*(1287). Retrieved from http://journal.nzma.org.nz/journal/121-1287/3414/content.pdf

Adams, J., Dickinson, P., & Asiasiga, L. (2012). *Mental health promotion and prevention services to gay, lesbian, bisexual, transgender and intersex populations in New Zealand: Needs assessment report.* Auckland, New Zealand. Retrieved from http://www.tepou.co.nz/library/tepou/mental-health-promotion-and-prevention-services-to-gay-lesbian-bisexual-transgender-and-intersex-populations-in-new-zealand-needs-assessment-report

Age Concern England, & The National Council on Ageing. (2002). Issues *facing older lesbians, gay men and bisexuals*. London, England. Retrieved from http://www.openingdoorslondon.org.uk/resources/Age_Concern_Issues_facing_older_LGB.pdf.

Albert, S. M., & Cattell, M. G. (1994). *Old age in global perspective: Cross-cultural and cross-national views*. New York, NY: G.K. Hall.

Alice, L., & Star, L. (Ed.). (2004). *Queer in Aotearoa New Zealand*. Palmerston North, New Zealand: Dunmore.

Atchley, R. C. (1989). A continuity theory of normal aging. *The Gerontologist, 29*(2), 183-190. Retrieved from http://gerontologist.oxfordjournals.org/

Atchley, R. C. (1999). *Continuity and adaptation in aging*. Baltimore, MD.: The Johns Hopkins University Press. doi: 10.1093/geront/29.2.183

Ayres, L. (2000). Narratives of family caregiving: Four story types. *Research in Nursing & Health, 23*, 359-371. Retrieved from http://academic.son.wisc.edu/courses/n701/week/ayres_%20narrativesoffamilycaregiving.pdf

Balsam, K. F., & D'Augelli, A. R. (2006). The victimization of older LGBT adults: Patterns, impact, and implications for intervention. In D. Kimmel, T. Rose, & David, S. (Eds.), *Lesbian, gay, bisexual, and transgender aging: Research and clinical perspectives* (pp. 110-130). New York, NY: Columbia University Press.

Bamberg, M. G. W. (1997). Positioning between structure and performance. *Journal of Narrative and Life History, 7*, 335-342. Retrieved from http://140.232.1.53/~mbamberg/Papers/Positioning%20Between%20Structure%20and%20Performance.pdf

Barrett, C. (2008). *My people: A project exploring the experiences of gay, lesbian, bisexual, transgender and interssex seniors in aged-care services.* Melbourne, Vic.: Matrix Guild Victoria Incorporated. Retrieved from http://www.matrixguildvic.org.au/docs/MyPeople_Exploring-Experiences-2008.pdf.

Bellastella, A., Esposito, D., Conte, M., Ruocco, G., Bellastella, G., Sinisi, A. A., & Pasquali, D. (2005). Sexuality in aging male. *Journal of Endocrinological Investigation, 28*(11), 55-60.

Bengtson, V. L., Gans, D., Putney, N. M., & Silverstein, M. (Eds.). (2009). *Handbook of theories of aging.* New York, NY: Springer.

Bennett, K. C., & Thompson, N. L. (1980). Social and psychological functioning of the ageing male homosexual. *The British Journal of Psychiatry, 137*, 361-370. doi: 10.1192/bjp.137.4.361

Berger, R. M. (1982). The unseen minority: Older gays and lesbians. *Social Work, 27*(3), 236-242. doi: 10.1093/sw/27.3.236

Berger, R. M. (1984). Realities of gay and lesbian aging. *Social Work, 29*(1), 57-62. doi: 10.1093/sw/29.1.57

Berger, R. M., & Kelly, J. J. (2001). What are older gay men like? An impossible question? *Journal of Gay & Lesbian Social Services, 13*(4), 55-64. doi: 10.1300/J041v13n04_07

Berkman, B. J. (2011). Seizing interdisciplinary opportunities in the changing landscape of health and aging: A social work perspective. *The Gerontologist, 51*(4), 433-440. doi: 10.1093/geront/gnr063

Bernard, A. W., Malone, M., Kman, N. E., Caterino, J. M., & Khandelwal, S. (2011). Medical student professionalism narratives: A thematic analysis and interdisciplinary comparative investigation. *BMC Emergency Medicine, 11(*11). doi: 10.1186/1471-227X-11-11

Bernard, M., & Scharf, T. (Eds.). (2007). *Critical perspectives on ageing societies.* Bristol, England: The Policy Press.

Blackwell, C. W. (2008). Nursing implications in the application of conversion therapies on gay, Lesbian, bisexual, and transgender clients. *Issues in Mental Health Nursing, 29*(6), 651-665. doi:10.1080/01612840802048915

Blackwell, C. W. (2008). Registered nurses' attitudes toward the protection of gays and lesbians in the workplace. *Journal of Transcultural Nursing, 19*(4), 347-353. doi:10.1177/1043659608322420

Bland, M. (2007). Betwixt and between: A critical ethnography of comfort in New Zealand residential aged care. *Journal of Clinical Nursing, 16*(5), 937-944. doi: 10.1111/j.1365-2702.2006.01756.x

Blando, J. A. (2001). Twice hidden: Older gay and lesbian couples, friends, and intimacy. *Generations, 25*(2), 87-89. Retrieved from http://www.asaging.org/generations-journal-american-society-aging

Blank, T. O., Asencio, M., Descartes, L., & Griggs, J. (2009). Aging, health, and GLBTQ family and community life. *Journal of GLBT Family Studies, 5*(1/2), 9-34. doi: 10.1080/15504280802595238

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77-101. doi: http://dx.doi.org/10.1191/1478088706qp063oa

Brotman, S., Ryan, B., Collins, S., Chamberland, L., Cormier, R., Julien, D, . . . Richard, B. (2007). Coming out to care: Caregivers of gay and lesbian seniors in Canada. *The Gerontologist, 47*(4), 490-504. doi: 10.1093/geront/47.4.490

Brotman, S., Ryan, B., & Cormier, R. (2003). The health and social service needs of gay and lesbian elders and their families in Canada. *The Gerontologist, 43*(2), 192-203. Retrieved from http://sageatl.org/docs/healthsocialneeds.pdf

Brown, L. B., Alley, G. R., Sarosy, S., Quarto, G., & Cook, T. (2001). Gay men: Aging well! *Journal of Gay & Lesbian Social Services, 13*(4), 41-54. doi: 10.1300/J041v13n04_06

Burns, N., Grove, S. K., & Gray, J. (2011). *Understanding nursing research: Building an evidence-based practice* (5th ed.). Maryland Heights, MO: Elsevier Saunders.

Butler, R. N. (1989). Dispelling ageism: The cross-cutting intervention. *Annals of the American Academy of Political and Social Science, 503*(May, 1989), 138-147. Retrieved from http://www.jstor.org/stable/1047223

Butler, S. S. (2004). Gay, lesbian, bisexual, and transgender (GLBT) elders: The challenges and resilience of this marginalised group. *Journal of Human Behavior in the Social Environment, 9*(4), 25-44. doi: 10.1300/J137v09n04_02

Bytheway, B., Keil, T., Allatt, P., & Bryman, A. (Ed.). (1989). *Becoming and being old: Sociological approaches to later life.* London, England: Sage.

Cahill, S. (2007). The coming GLBT senior boom. *The Gay & Lesbian Review, 13*, 19-21. Retrieved from http://www.glreview.com/issues/14.1/14.1-cahill.php

Cahill, S., & South, K. (2002). Policy issues affecting lesbian, gay, bisexual, and transgender people in retirement. *Generations, 26*(2), 49-54. Retrieved from http://go.galegroup.com/ps/i.do?id=GALE%7CA120167573&v=2.1&u=per_unit &it=r&p=AONE&sw=w

Cahill, S., South, K., & Spade, J. (2000). *Outing age: Public policy issues affecting gay, lesbian, bisexual and transgender elders.* The Policy Institute of the National Gay and Lesbian Task Force Foundation. Retrieved from http://www.thetaskforce.org/downloads/reports/reports/OutingAge.pdf.

Chase, S. E. (2005). Narrative inquiry. In N. K. Denzin, & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (3rd ed., pp. 651-679). Thousand Oaks, CA.: Sage.

Cicirelli, V. G., MacLean, A. P., & Cox, L. S. (2000). Hastening death: A comparison of two end-of-life decisions. *Death Studies, 24*(5), 401-419. doi: 10.1080/07481180050045656

Clarke, V., Ellis, S. J., Peel, E., & Riggs, D. W. (2010). *Lesbian, gay, bisexual, trans & queer psychology: An introduction.* Cambridge, England: Cambridge University Press.

Clover, D. (2006). Overcoming barriers for older gay men in the use of health services: A qualitative study of growing older, sexuality and health. *Health Education Journal, 65*(1), 41-52. doi: 10.1177/0017896906066066

Cole Palmetto, W. (2003, June 22). Being out at 65. *Time.* Retrieved from http://www.time.com/time/magazine/article/0,9171,460203-1,00.html

Cole, T. R., Achenbaum, W. A., Jakobi, P. L., & Kastenbaum, R. (Eds.). (1993). *Voices and visions of aging: Toward a critical gerontology.* New York, NY: Springer.

Coleman, P. (1990). Adjustment in later life. In J. Bond, & Coleman, P. (Ed.), *Ageing in society: An introduction to social gerontology* (pp. 89-122). London: Sage.

Coleman, P. G., & O'Hanlon, A. (2004). *Ageing and development: Theories and research.* London, England: Arnold.

Committee on Lesbian and Gay Concerns. (1991). Avoiding heterosexual bias in language. (American Psychological Association's Committee on Lesbian and Gay Concerns-Psychology in the Public Forum). *The American Psychologist, 46*(9), 973-972. Retrieved from http://www.apa.org/pi/lgbt/resources/language.aspx

Cook Daniels, L. (1997). Lesbian, gay male, bisexual and transgendered elders: Elder abuse and neglect issues. *Journal of Elder Abuse & Neglect, 9*(2), 35-49. doi: 10.1300/JO84v09n02_04

Cook Daniels, L. (2002). Lesbian, gay male, bisexual and transgendered elders: Elder abuse and neglect issues. Retrieved from http://www.forge-forward.org/handouts/tgelderabuse-neglect.html

Cooper Fox, R. (2007). Gay grows up: An interpretive study on aging metaphors and queer identity. *Journal of Homosexuality, 52*(3/4), 33-61. doi: 10.1300/J082v52n03_03

Cornelson, B. M. (1998). Addressing the sexual health needs of gay and bisexual men in healthcare settings. *The Canadian Journal of Human Sexuality, 7*(3), 261-272. Retrieved from http://www.sieccan.org/cjhs.html

Cosis Brown, H. (1998). *Social work and sexuality: Working with lesbians and gay men*. Hampshire, England: Macmillan.

Crisp, C., Wayland, S., & Gordon, T. (2008). Older gay, lesbian, and bisexual adults: Tools for age-competent and gay affirmative practice. *Journal of Gay & Lesbian Social Services, 20*(1/2), 5-29. doi: 10.1080/10538720802178890

Cronin, A., & King, A. (2010). Power, inequality and identification: Exploring diversity and intersectionality amongst older LGB adults. *Sociology, 44*(5), 876-892. doi:10.1177/0038038510375738

Cruikshank, M. (2009). *Learning to be old* (2nd ed.). Lanham, MD: Rowman & Littlefield.

Dalziel, L. (2001). *The New Zealand Positive Ageing Strategy*. (0-478-25104-1). Wellington, New Zealand: Ministry of Social Policy. Retrieved from http://www.ifa-iv.org/attachments/060_NZ%20Positive%20Ageing%20Strategy.pdf?phpMyAdmin=Hj3UN29fXcm3NoRoBeayeKKgLL6&phpMyAdmin=44935d2d09de8a255fdb5c021ececb2d&phpMyAdmin=fd874e5b4e657d4862d7137acbc46801

D'Augelli, A. R., Grossman, A. H., Hershberger, S. L., & O'Connell, T. S. (2001). Aspects of mental health among older lesbian, gay, and bisexual adults. *Aging & Mental Health, 5*(2), 149-158. doi: 10.1080/13607860120038366

Davey, B. (Ed.). (2001). *Birth to old age: Health in transition*. Buckingham, England: Open University Press.

Davey, J. (2006). "Ageing in place": The views of older homeowners on maintenance, renovation and adaptation. *Social Policy Journal of New Zealand,* (27), 128-141. Retrieved from http://www.msd.govt.nz/about-msd-and-our-work/publications-resources/journals-and-magazines/social-policy-journal/spj27/ageing-in-place-the-views-of-older-homeowners-27-pages128-141.html

Davey, J., & Glasgow, K. (2006). Positive ageing: A critical analysis. *Policy Quarterly, 2*(4), 21-27. Retrieved from http://ips.ac.nz/publications/files/a7ac843fc47.pdf

de Vries, B., & Blando, J. A. (2004). The study of gay and lesbian aging: Lessons for social gerontology. In G. Herdt, & B. de Vries (Eds.), *Gay and lesbian aging: Research and future directions* (pp. 3-28). New York, NY: Springer.

de Vries, B., & Megathlin, D. (2009). The meaning of friendship for gay men and lesbians in the second half of life. *Journal of GLBT Family Studies, 5*(1/2), 82-98. doi: 10.1080/15504280802595394

Dempsey, P. A., & Dempsey, A. D. (2000). *Using nursing research: Process, critical evaluation, and utilization* (5th ed.). Philadelphia: Lippincott.

Denzin, N. K., & Lincoln, Y. S. (2005). Introduction: The discipline and practice of qualitative research. In N. K. Denzin, & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research*. Thousand Oaks, CA: Sage.

Dixon, C. G., Richard, M., & Rollins, C. W. (2003). Contemporary issues facing aging Americans: Implications for rehabilitation and mental health counseling. *The Journal of Rehabilitation, 69*(2), 5(8). Retrieved from http://www.questia.com/library/1G1-102024776/contemporary-issues-facing-aging-americans-implications

Dorfman, L. T., Murty, S. A., Ingram, J. G., & Li, H. (2008). Faculty and community partners in gerontological curriculum enrichment. *Educational Gerontology, 34*(12), 1087-1104. doi:10.1080/03601270802201398

Downes, A., Dever, C., & Douglass, D. (2010, November). *The nationwide implementation of interRAI: A blue print for establishing a national clinical software system.* Paper presented at the Health Informatics New Zealand (HINZ) Conference, Wellington, New Zealand. Retrieved from http://www.hinz.org.nz/uploads/file/2010conference/P09_Downes.pdf

Drescher, J. (2002). Sexual conversion ("reparative") therapies: History and update. In B. E. Jones & M. J. Hill (Eds.), *Mental health issues in lesbian, gay, bisexual, and transgender communities* (pp. 71-91). Washington, D. C.: American Psychiatric Publishing.

Durie, M. (2001, November 22). *Cultural competence and medical practice in New Zealand*. Paper presented at the Australian and New Zealand Boards and Council Conference, Wellington, New Zealand. Retrieved from http://www.massey.ac.nz/massey/fms/Te%20Mata%20O%20Te%20Tau/Public ations%20-%20Mason/M%20Durie%20Cultural%20competence%20and%20medical%20pr actice%20in%20New%20Zealand.pdf

Edward, K. (2005). Resilience: A protector from depression. *Journal of the American Psychiatric Nurses Association*, *11*(4)*,* 241-243. Retrieved from http://go.galegroup.com/ps/i.do?id=GALE%7CA143524162&v=2.1&u=per_unit &it=r&p=AONE&sw=w

Edward, K., & Warelow, P. (2005). Resilience: When coping is emotionally intelligent. *Journal of the American Psychiatric Nurses Association*, *11*(2)*,* 101-102. Retrieved from http://jap.sagepub.com/

Edwards, J. A., & Billsberry, J. (2010). Testing a multidimensional theory of person-environment fit. *Journal of Managerial Issues, XXII*(4), 476-493. Retrieved from http://dro.deakin.edu.au/eserv/DU:30035222/billsberry-testingamultidimensional-2010.pdf

Elder, G. H., Jr. (1994). Time, human agency, and social change: Perspectives on the life course. *Social Psychology Quarterly, 57*(1), 4(12).

Elliott, J. (2005). *Using narrative in social research: Qualitative and quantitative approaches*. London, England: Sage. Retrieved from http://www.jstor.org/stable/2786971

Embrick, D. G., Walther, C. S., & Wickens, C. M. (2007). Working class masculinity: Keeping gay men and lesbians out of the workplace. *Sex Roles, 56*(11/12), 757-766. doi:10.1007/s11199-007-9234-0

Ensign, M. (2007, April). Ethical issues and the elderly: Guidance for eldercare providers. Retrieved from http://www.ensignlaw.com/Ethical%20Issues%20and%20Elderly.html

Erber, J. T. (2005). *Aging and older adulthood.* Belmont, CA.: Thomson Wadsworth.

Erikson, E. H. (1982). *The life cycle completed: A review.* New York, NY: W.W. Norton.

Estes, C. L., & Binney, E. A. (1991). The biomedicalization of aging: Dangers and dilemmas. In M. Minkler, & Estes, C. L. (Ed.), *Critical Perspectives on Aging: The Political and Moral Economy of Growing Old* (pp. 116-138). Amityville, NY: Baywood.

Fannin, A. (2006). Gay and grey: Lifting the lid on sexuality and ageing. *Working with Older People, 10*(4), 31-34. doi: 10.1108/13663666200600069

Fannin, A. (2008). Promoting acceptance: Visibility and validation. In K. Brown (Ed.), *Social work practice with older lesbians and gay men* (pp. 37-50). Exeter, England: LearningMatters.

Faris, R. E. L. (Ed.). (1964). *Handbook of Modern Sociology*. Chicago, IL: Rand McNally.

Farr, R. H., Forssell, S. L., & Patterson, C. J. (2010). Gay, lesbian, and heterosexual adoptive parents: Couple and relationship issues. *Journal of GLBT Family Studies, 6*, 199-213. doi: 10.1080/15504281003705436

Fenge, L., Fannin, A., Armstrong, A., Hicks, C., Taylor, V. (2009). Lifting the lid on sexuality and ageing. *Qualitative Social Work, 8*(4), 509-524. doi: 10.1177/1473325009345783

Fereday, J., & Muir-Cochrane, E. (2006). Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International Journal of Qualitative Methods, 5*(1), 1-11. Retrieved from http://www.ualberta.ca/~iiqm/backissues/5_1/PDF/FEREDAY.PDF

Findlay, R., & McLaughlin, D. (2005). Environment and psychological responses to ageing. In G. J. Andrews, & D. R. Phillips (Eds.), *Ageing and place: Perspectives, policy, practice* (pp. 118-132)*.* London, England: Routledge.

Flicker, L. (2000). Healthcare for older people in residential care, who cares? *The Medical Journal of Australia, 173*(2), 77-79. Retrieved from http://mja.com.au/public/issues/173_02_170700/flicker/flicker.html

Fokkema, T., & Kuyper, L. (2009). The relation between social embeddedness and loneliness among older lesbian, gay, and bisexual adults in the Netherlands. *Archives of Sexual Behavior, 38*(2), 264-275. doi: 10.1007/s10508-007-9252-6

Forbat, L., & Henderson, J. (2005). Theoretical and practical reflections on sharing transcripts with participants. *Qualitative Health Research, 15*(8), 1114-1128. doi: 10.1177/1049732305279065

Fredrickson, B. L., & Carstensen, L. L. (1990). Choosing social partners: How old age and anticipated endings make people more selective. *Psychology and Aging, 5*(3), 335-347. Retrieved from http://www.apa.org/pubs/journals/pag/index.aspx

Gay and Lesbian Association of Retiring Persons. (2011). LGBT retirement communities. Retrieved from http://www.gaylesbianretiring.org/lgbt-retirement-communities/

Gerrish, K., & Lacey, A. (2006). *The research process in nursing.* (5th ed.). Oxford, England: Blackwell.

Goodley, D., Lawthom, R., Clough, P., & Moore, M. (2004). *Researching life stories: Method, theory and analyses in a biographical age.* London, England: Routledge Falmer.

Gottman, J. M., Levenson, R. W., Swanson, C., Swanson, K., Tyson, R., & Yoshimoto, D. (2003). Observing gay, lesbian and heterosexual couples' relationships: Mathematical modeling of conflict interaction. *Journal of Homosexuality, 45*(1), 65-91. doi: 10.1300/J082v45n01_04

Grbich, C. (2007). *Qualitative data analysis: An introduction*. London, England: Sage.

Grossman, A. H. (2006). Physical and mental health of older lesbian, gay, and bisexual adults. In D. Kimmel, Rose, T., & S. David (Eds.), *Lesbian, gay, bisexual and transgender ageing: Research and clinical perspectives* (pp. 53-69). New York, NY: Columbia University Press.

Grossman, A. H., D'Augelli, A. R., & Hershberger, S. L. (2000). Social support networks of lesbian, gay, and bisexual adults 60 years of age and older. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences, 55*(3), 171-179. doi: 10.1093/geronb/55.3.P171

Grossman, A. H., D'Augelli, A. R., & O'Connell, T. S. (2001). Being lesbian, gay, bisexual, and 60 or older in North America. *Journal of Gay & Lesbian Social Services, 13*(4), 23-40. doi: 10.1300/J041v13n04_05

Grov, C., Bimbi, D S., Nanin, J. E., & Parsons, J. T. (2006). Race, ethnicity, gender, and generational factors associated with the coming-out process among gay, lesbian, and bisexual individuals. *The Journal of Sex Research, 43*(2), 115-121. doi: 10.1080/00224490609552306

Haber, D. (2009). Gay aging. *Gerontology & Geriatrics Education, 30*(3), 267-280. doi: 10.1080/02701960903133554

Hammersley, M. (2004). Reflexivity. In M. S. Lewis-Beck, A. Bryman, & T. F. Liao (Eds.), *The Sage Encyclopedia of Social Science Research Methods* (Vol. 3, pp. 933-935). Thousand Oaks, CA: Sage.

Hareven, T. K. (Ed.). (1978). *Transitions: The family and the life course in historical perspective*. New York, NY: Academic Press.

Hartsell, B. D. (2006). A model for ethical decision-making: The context of ethics. *Journal of Social Work Values & Ethics, 3*(1). Retrieved from http://www.socialworker.com/jswve/content/view/26/44/

Health and Disability Commissioner. (2009). The Code of Rights. Retrieved October 5, 2011, from http://www.hdc.org.nz/the-act--code/the-code-of-rights

Heaphy, B. (2009). Choice and its limits in older lesbian and gay narratives of relational life. *Journal of GLBT Family Studies, 5*(1/2), 119-138. doi: 10.1080/15504280802595451

Heaphy, B., Yip, A. K. T., & Thompson, D. (2004). Ageing in a non-heterosexual context. *Ageing & Society, 24*(6), 881-902. doi: 10.1017/S0144686X03001600

Heisel, M. J. (2004). Suicide ideation in the elderly. *Psychiatric Times, 21*(3), 50-53. Retrieved from http://www.psychiatrictimes.com/display/article/10168/48656

Henrickson, M., Neville, S., Jordan, C., & Donaghey, S. (2007). Lavender islands: The New Zealand study. *Journal of Homosexuality, 53*(4), 223-248. doi: 10.1080/00918360802103514

Henrickson, M. (2008). Deferring identity and social role in lesbian, gay and bisexual New Zealanders. *Social Work Education, 27*(2), 169-181. doi: 10.1080/02615470701709626

Herdt, G., & de Vries, B. (2004). Introduction. In G. Herdt, & B. de Vries (Eds.), *Gay and lesbian aging: Research and future directions* (pp. xi-xxii). New York, NY: Springer.

Hinchliff, S., & Gott, M. (2011). Seeking medical help for sexual concerns in mid and later life: A review of the literature. *The Journal of Sex Research, 48*(2-3), 106-118. doi: 10.1080=00224499.2010.548610.

Hinchliff, S., Gott, M., & Galena, E. (2005). 'I daresay I might find it embarrassing': General practitioners' perspectives on discussing sexual health issues with lesbian and gay patients. *Health & Social Care in the Community, 13*(4), 345-353. doi: 10.1111/j.1365-2524.2005.00566.x

Hogan, C. (1995). Creative journal and reflective processes. *The Learning Organization, 2*(2), 4-17. doi: http://dx.doi.org/10.1108/09696479510086208

Holloway, I., & Freshwater, D. (2007). *Narrative research in nursing*. Oxford, England: Blackwell.

Holmes, J. (2006). *Successful ageing: A critical analysis* (Doctoral thesis, Massey University, Palmerston North, New Zealand). Available from Massey University Turitea Library.

Homosexual Law Reform Act, Pub. L. No. 33 (1986 July 11).

Hooyman, N. R., & Asuman Kiyak, H. (2005). *Social gerontology: A multidisciplinary perspective.* Boston, MA: Allyn and Bacon.

Horton, S., Baker, J., Cote, J., & Deakin, J. M. (2008). Understanding seniors' perceptions and stereotypes of aging. *Educational Gerontology, 34*(11), 997-1017. doi: 10.1080/03601270802042198

Hughes, M. (2003). Talking about sexual identity with older men. *Australian Social Work, 56*(3), 258-266. doi: 10.1046/j.0312-407x.2003.00078.x

Hughes, M. (2008). Imagined futures and communities: Older lesbian and gay people's narratives on health and aged care. *Journal of Gay & Lesbian Social Services, 20*(1/2), 167-186. doi: 10.1080/10538720802179211

Hughes, M. (2009). Lesbian and gay people's concerns about ageing and accessing services. *Australian Social Work, 62*(2), 186-201. doi: 10.1080/03124070902748878

Hunter, S. (2005). *Midlife and older LGBT adults: Knowledge and affirmative practice for the social services.* New York, NY: The Haworth Press.

Interpretation Act, No. 85 (1999 August 3).

Irwin, L. (2007). Homophobia and heterosexism: Implications for nursing and nursing practice. *Australian Journal of Advanced Nursing, 25*(1), 70-76. Retrieved from http://www.ajan.com.au/Vol25/Vol25.1-10.pdf

Iwasaki, Y., & Ristock, J. L. (2007). The nature of stress experienced by lesbians and gay men. *Anxiety, Stress & Coping, 20*(3), 299-319. doi: 10.1080/10615800701303264

Jamieson, A. (2002). Theory and practice in social gerontology. In A. Jamieson, & C. Victor (Eds.), *Researching ageing and later life: The practice of social gerontology.* Buckingham, England: Open University Press.

Jansen, K. J., & Kristof-Brown, A. (2006). Toward a multidimensional theory of person-environment fit. *Journal of Managerial Issues, XVIII*(2), 193-212. Retrieved From http://www.jstor.org/stable/pdfplus/40604534.pdf?acceptTC=true

Jerrome, D. (1990). Intimate relationships. In J. Bond, & P. Coleman (Eds.), *Ageing in society: An introduction to social gerontology* (pp. 181-208). London, England: Sage.

Joffe, H. (2012). Thematic analysis. In D. Harper, & A. R. Thompson (Eds.), *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners.* Chichester, West Sussex, England: Wiley-Blackwell.

Johnson, M. J., Jackson, N. C., Arnette, J. K., & Koffman, S. D. (2005). Gay and lesbian perceptions of discrimination in retirement care facilities. *Journal of Homosexuality, 49*(2), 83-102. Retrieved from http://dx.doi.org/10.1300/J082v49n02_05

Johnston, G., & Teasdale, A. (1999, December). *Population ageing and health spending: 50-year projections* (Ministry of Health Occasional Paper No. 2). Retrieved from http://www.moh.govt.nz/moh.nsf/0/a3f2ddb54bee62614c256880008142f2/$FILE/Pop50-yearA.pdf

Jones, B. E. (2001). Is having the luck of growing old in the gay, lesbian, bisexual, transgender community good or bad luck? *Journal of Gay & Lesbian Social Services, 13*(4), 13-14. Retrieved from http://dx.doi.org/10.1300/J041v13n04_02

Jones, J., & Pugh, S. (2005). Ageing gay men. *Men & Masculinities, 7*(3), 248-260. doi: 10.1177/1097184x04265990

Jootun, D., McGhee, G., & Marland, G. R. (2009). Reflexivity: Promoting rigour in qualitative research. *Nursing Standard, 23*(23), 42-47. Retrieved from http://nursingstandard.rcnpublishing.co.uk/archive/article-reflexivity-promoting-rigour-in-qualitative-research

Jorgensen, D., Arksey, H., Parsons, M., Senior, H., & Thomas, D. (2009). Why do older people in New Zealand enter residential care rather than choosing to remain at home, and who makes that decision? *Ageing International, 34*(1-2), 15-32. doi: 10.1007/s12126-009-9034-7

Jorgensen, D., Parsons, M., Reid, M. G., Weidenbohm, K., Parsons, J., & Jacobs, S. (2009). The providers' profile of the disability support workforce in New Zealand. *Health & Social Care in the Community, 17*(4), 396-405. doi:10.1111/j.1365-2524.2008.00839.x

Kane, R. L., Rockwood, T., Hyer, K., Desjardins, K., Brassard, A., Gessert, C., & Kane, R. . (2005). Rating the importance of nursing home resident's quality of life. *Journal of American Geriatrics Society, 7*(53), 2076-2082. doi: 10.1111/j.1532-5415.2005.00493.x

Karp, D. A. (2000). A decade of reminders: Changing age consciousness between fifty and sixty years old. In J. F. Gubrium & J. A. Holstein (Eds.), *Ageing and everyday life* (pp. 65-86). Oxford, England: Blackwell.

Katz, S. (1983). Assessing self-maintenance: Activities of daily living, mobility, and instrumental activities of daily living. *Journal of the American Geriatrics Society, 31*(12), 721-727. Retrieved from http://au.wiley.com/WileyCDA/WileyTitle/productCd-JGS.html

Kean, R. (2006). Understanding the lives of older gay people. *Nursing Older People, 18*(8), 31-36. Retrieved from http://nursingolderpeople.rcnpublishing.co.uk/

Kelly, J. J. (1977). The aging male homosexual: Myth & reality. *The Gerontologist, 17*(4), 328-322. doi: 10.1093/geront/17.4.328

Kennedy, S. (2008, August). The age of the silver fox. *Advocate* (1012). Retrieved from http://www.advocate.com/Print_Issue/Cover_Stories/The_Age_of_the_Silver_Fox/

Kenyon, G. (2003). Telling and listening to stories: Creating a wisdom environment for older people. *Generations, 27*(3), 30-33. Retrieved from http://www.asaging.org/publications

Kenyon, G., Clark, P., & de Vries, B. (Eds.). (2001). *Narrative gerontology: Theory, research, and practice.* New York, NY: Springer.

Kenyon, G. M., & Randall, W. L. (1999). Introduction: Narrative gerontology. *Journal of Aging Studies, 13*(1), 1(1). Retrieved from http://www.accessmylibrary.com/article-1G1-54342520/introduction-narrative-gerontology.html

Kertzner, R. M. (2001). The adult life course and homosexual identity in midlife gay men. *Annual Review of Sex Research, 12*, 75-92.

Keyvanara, M., & Haghshenas, A. (2011). Sociocultural contexts of attempting suicide among Iranian youth: A qualitative study/Contextes socioculturels des tentatives de suicide chez les jeunes Iraniens: Une etude qualitative. *Eastern Mediterranean Health Journal, 17*(6), 529-536. Retrieved from http://applications.emro.who.int/emhj/V17/06/17_6_2011_0529_0535.pdf

Kimmel, D. C. (2004). Issues to consider in studies of midlife and older sexual minorities. In G. Herdt, & B. de Vries (Eds.), *Gay and lesbian aging: Research and future directions* (pp. 265-283). New York, NY: Springer.

Kimmel, D., Rose, T., & David, S. (Ed.). (2006). *Lesbian, gay, bisexual, and transgender aging: Research and clinical perspectives.* New York, NY: Columbia University Press.

Kinsella, K., & Velkoff, V. A. (2001). *An Aging World: 2001*. (P95/01-1). Washington, DC: U.S. Census Bureau.

Knochel, K. A., Quam, J. K., & Croghan, C. F. (2011). Are old lesbian and gay people well served? Understanding the perceptions, preparation, and experiences of aging services providers. *Journal of Applied Gerontology, 30*(3), 370-389. doi: 10.1177/0733464810369809

Koch, T., & Webb, C. (1996). The biomedical construction of ageing: Implications for nursing care of older people. *Journal of Advanced Nursing, 23*, 954-959. doi: 10.1046/j.1365-2648.1996.10014.x

Kontos, P. C. (1998). Resisting institutionalization: Constructing old age and negotiating home. *Journal of Aging Studies, 12*(2), 167-184. doi: http://dx.doi.org/10.1016/S0890-4065(98)90013-5

Kothari, A. R., Bickford, J. J., Edwards, N., Dobbins, M. J., & Meyer, M. (2011). Uncovering tacit knowledge: A pilot study to broaden the concept of knowledge in knowledge translation. *BMC Health Services Research, 11*, 198. Retrieved from http://dx.doi.org.ezproxy.massey.ac.nz/10.1186/1472-6963-11-198

Lanvin, N. (2008). Care settings and the home. In A. Fannin, L. Fenge, C. Hicks, & N. Lanvin, (Eds.), *Social work practice with older lesbians and gay men* (pp. 51-65). Exeter, England: LearningMatters.

Laslett, P. (1979). The history of ageing and the aged. In V. Carver, & P. Liddiard (Eds.), *An ageing population: A reader and sourcebook* (pp. 6-13). New York, NY: Holmes & Meier.

Lathlean, J. (2006). Qualitative analysis. In K. Gerrish, & A. Lacey (Eds.), *The research process in nursing* (pp. 417-433). Oxford, England: Blackwell.

Latimer, J. (Ed.). (2003). Advanced *qualitative research for Nursing*. Malden, MA: Blackwell.

Laurie, A. J., & Evans, L. (Ed.). (2005). *Outlines: Lesbian & gay histories of Aotearoa*. Wellington, New Zealand: Lesbian & Gay Archives of New Zealand.

Lee, A. (2004). Signposts of ageing: The transitions to later life of a sample of older gay men. *Ageing International, 29*(4), 368-384. Retrieved from http://www.springer.com/social+sciences/journal/12126

Lewis, R. J., Derlega, V. J., Berndt, A., Morris, L. M., & Rose, S. (2002). An empirical analysis of stressors for gay men and lesbians. *Journal of Homosexuality, 42*(1), 63-88. doi: 10.1300/J082v42n01_04

Lewis, R. J., Derlega, V. J., Griffin, J. L., & Krowinski, A. C. (2003). Stressors for gay men and lesbians: Leisure stress, gay-related stress, stigma consciousness, and depressive symptoms. *Journal of Social & Clinical Psychology, 22*(6), 716-729. doi: 10.1521/jscp.22.6.716.22932

Lieblich, A., Tuval-Mashiach, R., & Zilber, T. (1998). *Narrative research: Reading, analysis, and interpretation*. Thousand Oaks, CA: Sage.

Lindquist, N., & Hirabayashi, G. (1979). Coping with marginal situations: The case of gay males. *Canadian Journal of Sociology, 4*(2), 87-104.

Linton Estate. (2011). Linton Estate. Retrieved from http://www.lintonestate.com.au/index.php

Lonely. (2012). In *Oxford Dictionaries*. Retrieved from http://oxforddictionaries.com/definition/english/lonely?q=lonely

Long, J. (1989). A part to play: Men experiencing leisure through retirement. In B. Bytheway, T. Keil, P. Allatt, & A. Bryman (Eds.), *Becoming and being old: Sociological approaches to later life* (pp. 55-71). London, England: Sage.

Long, R. (2001). Becoming the men we're ceasing to be: A gay agenda for aging in a youth culture. *Theology & Sexuality: The Journal of the Institute for the Study of Christianity & Sexuality* (15), 94-113. doi: 10.1177/135583580100801507

Lowenstein, A. (2003). Contemporary later-life family transitions: Revisiting theoretical perspectives on aging and the family - toward a family identity framework In S. Biggs, A. Lowenstein, & J. Hendricks (Eds.), *The need for theory: Critical approaches to social gerontology* (pp. 105-126). Amityville, NY: Baywood.

Maddox, G. L. (Ed.). (1995). *The Encyclopedia of Aging* (2nd ed.). New York, NY: Springer.

Marshall, V. W. (2009). Theory informing public policy: The life course perspective as a policy tool. In V. L. Bengston, M. Silverstein, N. M. Putney, & D. Gans (Eds.), *Handbook of Theories of Aging* (2nd ed.). (pp. 573-593). New York, NY: Springer.

Masini, B. E., & Barrett, H. A. (2008). Social support as a predictor of psychological and physical well-being and lifestyle in lesbian, gay, and bisexual adults aged 50 and over. *Journal of Gay & Lesbian Social Services, 20*(1/2), 91-110. doi: 10.1080/10538720802179013

McAdams, D. P. (1996). Explorations in generativity in later years. In L. Sperry, & H. Prosen (Eds.). *Aging in the twenty-first century: A developmental perspective* (pp. 33-58)*. New York, NY: Garland.

Meiner, S. E. (2011). Theories of aging. In S. E. Meiner (Ed.), *Gerontologic Nursing* (pp. 15-27). St Louis, MO: Elsevier Mosby.

Meri-Esh, O., & Doron, I. (2009). Aging with pride in Israel: An Israeli perspective on the meaning of homosexuality in old age. *Ageing International, 34*(1/2), 42-59. doi: 10.1007/s12126-009-9035-6

Metlife Market Institute, & The Lesbian and Gay Aging Issues Network of The American Society on Aging. (2010). Out and aging: The MetLife study of lesbian and gay baby boomers. *Journal of GLBT Family Studies, 6*(1), 40-57. doi: 10.1080/15504280903472949

Metlife Market Institute, The Lesbian and Gay Aging Issues Network of The American Society on Aging, Zogby International. (2006). Out and Ageing: The MetLife Study of Lesbian and Gay Baby Boomers. Retrieved from http://www.metlife.com/assets/cao/mmi/publications/studies/mmi-out-aging-lesbian-gay-retirement.pdf

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*(5), 674-697. doi: 10.1037/0033-2909.129.5.674

Miller, C. A. (2004). *Nursing for wellness in older adults: Theory and practice.* (4th ed.). Philadelphia, PA: Lippincott Williams & Wilkins.

Ministry for Culture and Heritage. (2010). Birth of the gay movement - homosexual law reform.   Retrieved from http://www.nzhistory.net.nz/culture/homosexual-law-reform/birth-of-the-gay-movement

Ministry of Health. (2004). *Health of older people strategy: The strategy in summary.* Wellington, New Zealand. Retrieved from http://www.health.govt.nz/publication/health-older-people-strategy

Ministry of Health. (2006). *Older people's health chart book 2006.* Wellington, New Zealand: Ministry of Health. Retrieved from http://www.health.govt.nz/publication/older-peoples-health-chart-book-2006

Ministry of Social Development. (2001). *The New Zealand Positive Ageing Strategy*. Retrieved from http://www.msd.govt.nz/what-we-can-do/seniorcitizens/positive-ageing/strategy/index.html

Ministry of Social Development. (2005). Briefing to the incoming minister leading social development in New Zealand (0-478-19328-3). Retrieved from http://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/corporate/bim-leading-social-development-2005.pdf

Ministry of Social Development. (2010). *2010: The social report: Gay, lesbian, bisexual and transgender people*. Wellington, New Zealand. Retrieved from http://www.socialreport.msd.govt.nz/people/gay-lesbian-bisexual-transgender-people.html

Minnigerode, F. A., & Adelman, M. R. (1978). Elderly homosexual women and men: Report on a pilot study. *Family Coordinator, 27*(4), 451-456. Retrieved from http://www.jstor.org.ezproxy.massey.ac.nz/stable/pdfplus/583451.pdf?accept TC=true

Miranda, J., & Storms, M. (1989). Psychological adjustment of lesbians and gay men. *Journal of Counseling & Development, 68*(1), 41-45. doi: 10.1002/j.1556-6676.1989.tb02490.x

Mock, S. E., Taylor, C. J., & Savin-Williams, R. C. (2006). Aging together: The retirement plans of same-sex couples. In D. Kimmel, T. Rose, & S. David (Eds.), *Lesbian, gay, bisexual and transgender aging: Research and clinical perspectives* (pp. 152-174). New York, NY: Columbia University Press.

Moody, H. R. (1992). Gerontology and critical theory, Editorial. *Gerontologist*. p. 294. Retrieved from http://gerontologist.oxfordjournals.org/

Moody, H. R. (2006). *Aging: Concepts and controversies* (5th ed.). Thousand Oaks, CA: Pine Forge Press.

Morrow, D. F. (2001). Older gays and lesbians: Surviving a generation of hate and violence. Retrieved from http://Sageatl.org/docs/hatecrimes.pdf

Morse, J. M., Barrett, M., Mayan, M., Olson, K., & Spiers, J. (2002). Verification strategies for establishing reliability and validity in qualitative research. *International Journal for Qualitative Methods, 1*(2), 1-19. Retrieved from https://ejournals.library.ualberta.ca/index.php/IJQM/article/view/4603/3756

Munhall, P. L. (2007). *Nursing research: A qualitative perspective* (4th ed.). Boston, MA: Jones and Bartlett.

Neugarten, B. L., & Moore, J. W. (1968). The Changing Age-Status System. In B. L. Neugarten (Ed.), *Middle Age and Aging* (pp. 5-21). Chicago, IL: The Chicago University Press.

Neville, S., & Adams, J. (2010). Men's health and well-being: Who is missing? *Kai Tiaki Nursing New Zealand, 16*(6), 20-21. Retrieved from http://www.nzno.org.nz/services/journals_-_kai_tiaki/kai_tiaki_nursing_new_zealand

Neville, S., & Henrickson, M. (2006). Perceptions of lesbian, gay and bisexual people of primary healthcare services. *Journal of Advanced Nursing, 55*(4), 407-415. doi: 10.1111/j.1365-2648.2006.03944.x

Neville, S., & Henrickson, M. (2008). The constitution of 'lavender families': A LGB perspective. *Journal of Clinical Nursing, 18*(6), 849-857. doi: 10.1111/j.1365-2702.2008.02457.x

Neville, S., & Henrickson, M. (2010). 'Lavender retirement': A questionnaire survey of lesbian, gay and bisexual people's accommodation plans for old age. *International Journal of Nursing Practice, 16*(6), 586-594. doi: 10.1111/j.1440-172X.2010.01885.x

Neville, S. J. (2005). *Delirium in the older adult: A critical gerontological approach.* (Doctoral thesis). Retrieved from http://hdl.handle.net/10179/265

Newell, D. A., Raji, M., Lieberman, S., & Beach, R. E. (2004). Integrating geriatric content into a medical school curriculum: Description of a successful model. *Gerontology & Geriatrics Education, 25*(2), 15-32. doi: 10.1300/J021v25n02_02

New Zealand Aged Care Association. (2011). *The Future of Aged Care?* Retrieved from http://nzaca.org.nz/whocares/documents/The%20Future%20of%20Aged%20Care%2027%20September%202011.pdf

New Zealand Guidelines Group. (2003). *Assessment Processes for Older People.* Retrieved from www.nzgg.org.nz/resources/57/Assess_Processes_GL.pdf

No Author. (2012). NZ: Aged care nurses and carers take action. *Australian Nursing Journal, 19*(9), 15-15.

NOR-MAN Regional Health Authority. (2005). *Framework for ethical decision making.* Flin Flon, MB, Canada: NOR-MAN Regional Health Authority. Retrieved from http://www.norman-rha.mb.ca/documents/EthicsFramework_000.pdf

Nursing Council of New Zealand. (2011). *Guidelines for Cultural Safety, the Treaty of Waitangi and Maori Health in Nursing Education and Practice: Te whakarite i ngā mahi tapuhi kia tiakina ai te haumaru ā-iwi: Regulating nursing practice to protect public safety.* Wellington, New Zealand: Author.

Olesen, V. (2005). Early millennial feminist qualitative research: Challenges and contours. In N. K. Denzin, & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (3rd ed.) (pp. 235-278). Thousand Oaks, CA: Sage.

Olsen, D. P. (2003). Ethical considerations in international nursing research: A report from the International Centre for Nursing Ethics. *Nursing Ethics, 10*(2), 122-137. doi: 10.1191/0969733003ne587oa

Orel, N. A. (2004). Gay, lesbian, and bisexual elders: Expressed needs and concerns across focus groups. *Journal of Gerontological Social Work, 43*(2/3), 57-77. doi: I0. 1300/J083v43n02_05

Ortlipp, M. (2008). Keeping and using reflective journals in the qualitative research process. *The Qualitative Report, 13*(4), 695-705. Retrieved from http://www.nova.edu/ssss/QR/QR13-4/ortlipp.pdf

Ostroff, C., & Rothausen, T. J. (1997). The moderating effect of tenure in person-environment fit: A field study in educational organizations. *Journal of Occupational and Organizational Psychology, 70*, 173-188. doi: 10.1111/j.2044-8325.1997.tb00641.x

Parahoo, K. (2006). *Nursing research: Principles process and issues* (2nd ed.). Basingstoke, England: Palgrave Macmillan.

Paterson, B. L. (1994). A framework to identify reactivity in qualitative research. *Western Journal of Nursing Research, 13*(3), 301-319. doi: 10.1177/019394599401600306

Peacock, J. R. (2000). Gay male adult development: Some stage issues of an older cohort. *Journal of Homosexuality, 40*(2), 13-29. doi: 10.1300/J082v40n02_02

Phillips, J. L., Davidson, P. M., Jackson, D., & Kristjanson, L. J. (2008). Multi-faceted palliative care intervention: Aged care nurses' and care assistants' perceptions and experiences. *Journal of Advanced Nursing, 62*(2), 216(212). doi: http://dx.doi.org.ezproxy.massey.ac.nz/10.1111/j.1365-2648.2008.04600.x

Pillemer, K., Moen, P., Wethington, E., & Glasgow, N. (Eds.). (2000). *Social integration in the second half of life.* Baltimore, MD: The Johns Hopkins University Press.

Polit, D. F., & Tatano Beck, C. (2012). *Nursing research: Generating and assessing evidence for nursing practice* (9th ed.). Philadelphia, PA: Wolters Kluwer-Lippincott Williams & Wilkins.

Pope, M., Wierzalis, E. A., Barret, B., & Rankins, M. (2007). Sexual and intimacy issues for aging gay men. *Adultspan: Theory Research & Practice, 6*(2), 68-82. doi: 10.1002/j.2161-0029.2007.tb00033.x

Porter, M., Russell, C., & Sullivan, G. (2004). Gay, old, and poor: Service delivery to aging gay men in inner city Sydney, Australia. *Journal of Gay & Lesbian Social Services, 16*(2), 43-57. doi: 10.1300/J041v16n02_03

Powell, J. L. (2006). *Social theory and aging.* Lanham, MD.: Rowman & Littlefield.

Property (Relationship) Act, Pub. L. No. 166 (1976 December 14).

Pugh, S. (2005). Assessing the cultural needs of older lesbians and gay men: Implications for practice. *Practice, 17*(3), 207-218. doi: 10.1080/09503150500285180

Quine, S., & Morrell, S. (2007). Fear of loss of independence and nursing home admission in older Australians. *Health & Social Care in the Community, 15*(3), 212-220. doi: 10.1111/j.1365-2524.2006.00675.x

Quine, S., Morrell, S., & Kendig, H. (2007). The hopes and fears of older Australians: For self, family, and society. *Australian Journal of Social Issues, 42*(3), 321-335. Retrieved from http://www.acoss.org.au/publications/magazines/

Ray, R. E. (2007). Coming of age in critical gerontology. *Journal of Aging Studies, 22*, 97-100. doi: 10.1016/j.jaging.2007.12.001

Raynauld, R., Giasson, T., & Darisse, C. (2011). Citizen-driven political blogs as web-based research samples: Opportunities and challenges. *Graduate Journal of Social Science, 8*(3), 65-92. Retrieved from http://gjss.org/images/stories/volumes/8/3/Raynauld%20et%20al.pdf

Redfern, S. J. (1988). Getting in touch with elderly patients. In D. Wallis, & C. J. de Wolff (Eds.), *Stress and organisational problems in hospitals: Implications for management* (pp. 113-128). London, England: Croom Helm.

Redfern, S. J. (2006). Continuing care in residential settings. In S. J. Redfern, & F. M. Ross (Eds.), *Nursing Older People* (4th ed.). (pp. 141-160). Edinburgh, Scotland: Churchill Livingstone.

Riley, T., & Hawe, P. (2005). Researching practice: The methodological case for narrative inquiry. *Health Education Research, 20*(2), 226-236. doi: 10.1093/her/cyg122

Robinson., P. (2008). *The changing world of gay men*. Basingstoke, England: Palgrave Macmillan.

Rosenfeld, D. (1999). Identity work among lesbian and gay elderly. *Journal of Aging Studies, 13*(2), 121-144. doi: http://dx.doi.org/10.1016/S0890-4065(99)80047-4

Rosenfeld, D. (2003). *The changing of the guard: Lesbian and gay elders, identity, and social change.* Philadelphia, PA: Temple University Press.

Roszak, T. (2009). *The making of an elder culture: Reflections on the future of America's most audacious generation.* Gabriola Island, BC, Canada: New Society.

Runyan, W. M. (1978). The life course as a theoretical orientation: Sequences of person-situation interactions. *Journal of Personality, 46*(4), 569-593. doi: 10.1111/1467-6494.ep7377466.

Saburova, L., Keenan, K., Bobrova, N., Leon, D. A., & Elbourne, D. (2011). Alcohol and fatal life trajectories in Russia: Understanding narrative accounts of premature male death in the family. *BMC Public Health, 11*(481), 1-10. doi: http://dx.doi.org.ezproxy.massey.ac.nz/10.1186/1471-2458-11-481

Santrock, J. W. (2009). *Lifespan development*. New York, NY: McGraw-Hill.

Schaie, K. W. (1993). Ageist language in psychological research. *American Psychologist, 48*(1), 49-51.

Schneider, R., Jr. (2010). Going Alphanumeric.(BTW). *The Gay & Lesbian Review Worldwide, 17*(1), 10(11). Retrieved from http://www.glreview.com/article.php?articleid=183

Schope, R. D. (2005). Who's afraid of growing old? Gay and lesbian perceptions of aging. *Journal of Gerontological Social Work, 45*(4), 23-39. doi: 10.1300/J083v45n04•03

Shankle, M. D., Maxwell, C. A., Katzman, E. S., & Landers, S. (2003). An invisible population: Older lesbian, gay, bisexual, and transgender individuals. *Clinical Research and Regulatory Affairs, 20*(2), 159-182. Retrieved from http://informahealthcare.com/journal/crr

Shapiro, M. (1990). Gays and lesbians. *American Speech, 65*(2), 191-192. Retrieved from http://www.jstor.org/stable/455542 .

Sherman, C. (2006). Personal resilience staves off PTSD. *Clinical Psychiatry News, 34*(4), 1-4. Retrieved from http://www.clinicalpsychiatrynews.com/

Shield, R. R., & Aronson, S. M. (2003). *Aging in today's world: Conversations between an anthropologist and a physician*. New York, NY: Berghahn Books.

Shippy, R. A. (2005). We cannot go it alone: The impact of informal support and stressors in older gay, lesbian, and bisexual caregivers. *Journal of Gay & Lesbian Social Services, 18*(3/4), 39-51. doi: 10.1300/J041v18n03-03

Shippy, R. A., Cantor, M. H., & Brennan, M. (2004). Social networks of aging gay men. *Journal of Men's Studies, 13*(1), 107-120. Retrieved from http://www.mensstudies.info/journals/the-journal-of-mens-studies/

Slevin, K. F. (2008). Disciplining bodies: The aging experiences of older heterosexual and gay men. *Generations, 32*(1), 36-42. Retrieved from http://www.asaging.org/publications

Smith Barusch, A., & Peak, T. (1997). Support groups for older men: Building on strengths and facilitating relationships. In J. I. Kosberg, & L. W. Kaye (Eds.), *Elderly men: Special problems and professional challenges* (pp. 262-278). New York, NY: Springer.

Snyder, L., Jenkins, C., & Joosten, L. (2007). Effectiveness of support groups for people with mild to moderate Alzheimer's disease: An evaluative survey. *American Journal of Alzheimer's Disease & Other Dementias, 22*(1), 14-19. doi: 10.1177/1533317506295857

Southern California College of Optometry. (2005). *Biology of aging*. Retrieved from http://www.scco.edu/ceonline/courseview.asp?selclassid=6&selID=34&selOrd erID=2

Spector-Mersel, G. (2006). Never-aging stories: Western hegemonic masculinity scripts. *Journal of Gender Studies*, *15*(1), 67-82. doi:10.1080/09589230500486934

Sperry, L. (1996). Aging as a developmental process. In L. Sperry, & H. Prosen (Eds.), *Aging in the twenty-first century: A developmental perspective* (pp.3-15). New York, NY: Garland.

Stake, R. E. (2005). Qualitative case studies. In N. K. Denzin, & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (pp. 443-466). Thousand Oaks, CA: Sage.

Statistics New Zealand. (2007). *New Zealand's 65+ population: A statistical volume.* Wellington, New Zealand. Retrieved from http://www.stats.govt.nz/~/media/Statistics/Publications/Analytical-reports/nz-65-plus-population/nzs-65-plus-population.pdf

Sugarman, L. (2004). *Counselling and the life course.* London, England: Sage.

Teuscher, U., & Teuscher, C. (2007). Reconsidering the double standard of aging: Effects of gender and sexual orientation on facial attractiveness ratings. *Personality & Individual Differences, 42*(4), 631-639. doi: 10.1016/j.paid.2006.08.020

The AGS Foundation for Health in Aging. (2005). Trends in the elderly population. Retrieved from http://www.healthinaging.org/agingintheknow/chapters_ch_trial.asp?ch=2

The Kinsey Institute for Research in Sex, Gender and Reproduction. (2012). Data from Alfred Kinsey's studies: Homosexuality. Retrieved from http://www.kinseyinstitute.org/research/ak-data.html#homosexuality

Thomas, P. A. (2010). Is it better to give or to receive? Social supports and the well-being of older adults. *Journal of Gerontology: Social Sciences, 65B*(3), 351-357. doi: 10.1093/geronb/gbp113

Tirrito, T. (2003). *Aging in the new millennium: A global view*. Columbia, SC: University of South Carolina Press.

Tolley, C., & Ranzijn, R. (2006). Predictors of heteronormativity in residential aged care facilities. *Australasian Journal on Ageing, 25*(4), 209-214. doi: 10.1111/j.1741-6612.2006.00186.x

Trentham, B. (2007). Life storytelling, occupation, social participation and aging. *Occupational Therapy Now, 9.5.* Retrieved from http://www.caot.ca/otnow/Sept%2007/story.pdf

United Nations. (1999). *Resolution adopted by the general assembly at its 53rd session: A/RES/53/1 - A/RES/53/243.* Retrieved from http://www.un.org/depts/dhl/resguide/r53.htm

United Nations. (2002). *World Population Ageing: 1950-2050*. Retrieved from http://www.un.org/esa/population/publications/worldageing19502050/pdf/8chapteri.pdf

United Nations. (2010). *World Population Ageing 2009*. (Research Report No. ST/ESA/SER.A/295). New York, NY: United Nations. Retrieved from http://www.un.org/esa/population/publications/WPA2009/WPA2009-report.pdf

United Nations. (2011). International Day of Older Persons 1 October. Retrieved from http://www.un.org/en/events/olderpersonsday/

Victor, C. R. (2005). *The social context of ageing: A textbook of Gerontology.* London, England: Routledge.

Vincent, J. (2003). *Old age.* London, England: Routledge.

Vincent, J. A. (1999). *Politics, power and old age.* Buckingham, England.: Open University Press.

Walker, A. C. (2001). Safety and comfort work of nurses glimpsed through patient narratives. *International Journal of Nursing Practice, 8*, 42-48. doi: 10.1046/j.1440-172x.2002.00342.x

Wang, J., Walls, H., Blakey, K., & Green, R. (2006). *Older people's health chart book 2006: Public health intelligence monitoring report*. (12). Wellington, New Zealand: Ministry of Health. Retrieved from http://www.moh.govt.nz/moh.nsf/pagesmh/5795/$File/older-peoples-health-chart-book-2006-new.pdf

Weinberg, M. S. (1970). The male homosexual: Age-related variations in social and psychological characteristics. *Social Problems,* 17(4), 527-537. Retrieved from http://www.jstor.org/stable/799684

Whitehead, D. (2007). An overview of research theory and process. In Z. Schneider, D. Whitehead, D. Elliott, G. Lobiondo-Wood, & J. Haber (Eds.), *Nursing & midwifery research: Methods and appraisal for evidence-based practice.* (3rd ed.). (pp. 20-32). Sydney, Australia: Mosby Elsevier.

Wiles, J., Wild, K., Kerse, N., Kēpa, M., & Peteru, C. (2011). *Resilient ageing in place project recommendations and report.* Retrieved from The University of Auckland website: http://www.fmhs.auckland.ac.nz/soph/depts/sch/ageing/

Wilson, D., & Neville, S. (2008). Nursing their way not our way: Working with vulnerable and marginalised populations. *Contemporary Nurse: A Journal for the Australian Nursing Profession, 27*(2), 165-176. doi: 10.5555/conu.2008.27.2.165.

Willis, P. (2011). Laboring in silence: Young lesbian, gay, bisexual, and queer-identifying workers' negotiations of the workplace closet in Australian organizations. *Youth & Society, 43*(3), 957-981. doi:10.1177/0044118x10377650

Woolf, L. M. (2001). Gay and lesbian aging (*SIECUS Report 30.*2). Retrieved from http://www.siecus.org/_data/global/images/SIECUS%20Report%202/30-2.pdf

Wright, S. L., & Sara Canetto, S. (2009). Stereotypes of older lesbians and gay men. *Educational Gerontology, 35*(5), 424-452. doi: 10.1080/03601270802505640

Zarit, S. H., Pearlin, L. I., & Schaie, K. W. (Eds.). (2003). *Personal control in social and life course contexts.* New York, NY: Springer.

Participant Information Sheet

The life & ageing experiences of gay men over the age of 65 years in New Zealand.

INFORMATION SHEET

Introduction

Hello, my name is Bernie Kushner and I am a graduate student at Massey University- School of Health & Social Services in the Master of Philosophy programme. I am undertaking a research project entitled, *"The life and ageing experiences of gay men over the age of 65 years in New Zealand"* in order to complete my degree.

What is this study about?

The research project's main aim is to explore participant's life and ageing experiences as a gay man in New Zealand Specifically it aims to

- explore meanings in the participant's life stories
- identify areas of support that men might need as they age
- inform health professionals of the care needs of older gay men

Your participation in sharing your life and ageing experiences are welcome.

Who can take part in this study?

I am wanting to interview approximately 10 men, 65 years of age and over who live in the North Island, who speak fluent English, are self-identified as gay, and living in the community. If you agree to participate, a $20 supermarket voucher will be given to you in recognition of the time you contribute to the study. If you know of somebody who fits the above criteria, please do not hesitate to contact them and let them know of the study, and please feel free to pass on my contact details.

Are there any risks in taking part in this study?

There are no physical risks to you, however, since the research encourages you to talk about your life and ageing experiences, some of you may encounter unpleasant feelings, especially if you have encountered difficult situations in the past. If during the process of the interview you become distressed and wish to stop and not continue with your participation - that is fine. If you feel the need for further support, we can refer you to a counselor in the

Auckland or Wellington area who specialises in older adult and/or gay clients.

What do I have to do if I decide to participate?
I am interested in listening to men's stories regarding their life and ageing experiences. This would entail a face-to-face interview with me lasting approximately 60-90 minutes. This interview can be at a place convenient to you. It would be beneficial, since the interviews are audio recorded, that a quiet location is agreed upon. During the interview I will also be taking notes.

There are no financial gains for me, nor are there any conflicts-of-interest in the execution of this research project.

What happens to all the information that's provided?
All information that is gathered is kept confidential and it is only myself and my thesis supervisor who have access to the data. All research materials will be kept in a locked filing cabinet and will be destroyed after 10 years. To protect your privacy, your real name will not be used anywhere in the write-up of the thesis or any resulting publications. You will be given a pseudonym to label any information relating to you with regards to the transcribed information from the audio-taped interview. The completed thesis and any articles written based upon the data will only refer to you via your assigned pseudonym.

What are my rights as a participant in this study?
You are invited to participate in this study but accepting this invitation is entirely your choice. At any time during the study you have the right to:
- decline to participate
- refuse to answer any particular questions
- withdraw from study up until the day following the interview
- ask any questions about the study at any time during your participation
- be given access to a summary of the findings of the study when it is concluded
- ask to have the tape recorder turned off at any time during the interview

Project Contacts

If you have any questions about the project or the invitation to be interviewed, please contact myself or my thesis supervisor.

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This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application 10/058. If you have any concerns about the conduct of this research, please contact Dr Ralph Bathurst, Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800 x 9570, email humanethicsnorth@massey.ac.nz

Appendix B

Advertisement for Participants

Are you a gay male, 65 years of age and over and have lived a major part of your life here in New Zealand? Can you speak fluent English and live in the community? Then you may be interested in being one of approx. 10 men participating in a research project entitled, "The life & ageing experiences of gay men over the age of 65 years in New Zealand". This research forms the basis of a master's study from Massey University. It would involve approx. 60-90 minutes of your time to be involved in a tape-recorded interview session in a quiet environment, and for your participation, a $20 supermarket voucher will be given to you. If you or somebody you know may be interested in taking part, please contact either of the people below.

Project Contacts

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Participant Consent Form

The life & ageing experiences of gay men over the age of 65 years in New Zealand.

PARTICIPANT CONSENT FORM - INDIVIDUAL

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree/do not agree to the interview being sound recorded.

I wish/do not wish to have my recordings returned to me.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature: .... **Date:** ....

Full Name - printed ....

The life & ageing experiences of gay men over the age of 65 years in New Zealand.

TRANSCRIBER'S CONFIDENTIALITY AGREEMENT

I .... (Full Name - printed) agree

to transcribe the recordings provided to me.

I agree to keep confidential all the information provided to me.

I will not make any copies of the transcripts or keep any record of them, other than

those required for the project.

Signature: .... **Date:** ....

The life & ageing experiences of gay men over the age of 65 years in New Zealand.

AUTHORITY FOR THE RELEASE OF TRANSCRIPTS

I confirm that I have had the opportunity to read and amend the transcript of the

interview(s) conducted with me.

I agree that the edited transcript and extracts from this may be used in reports and

publications arising from the research.

Signature: .... **Date:** ....

Full Name - printed ....

Appendix F

Interview Schedule

The primary source of data will be face-to-face semi-structured interviews, along with open-ended questions conducted with participants in order to allow them to share their life histories and voice, what they believe, at this time, is their future requirements in which to age successfully.

The aims of the study will be kept in mind:
- ❖ Exploring the participant's life and ageing experiences as a gay man in New Zealand
- ❖ Critically explore the meanings embedded in the narratives of gay men over the age of 65 years
- ❖ To identify areas of support that these men might need as they age
- ❖ To inform professional health practice about the care needs of older gay men

The following questions will be used as a guide for the interviews:

1. **When did you realise you were *different* or gay?**
2. **Tell me about what it was like for you when you realised you were different or gay.**
3. **Are you *out*? If so, what circumstances drove you to come out? If not, what circumstances have compelled you to keep your orientation hidden?**
4. **Tell me about your life as a gay man in New Zealand.**
5. **What would you say were your highs and lows were as a gay man in New Zealand?**
6. **What does ageing as a gay man mean to you?**
7. **Tell me some examples of supports that have helped you through your life until this point in time.**
8. **Tell me about the type of support you think you will need as you get older.**
9. **If you could inform health professionals in New Zealand about ageing as a gay man in New Zealand, what would you like them to know?**
10. **What does it mean to be a gay man in New Zealand in 2010?**