De-anchoring and loneliness:
the legacy of experiences of stigma and discrimination in the lives of older gay and bisexual men

Amelia Grindey-Bell,
MSc Contemporary Health and Social Care

This thesis is submitted in partial fulfilment of the requirements for the degree of Doctor of Philosophy. The candidate has already achieved 180 credits for assessment of taught modules within the blended learning PhD programme

November 2021

Faculty of Health and Medicine
Lancaster University

I declare that this thesis is my own work and has not been submitted for the award of a higher degree elsewhere.

Acknowledgements

I would firstly like to thank the participants of the study for taking the time to talk, email, or write to me, and for sharing their life stories. I am acutely aware that I was the first person to hear some aspects of their stories, for which I feel incredibly privileged. As promised I will take your stories forward and try to use your experiences to help others.

I thank my supervisors Mark Limmer, Christine Milligan and Caroline Swarbrick, your support, knowledge and guidance has been exceptional. To Mark especially, thank you for always being interested, for encouraging me and keeping me going throughout the years.

I am grateful to my friends who shared the PhD journey with me and gave me such support and the encouragement to keep going, Helen, Lolita, Juliet, Ellean, Joann and KC. Additional thanks to Helen, for all the help with formatting this thesis, and for being calm and kind through many a Microsoft team call or text where I uttered the words 'I have tried to do a figure in Word and the whole thing has gone crazy.'

A final and huge thanks to my family, Mum, Dad and Sophie for always listening and encouraging me. To my Michelle, thank you for all the support, the time, the love and for always being there to answer my words, 'It's too hard, I can't do it' with a calm, 'Yes you can, just take five minutes away from it.' And last, but in no way least, thank you to Charley, for sharing her mummy with this thesis, I hope one day you will read it and feel proud.

Abstract

Amelia Grindey-Bell, MSc, BSc (Hons), DipHe, RGN

De-anchoring and loneliness: the legacy of experiences of stigma and discrimination in the lives of older gay and bisexual men

Submitted in partial fulfilment of the requirements for the degree of Doctor of Philosophy

November 2021

The original aim of this thesis was to explore the life experiences of older lesbian, gay and bisexual (LGB) adults, who grew up in an era of heightened stigma and discrimination, and consider if early life experiences contributed to loneliness in later life. The initial chapters of this thesis focus on the LGB older adult population, however due to difficulties in recruiting lesbian women, the focus of the thesis shifts within the methodology chapter to solely consider the experiences of older gay and bisexual men.

Using a narrative inquiry and a sample of 11 men, identifying as gay or bisexual, data were generated through the collection of topical life stories via semi-structured interviews or written accounts. Findings from a thematic narrative analysis indicate that loneliness was a common experience, however, rather than being focussed on later life it occurred on a continuum that fluctuated and peaked at different points in the participants' lives.

The study contributes to knowledge by increasing qualitative understanding of the internal and external factors that contribute to loneliness in the lives of older gay and bisexual men. It introduces the concept of de-anchoring which,

when used in conjunction with the social convoy model of social relations, provides a deeper understanding of how earlier life experiences contribute to loneliness. This thesis argues that at different points in their lives, due to their sexual orientation and the societal construction of homosexuality, the participants were de-anchored from important sources of social support, leaving them vulnerable to loneliness throughout their lifetime.

Using a narrative life history approach has revealed the importance of understanding how influences across the life course have shaped the ability of gay and bisexual men to access, develop and maintain the support systems that can protect against loneliness.

Contents

List of figures

List of tables

List of points of reflexivity

Chapter 1: Introduction

1.1 Introduction

In this chapter the focus of my PhD thesis will be presented, given the topic of
the study this will include a timeline of lesbian, gay and bisexual (LGB) social
and legal events to allow the reader to contextualise the time in which the
participants grew up (1.2). Following this the key concepts and definitions that
will be referred to throughout the thesis will be introduced (1.3). A background
to the research area will then be presented, highlighting the need for my
research, situated within relevant literature, and the research questions will be
outlined (1.4). Finally, the structure of the thesis will be presented (1.5).

1.2 Focus of the research

The focus of the study is on how the social construct of sexuality has shaped
the later life experiences of older LGB adults. Given that the focus is on sexual
orientation, rather than gender identity, it relates to those who identify as LGB
rather than lesbian, gay, bisexual, transgender, queer, intersex and/or
questioning and asexual (LGBTQIA+).

Older adults identifying as LGB are a population group for whom experiences
of loneliness are particularly high; this study will explore the contribution that
growing up in an era of heightened stigma and discrimination had on these
experiences. The social construction of sexuality will be explored in relation to
the stigma attached to being LGB. The study aims to consider whether life
experiences, in relation to this stigma and discrimination, influenced the
participants' ability to form friendships, consequently contributing to loneliness
in later life. The research is situated within the interpretivist paradigm,

adopting a qualitative approach and utilising narrative inquiry to allow for the consideration of each participant's individual life story.

Given the focus on the life stories of the participants, the reader needs to be able to contextualise the era in which they grew up. Older LGB adults grew up in a very different social and legal context, and one that has changed throughout their lifetime. The following timeline has been included to provide the reader with the key legislative, social and health events that have occurred in relation to LGB history. It is important to note that, despite attempts in 1921, lesbianism was not illegal, although lesbian women were still subject to stigma and discrimination. The experience for homosexual men was different to this and was marked by periods in which homosexuality was criminalised, and considered to be a mental illness.

It was not until 1967 that homosexuality was decriminalised in England and Wales; Ireland and Scotland followed at a later date. As such, the legislation in the timeline below is specifically related to gay men. Even though homosexuality was decriminalised, societal opinions and the public imagery of gay men remained negative. For example, gay men began to be depicted in popular television, however, rather than being portrayed positively, these characters were often figures of fun, reinforcing society's negative views. As evidenced in the following timeline, these negative images existed alongside the introduction and growth of the gay liberation movement that took place much later. The timeline begins in the 1800s, to illustrate the length of time that society, in general, has viewed homosexuality negatively.

Formation of Wolfenden Committee
Sep 1954

Wolfenden Report published
Sep 1957

Sexual Offences Act
Jul 1967

DSM-II homosexuality listed
as a mental illness
Jan 1968

Gay Liberation Front
founded
Oct 1970

First Gay
Pride
March in
London
Jul 1972

The Criminal Law Amendment Act
Aug 1885

Attempt to make sexual acts between
women illegal
Jan 1921

1885 1893 1901 1909 1917 1925 1933 1941 1949 1957 1965 1973

Red flags indicate health issues, pink indicate social events and blue legislative related events.

Figure 1: Timeline of LGB social and legislative events 1885-1980

Criminal Justice (Scotland) Act
Feb 1981

Section 28 of the Local Government Act introduced
May 1988

UK Government lifts the ban on LGB people serving in the armed forces
Jan 2000

Equality Act
Oct 2010

First cases of AIDS reported in America
Jun 1981

Stonewall UK founded in response to Section 28
May 1989

Scottish Government abolishes Section 28
Oct 2000

Marriage (Same-sex Couples) Act
Jul 2013

First UK case of AIDS
Dec 1981

WHO remove homosexuality from list of mental disorders
Jan 1992

Age of consent for gay and bisexual men lowered to 16
Jan 2001

Posthumous Royal Pardon of Alan Turing
Dec 2013

Age of consent for gay men reduced to 18
Feb 1994

Repeal of Section 28 in England and Wales
Nov 2003

Marriage and Civil Partnership Bill (Scotland)
Feb 2014

Civil Partnership Act
Nov 2004

Turings Law (Policing and Crime Act)
Jan 2017

1981 1981 1985 1989 1993 1997 2001 2005 2009 2013 2017 2020

Red flags indicate health issues, pink indicate social events and blue legislative related events.
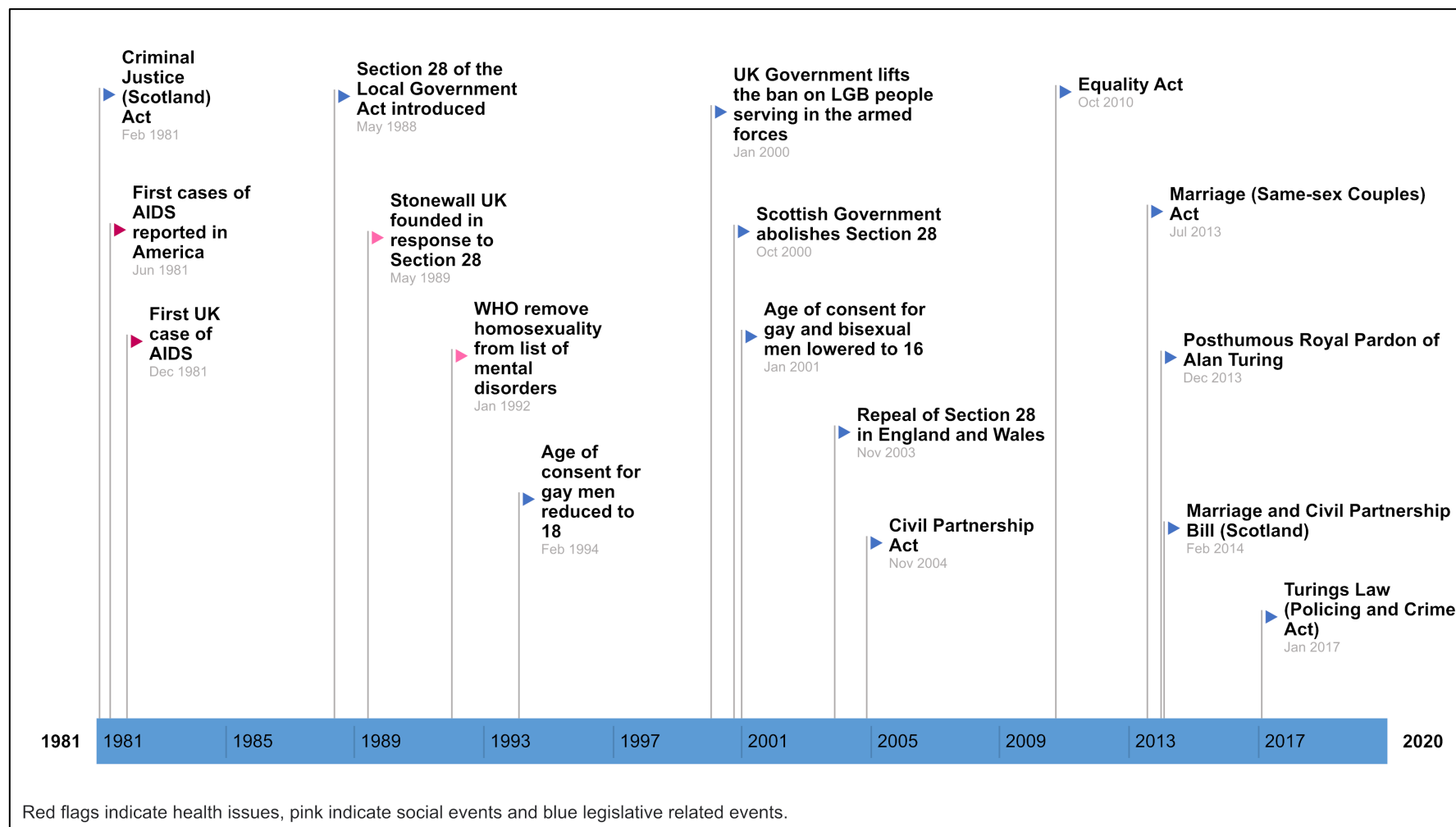
Figure 2: Timeline of LGB social and legislative events 1981-2020

1.3 Key concepts and definitions

Throughout the thesis certain terms will be utilised regularly, it is therefore important to be clear at this point how these have been defined. The following terms will be discussed; older adult, loneliness and belonging.

1.3.1 Older adult

Within the UK, Age UK (2021) refer to 'older adults' as those over the age of 60, from a more global perspective both the World Health Organisation (WHO) (1999) and the United Nations (UN) (2019) state that those of older age are defined as aged between 60 and 65. Evidently, and as highlighted by Westwood (2013) it is difficult to define old age, and who is categorised as 'older'. When reviewing the empirical studies related to older LGB adults the above variance in ages is reflected, some recruited participants aged a minimum of 50 (Cronin and King, 2014, Kim and Fredrickson-Goldsen, 2014; Erosheva et al, 2016, Hughes, 2016, Hsieh and Liu, 2021), some a minimum of 55 (Fokkema and Kuyper, 2009; Shnoor and Berg Waman, 2019). Further to this some utilise 60 as a minimum age (Grossman et al. 2000; D'Augelli et al. 2001; Koc, 2012; Pereira et al., 2021) and others 65 (Victor et al. 2005).

The above was considered and given that this study is UK based a minimum age of 60 was identified. A further rationale for this chosen age was that the study wished to explore the experiences of those who had lived in a time when homosexuality was illegal in the UK and therefore it was necessary to ask a particular age group. Setting the minimum age of 60 ensured that participants years of birth would range upwards from 1956, as such the

participants would have an awareness of the legal change that occurred in 1967, and a sense of its impact on them and those around them.

1.3.2 Loneliness

Loneliness is a difficult experience to define, within research it is a concept that has multiple proposed definitions (Shiovitz-Ezra and Leitsch, 2010). Despite the multitude of definitions there are key similarities within the empirical literature related to loneliness, a key recognition being its subjective nature (Tomaka et al., 2006, de Jong Gierveld et al, 2009, Koc, 2012, Kim and Fredrickson-Goldsen, 2014; Fish and Weiss, 2019). There is a consensus that loneliness is related to an individual's perception of whether there is a discrepancy between their desired, and actual, social network size (Hawkley and Cacioppo, 2010, Heylen, 2010, Shiovitz-Ezra and Leitsch, 2010, Fish and Weiss, 2019). When considering the quality and quantity of their overall level of social interaction and engagement, those that consider their social relationships to be below their individual desired level will feel lonely (Victor et al., 2005), being lonely indicates that they feel they are lacking, or missing, satisfactory social contact (Nicholaisen and Thorsen, 2014). Throughout the literature there was reference made to Pearlman and Peplau's (1981) definition of loneliness (de-Jong Gierveld, 1998, Hughes et al, 2004, de-Jong Gierveld, 2009, Hawkley and Cacioppo, 2010, Shiovitz-Ezra and Leitsch, 2010), a definition that included the above identified elements. Pearlman and Peplau (1981) define loneliness as 'an unpleasant experience that occurs when a person's network of social relations is deficient in some important way, either quantitatively or qualitatively' (Pearlman and Peplau, 1981). It is with

consideration of the above that Pearlman and Peplau's (1981) definition has been chosen as a baseline for this study.

1.3.3 Belonging

Individuals are motivated by a need to belong, they have a desire to form and maintain long-lasting interpersonal relationships (Baumeister and Leary, 1995), a lack of a sense of belonging impacts on self-esteem (Poston, 2019). To achieve a sense of belonging individuals need a minimum quantity of relationships, frequent personal contact with these individuals, and a perception that attachments that are made are stable and maintainable (Baumeister and Leary, 1995). The earlier definition of loneliness resonates with the discussion on belonging, again it relates to the quantity, and quality of relationships that an individual has, and their perceptions, as such, unsurprisingly, belonging has been described as being significant to an individuals' experience of loneliness (Franklin and Tranter, 2021). Given the evident link between loneliness and belonging both terms will be referred to in conjunction with each other within this thesis.

1.4 Background and research questions

Loneliness has been identified as a significant public health issue (Department for Digital Media, Culture and Sport (DCMS), 2018) and there is a recognition that it has a negative impact on well-being (Victor et al., 2018). The quality of an individual's relationships and the number of social relationships they have has an effect on their health and their mortality, highlighting a clear need to address the issue of loneliness (Public Health England (PHE), 2015). However despite this, in general, there is a lack of research in this area, and

there is a need to develop and expand the current evidence base (DCMS, 2018).

The data that is available indicates that there are over 1.4 million chronically lonely older adults in England (Age UK, 2020). When considering this, in relation to specific population groups, those older adults who identify as LGB are at an increased risk of experiencing loneliness compared to heterosexuals (Williams et al., 2016; Alden and Wigfield, 2018; Fish and Weiss, 2019; Shnoor and Bery Warman; 2019; The International Longevity Centre UK (ILC), 2019 ; Peterson et al., 2020; Gorczynski and Fasoli, 2021). The majority of research aiming to explain this phenomenon has been conducted utilising quantitative methodologies. Although this provides insight of some reasons for the increased loneliness in this population there is little understanding of the contribution of complex individual reasons and life experiences. For example, quantitative data indicates that the likelihood of older LGB adults not having children, being single and living alone are key reasons for loneliness. However, there is a lack of understanding about how earlier life choices and specific life circumstances, contribute to experiences of loneliness.

Further to this Hughes (2020) discusses the fact that within quantitative research individuals are frequently aggregated in to one lesbian, gay, bisexual and transgender (LGBT) category, leading to a misinterpretation of the diverse needs of this population. This thesis argues that a greater depth of understanding from a qualitative perspective is required. There is a need to ensure that when considering loneliness an individualised personalised approach is taken (DCMS, 2018). Consideration should be given to the underlying factors which shape the individual's expectations, the events and

life triggers that impact on relationships, and the individual's personal thoughts and feelings (DCMS, 2018). To gain a clear insight, research should not focus on the present day, identifying only a generalised and statistical interpretation of individuals' lives at that moment, but rather consider this in the context of their life stories.

How LGBT ageing is experienced within the United Kingdom requires further exploration (Fish and Wiess, 2019; Perone et al, 2019; King et al., 2019), older LGB adults are a distinct group within the ageing population, their life experiences and needs are different (King, 2016a; Kneale, 2016). For older LGB adults, stigma and victimisation was a part of life as they grew up. The social, political and cultural forces of the time restricted the options available for them, influencing the decisions they were able to take throughout their lives, contributing to experiences of loneliness. For example, with regard to the decision to disclose their sexual orientation, past experiences can lead to a fear of the disclosure, and this fear can ultimately lead to limited social relationships and increased experiences of loneliness (Elmer et al., 2022; Erosheva et al., 2016). Research should explore whether the paths and the decisions older LGB adults made, were taken through choice or restricted due to early life circumstances and experiences, and if this contributed to experiences of loneliness.

It is the contribution that early life experiences have had on loneliness that is the key area that this thesis will explore in depth, addressing a significant public health issue through developing a greater understanding. It seeks to consider how unique early life experiences in relation to stigma and discrimination, contributed to experiences of loneliness in later life for older

LGB adults. The need to consider the impact of early life experiences on loneliness is evident. Dahlberg et al. (2018) considered the impact that social engagement in earlier life had on older age, however, they only reviewed participants' actions up to 20 years earlier. Carmichael et al. (2015) adopted a more retrospective approach, concluding that the extent to which an individual's social activity at the age of 20 influenced the quality of friendships, psychological outcomes and levels of loneliness at the age of 50. This current study provides an understanding of the contribution that earlier childhood experiences have had on the experiences of loneliness in later life.

To ensure understanding of such a subjective experience, a qualitative approach will be adopted through the use of narrative inquiry. This methodological approach will allow participants to share their individual stories about their personal experiences, exploring how previous life events have shaped their contemporary experiences. It will consider the following research question and objectives:

Research Question

Have the life experiences of older LGB adults, who grew up in an era of heightened stigma and discrimination, contributed to experiences of increased loneliness in later life?

Research Objectives

To critically analyse the influence that facing discrimination and stigma across the life course has had on experiences of loneliness in the later life of LGB adults.

To critically interpret the connection between the internalisation of stigma and discrimination, the concealment of sexual identity and increased feelings of loneliness in later life amongst older LGB adults.

To critically examine the influence of social constructionism on the expression of sexuality and consequent feelings of loneliness across the life course of older LGB adults.

Point of reflexivity 1: The personal position of the researcher

To ensure full transparency, I want to acknowledge my own experiences with my sexuality at the outset of the thesis. Transparency and reflexivity within qualitative research are pivotal to ensure its credibility. Reflexivity allows the researcher to understand their role in their study (Amini, 2020). As a qualitative researcher, it is imperative to reflect on the process of the research undertaken and to take steps to understand how your individual values and beliefs can influence the findings, this will increase credibility (Jootun, 2009). I identify as a lesbian woman and, although I have not experienced any overt direct discrimination, for a number of years I struggled with internalised homophobia leading to fear of disclosing my sexuality and, in turn, feelings of loneliness. I recognise that my experiences allow me to share the same language as the participants (Holloway and Biley, 2011), a fact that I believe to be beneficial in aiding my understanding of their narratives. I did, however, make a decision not to disclose my sexuality to participants unless they specifically enquired. I wanted the study to focus on participants' experiences and I felt that their knowing my

sexuality was not required and may take the focus away from them. Rogers

(2021) suggests there is no right answer to this dilemma, if you feel it is right

to remain invisible then that is what you should do, if you feel it is

appropriate to tell participants your identity then do so. The most important

thing to do is to acknowledge your choice and its influences on your work.

I include this information in the thesis at this introductory point as I

understand that my own experiences are, in part, a driver in my choice of

research area, and recognise that my own personal experiences may

influence my work. Academic interest in a research area is often

underpinned by a range of personal and professional motives (Janak,

2018), and as such, researchers should understand the potential impact this

can have on the objectivity of their position; there is a need for the

researcher to critique themselves (Vagle et al., 2009). Researchers should

consider how prior experiences and their background can shape their

ideology (Holloway and Biley, 2011) and, with reference to narrative

research, Janak (2018) suggests that the reflexive process should involve

the researcher examining their own narrative. Although I have had my own

experience, I am able to recognise that the participants grew up in a very

different era to myself, their lives took place in a very different social, legal,

and political context and their narratives will be individual to them. I can

separate my experiences from theirs and approach the research with open-

mindedness. To assist in ensuring that my own beliefs and experiences do

not influence my judgement I considered the use of bracketing, although

often associated with phenomenology it is a process that can be utilised within other qualitative methodologies. Bracketing involves the suspension of biases and beliefs and rendering past knowledge non-influential (Vagle et al., 2009; Janek, 2018) I am, however, aware that the ability to totally detach oneself from one's research is unrealistic, and doing so can hinder the research process, it is therefore important to make any relationship or influence transparent (Jootun, 2009). In view of this, a more realistic approach is bridling, again a concept primarily utilised within phenomenology. Bridling is a reflective stance that requires the researcher to loosen the understanding they have gained from prior experiences and to ensure a continuous openness to their own understanding (Stutey et al., 2020). I will adopt the process of bridling throughout the research process and will provide further points of reflexivity throughout the thesis.

1.5 Thesis structure

This thesis is divided into six chapters. This introductory chapter provides an overview of the focus of my research, relevant background, my research question and objectives, and a short reflexive discussion to highlight my position as researcher at the beginning of the research.

Chapter 2 presents a narrative review of the literature related to my research area. It begins with discussion on the methodology used, including the search strategy, inclusion and exclusion criteria and the findings. The chapter concludes with the identification of the research gap that this thesis intends to explore.

Chapter 3 provides a rationale for the chosen methodology, beginning by introducing the ontological and epistemological approaches that underpin the research. There is then a discussion and justification for the use of a qualitative approach and narrative inquiry. This is followed by an explanation and justification of the chosen data collection methods, sampling strategies, data analysis approach and rigour. The chapter concludes by outlining the relevant ethical considerations.

Chapter 4 presents the findings of the research. Key narratives are presented to illustrate the key themes identified during data analysis. Further individual narratives are then embedded within the theme to provide further clarity and evidence.

Chapter 5 provides a discussion centred around the findings of the study. The discussion critiques the findings, through the lens of the chosen theoretical frameworks, and draws them together positioning them within the relevant literature. The chapter also includes recommendations for policy and future research.

Chapter 6 is the concluding chapter which provides a reflection on the research that has been conducted, reflective discussion on the methodology, consideration of the study's limitations, and concluding thoughts.

Chapter 2: Literature review

2.1 Introduction

This chapter provides a structured narrative literature review situating this thesis within the relevant literature. To begin, there is a discussion and justification for the chosen literature review methodology (2.2). This is followed by a presentation of the literature review results (2.3) and a discussion of the themes identified within the literature following its synthesis (2.4). Finally, there is a summary of the chapter (2.5).

2.2 Literature review methodology

The chosen methodology for this literature review was that of a narrative review. Alternative approaches such as a systematic review were considered, however, a narrative review was considered most appropriate. This research is situated within the interpretivist paradigm, adopting a qualitative approach, and seeking to increase knowledge and understanding of the subjective phenomenon of loneliness; narrative reviews allow for interpretive critical reflection of the relevant literature (Greenhalgh et al., 2018), the summary and synthesis of available literature and a presentation of its conclusions (Green et al., 2001; Cronin et al., 2008), extending the readers' understanding (Greenhalgh et al., 2018). Narrative reviews have been considered inferior to systematic reviews in the hierarchy of secondary research evidence (Greenhalgh et al., 2018), the argument for this being that systematic reviews produce generalisable facts (Greenhalgh et al., 2018). The undervaluing of narrative reviews is contributory to research wastage as they provide critical reflection and engagement with ideas and facilitate arguments based on

informed wisdom (Greenhalgh et al., 2018). A systematic approach to this narrative review was adopted, utilising a thorough search strategy, and then the critical appraisal and synthesis of the evidence (Moule et al., 2017).

2.2.1 Search strategy

The literature review sought to establish the current knowledge base related to the following questions:

♦ Do older LGB adults have increased experiences of loneliness?

♦ What has been the impact of discrimination and stigma on loneliness across the life course on the later life of LGB adults?

♦ Is there a connection between the internalisation of stigma and discrimination, the concealment of sexual identity, and loneliness in later life?

There were two waves of searching the literature due to the timescale from the start of the thesis to its conclusion. Both searches followed the search strategies identified below, and the inclusion/exclusion criteria. The first search was undertaken in 2017 and considered literature backdated to 2007. Email alerts were activated to identify any additional literature that may be published after this date. To ensure that the literature review contained the most contemporary research the same search strategy was repeated in October 2021 to include the years 2018-2021. In addition to this, between 2017 and 2021 regular google scholar searches were undertaken using less structured search terms, this was to allow for further relevant publications to be highlighted.

Three searches were undertaken using key words from the above questions. Boolean operators and keywords were utilised (Cronin et al., 2008), with consideration given to the spelling of words due to the use of international databases. A search of abstracts was undertaken using the electronic EBSCO host and the following databases: CINAHL, MEDLINE, PsychINFO and psychARTICLES. The search terms for each individual search were:

Search One

Lesbian*, gay*, bisexual*, LGBT* , LGB*, old*, age*, older*, lonel* , isolate*, disclos* of sexuali*, disclos of identit*.

Search Two

Lesbian*, gay*, bisexual*, LGBT*, LGB*, Old*, age*, elder*, victim*, discriminat*, stigma*, internal stigma*, disclos* of sexuali*, disclos of identit*.

Search Three

Lesbian*, gay*, bisexual*, LGBT*, LGB*, Old*, age*,elder*, heteronormativ*, disclos* of sexualit*, disclos* of identit*.

2.2.2 Inclusion and exclusion criteria

Inclusion and exclusion criteria were applied to ensure that the identified literature was relevant to the review. It is recognised that the sole inclusion of published literature within a review can lead to selection bias (Moule et al., 2017) and therefore the search strategy included the identification and use of "grey" literature, namely information produced outside of traditional publishing channels.

Inclusion criteria

The literature search focussed on English language peer-reviewed papers from academic journals, although relevant grey literature was included. Due to the paucity of literature from the UK, research carried out internationally was considered and included where appropriate. Given the variation of what constitutes old age discussed in chapter one, studies that sampled participants over the age of 50 were included. Some relevant articles sampled a broader age range, however only findings related to those aged 50 and over were utilised. The search concentrated on literature published within 10 years of the search date to ensure it was contemporary. Certain older articles were included as they were identified across the contemporary literature, indicating their importance to the subject area. The search included systematic reviews, literature reviews, quantitative papers, and qualitative papers and relevant grey literature.

Exclusion criteria

The following were excluded: research papers that were not written in the English language or not peer reviewed; studies in which participants did not meet the age criteria of the current study; duplicates; and those not including the key search terms.

Following the application of the inclusion and exclusion criteria the abstracts of the remaining articles were screened. Following this, the full articles of those remaining were read, and those that were relevant to the study were included. The references of the included articles were then considered to allow for the identification of further literature. Snowballing, or reference tracking, was

undertaken allowing for the references of references to be pursued. Greenhalgh and Peacock (2005) demonstrated that this approach can increase the number of sources substantially and improve the efficiency of the search. Through the use of snowballing and reference tracking a further 13 sources were included within the review.

The results of the initial 2017 search and the recent 2021 search are combined within the PRISMA diagram (Figure 3). The results for the combined searches included 25 quantitative studies, 10 qualitative studies, six mixed methods studies, three literature reviews, one policy brief, one opinion piece and one article.
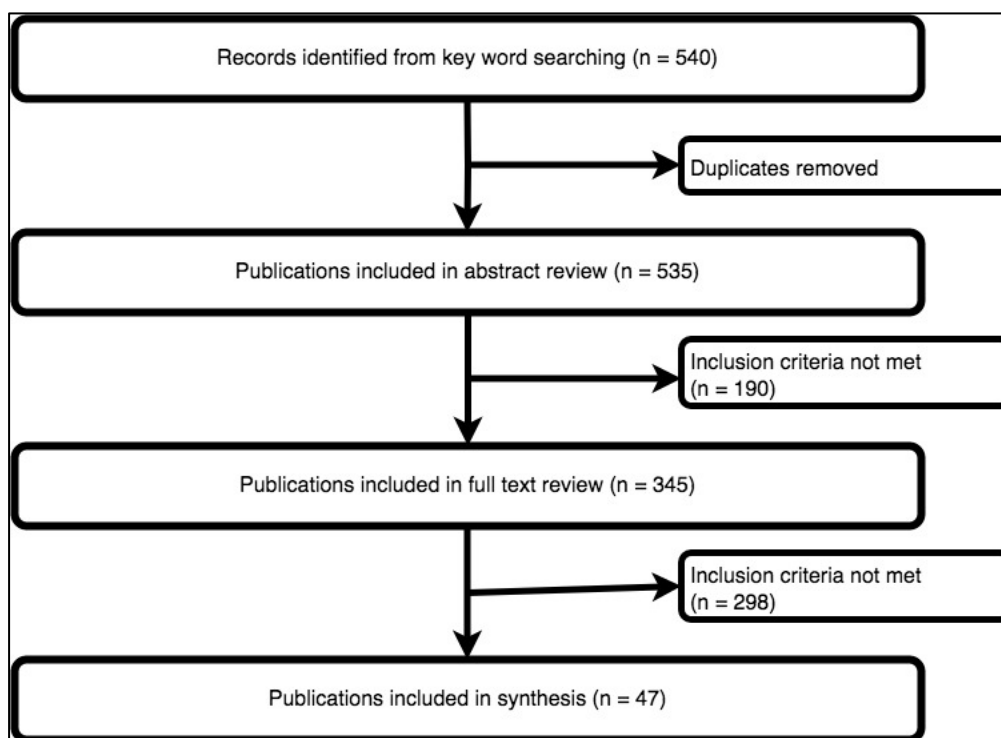

Figure 3: PRISMA of literature review results

With the chosen literature identified, Cohen's (1990, cited in Cronin et al., 2008, p. 40) process of preview, question, read and summarise was utilised to

assist in the review of the articles. Each article was previewed and sorted into subject themes, following this, in the question phase, an indexing table was created of all articles (Appendix A). The next step involved reading each article again in detail and summarising key thoughts, strengths and weaknesses to assist in forming the basis of the discussion. Having read all articles thoroughly, it was evident that there were clear themes within the literature, these were reviewed alongside the research question of this thesis and three clear themes were identified, these were: 1) loneliness and social support; 2) impact of stigma and discrimination on the lives of older LGB adults; 3) the decision to disclose sexual orientation and its impact on loneliness.

2.3 Discussion of findings

To present the findings of the literature review a thematic approach was chosen. As suggested by Carnwell and Daly (2001), the discussion is divided into content themes that have been developed from the literature itself. The following provides a synthesis and summary of the key findings from the reviewed literature.

2.3.1 Loneliness and social support

2.3.1.1 Loneliness

Perhaps due to its subjective nature, there are often a number of assumptions made about the age at which individuals experience loneliness; indeed, research has indicated that it is often a perception that loneliness is a phenomenon encountered primarily by older adults (Koc, 2012; Victor and Yang, 2012; Nichoaisen and Thorsen, 2014). In contrast to this opinion, within

the UK, statistics identify it is an issue experienced by all age groups, with 11.3% of children aged 10-12 years and 8.6% of those aged 13-15 years stating that they often felt lonely (Office of National Statistics (ONS), 2018). For those aged 16 and over, 5% stated that they felt lonely either often or always (ONS, 2021).

The above indicates that the assumption that loneliness follows a linear trajectory increasing with age is questionable. In relation to its trajectory, Victor and Yang (2012) state that loneliness is in fact non-linear, with a more u-shaped path leading to the highest levels being experienced in those under the age of 25 years and over 65 years. When applying this to the LGB population there is little research that considers if this is transferrable, again the focus is on old age. Given the unique life experiences of LGB individuals there is a need for deeper consideration of the trajectory of loneliness for this population group.

2.3.1.2 Loneliness and older LGB adults

It is apparent that, in comparison to heterosexuals, there is an increased risk of loneliness amongst the older LGB adult population (D'Augelli et al., 2001; Fokkema and Kuyper, 2009; Guasp, 2011; Hughes, 2016; Fish and Weiss, 2019; Shnoor and Bery Warman; 2019; Peterson et al., 2020; Gorczynski and Fasoli, 2021; Hsieh and Liu, 2021). Despite this it has been argued that there is limited research into loneliness in older LGB adults (Fish and Weiss, 2019; Perone et al., 2019).

When considering why older LGB adults have an increased risk of loneliness, it is noted that, in general, key factors associated with loneliness are marital

status (Victor et al, 2005; Victor and Yang, 2012) and living arrangements (Kim and Fredrikson-Goldsen, 2014), with those who are single, childless, divorced or widowed experiencing increased levels of loneliness (Victor et al., 2005; Koc, 2012; Dahlberg and McKee, 2014; Nicholaisen and Thorsen, 2014). It is therefore unsurprising that the fact that older LGB adults are more likely to live alone and be childless (Musingarimi, 2008; Guasp, 2011; Fredriksen-Goldsen et al., 2012; McGovern et al., 2016), results in reports of increased loneliness.

There can, however, still be issues with loneliness for those older LGB adults who live with another individual. In this situation, feelings of loneliness appear to be associated with the type of relationship older LGB adults have with the individual they live with, living with someone other than a partner leads to a significantly increased risk of loneliness (Grossman et al., 2000; Kuyper and Fokkema, 2010; Kim and Fredrikson-Goldsen, 2014). Kim and Fredriksen-Goldsen (2014) offer an explanation as to why whom you live with impacts on loneliness, suggesting that social network size and social support can partially account for the relationship between living arrangements and experiences of loneliness. Their work demonstrates that for those individuals living with a partner, or spouse, there was the provision of an intimate social support network and a greater sense of belonging. For those living alone, or with someone other than a partner, there was a network of a similar size, but the quality of the support they received was not as strong (Kim and Fredriksen-Goldsen, 2014).

Social support has an impact on an individual's health (Bradford et al, 2016), and unfortunately, older LGB adults are less socially embedded (Fokkema and

Kuyper, 2009). Fokkema and Kuyper (2009) suggest that a lack of social embeddedness can be established by considering the level of social participation, including church visits, volunteering, paid work and regular contact from family, friends and neighbours. Compared to heterosexuals, older LGB adults also have diminished support networks (Guasp, 2011). Social network size, levels of social support, feelings of social embeddedness and belonging are factors that impact on loneliness amongst older LGB adults (Fokkema and Kuyper, 2009; Kuyper and Fokkema, 2010; Kim and Fredriksen-Goldsen, 2014; Wilkens 2015; Bradford et al., 2016; Hughes, 2016). Given the clear importance of social support and social networks there is a need to consider the contexts in which support is accessible, and why this is diminished for older LGB adults.

2.3.1.3 Family support

To assist in counteracting experiences of loneliness, feelings of belonging and support can be gained through family contact, however, this issue can be particularly difficult for older LGB adults. Many have lost contact with, or faced rejection from, their close families of origin due to their sexuality (Heaphy et al., 2004; Guasp, 2011; Barrett et al, 2015; Grigorovich, 2015; Peterson et al., 2020), the presence of family conflict is identified as a high risk for experiences of loneliness (Albert, 2021). The amount of contact that individuals have with family members is associated with experiences of loneliness in older adults (Dahlberg and McKee, 2014). Indeed, Hsieh and Liu (2021) found that a lack of family support, and the strain on family relationships, explained a significant share of the increased feelings of loneliness in older LGB adults. Heaphy et al. (2004) concluded that 34.3% of

women and 22% of men had been distanced from their families of origin due to their sexuality, and Hughes (2016) identified that 12.1% of participants were estranged from their families of origin and were unable to rely on them for support. Although this would appear to suggest that experiences with family of origin were negative, it is important to recognise that 57.8% of participants within Hughes's (2016) study responded positively when asked whether or not their biological family would support them in a crisis.

Interestingly, again despite those participants in the study by Heaphy et al. (2004) reporting a distancing between themselves and their families of origin due to their sexuality, 62.9% highlighted the importance of their relationships with family members, suggesting a more positive experience. Further to this, Grossman et al. (2000) highlighted that when listing those in their social network, the third most listed (39%) were other relatives, and although only 4% listed parents 33% did list their siblings, however, the findings also indicated that only 34% of parents and siblings were aware of their relative's sexuality.

This loss, or potential loss, of families of origin has led to the conception of 'chosen' or 'negotiated' families (Heaphy et al., 2004) sometimes referred to as families of choice (Fokkema and Kuyper, 2009). Guasp (2011) highlights the importance of friendships amongst older LGB adults and reported that 81% of lesbian and bisexual women and 69% of gay and bisexual men indicated that their friends were their family, compared to 52% of heterosexual women and 48% of heterosexual men. Fokkema and Kuyper (2009) concluded that although the absence of a partner, a child or a family increased feelings of loneliness, this could be compensated for by accessing friends;

unsurprisingly, loneliness is increased in those who have no friends to rely on (Hughes, 2016).

2.3.1.4 Community support

Alongside friendships it is important for older LGB adults to have access to, and feel welcomed by, community networks, these communities are central to support (Perone et al., 2019), when individuals feel a sense of belonging to a particular group they are protected against loneliness (Klok et al., 2017). The resilience of older LGB individuals as they age is dependent on social networks and is influenced greatly by the community (Savage and Barringer, 2021). Cronin and King (2014) identified that those older LGB adults who participated in community activities were able to foster a feeling of belonging. Similarly, Wilkens (2016) identified that having an increased level of social support through friendships, groups and networks may increase feelings of connectedness and belonging amongst older lesbian and bisexual women. Community support is evidently an important factor in increasing belonging and reducing loneliness, particularly access to a community with shared experiences. Orel (2014) concluded that the social networks of participants were comprised, in the main, of others identifying as LGBT. Older LGB adults who have an LGB social network experience decreased levels of social loneliness (Kuyper and Fokkema, 2010).

For older lesbian women, living close to other lesbians gave a critical sense of social connection and emotional support (Bradford et al., 2016). The safety of same sexuality company is often preferred by older LGB adults (Wilkens (2016) and being unable to participate in this culture can often be isolating

(Cronin and King, 2014). As well as reducing loneliness, access to a shared community can help to address the stigma that older LGB adults feel, therefore, having a place within the gay community can lead to individuals feeling less lonely or abnormal (Lyons et al., 2015).

Meyer (2003) explains that those who belong to a stigmatised group, for example LGB individuals, who have a strong sense of community will evaluate themselves through comparisons with others who are like them, rather than comparing themselves to those in the dominant society.

2.3.2 Impact of stigma and discrimination on the lives of older LGB adults

The importance of family support, friendships and social networks in the prevention of loneliness and the reduction of stigma is evident. Despite this, so is the evidence that older LGB adults experience a lack of such support. Giving consideration to the barriers to accessing support and building friendships will help to identify the extent to which stigma and discrimination play a role.

2.3.2.1 The impact of the social construction of sexuality

The social construction of sexuality is integral in how experiences of loneliness are shaped amongst older LGB adults (Willis et al., 2020). Forming friendships for those LGB adults born in the 1940s and 1950s has been difficult due to the fact that they have often concealed their true feelings (Wilkens, 2015). The reasons for this concealment stem from the era in which this population grew up, and the heteronormative nature of society, which

assumes that within society the heterosexual experience is central (Harrison, 2001).

To understand why society views heterosexuality as the norm, this study has utilised the lens of social constructionism, the main assumption of which is that reality is socially constructed (Berger and Luckman, 1966) and that social influence will impact on individual experiences (DeLamater and Hyde, 1998). When applied to sexuality, social constructionists accept that there are biological drives that ground sexuality, however they argue that it is society that channels sexuality in specific directions (Berger and Luckman, 1966). The phenomenon of sexuality is viewed as a social construction that is an outcome of a culture, and the language that is used within it (DeLamater and Hyde, 1998). The discourse used within a culture assists individuals to make sense of the world and provides them with categories that allow them to order events. Through language, individuals and society build a shared reality of what is accepted, and this then becomes habitualised and is thus accepted as the norm by others (DeLamater and Hyde, 1998).

Berger and Luckmann (1966 cited in Burr, 1999) consider how social phenomena are created through social practices and argue that this is done through three processes: externalisation, objectivation and internalisation. Initially, individuals externalise an idea, for example, by telling a story that is then discussed by others. As a result of the discussion, the original story enters the social realm where it becomes an object of social consciousness, and develops a factual existence, becoming an objective feature of that world. The story is then internalised by future generations who understand it as part of the nature of their world. Through discourse, society has created an idea of

what it considers to be "normal" sexual orientation, and this has been instilled into social consciousness, becoming fact. Society and its discourse have categorised heterosexuality as "normal" and homosexuality as "abnormal". Burr (1999) considers the dichotomy of hetero- and homosexuality and that these two well-established discourses require that we identify ourselves as either heterosexual, which is considered natural and moral, or homosexual which is viewed as perverted, unnatural, and wrong. When individuals do not conform to the expectation of heteronormativity this leads to stigma and discrimination.

2.3.2.2 Stigma and discrimination

Goffman (1963) argued that society categorises individuals and attaches attributes to these categories suggesting that a stigma is 'an attribute that is deeply discrediting' that leads to perceptions of an individual moving 'from a whole and usual person to a tainted, discounted one' (Goffman, 1963, p. 13). He theorised that homosexuality is viewed as a blemish on an individual's character leading them to be perceived as having unnatural passions (Goffman, 1963). The heteronormative nature of society results in the fact that older LGB adults are unlikely to avoid some degree of social stigma since they are not conforming to what is viewed as mainstream cultural values (Beals and Peplau, 2005).

Link and Phelan (2001) expand on the work of Goffman and provide a structured conceptualization of the components that, when converged, lead to stigma. The first component involves individuals distinguishing and labelling human differences. Within the second component those who are labelled are

linked to undesirable characteristics as a result of the dominant cultural beliefs. The third component then involves the categorisation of the labelled individuals in order to provide a level of separation between the labelled and unlabelled. Following this separation, in component four, the labelled individuals then experience a level of discrimination and loss of status that consequently leads to inequality. Importantly, the authors recognise that this process of identifying a difference, constructing a stereotype, labelling and categorising individuals, followed by the presence of disapproval and discrimination, only occurs with the presence of social, political and economic power.

The older generation of LGB adults are those who have had to overcome the biggest challenges around public acceptance (Lyons et al, 2015) and are the population group who have suffered significant victimisation in their youth (D'Augelli and Grossman, 2001; Averett et al., 2011; Fredriksen-Goldsen et al., 2014; Lyons et al., 2015). Fredriksen-Goldsen et al. (2014) concluded that participants in their study reported 6.5 victimisation and discrimination events across their lifetime. 48% of older LGB adults feel that their sexual orientation either will have, or already has had, a negative effect on their experiences of getting older and the concern they voice around aging is due to expectations of discrimination (Guasp, 2011). Discrimination can occur in a multitude of settings including within family settings, social situations or in employment settings (Averett et al., 2011). Research indicates that experiences of discrimination and victimisation make older LGB adults more vulnerable to loneliness (Perone et al., 2019). Jackson et al. (2019) highlighted that those

reporting increased perceived discrimination were three times more likely to experience loneliness.

2.3.2.3 Internalised homophobia

In addition to facing stigma and discrimination from others, LGB individuals experience conflict due to the fact that the dominant norms and culture of society do not reflect those of the minority group (Meyer, 2003). For some, this leads them to apply labels of deviance to themselves (Cox et al., 2011) and, as a result of these internalised negative beliefs, internalised homophobia develops (Delonga et al., 2011). Meyer (2003) describes this as the directing towards oneself of negative social values. There is evidence to suggest that internalised stigma is a predictor of disability and depression (Fredrikson-Goldsen et al., 2012), and there is some association between this and loneliness (Elmer et al., 2022). There is an argument that targeting internalised stigma is of importance when trying to reduce and prevent loneliness (Kim and Fredriksen- Goldsen, 2014).

Woody (2014) indicated that many participants experienced internalised homophobia in cycles throughout their lives when they felt that being lesbian or gay was wrong. This created a sense of being different and many considered themselves to be loners in their early lives (Woody, 2014). This suggests that individuals may withdraw from social contact due to internalised homophobia, resulting in loneliness as a consequence. Jacobs and Kane (2012) support this and state that there is a link between increased homonegativity and loneliness in gay and bisexual men. Their findings indicate the loneliness scores of older gay and bisexual men were higher in

those that had increased levels of internalised homonegativity (Jacobs and Kane, 2012).

There is a need to consider the contribution that stigma and discrimination from others, and internalised homophobia, have on loneliness in the later lives of older LGB adults, for example, its relationship to the decision to disclose sexual orientation. Disclosing their sexuality has often led to a detrimental impact on the family relationships and friendships of LGB individuals, and has decreased the level of social support they receive (Barrett et al., 2015).

2.3.3 The decision to disclose sexual orientation and its impact on loneliness

As LGB individuals age they should be able to be their authentic self (Savage and Barringer, 2021), however the stigma experienced by older LGB adults led some to live clandestine lives, a fact that contributed to their invisibility and increased loneliness (Pereira et al., 2021). Unlike those identifying as heterosexual, identity disclosure is a unique feature in the lives of LGB adults (Erosheva et al., 2016), when every new encounter requires a decision regarding whether to disclose or conceal (Ragins, 2008; Cox et al., 2011). It is therefore understandable that individuals face a complex decision-making process around the decision to disclose (Grigorowich, 2015). Disclosing one's sexual orientation is recognised as a lifelong process and this continuum amplifies the stress felt by LGB individuals (Ragins, 2008; Cox et al., 2011).

Disclosure of sexual orientation can lead to negative effects (Wilkens, 2015), and it is a decision that is often avoided by older LGB adults due to the discrimination and harassment that they may have experienced during their

lifetime (Addis et al., 2009; Grigorowich, 2015; Wilkens, 2015). Further to this, although related to the specific disclosure to health care professionals, research indicates that due to the assumption of heterosexuality, the use of heterosexist language and feelings of discrimination, older LGB adults do not feel comfortable disclosing their sexual orientation (Sharek et al., 2014; Grigorovich, 2015).

An influential fact in the decision to disclose is the likelihood that non-disclosure will reduce the risk of victimisation, discrimination and estrangement (Orel, 2014; Grigorowich, 2015; Wilkens, 2015). In their study, Gardner et al. (2014) concluded that 31.3% of participants felt a level of fear associated with being open and identifying as LGBT and, although this study was across all ages, the majority of participants were over 50 years of age. Interestingly, Gardner et al. (2014) indicated that these fears were not related to age, but were linked to gender with findings that lesbians experienced more fear than gay men. This finding should not lead to the assumption that gay men are more likely to disclose than lesbian women, as Lyons et al. (2015) state that many older gay men have kept a heterosexual persona throughout their lives (Lyons et al., 2015).

Some older LGB adults do choose to disclose their sexual orientation, however, fears of rejection and abandonment can lead to them not disclosing their sexuality to everyone (Woody, 2014). Many individuals have experienced harassment and rejection whilst they were growing up and, although some initially state they have come out, when reflecting on this they note there remain degrees of concealment (Wilkens, 2015). This finding is supported by earlier work by Orel (2014) who identified that when disclosing to family

members, participants choose carefully. For those that do disclose, the reaction may not always be negative, however it may not be a fully positive experience. Lyons et al. (2015) highlights that although some gay men decided to disclose and had positive responses, others experienced tolerance but not full acceptance.

Given the earlier discussion, highlighting the importance of social networks and social support in the lives of older LGB adults, it is important to consider the role that concealment or disclosure of sexual orientation may play in the development of relationships. It is argued that a fear of disclosing one's sexual orientation can lead to limited social relationships, reduced social embeddedness and fewer contacts, increasing feelings of loneliness (Erosheva et al., 2015; Elmer et al., 2021; Pereira et al., 2021). Although non-disclosure can reduce the risk of discrimination and offer short term protection to individuals, in the long term this can lead to isolation as it restricts the individual from connecting with others (Wilkens, 2015). Meyer (2003) argues that concealment of sexual orientation acts as a barrier to individuals identifying and affiliating with other gay individuals, and this in turn restricts their ability to gain informal support from the LGB community. Concealment of sexual orientation is a contributing factor to loneliness due to increasing both the real and perceived distance from others and thus a smaller social network (Elmer et al, 2022)

2.4 Summary

The literature review demonstrates that loneliness is a key issue, and is a phenomenon experienced across a range of age groups. For the LGB

population, research indicates that there is an increased risk of loneliness in older age and provides, on the whole, quantitative evidence to suggest that this is due to their increased likelihood of being single, childless or living alone. There is also a range of statistical evidence that highlights the significance of a lack of family support, social networks and social support in relation to loneliness in older LGB adults. Although these insights are provided there is a lack of qualitative evidence to expand on why these issues are increased for this group; it is also unclear at what point in their lives events occur that will consequently lead to loneliness in their later lives.

As highlighted within the introductory chapter, and evident from this literature review, the majority of the research related to loneliness in older LGB adults is quantitative, providing statistical evidence on the common factors that contribute to loneliness. There is a paucity of qualitative evidence to provide the understanding of why these contributing factors occur, and their significance in the lives of this population group. The literature presented within this review indicates the importance of family, social and community support as factors that help to mitigate against loneliness. It suggests that the older LGB population often lose this support due to stigma and discrimination; one reason for this is the decision not to disclose due to a fear of the consequences. The literature begins to articulate that this has impacted on their ability to form friendships and, consequently, on loneliness in later life. This thesis will seek to expand on this area by gaining a deeper understanding of the impact that stigma and discrimination across the life course has on individuals, how it influences their decisions, and how this shapes their access to support.

Chapter 3: Methodology

3.1 Introduction

This chapter will discuss the chosen methodology for this research study. I have presented it as a reflective narrative account of the design and adaptation of the methodology as it progressed. It will begin with a discussion regarding the research paradigm within which the study is placed and the ontological and epistemological approach will be explored (3.2). Following this, the chosen methodology will be discussed in more depth and will be justified, the methods of data collection will then be critically analysed in depth (3.3). There will then be a detailed discussion of the sampling strategy that was utilised and an anonymised introduction to the participants (3.4). The method of data analysis will be critically discussed (3.5) and following this there will be a discussion on the ethical principles that guided this study (3.6). There will then be a discussion on rigour (3.7) and finally the chapter will be summarised (3.8).

3.2 Research paradigm and methodology

Crotty (1998) identifies four elements of the research process that need careful consideration by the researcher, that of epistemology, theoretical perspective, methodology and methods. These elements inform one another and ensure that the research is credible (Crotty, 1998). This study is situated within the interpretivist paradigm and consequently adopts an interpretivist position for both its ontological and epistemological approach. Interpretivism is associated with the philosopher Max Weber who argued that in the field of human sciences the focus is understanding (Crotty, 1998). Interpretivists

argue that there is not a singular interpretation, truth or meaning and that to allow one to make sense of the world, human behaviour needs to be interpreted (Topping, 2006; Moule, Aveyard and Goodman, 2017). An interpretive philosophy advocates that the researcher considers how the world is interpreted, understood and experienced by participants (Ross, 2012; Thanh and Thanh, 2015). Adopting interpretivism as a theoretical perspective encourages the researcher to endeavour to both understand and illuminate human and social reality (Crotty, 1998). There is a recognition and belief that reality is not objective and that each participant may have a different notion of reality (Robson, 2016). The interpretive paradigm appreciates that there are multiple realities and that there are different versions of the truth (Lai, 2010). This study wishes to explore and gain an understanding of the world of older LGB adults from their perspective, to understand their experiences and their truths.

The chosen approach for this study is qualitative, researchers who situate themselves within an interpretive paradigm utilise qualitative methods (Topping, 2013). Although there are many advantages to a quantitative approach, one being its objectivity, this study is concerned with the social world of its participants and it is recognised that this differs from the natural world and therefore an objective approach is not appropriate (Topping, 2013).

When considering the quantitative versus qualitative debate, I found the metaphorical explanations of Shank (2005) useful in helping to articulate further the justification of my choice. Shank (2005) suggests that qualitative researchers adopt a lantern approach to enable them to view the world through the eyes of participants, to gain clarity and insight into areas that are

usually in the dark. Understanding and meaning are discovered in relation to a phenomenon that has not been previously understood. The aim of this study was to gain both clarity, and a deeper insight, into the experiences of older LGB adults. It aimed to consider experiences of stigma and discrimination in the early life of LGB adults and explore if these had impacted on loneliness in later life.

Previous research on the impact of early life experiences has been primarily quantitative, unsurprisingly, as explanatory research within the positivist domain is often considered by researchers to be the best way to accumulate knowledge (Ospina and Dodge, 2005). I argue that the quantitative nature of these studies has only been able to provide a restricted explanation for the phenomenon and there is a need for greater illumination and understanding. Quantitative tools utilised to measure and correlate factors that researchers suggest are reasons for increased loneliness do not allow for the individual realities of participants to be considered in depth, more for the hypotheses of the researcher to be measured (Topping, 2013). Although statistics provide important quantitative information and some commonalities about the number of those experiencing loneliness, they do not provide an in-depth insight and understanding into why the phenomenon is occurring. For example, knowing the number of older LGB adults who have experienced stigma in earlier years, and the number that are single, childless or living alone does not allow for an understanding of any links between these factors. It does not allow for an exploration of how these factors influenced the decisions they took, and if these decisions have consequently led to experiences of loneliness. Neither does it illuminate how the early life experiences of individuals affect them in

later life, I wished to explore this area in more depth. This study considered the social and historical context in which these experiences took place and to do so I needed to enter the participant's world to gain clarity and insight. Utilising a qualitative approach allowed for the provision of these rich descriptions of each participant's experiences and acknowledged that these were embedded within social and historical contexts (Allsop, 2013).

When I first began to consider an appropriate methodology to utilise, I was drawn to two approaches, interpretive or hermeneutic phenomenology and also narrative inquiry. Interpretive phenomenology focuses on the interpretation and understanding of human experience (Polit and Beck, 2014), as does narrative inquiry (Cresswell and Poth, 2018), making them both relevant choices. However, although elements of interpretive phenomenology were relevant to my study, one key area of concern was temporality. I wanted to explore if life experiences of stigma and discrimination, starting from an early age, contributed to feelings of loneliness in later life. Interpretive phenomenology is concerned with everyday occurrences (Lindsay, 2006), however, my study wished to focus more on the chronology of the participant's life, considering the past, present and future in a continuous manner, which is more in line with narrative inquiry (Lindsay, 2006).

The study aimed to explore how the early life experiences of the participants had contributed to loneliness in later life, consequently a methodology that allows for an understanding of the participants' experiences over time was needed. Narrative inquiry does not just focus on life that is being experienced in the present, it is also concerned with life as it is experienced on a continuum (Clandinin and Connelly, 2000). Continuity and temporality are key

aspects of narrative inquiry (Wang and Geale, 2015). Clandinin and Connelly (2000) describe a three-dimensional narrative inquiry space, a space that researchers undertaking narrative inquiry enter. They argue that temporality /continuity (past, present and future) runs along one dimension, personal and social interactions run along the second, and finally, place runs along the third.

The use of narrative inquiry is also consistent with interpretivism (Salvin-Baden and Van-Niekerk, 2007). Each stage of a narrative is interpretative (Josselson, 2006) and there is the underlying assumption that human reality has multiple truths (Lieblich et al., 1998). As I have stated, I wished to explore the participants' experiences from inside their world and to consider their different realities. Narrative inquiry enables the collection of in-depth data (Salvin-Baden and Van Niekerk, 2007), data that is rich, unique and would not be accessible through quantitative methods (Lieblich et al., 1998). Utilising narrative inquiry allows the researcher to gain an insider view of the participant's world (Reissman, 2008), and to gain knowledge about significant areas of the human realm that are often neglected (Polkinghorne, 2007; Wang and Geale, 2015).

A key area for exploration in the study was the impact that the social and historical context of the time had on each participant's experiences, narrative inquiry and the collection of life stories allowed for this insight. Stories are part of everyday conversations (Polkinghorne, 2007). Storytelling is something that is natural to individuals (Lieblich et al., 1998) and is a process that allows an individual to present a clear verbal account of their lives, and the reality they have experienced. It is a means through which to communicate with others (Lieblich et al., 1998). Individuals' understanding is shaped through the use of

stories (Berry, 2016), through them, human life is animated (Frank, 2010) and as such they provide the researcher with access to the individual thoughts and experiences of the participants (Holloway and Wheeler, 2006).

When I was considering the type of stories to collect from participants, I reviewed the work of Plummer (2001) who describes stories as 'documents of life' (p.17) and argues that they come in many different formats. This study focussed on collecting solicited stories, those that are gathered to meet a specific aim; they are not naturalistic (Plummer, 2001). These were in written or oral format (Polkinghorne, 2007). Short life stories were collected, with the aim of providing a topical life document, one that focusses on and illuminates a particular issue rather than trying to consider the fullness of the participant's life (Plummer, 2001).

For this study the focus, or topic, to be explored was participants' experiences of growing up in a time of heightened stigma and victimisation and how this contributed to loneliness in later life. Although Polkinghorne (2007) states that the storied descriptions that individuals give about their life events provide researchers with the best evidence about their experiences, he does recognise they have limitations (Polkinghorne, 2007). Individuals' stories are constructed around key events and central facts and as such there is a need to be aware that they are influenced by the interpretation of facts that have been remembered (Lieblich et al., 1998); the individual may leave out aspects, or they may obscure issues (Polkinghorne, 2007). Despite this potential limitation it is argued that utilising a narrative approach and asking participants to tell their stories allowed for an insight into their world, giving an understanding of the life events that had shaped them.

3.3 Data collection

To facilitate the collection of participants' narratives, my primary intention had been to solely utilise the narrative correspondence method (Thomas, 1998; Grinyer, 2004; Milligan, 2005; Milligan and Morbey, 2016), with the addition of a pen pal approach (Kralik et al, 2000). Narrative correspondence allows the researcher to collect written stories that are focussed on a pre-defined theme (Milligan and Morbey, 2016) and help to capture the meaning that participants attach to specific events (Milligan, 2005). This is in line with the aim of this study which was to collect solicited short topical life stories from participants focused on life experiences of stigma, discrimination and loneliness.

A further rationale for opting for this method was both the hard-to-reach group that I was trying to access, and the sensitive nature of the research questions I wished to explore. Participants were going to be asked about their sexual orientation and Gott and Hinchliff (2003) recognise that this age group often fear disapproval if they are seen to not be meeting the expectations society has in relation to their sexuality and sexual orientation. Narrative correspondence offers a method of data collection that is less intrusive and ensures anonymity (Kralik et al., 2000), writing a narrative is considered to be preferable if a personal or private issue is being explored (Harris, 2002), I therefore felt this would be the most sensitive and appropriate approach for the population group.

Participants were offered the opportunity to either write down or voice record their narrative accounts, in doing so they would be given control of the process (Grinyer, 2004; Milligan, 2005; Milligan and Morbey, 2016). They

would have the time they required and could prepare their contribution at their own pace without the presence of the researcher (Grinyer, 2004). Furthermore, there would be no pressure on participants to respond immediately, as there would be with a face-to-face interview (Kralik et al., 2000). Indeed, having the time allows them to reflect and it is argued that this reflection may enhance the accuracy of the narratives (Harris, 2002). The option to voice record their narratives was included to ensure that those who felt uncomfortable writing were not unintentionally excluded from the study (Milligan and Morbey, 2016). Restricting the narrative that participants are asked to provide to only a written account can lead to the possibility that those who are unable to physically respond are not able to participate (Kralik et al., 2000).

It was recognised that when collecting narratives, the length and content of each would be unpredictable and varied (Grinyer, 2004; Milligan and Morely, 2016). Participants were therefore provided with a list of narrative prompts (Appendix B) (Milligan, 2005) to allow them to frame their narratives. There was also an awareness that due to the unpredictable nature of the content of the narratives there may be areas that I wished to explore further. To ensure I was able to return to the participants to elicit further detail, as mentioned above, I planned to utilise a pen pal approach (Kralik et al., 2000). Participants were to be asked to allow for the researcher to have an ongoing dialogue with them, via correspondence, either postal or on email, to allow for further clarification, confirmation and elaboration (Kralik et al., 2000).

A further area of concern when considering the use of the narrative approach was the disconnected nature of the participant and researcher relationship. I

felt a concern that I, as the researcher, was not known to the participants and that they were expected to respond and share personal information with someone that they had never met. My previous research experience has involved the use of either face-to-face interviews or focus groups, methods that have allowed for a formation of trust between myself and the participants, which I hoped would alleviate any concerns that they may have had about sharing information. When conducting face-to-face interviews, the development of trust and a rapport is needed (Tod, 2006) and the trust is built through involvement in the interview process (Holloway and Wheeler, 2006). My concern was that the participants of this study would not meet me and that this would make it hard to develop the trust required for them to participate and share personal experiences with me. After reviewing how others had navigated this issue, I opted to send a photograph of myself to those wishing to participate. This method was utilised successfully by Kralik et al. (2000) to allow the participant to know with whom they were corresponding and to build a relationship with them.

Point of reflexivity 2: My assumptions on data collection

Although my initial data collection plan was to offer narrative correspondence as the only method of participating, this changed after consulting a group of older LGB adults about my study. I went to speak to the group about my research to gain insight into whether they felt it was an important area to explore. The importance of researching this area was indeed reinforced by those I spoke to; they were very positive about the study and vocalised that it was an area they felt needed to be explored

further. They appeared very keen to have their stories heard and told. Interestingly, and indeed unexpectedly, they did suggest that I made alterations to the chosen data collection methods. They agreed that narrative correspondence, either written or verbal, was a valid option and that some individuals may feel more secure not ever meeting the researcher. However, they also felt that a face-to-face interview should be offered as an alternative option.

This was interesting as it challenged a pre-conceived assumption I had made that this population group would want to remain hidden. On reflection, I realised that I had perhaps been influenced by my own feelings at the time of my life when I was dealing with initially disclosing my sexual orientation to others. I had kept this area of my identity hidden for a number of years and realise that at that time, had I been asked to participate in a similar study, my preference would have been to be distanced from the researcher. This situation, and the realisation that my experiences had influenced my research choices, reinforced to me the importance of the bridling technique discussed in the introductory chapter of this thesis, it highlighted to me the need to be reflexive, open and transparent throughout the research process. My assumptions had led me to discount interviews as a data collection method, a decision which could have influenced who participated in the study and the data I would obtain. Indeed, interviews are considered by Tod (2006) to often provide the only method of gaining the views of hard-to-

reach populations who would otherwise be reluctant or unable to participate in other methods.

Following the group's suggestion, I considered whether some individuals may actually appreciate the opportunity to tell their story to another person face-to-face. The participants of this study had spent their younger years being unable to talk about their sexual orientation and therefore they now may appreciate the opportunity to speak freely, and telling a researcher their stories can help individuals to make sense of what they are feeling (Holloway and Wheeler, 2006). Whilst the interview process may not have a direct therapeutic effect on the participant, it can have a positive impact (Kralik et al., 2000; Tod, 2006). Conversely, remaining silent can have a negative impact on participants (Kralik et al., 2000). Further to this, the study was exploring personal experiences of loneliness and attending a face-to-face interview could help to alleviate the loneliness participants may be experiencing, even if only for a short time, again having a positive and cathartic effect, I therefore altered my data collection methods.

3.3.1 The addition of semi-structured interviews

Following this discussion, the additional option for attending a face-to-face interview was provided to participants. The interviews were both semi-structured and narrative in nature. In line with semi-structured interviews, a pre-determined interview guide was utilised (Britten, 2006; Holloway and Wheeler, 2006; Bryman, 2012), to ensure consistency between those participants opting for the written or voice recorded narrative, the same

prompts were used. Although there was a pre-determined guide, the nature of the questions differed to encompass a more narrative approach as semi-structured interviews can be combined with narrative interviews (Anderson and Kirkpatrick, 2016). There were very few questions in the guide and they were structured in a manner that encouraged long, detailed responses to elicit the participants' life stories rather than shorter information giving answers. I provided a start point for the participants by asking an open-ended set question that gave them a focus and invited them to tell me their story. I allowed the participants to talk freely and I initially remained predominantly silent, just using non-verbal encouragement such as smiling and nodding. When combining semi-structured and narrative interviews there is a questioning phase that allows the interviewer to ask for more detail or clarify issues (Anderson and Kirkpatrick, 2016), therefore, as the participants took natural breaks in their discussion, I was able to ask certain questions to illuminate their stories further.

Recognition was given to the possibility of the Hawthorne effect occurring during interviews (Tod, 2006), this occurs when the presence of an interviewer, stimulates modifications in the participant's behaviour or answers (Pope and Mays, 2006). Further to this, particularly due to the nature of the research area, I was mindful that there was a risk of social desirability bias. This involves participants providing the researcher with answers that they feel are more socially acceptable (Bryman, 2012) or omitting certain points from their stories in an attempt to create a more positive image which is socially desirable (Polkinghorne, 2007). For this population group who have

experienced stigma and discrimination due to their sexual orientation, there may have been a fear of speaking openly.

Although the risk of social desirability bias was a concern, particularly for those attending interview, I felt that having been given the opportunity to write or voice record a narrative whilst not in the presence of the interviewer, those participants who opted for interview were likely to have felt comfortable enough to express themselves. I was acutely aware that if participants feared a judgemental response to their discussion around their sexual orientation, and any experiences of loneliness, they may feel constrained. However, I felt that my own experiences of identifying as a lesbian and my own fears regarding judgement, alongside my professional role as a nurse, governed by a professional code of conduct (Nursing and Midwifery Council, 2018), would ensure that I conveyed no sense of judgement. Adopting an approach that demonstrated open listening and being careful with responses given to unexpected aspects of the participants' stories (Polkinghorne, 2007) contributed to my creating a safe and comfortable environment enabling full participation.

3.4 Sampling

3.4.1 Inclusion/exclusion criteria

When considering the most appropriate sampling strategy for the study, I was cognisant that an important ethical concern is ensuring that the sample is representative of those who have experienced the phenomenon. The inclusion criteria for the study was males and females aged over 60 who identified as lesbian, gay or bisexual, but was not otherwise restricted. The participants'

years of birth ranged from 1938-1956, therefore their age range at the time that homosexuality was legalised was between 11 and 29. As such, they had an awareness of the legal change, and a sense of its impact on them and those around them.

I made the inclusion criteria as wide as possible due to an awareness that regardless of the openness of recruitment there are often groups that are less likely to want to be involved in research.

Due to translation issues, the study did exclude those who were unable to speak English. The aim of the study was to recruit between seven and 15 participants. Sample sizes in qualitative research are often smaller due to the complexity of the data (Bowling, 2011). Within narrative research, the sample size can be smaller again (Lieblich et al., 1998) with a sample size of between six and ten being sufficient to describe the experience of a specific population (Polit and Beck, 2014).

When considering the recruitment strategy to employ within this study, I was aware that the population I wished to sample were hard to reach. The LGB population are often largely concealed (McManus, 2003) making recruitment challenging (McManus, 2003; Sullivan and Losberg, 2003; Price, 2011). Further to this, recruitment problems are often exacerbated when trying to access a sub sample of an already marginalised group, for example, those that are older (McManus, 2003). In addition to this, I wished to explore the experiences of those older LGB adults who have, or are, experiencing loneliness, and identifying those that are lonely can be difficult (Hole, 2011).

Both purposive and snowball sampling were utilised to facilitate the recruitment of participants to the study. Utilising a purposive sampling approach allows for the selection of participants that satisfy the needs of the inquiry (Robson, 2016) and it is a method that is often used in qualitative research (Holloway and Wheeler, 2010; Taub et al., 2014; Green and Thorogood, 2014;). Due to this study seeking to explore the experiences of a hard-to-reach population, snowball sampling was utilised alongside purposive (McManus, 2003). Snowball sampling involves those participants already identified then identifying other potential participants who can, in turn, identify others (Holloway and Wheeler, 2010). Purposive and snowball sampling do not permit a random sample to be obtained therefore it is not possible to generalise the findings directly to other populations (Bowling, 2011). However, although this is often construed as a limitation, the aim of this research was to gain a deeper understanding of a phenomenon rather than to generalise beyond the experiences of those participating (Robson, 2016).

For this narrative inquiry, I adopted three sampling strategies:

3.4.2 Strategy one

A branch of AGE UK which supported an LGBT group for older adults was utilised. I attended the group on two occasions and discussed the study, I provided participant information sheets (Appendix C) and research flyers (Appendix D) which contained my contact details. Over the two occasions, I recruited five participants comprising two males (one identifying as gay and one as bisexual) and two females (who identified as lesbian). Unfortunately, at a later date one of the female participants withdrew due to health issues and

one, having demonstrated initial interest, after being sent the information did not respond further.

3.4.3 Strategy two

Flyers for the study were placed in relevant community settings/centres. The flyer contained a brief overview of the study and my contact details, those individuals who contacted me were then provided with further details of the research. Seven participants were recruited through this strategy, comprising six men who identified as gay and one female identifying as lesbian. The female who was initially recruited to the study withdrew after finding the process of recalling past life events too difficult.

3.4.4 Strategy three

This strategy involved the use of snowball sampling. All recruited participants were asked to pass on the research flyer to any peers or friends who they felt may wish to participate in the study. Importantly, those identified through this mechanism were provided with my details and it was ensured that it was their decision to contact me or not. Those who did contact me were then provided with the participant information pack. Unfortunately, there were no participants recruited through this mechanism. Snowball sampling, although useful, can be a slow and time-consuming process (McManus, 2003).

3.4.5 Additional information relating to all three strategies

All those interested in participating in the study were forwarded an information pack which contained a pre-paid return envelope, a covering letter (Appendix E), the participant information sheet, a consent form and a form to indicate

their preferred method of data collection details along with their contact details. The pack also contained a recruitment flyer to forward to others and, if not opting for an interview, a photo of myself to introduce them to who they would be corresponding with (Appendix F). Those participants who preferred email contact were provided with the participant information sheet as an email attachment from a secure email account that was utilised solely for the study and, if agreed by them, the information pack was then posted to them. Those who opted for interview following a review of the participant information sheet were provided with the consent form at the interview, having had time to reflect on whether they wished to participate. If any of the participants wanted further verbal information, they were able to contact the researcher on a provided phone number.

3.4.6 Ethical amendments to optimise recruitment

Following initial recruitment, the process stalled and I was unable to recruit more participants than the eight that had engaged fully with the research. In an attempt to recruit further, I submitted an amendment to the ethics committee to allow me to include the flyer in the newsletters of relevant organisations and within their social media pages (Facebook and Twitter). The amendment was agreed, and further relevant groups were contacted and agreed to advertise the study in relevant newsletters and on social media. I contacted the local U3A (University of the Third Age) organisations and requested to send flyers to advertise the study. Unfortunately, only one group responded positively.

My original participants were also contacted again and I asked those that responded if they could again share the flyer with any contacts that they felt may wish to participate. Although these further efforts were made to recruit participants there were no further requests to participate in the study. In a final attempt to recruit participants a further ethical amendment was submitted, and agreed (Appendix G), to allow interviews to be undertaken in different settings to those originally identified, and to utilise the method of telephone interviewing if potential participants preferred, as this prevented any geographical restrictions. LGBT staff groups in two universities were also contacted and, where agreed, flyers were forwarded to be passed to interested parties. Following this, a further three male participants who identified as gay asked to participate, taking the final sample number to 11. Details of these participants are in Table 1.

Although four females were originally recruited to the study, two withdrew, one did not return a narrative, and one provided data that was unrelated to the study, and was therefore excluded. The thesis therefore only focuses on the experiences of gay and bisexual men.

Table 1: The participants

Participant Pseudonym	Identified Sexual Orientation	Age at time of participation	Chosen method of data collection
Joseph	Gay	61	Interview
Patrick	Bisexual	61	Email
James	Gay	70	Interview
Terry	Gay	68	Interview
Edward	Gay	69	Interview
Thomas	Gay	60	Interview
Chris	Gay	71	Interview
Ralph	Gay	65	Interview
Nigel	Gay	73	Email
Harry	Gay	73	Email
Geoff	Gay	80	Hand-Written Letter

Point of reflexivity 3: My assumptions on who would participate

Prior to beginning the recruitment process for my study, I was aware that this would be a hard-to-reach population, and that I may struggle to find participants. Although I was concerned about this, after meeting with the older LGB adults at the AGE UK group I did feel that I would be able to recruit the minimum number needed. At the start of the recruitment process, I also assumed that of those that did volunteer, the majority would be women. On reflection I now understand that I had assumed that older lesbian women would be more visible and open to discussion than older gay men.

On considering why this was my belief, I recognise that this was due to the fact that historically it appeared that the majority of the stigma and victimisation was aimed at gay men. The criminalisation of homosexuality related to gay men, as did the 1967 Sexual Offences Act. More contemporarily, the 2013 posthumous pardoning of Alan Turing, and consequent pardoning of other gay men, highlighted the number of males who had faced criminal convictions due to their sexual orientation. I believe that, although I was unaware at that time, this had impacted on my beliefs. These events had led me to assume that historically there was less focus on lesbian women, that they would have experienced less fear and discrimination, and as such they may feel more able to discuss their life experiences. I had made the assumption that gay men may be more likely to want to remain hidden.

Alongside this, there is a view within society that women are more likely to discuss their feelings than men and, in relation to health and well-being, women access support more than men. My experience with recruitment presents an opposing view to this in a number of ways. First, when attending the LGBT support groups to promote my study I noted that the majority of those attending were men, across the groups there were only four women in attendance. One of these women, although attending the group, did not seem to really participate and appeared nervous at my request for participants. She later stated that she could not speak about it and that only her daughter and the group members knew of her sexual orientation. Second, of those women who did initially accept the invitation to participate, one did not fulfil the process after receiving the information and one found the process of recalling the past too difficult. This suggests that in the area of sexual orientation, older lesbian women are harder to reach; they do not seem to be accessing support groups and they may find the process of recalling life events too difficult. Although I am aware this is again an assumption, this would appear to suggest that in fact they are more hidden than gay men. This is concerning due to the fact that it makes it difficult to establish if their needs are being addressed, a fact that I will reflect on further in my recommendations for further research.

3.5 Data analysis

With data collection completed, I began the process of data analysis, following the collection of participants' narratives there is a need for researchers to interpret the meanings within these stories (Wang and Geale, 2015). When I reached the point of data analysis I was initially excited, but also overwhelmed by the amount of data I had collected and the task ahead of me. I found reassurance in the fact that it is documented that qualitative data can cause researchers to feel this way (Kim, 2015). Kim (2015) likens qualitative data to a steep mountain and suggests that it involves the researcher taking a trail that is unexplored. I felt privileged that the participants had chosen to share their life stories with me and wanted to ensure that I upheld the richness of the data, and presented it in a manner that kept the stories intact (Bowling, 2011). Reissman (2008) reiterates the importance of this by arguing that within narrative study there is a reliance on the need to treat each unit analytically and avoid fragmenting narratives into thematic categories.

Within my initial research proposal, I had highlighted that I was considering a range of possible methods of analysis, I waited until I had collected my data before making my final decision. There are different approaches through which to analyse narrative accounts (Holloway and Wheeler, 2010) and those which I considered included structural analysis, thematic narrative analysis, performance analysis and genre analysis. Having reviewed these methods, and reviewed the nature of the data I had collected, I felt that the most appropriate method for this narrative inquiry was thematic narrative analysis. This is described by Reissman (2008) as a method that focusses on 'what' is being said by the narrator and concentrates on the experiences of the

participants. Riesman (2008, p. 57) discusses a method of thematic narrative analysis utilised by Williams (2004) which suggests that the researcher considers each narrative as a singular unit. Each unit is read and relevant events are isolated and ordered, this provides a chronological, biographical account.

In line with this, following the transcribing of each interview and collection of emailed and posted accounts, I read each narrative several times allowing for a detailed immersion in each of the individual texts (Ross and Green, 2011). After a review of one, I re-read it, as recommended by Reissman (2008). I focussed more closely to allow for the identification of any underlying assumptions that could be coded (an example of coding is provided in Appendix H). I made notes of the key points in the individual story and coded them. As some participants had not spoken in a chronological order, I re-ordered the events to allow me to consider their life events in the order that occurred, I was also mindful however to remain aware of the key issues that participants had focussed on most as these were the main issues they wished to discuss. For example, James presented a very chronologically disjointed narrative, he opened with what he described as the 'major one' and described an event that occurred later in his life. Although he did refer to earlier experiences, he referred back to the key event on numerous occasions. It was clear that this specific event had been the main one that he wished to discuss.

Following this process, I was able to then look across all the narratives for any commonalities, this allowed me to understand the overall narrative that the combined life stories were telling me. As the overall narrative became clear I was able to identify the common themes and, as discussed by Reissman

(2008), I was then able to select a key narrative to represent each theme, and include aspects of other narratives that were also representative of what was occurring.

3.6 Ethical considerations

As highlighted by the Economic and Social Research Council (ESRC) (2015) and the Department of Health (DoH) (2005), a primary consideration that I, as the researcher, should ensure is that the dignity, rights, safety and well-being of the participants involved in any study be recognised and upheld. There is a need to protect participants from any risk of harm or manipulation (Holloway and Wheeler, 2010; Bowling, 2011).

When undertaking research, it is imperative to make certain that the study is one that provides value (ESRC, 2015). Loneliness has a major impact on the health and well-being of individuals; indeed, it is linked with premature death (Marmot, 2010) and the literature indicates that the risk of loneliness is increased in aging LGB adults (Fokkema and Kuyper, 2009; Williams et al., 2016). Both these effects, the further discussion provided within the literature review, and the enthusiasm of those at the group I attended to propose my ideas, provide a clear justification for why the chosen study is relevant, it is clear it is an important area of, often neglected, research.

The methodology and methods of the study are in line with the research paradigm, ontological and epistemological approaches, however, a further influencing factor in this choice was each participant's best interests. Methodological decisions should be made with this central concern (Holloway and Wheeler, 2010). Those being asked to participate in the study may still

have been hidden in terms of their sexuality, and possibly feared disclosing this due to past experiences, they may have faced the dilemma of wishing to be heard but also wishing to remain hidden. Contrary to this, there may also have been participants who felt a desire to now tell their story and felt less concerned about meeting a researcher. As such, my methodological choices were driven by a desire to allow a voice to those who wished to tell their stories, and to do so in a way that they felt comfortable with and remained in control. This was the guiding principle in my decision to offer a range of data collection methods, allowing them to choose.

I was aware that the process of discussing sensitive issues, and recalling potentially negative past events, could cause the participants to feel upset, I therefore ensured that the participant information sheet included details of how to gain 24-hour support. There was one participant I was in email contact with, who alerted me to the fact that she was finding the process of remembering too difficult and upsetting. I advised her that she did not need to continue and that her health and well-being was the priority. As a result, she withdrew from the study, and over the course of a few emails, I signposted her to the support details on the participant information sheet. Confidentiality and anonymity are discussed in more depth later in the thesis; however it is important to note at this point that although I discussed my concerns for this participant with my supervisor, these two ethical principles were maintained.

3.6.1 Consent

A central and imperative part of research is the obtaining of free informed consent from participants and the respect of their autonomy (Holloway and

Wheeler, 2010; ESRC, 2015). To allow for the assurance that informed consent was obtained from the participants, I provided them with a participant information sheet, that was presented in a clear and unambiguous manner (Holloway and Wheeler, 2010; ESRC, 2015), the information sheet provided potential participants with details about what the study involved. This included information on why they had been approached, what was being asked of them should they participate, how their data would be managed and stored, and the risks and benefits of participating in the study. I wanted to ensure that the participants had time to reflect on the information and did not feel any pressure, so they were asked to contact me when they had considered the information, if they wished to participate. I asked those who wanted to participate to identify which method of data collection they preferred and return this to me with their preferred contact details and the signed consent form (Appendix I), the forms could be returned over email, or I provided a stamped addressed envelope. Those opting for interview were given the information sheet in advance and signed informed consent was then obtained at the point of interview. All participants were given a copy of the consent form for their records. As the majority of the contact was over email or written letter I wanted to ensure they had the opportunity to ask me any questions they may have, and provided them with a phone number on which to contact me if needed.

Consent should be recognised to be an ongoing process (Holloway and Wheeler, 2010) and as such, I made the participants aware of their right to withdraw from the study at any time prior to submitting their narrative account or attending for interview, and for up to four weeks after its submission. There

were two participants that opted to withdraw, which occurred prior to the collection of any data.

3.6.2 Confidentiality

The need to ensure that privacy is maintained for individuals participating in a research study is well documented within the literature (DoH, 2005; Holloway and Wheeler, 2010; Bowling, 2011; Bryman, 2012). For this study, there was a particular need to ensure participants were aware that confidentiality would be maintained, given that this was a population that had chosen to keep aspects of their lives secret for a number of years. I explained to the participants that their anonymity would be maintained and that their details would be stored confidentially. I did alert them to the fact that in the event that they indicated they may harm themselves or others, or suggested that they were at risk of harm, that I would be required to inform relevant parties to ensure safeguarding, and would discuss the issue with my supervisor. One participant, Chris, was particularly nervous about anyone finding out he was participating, by going over everything with him in detail he was reassured and participated.

Data collection took place prior to the Data Protection Act (2018). All participants were made aware that their narratives would be anonymised and that data would be stored in line with the Data Protection Act (1998) and the University guidelines. All electronic data was securely stored on the University server. Identifiable electronic data was encrypted and stored separately to anonymised electronic data. Transcripts from interviews were recorded on an audio recorder which was stored securely and the files were uploaded to the

Lancaster server as soon as possible and then deleted from the audio recorder. If required, files were stored on the researcher's personal computer temporarily, this was a password protected device. A transcriber was employed to assist in the transcription of interview data and they completed and signed a confidentiality agreement (Appendix J). Any written data, for example consent forms, or other identifiable written data, was stored separately in a locked cabinet and will be kept for 10 years. A password secured email account was set up and utilised solely for this study, I ensured that no contact details were saved in this account. Any emails that were printed were anonymised and stored securely in a locked cabinet. At the end of the study the email account will be deleted. I ensured that after calls made to or from the mobile phone, all numbers were deleted and no details were stored on the device. Following the introduction of the Data Protection Act (2018) any required changes were made to data storage in line with university guidance.

Point of reflexivity 4: The impact of sensitive data on the researcher

At this point in the thesis, I wish to briefly reflect on an issue that occurred whilst I was analysing the data, and relates to confidentiality. During my analysis of one of the narratives that was emailed by a participant, I read some distressing information about what had occurred to this participant as a child. After reading this I followed policy and discussed this with my supervisor, it was clear from the narrative that the participant had sought professional help regarding this issue and it had been resolved, no safeguarding issues were identified. Following the conversation with my

supervisor I contacted the participant via email to check that they were okay

Although this was resolved it led me to reflect that although I understand the

process of confidentiality, the need to share information with a supervisor

has never actually happened to me. The incident also made me aware of

the impact of sensitive data on the researcher themselves, this was

something I had not thought about in depth before. Wilkens (2017) reflected

on a similar experience, stating that although she viewed the interviews

undertaken for her study as a gift, the richness and emotions in the

narratives made the transcription process uncomfortable, in particular

listening to stories of loneliness caused feelings of sadness. The focus of

my thoughts had been on ensuring the participant was not affected and I

had forgotten about considering the impact on myself in the process.

Reflecting on this incident has helped me to recognise an area for personal

development, the need to develop my personal resilience when reviewing

disturbing data. I recognise the importance of, and appreciated having, the

support of my supervisor. Fenge et al. (2019) highlight the need to ensure

that institutions provide support to researchers engaged in sensitive

research. Researchers need to be mindful of their own emotional health

(Wilkens, 2017). Throughout my future research journey, I will ensure that I

access support, and provide support to others.

3.7 Rigour

To increase credibility, which refers to the confidence attributed to the truth of

the research findings (Korstjens and Moser, 2018), the research study

adopted well established research methods (Shenton, 2004). Additionally, to help promote openness in their accounts the potential participants had the opportunity to refuse to participate and an open rapport with them helped to ensure that they could express themselves freely (Shenton, 2004). To further increase credibility, the study was also exposed to peer scrutiny during the research process (Morrow, 2005). Regular presentations were undertaken with the peers on my academic programme. The study was also presented at Lancaster University Post Graduate Student Symposium to both staff and fellow students, and within my place of employment to academic and research colleagues. All of these opportunities provided constructive feedback and suggestions that contributed to the development and enhancement of the study (Shenton, 2004). Finally, reflective commentary at key points throughout the thesis (Shenton, 2004), contributed to the quality and reliability of the research.

Transferability relates to whether the findings can be transferred to other settings (Korstjens and Moser, 2018). Although this could be an issue given the small sample size, transferability was increased through the provision of a clear description of the phenomenon being studied and a comprehensive discussion of the background information related to the study (Shenton, 2004; Morrow, 2005). This allows readers to make a judgement as to whether the study is applicable to their situation (Lincoln and Guba, 1985; Chawalisz et al., 2008; Keen and Edmunds Otter, 2014).

Dependability refers to how stable the data of the study remains over time (Kemparaj and Chaven, 2013), given the subjective nature of participants' stories it could be argued that the data would fluctuate over time. However,

throughout the study, a clear audit trail of the many research decisions has been kept and a justification for these decisions can be provided to assist in increasing the dependability of the research study (Shenton, 2004; Bryman, 2012).

Confirmability involves the degree to which the findings of this study can be confirmed by other researchers (Shenton, 2004). To ensure this, it should be evident that the researcher has not overtly allowed their personal values to impact on the conduct of the research or the findings (Bryman, 2012). There is potential that the researcher's agenda can be reflected in the findings and it is imperative that narrative researchers take steps to prevent the production of expected texts (Polkinghorne, 2007). The discussion on my personal position in the introductory chapter, and points of reflexivity throughout the thesis increase the confirmability of the research. The adoption of a reflexive approach throughout the process and careful consideration of the impact that my personal values and beliefs may have upon all elements of the study, including the chosen methodology, methods and any potential biases, enhance confirmability.

3.8 Summary

This chapter has provided an overview of the chosen methodology for this study and expressed a clear rationale for why it was appropriate. The study wished to consider the earlier life experiences of older LGB adults, in relation to stigma and discrimination, and explore how these contributed to loneliness in later life, and to do this a narrative inquiry was chosen. Due to the circumstances identified earlier in this chapter, only gay and bisexual men

opted to participate and therefore the study is focussed on their experiences, excluding lesbian women, due to reasons previously discussed. The recruitment strategy facilitated the collection of 11 narrative accounts for analysis, a combination of written narratives and those provided via interview, the following chapter presents the findings of the study following a thematic narrative analysis.

Chapter 4: Findings

4.1 Introduction

Within this chapter, I will illustrate the key findings of this thesis. Having been privileged enough to be told the participants' stories, and for some being the first person they have shared very personal details with, it was my key objective to ensure that the data was used effectively. My aim was to preserve the narratives in their truest form and avoid presenting them as a set of extracted short mixed quotations. To ensure that this aim was met, I have presented one key narrative to represent each theme, with the exception of the third theme which utilises two. Following the presentation of the main narrative I then draw on those of other participants to further illuminate the theme. The discussion of each theme will include a final section that discusses the present day experiences of the participants in relation to their experiences of loneliness, disclosing their sexual orientation and discrimination.

The three key themes that were identified during the thematic narrative analysis are:

♦ Family rejection: a lonely life

♦ Non-disclosure of sexuality and internalised homophobia: a fear of not meeting expectations

♦ Stigma and discrimination: no place to make friends

At the beginning of each discussion there will be a short introduction to explain what the theme encompasses, this will be followed by the presentation of the

key narrative, supported by the narratives of others. Where possible, the narratives are presented in a chronological order of events, this was difficult in some cases as certain written narratives were brief. These participants were contacted and asked to expand, however, their consequent emails remained brief, indicating that they did not wish to share further detail. Given that the narratives and the interwoven discussion refer to specific legal and social events that have occurred over the lifetimes of the participants, the illustrative timeline first presented in the introduction has also been included below, with the addition of each participant's year of birth. This has been done to allow the reader to contextualise the events that the participants discuss within their narratives in line with the social and legal context of the time (4.2).

The experiences of Joseph, in relation to family rejection, will be presented first, this will be supported with the narratives of Patrick, Terry and James (4.3). This will be followed by the narrative of Thomas to represent the impact of internalised homophobia on life experiences and loneliness, and will be supported by the narratives of Harry, James, Edward and Chris (4.4). The final theme will be represented by two key narratives, those of James and Harry, in relation to the impact that stigma and discrimination has had on making friends in the workplace. This discussion is supported by the narratives of Chris, Nigel, Ralph and Geoff (4.5). Finally there will be a summary of the key findings of the study (4.6).
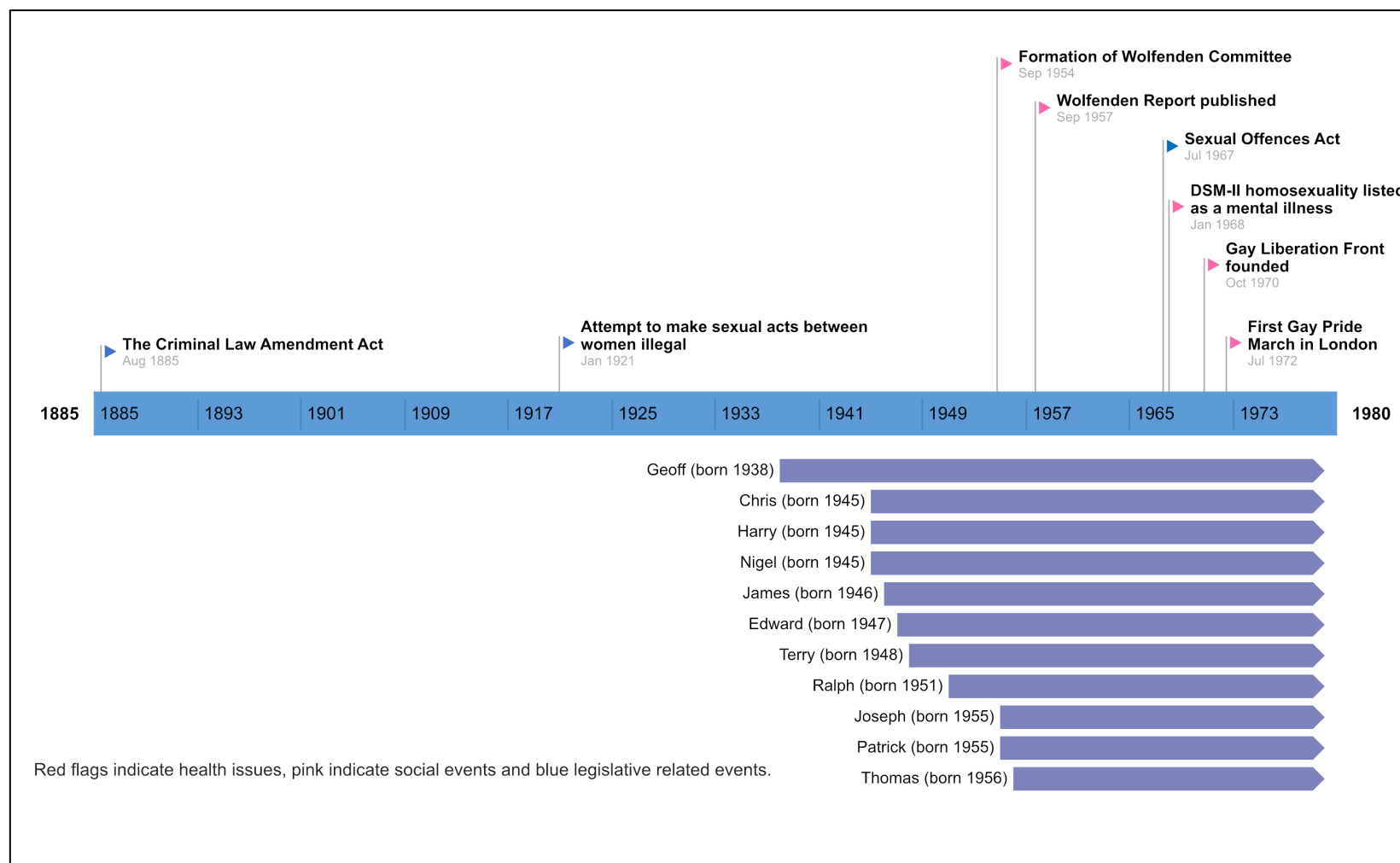
Figure 4: Timeline of LGB social and legislative events 1885-1980, including participants' ages
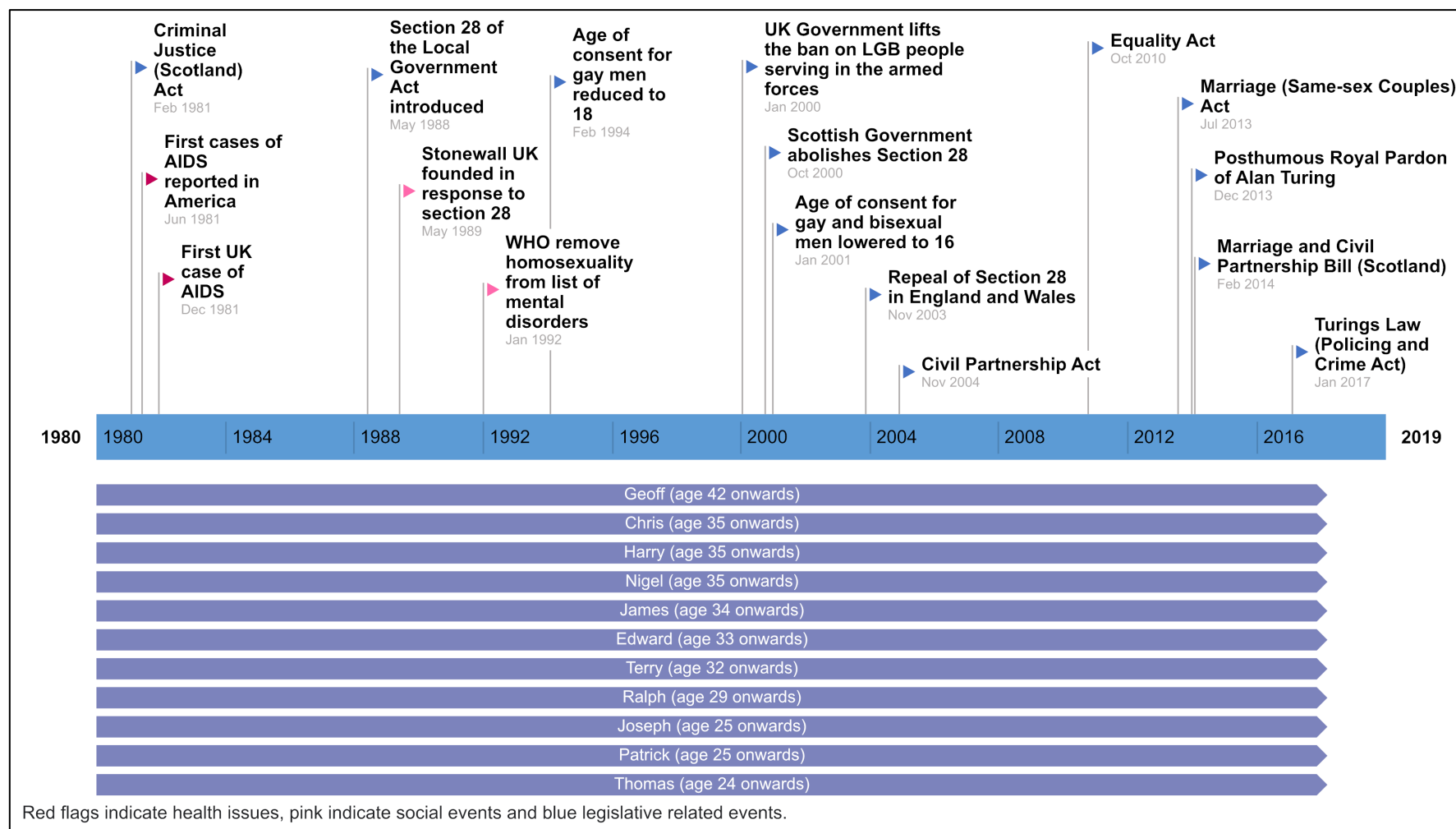
Figure 5: Timeline of LGB social and legislative events 1980-2019, including participants' ages

4.2 Joseph. Family rejection: a lonely life

Loneliness was a key theme running through the narratives of several participants and it was apparent that this was a feeling that fluctuated across their lifespan, rather than being unique to older age. Although the experiences of loneliness differed for each participant there was a common indicator, the extent of family support and acceptance that they received, or felt they received. In relation to family support and acceptance the narratives of Terry and James offer a contrast to those of Joseph and Patrick. This contrast relates to whether the individual experienced full disownment from their family, or, if this did not happen, an experience of remaining with family but not being accepted or supported. Although this contrast is evident, the outcome was the same, feelings of loneliness and isolation amongst the participants.

Joseph's narrative has been chosen to primarily illustrate the theme of loneliness due to family rejection. Patrick's narrative is also drawn upon within these findings as it provides further insight into the impact of family rejection, although this occurred later in his life. In contrast, the narratives of Terry and James are included to illustrate the impact of parents who did not outwardly reject their child, but opted to ignore, or discuss no further, their child's sexual orientation.

4.2.1 Joseph

Joseph, a 61-year-old gay man, grew up in a family that was Roman Catholic. In 1971, at age 16, Joseph realised that he was gay. Joseph's narrative begins with a discussion of the guilt he felt when he was younger due to his sexuality, he states that this guilt was a result of religion:

'Um when I realised, I was gay I felt quite a lot of guilt about it. You know the church was against abortion, the church was against homosexuality, that's what I felt like umm and that's what it was, I mean that was the situation. So, umm I found it quite, quite difficult'

Perhaps due to the guilt he felt, his initial relationship was with a girl:

'When I was about 16 umm I hadn't, you know, had any boyfriends or girlfriends or anything and it felt like it was about time, like peer pressure or whatever, I can't remember exactly but it felt like that, so I went and got a girlfriend… we were just like mates except she was a girl and it's not what she was interested in, at the time she wanted, you know, kissing and cuddling, and it just wasn't that so the relationship ended. Umm and it made me think uhm I mean I think I knew then, before I asked her that I was gay'

Joseph did not tell his parents he was gay at this point in his life. Within his narrative, he discusses what appears to be a pivotal moment for him in his decision whether to tell his parents about his sexual orientation. At this point his fear of the response to the disclosure of his sexuality appears to be reinforced by the reaction of his mother. The incident indicated to Joseph that his mother would not be supportive if he disclosed his sexual orientation, although not discussed directly this must have been a lonely experience for Joseph:

'Anyway, um I remember um once me mum and me watching television and she was dozing off and there was two men in America getting married and this was like

in the 70s…. and I was watching this and me Mum sort of woke up from dozing and saw what was going on and said, "Oh we don't want to watch this, turn it over." I think I was about 15 or 16 and I was thinking I want to watch this. I want to watch this, but I had to turn the television over. Umm so basically, I knew I was gay, uh I didn't know, you know, I wasn't going to get any support off my parents'

At this point of his life Joseph felt unable to tell his parents. At the age of 18, in 1973, Joseph took steps to start to find out more about being gay, looking for support and information from sources other than his family:

'I started work at 18 in an office um and then I started, I went to um a gay centre and I started to get involved in there as a volunteer, and a service user you know. Um you know then I knew I was, I was convinced you know I was gay, and I was going to be gay all my life'

In 1976, aged 21, Joseph's parents became aware of his sexual orientation and he describes being taken by them to see a psychiatrist. At this point he had not had any sexual experiences and the psychiatrist interpreted his answers to questions to mean he was not homosexual:

'When I was 21 my parents took me to a psychiatrist when I told them I was gay and um I spent an hour with this guy, and I hadn't had… I don't think at that time I'd had any sexual experience, since I was 21 and I think this was possibly before that, I'm not quite sure really, but he asked me questions and I didn't understand. Like I remember him asking… the only ones I remember are the ones like, "Are you active or passive?", and I had no

> *idea what that meant. So, he came to the conclusion, like*
> *within an hour, that I wasn't gay and told my parents that*
> *I wasn't gay, um so my parents thought I was going*
> *through a phase… anyway so um my parents thought it*
> *was a phase and it would go and that basically I was*
> *being awkward by you know not moving on I guess'*

It would seem that the opinion of the psychiatrist was a key factor in the response of his parents. Believing that Joseph was just being difficult they tried to keep him apart from gay friends:

> *'…any way so I had friends, like a friend who was a*
> *hairdresser, and he did my mum's hair once but when my*
> *mum found out he was gay he wasn't allowed and she*
> *said, "Why don't you bring this woman?", so I said,*
> *"She's a lesbian" and it's like so all my friends were*
> *banned from the house'*

Later in his narrative when asked why he felt his parents struggled with his sexual orientation Joseph reflected on the impact that the opinion of the psychiatrist, and their religious beliefs, had on his parents and how this played a part in their disownment of him:

> *'Well, the psychiatrist said I wasn't gay, I was being*
> *awkward you know for being gay, um their religion and*
> *their views were that, you know, it's not a way to live uh*
> *and I was just, you know, pushed out of their lives'*

Following this loss of his family Joseph took steps to meet friends, this was a difficult time for Joseph as the gay world was often covert, for example, he describes having to find a gay pub that was hidden away and unadvertised. Joseph began to try and find out more information and meet more people; he

was doing this without the support of his family. Although this was in the mid 1970s, post the 1967 Sexual Offences Act, in which homosexuality was decriminalised, and Joseph was now 21, he struggled. In an attempt to find friendship and company Joseph tried, unsuccessfully, to post an advert in a local paper:

> *'I remember going into the office picking up lots of*
> *courage and going into the office of the ****** Evening*
> *News and wanted to place an advert that said something*
> *along the lines of um, "Gay guy 21 seeks similar" and*
> *they refused to take the advert, um so um you know, I*
> *was, I was stuck really'*

When asked the reason he was so nervous about trying to post an advert Joseph describes it being due to a fear of how society felt about homosexuality:

> *'Yes definitely, there was a fear of stigma and being*
> *discriminated, well you know the earth falling open and*
> *me falling down it, a big hole you know. It was like that*
> *fear, um I mean what's the worst that can happen,*
> *looking back, but at the time it was so nerve wracking to*
> *get a book out of the library or to try and place an advert*
> *in um a newspaper, it was just nerve wracking'*

He tried to access books to help him find out more about being gay. Again this was stressful due to the fear of potential discrimination and stigma. Although Joseph does not state it during his description of events, the lack of support at a time when he was dealing with his sexuality must have been isolating and lonely:

> *'I remember also seeing some programme about Quentin*
> *Crisp on television and that would be in the 70s, mid 70s*
> *and I mean again I didn't relate to Quentin Crisp as a*
> *flamboyant person, but I related to him as a gay person,*
> *and he had written this book called the Naked Civil*
> *Servant. So, I wrote it down on a piece of paper and*
> *went into the central library and gave them this piece of*
> *paper rather than say the words, "Can I borrow this book*
> *please?" (laughs). Anyway, it was on the reserve list and*
> *it took her five minutes to find it, you know it was like it*
> *took forever and eventually she brought this book and I*
> *borrowed the book and sort of you know read it avidly,*
> *and after that I started looking for different books'*

In 1980, aged 25, Joseph did manage to meet people and make friends, it was hard but through meeting a likeminded man he managed to locate the hidden gay scene:

> *'Anyway, in the magazine it said there was this gay pub, I*
> *didn't think it was a gay, you know on the main street, so*
> *we went there, and it didn't look like a gay pub. Anyway,*
> *this friend I was with, you know had just met, saw this*
> *sign on the door that said, "private party" and bold as*
> *brass he just opened the door and went up the stairs and*
> *I just followed and when we got there, there was about*
> *six people there. We found the gay scene, and it wasn't*
> *advertised at all, it was a surprise we found it behind a*
> *door I would never have dared go through myself'*

It was in this year he met his partner of 31 years. Within six months they had bought a house and had moved in together. Although happy in this relationship Joseph does reflect on the lack of contact with his family due to

their disapproval. It is apparent that although he was happy with his partner he was hurt by the lack of family support:

> *'Um you know my parents did not approve. Um ***** (partner) um mum grudgingly accepted, you know he wasn't out to his dad, you know it was that sort of thing really. We didn't go to family events as a couple, you know um, you know the sort of thing, you just knew you were not an acceptable relationship'*

In 2009 Joseph's father died and he was contacted by his brother for the first time in 20 years, he was given permission to attend the funeral but there were certain restrictions applied to this and there was still animosity from his family:

> *'He said that um, you know my dad died and I was allowed to bring one person to the funeral, so I said I wanted to bring two and he said, "Have you got mental problems?" Well, I said I needed support, you know I want some support, he goes, "Have you got mental problems?" Um so we never got, we didn't speak at the funeral, and we have never spoken since, anyway but I did take two people and didn't know if I was going to get thrown out and stood at the back of the church and me mum said hello, but we didn't really, we didn't speak'*

During their relationship, Joseph and his partner were victims of a physical attack due to their sexual orientation and Joseph reflects on the impact this has had on how he feels even now in the present day:

> *'No, it does make you think. I wouldn't openly uh hold hands or kiss and I've seen people doing that … and I just don't feel comfortable with that because I just feel*

more reserved and um not confident that I am not going
to get attacked or discriminated against or stigmatised, or
looked down upon in some way'

Sadly, his partner died in 2011 very suddenly and it is apparent that at this point, and to date, he has experienced significant loneliness:

'Um so we lived together for 31 years, and we have just
had five years since he died in July. So, um what I didn't
say is in that, during those 31 years my mother, my
brother, my sister only talked to me about three times
and never sent, you know after the first year whatever
Christmas cards or birthday cards. There was absolutely
no communication whatsoever, so I um got no support
um they did not approve of the relationship'

For Joseph, this lack of support was felt when he was given no support at the time of his partner's funeral, this made Joseph feel isolated and lonely:

'Anyway um, so I didn't get any support from my family
and still haven't so that makes me feel quite isolated at
times'

Loneliness following the death of a partner may not seem a unique experience, however for Joseph this was compounded by the disownment of his family due to his homosexuality. Indeed, when asked if he felt his experiences of loneliness were due to not having his family he agreed and reflected on the impact of this. It is clear in the abstract below that he feels that his sexual orientation has impacted on, what he feels, could have been a life filled with family:

> *'My old mum's still alive at 92 and um I don't actually*
> *know the address because when they finished work, my*
> *mum and dad had a shop, they sold that shop and*
> *moved into a flat in the town centre of ***** which I never*
> *visited you know. I could find out the address I suppose*
> *off the internet or Facebook or something. But I don't*
> *actually know the address and of course if I was*
> *accepted, or not gay, I would probably go and visit my*
> *mum every Sunday, you know for Sunday roast or*
> *whatever. One of those things isn't it but I feel isolated*
> *because I don't have any family that's close'*

The impact of the loss of his family is further evident in the abstract below which demonstrates the frustration he feels about the loss of his family, both immediate and extended:

> *'I mean having got a family, they're out there, they don't*
> *live 15-20 miles from me and um I mean because of that,*
> *I don't know if you appreciate, but it's like I don't have*
> *any contacts with aunties and uncles, I've lost everybody.*
> *My mum was one of nine children, my dad was one of*
> *four, so out there I've got lots of aunties and uncles and*
> *cousins and none of them communicate with me, I've like*
> *been thrown out of that, the whole, the whole group. I*
> *mean I suppose if you got together for a wedding or*
> *something there would be lots of family around*
> *potentially and I'm just not included in any of that, so it is,*
> *that's very isolating to know that you're relying on friends*
> *and I've made a lot of friends in my life and um you know*
> *but it's not easy, well you expect your family to be loyal to*
> *you through thick and thin. And you know I've seen*

stories on television where you know somebody will say, "Well if you're a murderer I'll still support you but because you're gay I'm not." My parents are not, they are not quite as bad as that, but they have never given me any support at all and just ignore me, you know like it is quite isolating'

Joseph did find some family support in later years from a niece who lives abroad. Joseph has spent some time with this part of his family at Christmas, as this time of year is particularly difficult and lonely for him. Joseph feels like his niece has chosen him; however, he has chosen not to tell his great nephews about his sexual orientation:

*'I thought I'm just going to spend Christmas on my own and it was the worst time I have ever had in my life. It was the worst time ever, anyway since then, um, my elder sister had a daughter, who now lives in ****** with her family and the last four years I've been abroad um you know for 10 days or so, last time I stayed for three weeks. I think I overstayed my welcome a little bit, they were all back at school and I was still hanging around, but um she's like the only go between both sides of the family. Her children are only like 12 and 10 so it's just like I'm uncle ***** but they don't um, I haven't told them I'm gay…. so, she has sort of like chosen me, but she does communicate with everybody'*

Joseph reflects on the fact that his loneliness was increased when he finished work and retired. Again it may be assumed that this is a common occurrence for everyone, however others have family support around them at this time of

their lives. Fortunately, Joseph found an Age UK older adult LGBT group

which eased his feelings of loneliness:

> *'When I retired, which was last year, um you know then*
> *you have a lot of time on your hands and fortunately I*
> *found the group so that's what, it's been a life saver*
> *really. Um otherwise I would just be sat at home, or I'd*
> *just be on my own for a lot of time not doing, not relating*
> *to anybody'*

Josephs narrative demonstrates that he experienced episodes of loneliness at

different points of his life. He ascribes this loneliness to being due to his

disownment by his family as a result of his sexual orientation, leaving him

unsupported. There are elements of Josephs experience that are echoed by

the narrative of Patrick, a 61-year-old man who identifies as bisexual. Patrick

provided a very short-written narrative that only focussed on recent years;

however, like Joseph, as a result of his sexual orientation he too lost his family

leading to experiences of loneliness.

Patrick knew he was attracted to men when he was aged 14, in 1969,

however he opted to keep his sexual orientation hidden due to the nature of

society at the time:

> *'I have known of my sexual attraction to men since the*
> *age of 14. In the late sixties and early seventies being*
> *gay was a definite no-no, at least it was in my family. Gay*
> *people were referred to as woollies or uphill gardeners.*
> *So, most of the people I knew were, like me, in "the*
> *closet". I have not felt able to express my real sexuality*
> *until approximately three years ago. The main reason for*

> *this was to avoid ridicule. I personally did not receive any*
> *ridicule, not until I came out obviously. People I knew,*
> *who did come out in the dim and distant past, were*
> *ridiculed'*

After 45 years of hiding his sexual orientation, in 2013, Patrick decided to tell family and friends and at this point his family disowned him. The timing of this event indicates that although societal opinion is assumed to have improved over the years, for those who had lived in times of intolerance individual opinion had not changed. When asked why he opted to tell them, he explained that his now ex-wife had discovered his relationship with his boyfriend at that time and therefore he could not avoid telling people:

> *'After living a lie for nearly 45 years, I decided it was time*
> *to be honest with everyone, including myself. Since*
> *coming out in 2013, I have been ostracised by my family*
> *and only one lifelong friend remains in contact and is not*
> *afraid to call himself my friend'*

Patrick described how this was a lonely time for him and when asked he reflects that this was due to the loss of his family:

> *'Initially I did experience some loneliness, this was purely*
> *because I came out as bisexual. I often wonder what my*
> *family would have said or done if I had said I was gay*
> *rather than bisexual. The loneliness probably was due to*
> *my family rejecting me, those first few months were very*
> *trying, only my life-long friend stood by me'*

Like Joseph, Patrick has taken steps to try and address the loneliness he has experienced by trying to meet people and to socialise, he has experienced some barriers to this:

> *'When I tried to join a local social club, after filling in the forms and being told, "We are crying out for new members", I told one of the people in the bar that my partner was a man, and now four months later I'm still waiting for a reply'*

Although the initial experience of trying to find a social group was not successful, Patrick did find a group aimed at older LBGT adults and he ends his short narrative by explaining the impact this had on his life. The extract below demonstrates the direct and personal impact that a lack of family support can have on the health and well-being of an individual:

> *'The group has helped me immensely. I would go as far as to say they saved my life. Before I knew about the group, I was so lonely that I was suicidal'*

It is apparent in other narratives that loneliness was an issue even for those whose families did not disown them. Terry, a 68-year-old gay man was arrested in 1963 at the age of 15 after being found with an older man, his father had to come and pick him up. As a result, he was taken to see a psychiatrist and interestingly received a positive accepting response:

> *'And the psychiatrist basically said to me, "There's nothing I can do for you, you're gay, have a happy life, live with it" and that was unusual for those days. Yeah, he was a very nice guy, very, very nice guy and he said, "Just get on with it, if your parents can't handle it, that's*

> *their problem, that is not your problem." Basically, [he]*
> *told me society has a problem, don't let that problem be*
> *put on your shoulders'*

Terry's parents were unhappy, but they did not disown him, they did, however, refuse to discuss it further with him throughout his life. The extract below evidences that Terry experienced episodes of loneliness throughout his lifetime. These episodes appear to centre around a lack of companionship, a diagnosis of HIV and lack of support. Unable to turn to his family, as he was aware they did not want to discuss this aspect of his life, he took steps to build his own family of friends to support him. Unfortunately, he and several friends, contracted HIV and he began to lose this support system as his friends died of AIDS. As referred to in the timeline, the first cases of HIV/AIDS emerged in the USA and UK in 1981 when Terry was 33:

> *'Erm bit by bit, erm I lost a lot of people, a lot of … to*
> *AIDS, quite a lot. It was quite frightening. Because when*
> *you create a family of friends, you don't expect to lose*
> *them in their twenties and thirties, and I lost a whole*
> *sway'*

> *'Losing **** who I had a relationship with, **** another*
> *one, ****. It was just one after [another], and then you got*
> *frightened. You got desperately frightened. But first of all,*
> *if you had a relationship, are you gonna be truthful with*
> *that person. Secondly, is that person gonna relate to you,*
> *and take that on. Cause it was a hell of a thing to take on*
> *in those days. So, you tend to isolate, you isolated*
> *yourself, and you just, and that's what I did. I isolated*

> *myself and just stayed with friends… I had a breakdown,*
>
> *a semi-breakdown'*

Within the extract below Terry describes the impact of losing the people he had found to replace the lack of support from his family. He describes his feelings of a need for human contact and the need to be held, a need which others had met by family:

> *'At that time, it wasn't so much a prison because I got to know people who were HIV, so we had a little group that got together for drinks etc, that sort of thing, which was great. Erm, but after, over a period of time, they died. So, I got to the stage where I was just so lonely. Not for a relationship but actually to have human contact, someone to hold me. So er, there was a place called **** ****, er which was a support group that helped people with finances, it produced a meal every day, hot meal for people. You didn't have to pay, you just put how much you could afford. There was tea and coffee, people could read a newspaper that sort of thing… I found out about this place, so I had an interview with a really nice lady and basically, I just went to pieces, and I said all I want is somebody to hug me. So, she hugged me, you know, and said, "Well come down to lunch"'*

Had Terry felt able to speak to his parents about his HIV status and the loss of his friends then he could have gained support and may have experienced fewer feelings of loneliness.

Terry recognised that he did have a relationship with his parents, however he was unable to be himself in their company, he was unable to turn to them for

support. The extracts below illustrate the impact that not feeling free to openly

talk to his parents had on Terry:

> *'I mean the great sadness in my life is I could never ever*
> *share my feelings with my parents, because they turned*
> *off, they didn't want to know'*

> *'Oh yeah, but to say oh I've met somebody, … I couldn't*
> *do that with them, that was basically out of respect for*
> *them. If they couldn't handle it, I didn't wanna push it in*
> *their face. They'd turned off…. But that's the sadness.*
> *You, you, you're not whole, with your parents. We were*
> *never a close family, never really close at all… But erm,*
> *that was a sadness that they couldn't recognise and be*
> *happy with me for who I was'*

Similar to Terry, James, a 70-year-old gay man had parents who were aware

of his sexuality, although this was at a later age. James describes telling his

mother and the fear he felt, demonstrating how difficult it was in that era to be

honest, even with those closest to you:

> *'We didn't discuss it… but when I was 26, half way*
> *through the year roughly, I was at home with my parents,*
> *staying with my parents for a little while and I went down*
> *to the local pub and, unusual for me in those days, I had*
> *five pints of beer in the one hour that was left, that's lot*
> *for me then, it was before the serious drinking took over*
> *and I, you know, became really ill. And I got back to my*
> *mum and dad's house and instead of going in the front*
> *room I went straight through and there was some*
> *washing up waiting to be done and I started to do, I was*
> *half pissed but I started to do the washing up. My mum*

came through, we only had a downstairs lean-to bathroom, she said, "Is something the matter?" I said, "No nothing's the matter" and got on and she went back, then she came out again and she said, "Are you sure nothing's the matter?" And I said, "Yeas, actually everything's the matter" and that's when I told them the story, that's when I told them, I didn't use the word gay, I said, "I'm not normal." And I said, and you can quote this sentence if you want, I'm more than happy for you to quote, I said, "If you'll let me stay tonight, I will leave in the morning and never come back." So, my assumption was you know, it's now nearly midnight or something like that, I don't want to leave now but I'll leave in the morning, and she put her arm around me and said something along the lines, "We often wondered but your happiness matters much more than us having grandchildren", um and then I wouldn't say things were perfect'

Although the above extract does seem a positive response, despite this unexpected initial acceptance the family then did not talk about James's sexuality openly, offering little support. Although his parents had not disowned him or been angry or hurt, he still did not feel accepted and able to talk to them. James had to wait until his dad was 88 years old to finally talk to him about his sexual orientation and to feel accepted, his mum had passed away by this time:

'And I said, "I had a terrific day yesterday, I was out on a great big parade" and he said "Oh was it AA?" and I said "No we don't do that sort of thing in Alcoholics Anonymous you know, it doesn't quite go with the name"

> *I said, "No it was the gay one" and it was the only time I*
> *used the word with him and he said, "Oh I thought it*
> *would be one of the two", now that was nice'*

4.2.2 The present

When considering the impact of life experiences on their current feelings, the narratives of Joseph, Patrick, Terry and James vary. For Joseph the impact of his experiences continue to influence present day actions in relation to disclosing his sexuality. In the below abstract he reflects on how he feels about being open about his sexual orientation now. He recognises the change in society and that it is easier however he, personally, still feels unable to be open in public:

> *'and things have certainly, I think, improved and it's much*
> *easier for gay people to be open, I mean there are*
> *always going to be racist or sexist or homophobic*
> *[attacks] um you know out of ignorance and um but I*
> *think things have generally improved'*

> *'Yes, if you went to some sort of big event um, I wouldn't*
> *feel comfortable and I wouldn't like dance with a partner*
> *and you know, why shouldn't you? But you'd think*
> *everybody was looking at you and not to criticise the*
> *dancing but to criticise the fact that you are two men*
> *together, you know so um, but I would dance in a gay*
> *club or a venue but not outside that. It is the same with*
> *things like, I've mentioned this, like holding hands, I don't*
> *have that confidence, that comfort that I'm equal to*
> *everybody else. Well, you know, not that I'm equal but*
> *that I'm allowed to do it um there's you know possible*

> *consequences of doing that, you know giving someone a*
> *kiss at a train station, you know it would be, "There you*
> *are, pat on the back and off now" when really you want to*
> *give somebody a big hug'*

For Patrick and Terry their experiences have led to the building of a degree of resilience throughout the years, a resilience that allows them to be open about themselves without the same level of fear. For Patrick the feeling of comfort he now has is evident when he states:

> *'Since coming out I no longer feel restricted about letting*
> *people know my sexuality'*

For Terry there is a slight difference, after an initial defiant response he does add a small caveat, before again demonstrating his resilience:

> *'Yeah, oh yeah. I mean I wouldn't go out and say "I'm*
> *gay", if someone said "are you gay" I'd say "yeah, so*
> *what", it's not me, my whole self, it's a part of me'*

In relation to loneliness, the narratives of both Joseph and James demonstrate that there is still a level of loneliness, and a degree of anticipated loneliness. For Joseph although there is mention of a number of friends, and he takes active steps to avoid being alone, he still feels loneliness. It is apparent that although he does have an identified social network he is still lacking social support, the loss of his family continues to impact on him in the present day:

> *'But I do spend most of my weekends totally isolated, I*
> *don't speak to anybody, um and I usually keep quite…*
> *I've got, you know, since I've retired, I sort of have a*

> *routine for during the week, I volunteer, I meet people in social groups. I meet friends for coffee but at the weekends the only people I talk to is if I go shopping and you know you talk to someone behind the counter um I always, always go to a checkout I don't do personal checkouts, I don't do my own check out because it's like a machine, I'd rather talk to someone'*

The current feelings of loneliness also lead Joseph to worry about a future alone:

> *'You know um ***** and I lived for 31 years and we'd still be together for the next 31 if he hadn't died um and that saddens me of course um but um when I get older I don't know, you know it's a worry, you know like, I was like, I'm in my 60s now so I don't know when but if it came to a stage when I couldn't bend down to put my socks on, ***** would have done it. And you can manage together um it's not a disability, but you know aging sometimes makes things happen where you know um you can't cut your toenails or something intimate like that and somebody else can do it for you and when you are on your own, with no immediate sight of you know, having somebody in that relationship you worry'*

James also considers the future and reflects on the fact that his current social network is lacking, a fact that at present is ok as he has his partner, however the future causes him concern:

> *'We know a lot of people in our village, but I would not regard a single one of them as a friend, they are acquaintances nothing more. So no we don't have any*

friends and I'm concerned about that because the other thing I want to say is, you know, like it or not one of us is going to be left on his own'

4.2.3 Summary

The narratives of Joseph, Patrick, Terry and James illustrate feelings of loneliness and lack of support that centre around family disownment or feeling unable to talk to family due to their sexual orientation. For these individuals, their families struggled to deal with their sons' sexual orientation due to fear and societal pressure at the time. Interestingly, although Joseph, Terry and James told their families about the issues in an era of heightened stigma, they had continued throughout their lifespan, suggesting that although society had changed and had become more accepting, their families' opinions remained unchanged.

4.3 Thomas. Non-disclosure of sexual orientation and internalised homophobia: a fear of not meeting expectations

The presence of internalised homophobia is a key theme within several narratives, the extent of this differs for each participant. It resulted in attempts to conform to societal expectations and have relationships with women and led to participants hiding their sexual orientation for many years. These participants did not feel able to be the person they wanted to be, preventing them from forming friendships and causing feelings of loneliness. To illustrate this theme the narrative of Thomas is the primary focus. Extracts from the narratives of Harry, James, Edward and Chris are also drawn upon to further illustrate stories of internalised homophobia. They highlight the impact this had

on their lives, and their freedom to be who they wanted to be and to develop social networks.

4.3.1 Thomas

Thomas is a 60-year-old gay man who grew up in a strict Roman Catholic family and was one of five children. It is evident throughout his narrative that this religious upbringing had a clear impact on how he viewed himself, how he felt his parents viewed him and consequently how he dealt with his sexuality. From the outset of his narrative there is a clear indication that Thomas feels fear that he will be abandoned and that he is invisible; later in the narrative it becomes clear that he attributes this to his sexual orientation and his fear of not being seen as a good boy. To set the scene, Thomas begins his narrative by reflecting on his earliest childhood memories. He feels that these memories inform the way in which he understands his past, and the impact it has had on his life. He begins by describing a memory from when he was four or five, in 1961:

> *'I'll tell you my… the earliest memory I have as a child is one where I was about four- or five-years old um, we were… I was downstairs, we had a television I think, but I have heard from my older sister we were one of the very few. I was downstairs, my brother and sister were down, my older brother and sister and there was my mum um there was a coal fire going and I think…. Dad wasn't there um dad wasn't around very much, um and always seemed to be working or in the pub. Um I remember I was in like my vest and underpants and my mum was giving me a wash, which she would normally do ready for*

school in the morning, but then my brother and sister and my mum started chatting… well started a little bit of banter and um it was around about dying… I don't think I would have been old enough to really make it, you know quite understand what they were … but I understood enough when my mum turned around to my sister or brother, I can't remember which one, and said, "Oh well I'll be taking a bag of coal with me when I go" which I immediately realised had something to do with hell and death…. that's my earliest memory…because of the threat of abandonment which is what I feel. I felt mum's going to leave me and she's going to go to hell, so I won't see her in heaven. Yeah so that has always been a biggy, and if you like a theme, that actually looking back sort of like informed decisions that I made, the way I felt about myself, the type … the person I became, that man that I became, always with this feeling that if I get close to somebody they are going to go, they are going to leave, which I think is a common theme for most people it's just that the image is so strong um and it's connected with uh the business of hell um punishment'

The second memory that Thomas shared within his narrative was one of a recurring dream which illustrates his feelings of invisibility:

'I had a dream, um now I had a dream on more than one occasion, I can't tell you how many times I had … But again, a dream that stayed, has stayed with me all my life. That dream was I was in bed, now we had two up two down so my sister lived … slept in the parlour, that was her bedroom… so there was me and my younger brother in one bed and then my older brother in like a cot

thing. Um anyway the dream was that I woke up um I was having… I woke up and there was a presence in the room, there was something evil in the room and it was out to get me, and I knew that what I had to do was to get down the stairs and get into the living room where mum and dad would always be for safety you know to get away. So I got out of bed, I could feel the presence behind me, um I actually, going down the stairs there was like a bannister, so in your dream you can do anything and because the thing was going to get me I jumped on the bannister with both legs akimbo and slid down because I knew it would be quicker and that I would get in um the living room quicker with this whatever it was coming behind me. So that's what happened, and I slammed the living room door open and my mum and dad were there and the coal fire was there so all the warmth and everything and I ran screaming in to the room, you know, "Mum and dad… mum and dad it's going to get me, it's going to get me." Whatever it was it was going to get me and then I realise mum and dad couldn't see me, I was invisible, and the thing was coming through the door and then the dream went off and that repeated itself more than one time. Um again I can make a million things out of that dream, but the fact is that it stayed with me, I mean I have sort of related it in some ways to my homosexuality um and the invisibleness and um this evil in my life'

It would appear that these early fears of abandonment and invisibility were fuelled by religion. At such a young age he already understood hell and being punished for being different; there is evidence of a developing internalised

homophobia. Religion was a key issue in the life of Thomas and was a factor that made him fear he was not good enough and hide his true self away, a fact he confirmed in the two extracts below:

> *'We were bought up by my mum as strict Catholics, my dad um he didn't ever seem to have any interest in religion whatsoever, however, as kids I do remember he supported my mum… my mum who came from a very strong Irish Catholic background um so that was one thing uh that when I was coming to see you I wanted to say because it does inform a lot of the way I feel about myself and whatever'*

> *'So being bought up a strict Catholic uh I was very … I was a bit of an angelic I was an angelic boy, I was a good boy, I was um, I always wanted to please whether it was parents or teachers or whoever, but I always felt that I was never good enough, that I was bad really and that what I was showing people wasn't really, I was just showing them what they wanted to see. Um I, later in life used to say to mum, "but mum you were in love with a photograph, you didn't know me, or you don't know me, I used to say you don't know me"'*

The desire to please also extended to his father, Thomas discusses being an over achiever and trying to bring home prizes to please his father:

> *'So, I was also an … I suppose what you would call an over achiever um I was sort of like top of the class, um had to be top of the class, second wasn't good enough um … I'm not saying that my mum and dad ever pushed me that way, but it was me because it was … It was*

especially with my dad it felt as though… it really felt he
couldn't see me unless I brought presents and it was like
I could …. It was like my dad couldn't see me if I didn't
bring prizes and my mum couldn't see me if I was
anything but this little angel… My dad died when I was
19, I didn't really know my dad well, I loved him to bits
and my whole world was about pleasing him, but I didn't
know him very well'

Thomas wanted to please his father; however, he describes an incident suggesting that his father held negative views towards him expressing any suggested femininity. Thomas learnt at a young age to hide this aspect of himself if he wished to please his father:

'But I remember this one time coming home from school
and me and one of the little girls at school had swapped
toys and I brought home, I mean I don't know if it's true
or not but it stays with me this, I brought home a pink tea
set, and I was playing with this in the living room when
dad got home from work, I presume, or whatever, and I
can't recall that there was a … I have a feeling that there
was a big argument that's all I can say. I have a feeling
something went on and my dad screaming at my mum
and saying "he's not playing with girl's stuff, get it packed
up and make sure it gets back tomorrow" … but what I
remember is feeling um confused, I was really, really… I
felt really confused, one at the level of my dad's anger
/reaction to it and also because my head wasn't getting
round what's up with playing … I don't know because
one thing, that was the thing we didn't talk so I couldn't

> *… I wasn't allowed to … I couldn't ask a question you*
> *know, that was an absolute no no'*

At this time Thomas reflects on how his family felt he was quite secretive and had a tendency to isolate himself:

> *'I was very quiet and withdrawn I believe, my younger*
> *brother even says that I was secretive, I never saw*
> *myself like that but that's the way my younger brother*
> *saw me'*

> *'This is what I don't remember, I was very secretive, and*
> *I used to isolate myself and take myself away'*

At this point Thomas begins to talk about his time at school and through his discussion identifies that he always wanted to be the best and to please, this would appear to again fit with his desire to be the angelic good boy that his parents believed him to be. He faced conflict within himself at school as he wished to be invisible but was also striving to be top of the class, ironically making himself visible:

> *'I was always very frightened, I was afraid all the time um*
> *I was excruciatingly shy, excruciatingly shy and yet it sort*
> *of backfired on me because I wanted to be invisible so*
> *that nobody would pay attention to me um but I also had*
> *this big need to be the best, to be top, to be you know, so*
> *the need to be top and whatever, I was always making*
> *myself so much more visible. I have spent most of life*
> *trying to avoid being seen and yet going back to my*
> *original thingy about my nightmare the very fact that I*
> *wasn't seen was like death for me'*

'It was a constant competition for me, and I was also constantly hypervigilant um, so I was… I describe it as from being young, very young lad, right through to really out of my teens I was like a coiled spring inside, I was constantly in this place of tension, constantly in a place of tension'

This continued throughout primary school and grammar school, however as he got older and began to realise his sexuality, he describes feeling something was wrong:

'But again, like I say I always felt different… I don't know … I just felt, I had this feeling that there's something not right, I don't know what it is there's something not right. When all the boys … You see I put it down to my religiosity um but when all the boys, all of us started becoming awake in puberty at that time I went into panic, I went into terror, terror mode um when they were all strutting about, when they started to grow their pubic hair and all of this to me it was… that was a nightmare, that was just, I can't give you stronger words enough to describe how so much I did not want to go there. Um I remember praying, you know sort of this isn't me I can't go there um an' I think I tried to retreat into my religiosity into sort of like being even more of a good boy'

Thomas began to realise he was homosexual and was unable to talk about it with anyone, he was fearful, a feeling fuelled by his religion. He felt that something was wrong with him due to his feelings. This is illustrated in the following extract from his narrative:

'And also, there's no way on this earth that I would have spoken with anybody else because whatever was happening in me was the devil's work, was um wasn't normal. There was … nobody else would be going through this I was completely… the dominant fact for me was I am completely different, not sexually different, completely different. I'm a monster um intriguingly takes me back to my nightmare again… What it did do was exacerbate this tendency of mine to isolate'

The view that Thomas had of himself and his fear of people discovering the truth led him to be a loner at school, missing the opportunity to make childhood friendships. He also begins to highlight his realisation and fear that he would lose his support from his church, and possibly his family, if he was to reveal his feelings.

'I had to be this hyper achiever because if anybody found out who and what I really was I'd be … They would completely reject me, I would be abandoned, I would be alone. I already was becoming aware that my church didn't want people like me um what would happen if mum and dad found out?'

At the age of 16, in 1972, Thomas decided to leave school but was persuaded to return to take his A-levels, he found these two years very difficult and again kept himself to himself, not really taking the opportunity to make new friends. He did have one friend during this time, however this friendship ended when he felt it was moving towards something romantic, Thomas was more aware of his sexuality but remained in denial:

'Um and they were a hard two years' um mainly because it just … I had to … I was by this time far more aware although I was still in denial… I had one friend those two years, [a] very close friend'

*'But something did happen in those two years between me and my friendship with *****. We'd gone for a long walk as we did; nature walks and stuff were great… One time we to this favourite place near a river… Beautiful place and uh we were walking through, we used to take like jam butties and something with us and we stopped to eat these and then for some reason this particular day, I don't know I just got an icky feeling going on between me and *****, there was something that was … and he kissed his finger and put it on my nose and it was like a shot, not pleasurable the opposite feeling, absolute terror, shock and nightmare'*

It would seem that the horror of the above was linked to the guilt Thomas felt and internalised homophobia he was experiencing. He goes on to explain that being involved with this friend was not possible as he could not have abdicated responsibility for his choice:

'He wasn't the person that I could abdicate any sort of responsibility towards sexual advances or something, that was those boys, this was different, this was a soul meeting'

This fits with the discussion earlier in his narrative where he explains that his sexual fantasies always focused on males who were stronger or more powerful than him, allowing him to be absolved from any responsibility and thus any guilt:

> *'It was always sort of like older more powerful whatever,
> there was this business of domination, of a complete
> abdication of my responsibilities for my sexuality'*

Following this incident, Thomas did not talk to his friend anymore and returned to isolating himself, he believed doing so also protected his friend. His school years must have been very lonely for him, at a time in his life when he felt unable to turn to his family he should have been able to develop friendships and gain support through school friends, but felt unable to do so due to an internalised fear of his own feelings:

> *'I didn't speak to him for six weeks because the thing
> was, I was living in hell but I couldn't drag him there with
> me as well and my only means of defence, the only way I
> knew how to deal with feelings at that time was to isolate.
> So, I didn't have any friends at school, I didn't go
> anywhere, I was on my own … I felt in my teenage years
> and earlier I isolated emotionally from people'*

Following his A-levels, he attended university and continued to live with fear and in denial of his sexual orientation. He reflected on society at the time and how this made him feel certain that had he disclosed how he felt he would have been abandoned, and would devastate his parents:

> *'Um and again although this denial around… around my
> sexuality and stuff and I just thought you know if I'm just
> good enough, God will change me, um the fear of
> abandonment and rejection, it was a fear tantamount to
> being able to taste it, fear and um there was you know,
> there was elements where, I can't give you a specific but
> I knew that would happen. At that time, at that era, in that*

place I knew my dad you know, it wasn't just me and mum it was sort of like I would break their hearts. You know I would devastate them; it wasn't just about me it was sort of like what would I be doing to them? I felt I had that power, that I would do… I would devastate their lives'

Throughout his time at university Thomas struggled and again isolated himself more and more. He reached a point where he decided to attempt a relationship with a woman so that he would be viewed as "normal", however this did not work and was actually pivotal in Thomas recognising and accepting his sexuality:

'I was at the point of thinking well I've got to force myself to be straight, I've got to force myself to have sex with a woman and then everything in my life, the whole of it will be … I will be normal. And it will all… all the pain and all the rest will go away um so I tried to have… well I encountered on to brief episodes of um girlfriends, the second episode was um one where for the first time ever I was in a situation with a girl where it was so clear that what was expected was sexual encounter that even I couldn't deny it, but it became clear at that particular moment because that sexual encounter didn't happen. At the age of 19 going on 20 I came out to myself as a gay man, as a homosexual, I couldn't deny it, my mind would not allow me to close that door again, it would not and I have never felt, in my whole life, so lonely and distressed at that point in my life'

In 1975/76 accepting his sexuality caused Thomas to feel extreme loneliness. At such a time individuals should be able to turn to family for support, Thomas could not do this, nor had he developed friendships through his school years so unlike others he had no friends to turn to either. And, as we see in the extract below, he felt fear that he could also not look for any support within the religious community that he was a part of and that he would lose the love of the god that he believed in, he felt truly alone:

> *'Because you see for me, and I'm talking now as a gay man now, all these years later, for me at that time it was like a death. Because all my mind would tell me was the Christian movement I was with couldn't accept me, my church couldn't accept me, but worse than all of that, this is how I equated homosexuality and how poor you know how devastating, how bad misinformation or no information about this… I somehow, from my religiosity, equated homosexuality in the … I don't know if you're aware but, in the scriptures, somewhere there's a line that says even the Holy Spirit cannot, in other words God, even God cannot forgive this sin and I equated that to that in myself. Didn't speak to anybody, this is how I equated it, and that thing meant to me that um, I was completely alone, I was completely and utterly abandoned by mankind and by the god that I knew. And my church um it also meant that one thing that I clung to was that if I was really loving towards people then God couldn't help but love me back, didn't count now, even that didn't count because he couldn't forgive it. I didn't sleep for nights'*

Religion and spirituality were very important to Thomas and provided him with a sense of belonging, he lost this feeling of belonging when he realised that his chosen religion would not accept him. The extract below demonstrates how he then searched for this in other settings, illustrating his need to find somewhere he felt he belonged and illuminating the loneliness he must have felt:

> *'I rejected my Catholic religion for a start, I couldn't … I could not hold the thing in me any longer, so I started going towards Buddhism. I was … Even though my religiosity didn't go, it just moved to Buddhism, Daoism, Hinduism, which was part of the hippy era as well, part of belonging at that time, there was a set of people that were doing that, "Oh that's where I can go to." You know that's where I can belong, and I can let go of all this guilt and feelings and stuff'*

With the difficulties he was facing Thomas turned to alcohol, and lived with alcoholism for 20 years. During this time he had his first sexual encounter with a male and he found this difficult to deal with:

> *'And when it happened it was awful, and I thought well even if I am gay, I don't want it'*

After this he did not allow himself to have relationships, he described having one of two brief dalliances that lasted no more than a couple of hours and this was over the course of 17 years. He chose not to share his sexual orientation with his friends as discussed in the extract below:

> *'Nobody, nobody, nobody got this inside view, they … even the fact that I had even said the words "I am gay" to*

> *some of those straight friends, I've always been very*
> *careful with the friendships that I've had'*

When asked, Thomas explained he had not had bad reactions from friends due to the steps he had taken:

> *'Not really no I haven't, I know a lot of gay men that have*
> *but you see I selected, and I stayed with them'*

When he was 37 in 1993 Thomas began to try to meet people and describes the loneliness that he felt:

> *'I started to meet… on the odd occasion … I thought well*
> *no I can't continue like this, you know maybe I need to*
> *move in to having relationships because I craved*
> *relationships, I was so lonely all this time, I mean it was*
> *unbelievably lonely and stuff'*

When asked about the present day and how he felt, he reflected on how seeking support for his alcoholism helped him in a number of ways. However, he continued to avoid relationships due to the need to be seen as "good and normal" so he was not abandoned:

> *'It is slightly, well slightly … it is a lot different today um it*
> *started to be different over the past 20 years in recovery,*
> *in recovery, as I've started to do, you know, the*
> *necessary emotional and other work on myself and look*
> *at my past. Um and look at you know yeah where I was,*
> *my part in it and how things really were. I've had two,*
> *what I call brief relationships with younger men, very*
> *much younger than me, that was many, many years ago*
> *um but I've never had a relationship, I've never really had*
> *a relationship.'*

'I think basically it's because I've always presented a different picture for survival but because I felt that I have to because otherwise I would be abandoned. In one sense the awful thing is I abandoned myself by not allowing myself to have, you know [a relationship]. To be honest today when I'm sat in front of you, I'm at peace with that today. Um there's a lot of pain there and there's a lot of you know what ifs and if onlys, you know'

As the interview ended Thomas reflected on when he eventually did tell his mum, and how it resulted in his worst fears being realised, he refers back to the memories he discussed at the start of his narrative:

'Well, when I was um 37, I did tell my mum; my mum was 70. I'd … was absolutely bladdered um for a week. I was signed off work it was towards the end of my alcoholism… there was a lad that I'd started to see, and he was quite outspoken about his uh being gay, his mum knew my mum and I thought he was going to out me to whatever. So, I felt put in a position which I hated, anyway and I cried all the way home down the road, must have looked a right picture [if] anybody [had] seen me or whatever, I was paralytic. And I got home mum came in with her shopping bags, dumped the shopping bags, went to say you know and I was crying still and um she said, "Oh right, I've just got to nip out to the shop" and I said, "Just sit down, will you just sit down and let me tell you this" and I told her that I was gay. And uh what she said was, "Right stop crying, now who else have you told? Don't need to tell anybody else?", but her first words when I told her I was gay was "Oh my God"

*and for me the um two things that I started off this
conversation [with] came true in that one moment. My
mum loved me, but it was like seeing the reality and you
know almost … it was an affirmation, especially because
I was drinking, it was almost an affirmation that it
wouldn't have gone well to come out earlier'*

I argue that the narrative of Thomas demonstrates the presence of internalised homophobia; he felt he needed to be the angelic boy that his mother expected, and it is clear he had developed a sense that being homosexual was not "normal". He had thus fought against this throughout his life, he concealed his true self for a number of years and tried to present to the world what he had internalised as being "normal". As a result of this, Thomas was not able to gain support from his family, he was not able to develop supportive friendships and he felt isolated from his religious community. All of this combined led to intense periods of loneliness and isolation.

Aspects of Thomas' experiences at school and university were echoed in the narratives of Harry and James.

Harry, a 73-year-old gay man, experienced negativity from a young age from both his family and his teachers and peers. As a result of this he too appeared to develop a level of internalised homophobia and as such concealed his sexual orientation and hid himself away.

Harry was bullied at school and within his narrative he suggests this was due to him being 'different'. He does not elaborate on whether he informed either his peers, or indeed his family that he was homosexual, but it is clear this is what they had assumed and as a result he had very negative experiences.

In the extracts below Harry explains his experiences at school, the impact that these had on his later life is then illustrated when he discusses the conclusions of a counsellor he accessed later in life:

> *'A sadistic schoolmaster choreographed classroom situations in which I suffered excruciating humiliations. They wreaked emotional damage which will follow me to the grave. To this day, I endure vivid flashbacks. Intrusive thoughts causing distress which still disturbs my sleep'*

> *'After several sessions he diagnosed PTSD, post-traumatic stress disorder, I was surprised. *** clarified, "On a daily basis you described physical attacks such as a blow to the abdomen rendering you temporarily unable to breathe. You spoke of a sharp kick in the leg cutting you to the ground and ear screaming resulting in a life-long loss of hearing. All this in front of an audience, a mob of jeering bullies whipped up by a teacher who was supposed to protect you… the agonising memories, vivid flashbacks and intrusive thoughts causing rage are symptoms of PTSD"'*

Harry experienced these traumatic events at school, a social setting where he should have felt safe and able to form supportive friendships, and these events were then compounded by an unsupportive home environment. Harry experienced negativity from his father, who seemed disappointed in his son. Again, it is unclear if his father was aware of his sexual orientation at that point, it is, however, suggested in the extract below that he felt his son was not what a "boy" should be:

> *'They were ashamed and loathed the son who was not a*
> *proper son who could not defend himself with bare*
> *knuckles in the playground and hated football… My dad*
> *could hardly bring himself to speak my name. If it was*
> *necessary to reference the despised miserable child, he*
> *would, with clear irritation nod towards me and say "im"'*

The above incidents would have led Harry to believe that he was not what society viewed as "normal". These feelings were then compounded when Harry witnessed the treatment, by his family, of someone assumed to be homosexual; this experience had a significant impact on him. Witnessing the stigma and discrimination attached to homosexuality impacted on his life as Harry took the decision to conceal his sexual orientation. The incident occurred in 1959 and illustrates the negativity attached to being homosexual and the attitudes of society at that time:

> *'We had a shy and gentle postmaster… one day he was*
> *there – the next he was gone! "What's happened to*
> *him?" I asked mother. "That one! Huh! Good riddance"*
> *she snapped, "'e were one of them funny sorts. No good*
> *to any woman" she growled… The effect on me? Well, it*
> *was the same as the effect on hundreds of thousands*
> *like me. I hid inside myself. I became withdrawn and tried*
> *to pretend to desire girls. I drifted into a secret world of*
> *fear and insecurity'*

Like Harry, James experienced a physical attack, although rather than school the focus of his narrative is on university. The extract below indicates that he too felt alone and unable to turn to family:

> *'I was of the generation where I didn't know what was
> going on, you know umm and of course unlike today
> where the youngsters have got the internet they can find
> out things. I was one of these people who you know, "Am
> I the only person?", you know what is the matter I don't
> know? And with the result that my studies just went to pot
> um because I was a living organism of confusion, or
> bewilderment maybe is a better word, not knowing, no
> idea etc. But so one … there was a night when I just
> desperately craved some contact'*

When asked if he had felt able to seek family support during this time of confusion and loneliness James implied that he could not speak to his family. He explained that although they were exceptional people his parents had grown up in a different time, and states:

> *'They were exceptional people, have to bear in mind both
> my parents started school before the First World War.
> And I was born at the end of the Second World War, their
> lives had been in turmoil. Ten years of their life… So they
> were bought up by Victorians. So there's a massive
> culture change, no wonder they didn't understand a
> 1960s teenager'*

The above indicates that James was aware that society and culture had been very different when his parents grew up and he assumed that this would have influenced how they reacted to hearing he was gay.

James moves on to discuss his time at University, this should have been an opportunity for James to form new friendships and to find support from peers when we was feeling particularly alone and lost. However, although James did

have friends, the extract below indicates what happened when they

discovered his sexuality. Feeling alone, James went out to look for company

and approached four young males who he had assumed were also gay, the

result of this is illustrated in the extract below:

'So I did a very foolish thing… I went out, I made the
mistake of approaching not one but four young men… I
just thought you know, young guys in tight turned up
jeans and bomber jackets like me would feel the same
way and I made the mistake of approaching them, it was
beginning to get a bit nasty and I ran and they didn't
come after me. But a few days later I'd thought I'll go and
get some fish and chips and there was a fish and chip
shop just up the road from where the residences were,
got my fish and chips, this would be 10-10.30 at night,
and it turned out you know those four were there, they
recognised me and I got beaten up, well and truly. Didn't
even eat the fish and chips. Um anyway I made my way
back to the room of one of my group of friends and of
course they wondered what an earth had happened to
me, got me off to hospital umm and I was looked at and
they cleaned things up. Then each day for the next two
days they would come up from time to time to my room
and see how I was, and after three or four days they
didn't turn up. Umm at 2130 in the evening in the evening
I put my dressing gown on and went, their rooms were
the other side of the road and I went across and I went to
the room and I can sense now there was a frosty
reaction. And umm one of them for some reason or other
was, he decided, he was changing his trousers or
whatever and as he was pulling them up he said and

these were his words roughly, something along "the
trouble with having such a big dick is I can't get my
trousers up" and another one says, "Oh James needs to
have a look." You know so that suggested, tells me they
had found these guys and found out what happened.
They just never spoke to me again, they didn't offer me a
cup of coffee that night um and you know that was a
major lesson in being an outsider'

For James there was a further key experience of discrimination, that occurred later in his life, this centred around religion and, like Thomas, caused James to turn away from this social setting. In the following narrative James reflects on a more current experience of stigma and discrimination that occurred from a vicar at his local church. Although it is unclear if the comment was aimed at James, this was his perception and he felt discriminated against. Evidently, previous experiences had led him to expect and, perhaps assume, discrimination. James is older at this point and had gathered strength from his previous experiences feeling more able to stand up for himself:

'He was doing a sermon on chapter two and he got to
this couple known as Adam and Eve and it's from then
that marriage is between one man and one woman, and
he looked up and he said, "No exceptions", he paused a
moment and he said, "No exceptions." And I didn't walk
out there and then but it was a communion service
coming up after the sermon and when it got to the point
where the eight members of the congregation, not a big
congregation, the other eight people went that way and I
went out the back door and I've not been to a service
since … I put it like this to them, you know my feelings

took a kicking in public, if I'd been walking down the
street and somebody had kicked me in the stomach,
actually I don't mean the stomach I mean a little bit
further down, they don't then turn around and say, "I've
just given you a good kicking would you like to talk about
it?"... I haven't been back… yes I've got rid of my
donation envelopes the lot. I've made it clear because if I
go back that is me saying it is okay for you to say
something in your sermon which cut me to the core and
it's not. I might be 71 but for once I'm going to stand up
and say, "No I'm not accepting this."'

Further into his interview James was drawn back to the incident in the church, again indicating the impact this had on him:

'And the sermon was written in advance, it's not off the
cuff, he knew I was there. Maybe he took a gamble, but
as I said to somebody he made the statement, he must
accept responsibility for the outcome of that statement'

The narrative of Thomas, and the extracts from that of Harry and James, demonstrate the impact that the attitudes of others had on young men who were coming to terms with their sexuality in an era of heightened stigma. Thomas, Harry and James concealed their sexuality from family and friends, in doing so they lost the opportunity to develop friendships and relationships; for James friendships were lost when his sexuality was discovered. Concealment of sexuality and the consequences of this are also illustrated in the narratives of Edward and Chris.

Edward, a 69-year-old gay doctor and priest struggled to come to terms with his sexuality for a long time, interestingly, similarly, to Thomas he felt he had to

portray the image of a 'good boy'. Edward was unable to be himself for many years of his life, another example of how fear and internalised homophobia prevented someone being able to be open and to seek support:

> *'Um and I was the good boy … I was … I had to be the*
> *good boy so I lived in my head, I didn't want anyone to …*
> *I didn't want to say anything if I thought there was any*
> *risk it would be misunderstood'*

Perhaps due to the above need to please, Edward only accepted he was gay after his mother died, he recognises in the extract below the direct impact this had on his life:

> *'It wasn't until my mother died when I was… until after*
> *my mother died when I was nearly 30 that I accepted that*
> *I was gay. After my mum died I had started finding ….*
> *Looking for places… the number of times in those early*
> *years I would drive up to either a bar or a club and sit*
> *outside in the car then go back home… Recognising now*
> *just how much of my life was driven by unrecognised*
> *fear'*

In the following extracts, Chris, a 71-year-old gay man also describes trying to suppress his sexuality and trying to conform to what he felt he should be. I began by asking Chris if he could talk to his parents:

> *'Definitely not, they were conservative… and erm, so erm*
> *yeah I sort of suffered it and sort of suppressed it, and I*
> *did nothing really. But erm yeah totally suppressed it*
> *trying to be a straight man, didn't really work'*

The extracts below illustrate the consequences that not being able to be open has had on Chris and his ability to develop relationships to help him buffer against feelings of loneliness:

> *'But erm, yeah, it's erm and you know, obviously now I feel that erm I've missed out on sex, and I suppose perhaps physical love to a great extent, cause it was all suppressed when I was young and now it's too late… So as I say I just feel I've been cheated out of erm, sort of erm, well gay/normal life'.*

> *'So now I'm back here, I think now I'm not working, it's getting more lonely… Life could've been a lot happier I think, if it had been accepted throughout. And erm the question now is what to do about it. I mean to say I suffer mentally from this; I get bad headaches and I don't sleep well, and I think this is a sort of combination of not having any companionship, and living on my own'*

Ending poignantly, when asked if he still felt lonely Chris replied:

> *'Yes definitely, and I don't know what to do about it either'*

4.3.2 The present

The narratives of Thomas, Edward and Chris demonstrate that over the years their experiences have allowed them to build a degree of resilience. Although Edward in particular recognises that homophobia is still an issue and a risk, in general the men feel more at ease when speaking about their sexual orientation in the current day. For Chris, when asked if he felt able to disclose his sexual orientation more freely now, his reply indicated that although it

would not be something he would do without being asked, if asked he would feel comfortable replying honestly:

> *'If they asked, yes. I'm not gonna make a big thing about it'*

Edward has a similar attitude, even though he makes the point that homophobia still exists:

> *'There are definitely places you'd be, you know, you'd be very careful, you know you can't go, 2 men can't go walking hand in hand around, even today. It's not a problem you know, if I'm asked I say. I do say that gay doesn't have the same connotation that it did when I was younger'*

For Thomas the struggles with self-acceptance are clear in his narrative, however when asked if he now felt able to disclose his sexual orientation he gave a more positive response:

> *'Oh yes I do, I do. In recovery, the one thing recovery has given me is that I've come to accept myself, I'm not saying 100%, on the whole this is me, this is what you get. Things have changed a lot, but the one fundamental thing hasn't changed, and that for me is when somebody comes out to themselves, that's never changed. That self-acceptance is something that everybody will go through'*

4.3.3 Summary

The narratives of Thomas, Harry, James, Edward and Chris illustrate feelings of loneliness and isolation that centre around a fear of disclosing their

sexuality. These issues prevented the participants from being themselves and led to them being unable to develop and seek support from their families. Further to this, the narratives of Thomas and Harry illustrate that they also withdrew in other social settings such as school, work and religious communities, and as such missed the opportunity to foster friendships and gain the support that they were lacking from family.

4.4 James and Harry. Stigma and discrimination: no place to make friends

Experiences of stigma and discrimination were a theme that ran through a number of the narratives. With the exception of a few, who had taken specific steps to avoid it, the majority of the participants had experienced a form of discrimination, whether this was a the loss of friends and family, physical attack or employment related. These experiences had a clear impact on the lives of those involved and impacted on their ability to form friendships and avoid feelings of loneliness. Previous findings have focussed on experiences with family and within education, another area where participants experienced, or feared discrimination was the work environment. The narratives of James and Harry are contrasted by those of Ralph and Geoff, which present a differing experience in relation to workplace discrimination.

For James and Harry the stigma and discrimination suffered within the workplace was the core of their stories and, as such, extracts of their narratives have been chosen to illustrate this theme. The narratives of Chris, Nigel, Ralph and Geoff are also drawn upon to provide further insight in to the issues surrounding discrimination and employment.

4.4.1 James and Harry

James is a 70-year-old gay man who is in a civil partnership with his long-term partner. James provided a fragmented narrative that jumped chronologically and was primarily focused on one clear experience of stigma and discrimination due to his sexual orientation. It is clear that this negative experience had a clear impact on James across his lifespan. Others began their narratives with discussion of their childhood and family, however for James this was different, he provided very little discussion on his early years and family life and utilised the opportunity to focus on what was obviously the most significant issue for him, the stigma and discrimination he had experienced. From the very beginning of his interview, it was evident that James wished to share these experiences with me. He began with what he described as the 'major one', the extract below explains what occurred:

> *'OK well the major one, that wasn't the first one, uhh was on the 3rd of September 1973 at about 4 in the afternoon, I'm pretty precise on this you know, it's etched in my memory. I was …. Well 73, I was 28 um I was head of maths at **********, an English speaking, a bilingual school but I taught in English. And on that day um I got to work in the morning and the headmaster said to me 'the head of the governors wants to have a chat with you this afternoon, I'll take you down town to his office'. And so off we … I thought I was going to get a pay rise actually but it didn't turn out that way and I will quote the chairman of the governor's sentence verbatim. You know this is 43 years later and I know it off by heart … And he said 'Mr ***** we'd like you to know that you are the best*

person we have ever had running our maths department but we've had complaints about your private life and we want your resignation'

'It was the fact they told me I was the best person they'd ever had, perhaps was meant to be a sweetener but they could have just left it out and said "bugger off", but they didn't, anyway so that was quite clearly very, very significant umm factor'

'There is no denying it, that it hurt enormously. The headmaster who, he wanted me to stay, I was doing a good job, until they said if you carry on like that we will just get rid of you as well, and he had no option'

James goes on to describe the impact that this incident had on him emotionally and how it affected his future employment decisions:

'umm but it had the impact that when I came back to this country I didn't dare live anywhere near where I worked… I didn't dare, I just couldn't take the risk of anything like that happening again'

He felt unable to be himself at work and, as such, missed the opportunity to develop friendships and access support from others. Unsurprisingly, given the above experience and his lack of support, James reflects on the fears relating to loneliness he had when he was younger:

'I was scared gutless, I was very careful what I used then, scared gutless when I was a young man of being on my own all my life'

When asked further about friendships and if not feeling confident about being himself restricted him in making friendships, he agreed:

'Oh yes, yes I'm pretty sure'

Although he is currently happy with his partner he does continue to anticipate further loneliness and he recognises that besides his partner he only has a few friends:

'The bulk of my friendships and then that goes for the two of us is through AA. Which, apart from the people I now know, but have not socialised with at all at the Friday meeting, none of them are gay, not a single one of them. But we do have you know a number that we meet up for breakfast with on a Wednesday morning before a meeting, that sort of thing um but it's not an intense, there are no intense friendships. So no in and out of each other's houses um which I suppose therefore puts us in the category of, you know, very private people. We know a lot of people in our village but I would not regard a single one of them as a friend. I've not been in… I've not had as much as a cup of tea in any of their houses, bar one, in any of their houses. Uh and to me if they are going to be a friend you do something together. So they're not… they are acquaintances, nothing more. Um and I'm quite adamant about that, that is you know quite strictly a definition that you do more than just speak in the street, perhaps if you bump in to them if they are friends. So no we don't have any… we don't have any friends and I'm concerned about that because the other thing I want to say is, you know, like it or not one of us is going to be left on his own'

It is evident in the narrative of James that the stigma and discrimination he experienced at work had a clear impact. Like James, for Harry, one of the key incidents in his narrative relates to employment. Harry describes how difficult his life as a teacher was and the fear he felt as he struggled not to disclose his sexuality:

> *'I taught as I was taught in the 1950s. I was too strict, too formal, too unwilling to modernise and reluctant to embrace progressive trends in state education which arrived in the 1980s. This mind set was a cloak to conceal the continuing anxiety of leading a double life. Inside, I was a frightened homosexual trying to look like a confident heterosexual on the outside. It had to look like a teacher easily fitting in with pupils and staff. For about 16 years, for the most part, I succeeded in dodging approval and maintained a mask of po-faced respectability hiding inside a house. Like most isolated, closeted gay men, I spoke little of myself and was constantly on guard. It became a way of life. From time to time there were alarming incidents at school. Our staffroom, predominantly macho male, was a hotbed of football fanaticism, strong language and laddish crude humour. One afternoon, a colleague lazily leaned back in his seat and insouciantly yawned out "Nothing much to do. I suppose we could go out and beat up a queer." Probably, disappointed at a lack of response, he repeated the bait several times over the following weeks. Others took notice. One of them gave advice "You know *****. You really should make more effort to socialise. Try to fit in. Come to the pub with us after school once in a*

while… get yourself a girlfriend: talk about her. Better still get yourself married. If the boss thought you were queer, he'd have got you out of here so fast your feet wouldn't touch the ground!" The final two years saw gay hate terminating a teaching career. Although my private life continued to remain private, some pupils began to speculate. They turned me into an object of fun inflicting humiliating hurtful episodes. I might have survived a few, but there were too many. A steady tortuous drip destroyed my credibility and confidence. At the edge of a breakdown, a shell of my former self, there came a point when my position was untenable. I was unable to discharge professional duties. These appalling disrespectful attacks were never taken seriously by senior management. One culprit was told, "That was a silly thing to say." On Thursday, April 6th 1995, a colleague commented on my continuing melancholy. My appearance and exhaustion. She earnestly advised "a few days off." I walked out of that classroom and never returned'

The above extract demonstrates that the work environment was not a place in which Harry felt safe to disclose his sexuality and to make friendships, the damage that this experience had on him is clear and he was forced to leave his role.

For other participants they were able to avoid such experiences, however, to do so they had to conceal their sexuality. Nigel, a 73-year-old gay man, provided a very brief narrative and within this he describes how he concealed

his sexual orientation and alludes to the fact that this was due to fears of losing his job:

'I have, however, frequently hidden my sexual orientation because I was aware that there were many areas over which I could suffer discrimination. At one time significant numbers of people were sacked for being gay/lesbian and their sackings were upheld when employment appeals tribunals were consulted'

Chris briefly considers issues within his employment as an engineer and again demonstrates a fear of being himself in the workplace:

'So it was totally supressed, and I appreciate that other people are not as suppressed, and maybe I should have been more open about it, but I was in a very conventional sort of line of work'

When asked if it was fear that stopped him disclosing at work he responded:

'Non acceptance and losing your job'

Not feeling able to disclose his sexuality at work and be open about who he was meant that Chris was unable to build friendships in this environment that could have offered him support.

When considering the overt stigma experienced by James, and Harry, and the fear of discrimination highlighted by Nigel and Chris, Ralph, a 65-year-old gay man, identifies a contrasting experience, he had a more positive employment experience:

'I'd always managed to have jobs where it was either fine um pubs and clubs, and in the 70s I worked as a DJ as

well, Um that was fine because in pubs and clubs they accept it, in fact if you can camp it up a bit you are the entertainment'

'In the 1970s I worked in a couple of clubs… The fact that I was gay was not accepted but we used it and this place was full of criminals and ladies of the night and such, the nicest people I had ever met, I had such a good social education at that place'

The above contrast is echoed in the written narrative provided by Geoff an 80-year-old gay man who describes himself as 'lucky' in relation to his choice of employment:

'I came very close to being beaten up a few times, but that was only when I was being foolhardy and taking risks! I suppose that I have been fairly "lucky" as I went in to a profession that mostly accepted gay men and women, the theatre (full of gay people) and then into television. I trained as a costume and stage settings designer. I mixed with other gay students at art college and didn't suffer much discrimination'

4.4.2 The present

It is clear that James and Harry have experienced significance stigma and discrimination both in the workplace. Also, as demonstrated in other themes within the findings, both experienced discrimination in education and/or from family, discrimination that resulted in physical attacks leading to significant injury. Despite this, or indeed as a result of this, both have developed resilience. For James this is reflected in the

confidence he now feels to disclose his sexual orientation. When asked if he would feel concerned disclosing his sexual orientation in the current day he replied:

> *'No, if they don't like it that's their problem'*

A similar level of confidence can be seen in Nigel's response to the same question, this is however not unexpected given that he had not experienced individual discrimination, he does recognise that others may remain fearful:

> *'I would have no problem in agreeing that I was gay if someone asked these days. Today there are still many people who experience homophobia and it would arguably make them wary of disclosing their sexual orientation again'*

For Ralph there is a little more caution, he is obviously wary and considers to whom he would feel comfortable disclosing his sexual orientation. When asked how he felt in the current day disclosing his sexual orientation he replied:

> *'No because that would depend who it was, so if I had half a dozen football fans coming at me, there is six of them if their homophobic, it's still there'*

Similarly there is a recognition from Geoff that things in society today have changed for the positive, however there are still issues with homophobia that require care to be taken:

> *'The gay scene is much more relaxed these days and*
> *there is more acceptance of gay people, but there is still*
> *homophobia out there , and I am still wary. We are still*
> *very much resented by certain groups who would do us*
> *great harm if given the chance'*

For Harry the resilience he has built over the years can be seen in his ability to let go of the experiences he has had in the past. The professional help he has received as a result of his experiences has allowed him to feel stronger, and more able to move forward with his life:

> *'Brooding hateful thoughts only sap my energy and*
> *continue damage. It does no harm to those who have*
> *hurt me years ago. Endlessly playing back these mental*
> *tapes is a futile attempt to alter the outcome of what*
> *cannot be altered. I'm not religious, but understand the*
> *psychological value of forgiveness, letting go. I can't*
> *forgive or forget, but I will try to avoid. Discussing these*
> *difficult matters with an understanding and caring*
> *professional has been very helpful. Repeated*
> *reassurances have given me enhanced confidence*
> *because I suffered a complete collapse of confidence in*
> *October 2014'*

4.4.3 Summary

The narratives of James and Harry demonstrate that negative impact of stigma and discrimination on their experiences in the workplace. Both men left their employment, either voluntarily or due to being forced to do so, they did not have positive experiences. It is clear that the workplace environment was

not a positive one for James and Harry, it was not a place to form friendships or to gain social support. The narratives of Chris and Nigel highlight that for some participants the fear of what did happen to James and Harry led them to conceal their sexual orientation within the workplace. It is, however, evident that Ralph and Geoff had a more positive experience although it would seem that the type of employment they opted for was the deciding factor in this, it is pertinent to consider whether the need to take such steps is discriminatory in itself.

4.5 Summary

This chapter has presented the findings of this thesis using key narratives to illustrate the identified themes. The narratives provided a rich source of data that increased understanding of both, the experiences that participants had in relation to stigma and discrimination, and how these contributed to loneliness throughout their lives. Participants struggled to make the friendships and relationships they needed to offer them support and belonging as they realised their sexuality, and throughout their lives. It is usual to have family to turn to in times of stress and to seek support from them and friends during life's key moments; however, the participants had lost this family support. To compound this loss they also felt uncomfortable at school and their experiences of the workplace and religious communities were again negative. The over-arching reason for these experiences was the negative opinion of wider society in relation to homosexuality, and the consequent stigma and discrimination, either from others, or from within. The discussion chapter follows and introduces the concept of de-anchoring to illuminate the

contribution that earlier life experiences of stigma and discrimination had on

the participants' experiences of loneliness.

Chapter 5: Discussion

'Young or old, loneliness doesn't discriminate'

Jo Cox

5.1 Introduction

Within this chapter there will be an examination of the key findings of the study which will be situated within current, and relevant, literature. As the study only recruited gay and bisexual men, the findings relate to this group alone, however, some of the literature referred to encompasses LGB individuals. I will introduce the theory of de-anchoring; I have developed this theory to allow for a deeper conceptualisation of the findings (5.2). Building on the theories of social constructionism and stigma, outlined in chapter 2, the findings of this study facilitated further theoretical development and consequently the social convoy model of social relations is introduced in 5.3. The chapter will then consider the four key contexts where de-anchoring occurs and the impact this has on loneliness using the social convoy model as an explanatory theory (5.4).

5.2 De-anchoring

On the basis of the study findings, the theory of de-anchoring is proposed. De-anchoring allows for a deeper conceptualisation of why older gay and bisexual men are likely to experience higher levels of loneliness. It is argued that at different points in their lives, due to their sexual orientation and societal construction of homosexuality, the participants were de-anchored from important sources of social support, leaving them vulnerable to loneliness

throughout their lifetime. To clarify what is meant by the term de-anchoring, most individuals feel a secure connection with their families, they generally feel anchored and confident of their place within their family, benefitting from unconditional love and support. As individuals grow, they are exposed to other social settings where they make friends, expand their social networks, develop a sense of self-acceptance, and feel a sense of belonging, these settings provide the opportunity for anchoring. Examples of these social settings include school, university, the workplace and religious communities.

For the participants of this study, there was initial access to sources of social support, for example they had family, however due to their sexual orientation, and the way in which this was viewed by society, some lost these connections completely and were disowned by family. They were de-anchored from such a vital source of support. For some participants, although the de-anchoring was not as final as disownment, and the physical connections remained, they did lose the unconditional love, support and sense of belonging that they had previously experienced as their families refused to acknowledge this aspect of their lives. The theory of de-anchoring offers an explanation and understanding of how the life experiences of gay and bisexual men, starting from a young age, have directly led to feelings of fluctuating loneliness throughout their lives.

It is important to recognise the social constructs that contributed to the situation in which these individuals were de-anchored from the social settings that should have offered them support and belonging. Within the narratives the over-arching influence was the contemporaneous social construction of sexuality and its impact on society, and thus the acceptance of homosexuality

within social settings. The discourse regarding homosexuality at the time participants were growing up was negative and homosexuality was not acceptable to mainstream society. At the time that the participants were young and were becoming aware of their sexual orientation, society and its discourse labelled heterosexuality as "normal" and homosexuality as "abnormal"; homosexuality was viewed as an undesirable characteristic, creating a heteronormative environment. When considered alongside Link and Phelan's (2001) conceptualisation of stigma, the narratives demonstrate the process of labelling, linking the labelled individual to an undesirable characteristic, categorising participants as not "normal" and alienating them, leading to a loss of status and discrimination. For some, this labelling was an internal process, the impact of societal opinion and the attitudes that participants witnessed, either from family members, friends, or external groups such as religious communities, had a direct effect on how they viewed themselves, and their ability for self-acceptance. The participants experienced stigma and discrimination and it was the impact of this which contributed to the de-anchoring and consequent loss of family and other support networks. This occurred, either as a result of their sexuality being discovered, or due to their own internalised homophobia, causing them to hide and feel unable to be themselves with their families as they distanced themselves from others. The loss of family support due to their sexual orientation had a negative impact on individuals. This message of unacceptance was then reinforced and compounded as they moved through their lives by a number of other respected and trusted sources of support, for example, school, university, religious communities and the workplace.

The participants' sexual orientation meant that they lost the opportunity to form the social connections and friendships that would help prevent loneliness. Effectively, they were de-anchored from the social settings in which this would naturally happen. Evidently, the lack of social support that participants had to draw upon throughout their life time directly impacted on their feelings of loneliness and belonging. The loneliness they experienced was further compounded by the difficulty they had accessing support from the gay community which at this time was largely hidden especially away from the large urban centres. This made it difficult for gay and bisexual men to support each other, contributing further to a sense of loneliness.

There is a paucity of knowledge about how the inequality in access to social resources experienced by older LGB adults is a contributing factor to loneliness (Hsieh and Liu, 2021) and this study provides a starting point in developing the knowledge base. The data from the study provides an understanding of the life course of the participants and how this led to periods of loneliness. As the concept of de-anchoring developed, the literature was again reviewed to enable the identification of a theory to support and illuminate the conclusions of this study. With the knowledge that the main contributing factor was that the participants had not had the usual opportunities to form social relations from an early age and then throughout their lives, literature related to the development of social relationships was reviewed. As a result of this process, the model identified as being the most appropriate to assist in explaining the findings was the social convoy model of social relations (Kahn and Antonucci, 1980). This model provided a framework for how social relations are usually established and how this leads to social

support throughout an individual's life. Considering the conclusions of this study through the theoretical lens of this model allowed greater clarity and understanding of the conceptualisation of what had happened to the participants. It allowed for a comprehension of the impact that the social construction of sexuality, consequent stigma and discrimination, and thus de-anchoring had on their social convoy and subsequent experiences of loneliness.

5.3 Social convoy model of social relations

While this model has rarely been utilised in the study of older adults and loneliness (Dahlberg et al.,2018), its focus on a life-course perspective to social relationships (Fuller Iglesias and Antonucci, 2016; Dahlberg et al., 2018), and its ability to allow for the consideration of specific individual experiences (Atonucci and Akiyama, 1987), make it an appropriate choice for this study. Another factor of influence in its choice was the recognition that sexual orientation has been specifically identified as influencing the establishment and retention of the social convoy (Kemp et al.,2013).

The social convoy model argues that individuals develop relationships that move through their life cycle with them, ensuring they are surrounded by supportive others (Antonucci and Akiyoma, 1987; Antonucci et al., 2013; Schwatz and Litwin, 2018), the convoy travel through life with the individual, and, as key members, the family and friends offer support and assist them in negotiating life's challenges (Atonucci and Akiyama, 1987). Within an individual's convoy there are three levels of closeness, the inner circle is usually family and those who an individual cannot imagine living without, the

middle circle consists of those who are close but not as close, and finally the outer circle is one in which people are still important but less close (Tkatch et al., 2010; Arjrouch et al., 2016; Fuller et al., 2020). Those who are in the inner circle are considered to be the individuals that are the key support providers, and they are difficult to replace (Dahlberg et al, 2018). Social convoys are lifelong and, although those people within them can change, disappear or re-enter, dependent on an individual's needs, they generally remain stable (Antonucci and Akiyama, 1987; Tkatch et al., 2010).

However, despite the earlier recognition that sexual orientation influences an individuals' ability to establish and retain a social convoy it is apparent that the underlying assumptions of the model are heterosexual in nature. The social construction of sexual orientation, and its impact on family and friends makes the development of a social convoy a very different process for gay and bisexual men. This is evident in the fact that those considered to be the closest support for an individual, those within the inner circle, are family and, as highlighted within this thesis, this is not the case for many older gay and bisexual men.

As highlighted by King and Cronin (2016), when considering social capital theory, there is a need to think further than the usual heteronormative assumptions (Cronin and King, 2014; King and Cronin, 2016). Due to heteronormativity there is a danger that the unique differences in the social connectedness of LGB people, and older LGBT adults will be ignored (King and Cronin, 2016). Although some experiences will be the same as heterosexuals, older LGB adults have had very unique experiences with fundamental differences (Cronin and King, 2014; King and Cronin, 2016) and

it is imperative to consider these. It is important to think differently about LGB life courses, and to consider queering aging futures (Sandberg and Marshall, 2017). As such, within this thesis, there has been a need to queer the Social convoy model of social relations to allow it to facilitate a clearer understanding of the relationship between the de-anchoring from sources of social support and the consequent experiences of loneliness throughout the lives of gay and bisexual men.

Figure 6 illustrates the process of developing friendships and relationships through access to key institutions. Utilising the four key institutions of support identified by participants it demonstrates how a social convoy is developed and its impact on belonging. Presenting the ideal situation, it demonstrates a wider social, cultural and legal context that is positive, as a result, the individual experiences no discrimination or stigma, allowing them to access social support from family, education, religion and the workplace. As a result the individual builds relationships and attachments that lead to the development of a strong social convoy, ensuring a sense of belonging and support, and buffering against loneliness.

For the participants of this study the process of forming a social convoy was disrupted. The wider social, cultural and legal context infiltrated their world and impacted destructively on their individual experiences. The social construction of sexuality led to experiences of stigma and discrimination which impeded, or completely prevented them from accessing support. They were de-anchored from the four institutions where they would usually form the attachments and relationships that would lead to the development of a strong social convoy. As

a result they were alone and felt a lack of belonging and support, leaving them feeling lonely and isolated.
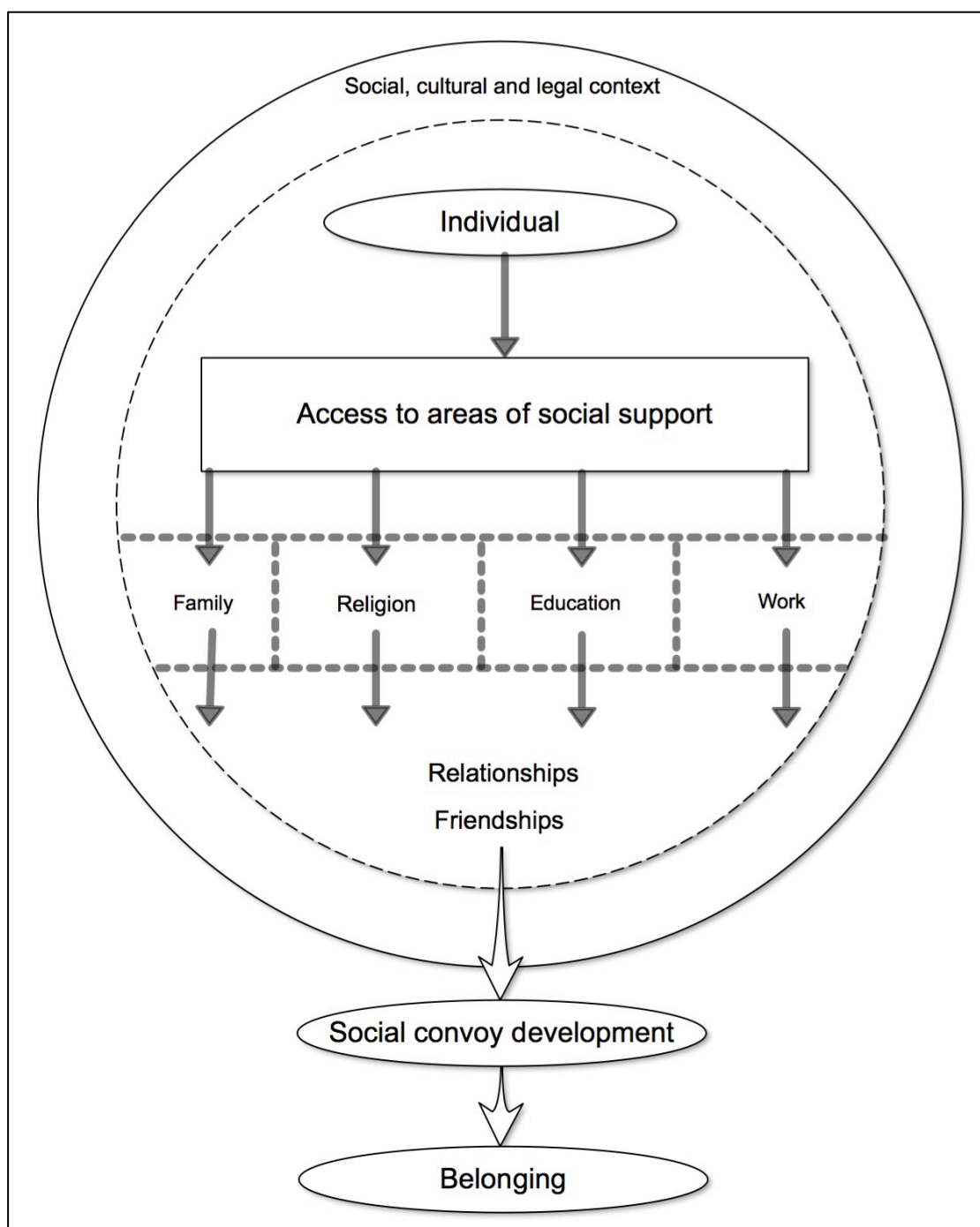
Figure 6: A model of the influences leading to social convoy development and belonging

5.4 Contexts of de-anchoring

The four areas where participants experienced de-anchoring will be discussed in further detail, as will the social forces that caused the de-anchoring, and the consequent loneliness.

5.4.1 Family

One prominent area discussed across the narratives was family. The relationships individuals have with their parents and family is considered to be the closest and most stable within their social convoy (Antonucci and Akiyama, 1987; Schwatz and Litwin, 2018). When considering the importance of family support in relation to sexual orientation, family dynamics and support directly impact on the psychological adjustment, self-acceptance and self-esteem of young LGBT adults (Elizur and Ziv, 2001; Darby-Mullins and Murdoch, 2007; Ryan et al., 2010; Shilo and Savaya, 2011; Samarova et al., 2013). Acceptance from family increases self-esteem and self-acceptance (Ryan et al., 2010: Shilo and Savaya, 2011), and decreases internalised homophobia (D'Augelli et al., 2005). Family networks can have either a positive, or negative, implication on an individual's sense of self (King, 2016). Unfortunately, parental and family support was an area that a number of the participants from this study felt de-anchored from. Their experiences echo the literature which identifies that many older LGB adults lose contact with, or are rejected by their families due to their sexuality (Heaphy et al., 2004; Guasp, 2011; Barrett et al., 2015; Grigorovich, 2015; Peterson et al., 2020).

For the participants of this study, it is clear that the time in which they felt the loneliest was when they were becoming aware of their sexual orientation, the

realisation that they were gay led them to feel confused and alone, some describing it as the loneliest they have ever felt. This in itself is unsurprising as when young people come to the realisation that they have same sex feelings, this is often against a milieu in which they have a self-expectation of heterosexuality (Elizur and Ziv, 2001). It is at this pivotal point, that individuals need both the acceptance, and support, of their families. When facing the need to negotiate a life challenge, a protective level would be formed by an individual's social convoy (Antonucci and Akiyama, 1987), however, for the participants of this study this did not happen. At the time when the social convoy should protect them, the participants were de-anchored from this support and faced the situation alone.

The experience of this de-anchoring from families was not identical for each participant. When disclosing homosexuality to families, individuals experience two forms of rejection: portrayed or perceived (Carastathis et al., 2017). The narratives provided clear examples of overtly portrayed rejection such as full disownment. This is evident when reflecting on the experience of Joseph and Patrick, both who were completely disowned by family when they disclosed their sexual orientation. For other participants, such as James, Terry, Thomas and Harry, there was a subtler perceived rejection that was less direct and involved families denying the issue. For these participants, the disclosure was acknowledged by their parents but they then opted not to discuss it any further and it was not referred to again. As highlighted within the literature some individuals experience tolerance but not full acceptance (Lyons et al., 2015). Although it may be perceived that the latter response is the more positive, as there is still family contact, the participants' narratives indicated this is not the

case. Albeit different, the responses had the same outcome, the participants felt alone, unsupported and were unable to seek guidance and support from those that would normally be considered the closest to them.

Although participants were hurt by the responses they received from their families, they were surprisingly empathic towards them. There was a recognition, and in some ways a forgiveness, of the impact of wider extrinsic factors such as religion, their parents' upbringing, and the consequent difficulties in them accepting and supporting their child's sexual orientation. It should be acknowledged that in the past when families learnt about their child's sexual orientation, it was amongst a general societal backdrop of homophobia, overt hostility, violence and hatred (Beeler and Diprova, 1999). Parents often faced the challenge of overcoming their own heterosexist assumptions and having to contend with the heterosexism of their friends, neighbours, co-workers and communities (Beeler and Diprova, 1999). The need, or desire, for social acceptance, alongside their own potential biases towards homosexuality was conflicted with the love for their family (Goldfried and Goldfried, 2001). Although the narratives indicate a degree of recognition and acceptance regarding these difficulties, the hurt that participants felt is equally evident and there is a sense of loss in relation to the unconditional love and support they felt was theirs to rightfully expect.

It has been argued that parents of LGBT children become more accepting over time (Samarova et al., 2013), however, the findings of this study offer contrasting evidence. For these participants the negative reaction of their families was enduring. Even though society is perceived to have moved forward and become more accepting of homosexuality, the majority of the

participants' parents did not alter their opinions, demonstrating the longstanding impact that social discourse and opinion can have. Once established, negative attitudes and opinions regarding sexual orientation would appear difficult to reverse, even through legislation. For example, the participants lived through legislative changes regarding homosexuality, changes that may have been seen as heralding a new era of acceptance and freedom, however, for the participants it had a minimal impact, if any. Evidently, changes in legislation do not equate to changes in attitude. Those families who had disowned or ignored their children did not change their opinions, demonstrating the lack of impact that legislation has on societal attitude. Indeed, one participant only disclosed their sexual orientation in more recent years when, arguably, society had changed and yet they were still disowned by their family. With the exception of two participants, the majority remained rejected, or had that aspect of their life ignored, throughout their lifetime. For the small minority who did gain some acceptance from a parent, this came at a much older age, however, it was still meaningful, again illustrating the desire for family acceptance and support in relation to the overall well-being of an individual.

Having reviewed the impact of a loss of support on those who opted, or were forced by circumstances, to disclose to their families, it is important to consider those participants that kept their sexuality hidden. The disclosure of sexuality can have a profound and detrimental effect on the course of family life and the support it offers (D'Augelli et al., 1998; Barrett et al., 2015), a fact that is highlighted by the above discussion. Fearful of what would result, some participants opted to not tell their families either at all, or until they were much

older. For some, the reluctance was centred around not destroying, what they felt to be, their 'angelic' and good image, they worried about hurting or disappointing their parents.

It was not until Edward's parents had died that he felt able to inwardly recognise his homosexuality, such was his desire to be seen as a good son. Non-disclosure helps avoid damage to family relationships and allows for the maintenance of family harmony (D'Augelli et al., 1998; Potoczniak et al., 2009), however it did this at a cost to the well-being of the participants. Those that opted to not disclose were not protected, indeed, their experiences actually mirrored those that did disclose. These participants also experienced loneliness arising from their inability to confide in anyone. This finding is supported by the literature which argues that a fear of disclosing one's sexual orientation can lead to limited social relationships, reduced social embeddedness and fewer contacts, increasing feelings of loneliness (Erosheva et al., 2016; Pereira et al., 2021). As a result of their desire to remain hidden, they still did not receive support and guidance from family members and they withdrew in other social settings, losing the opportunity to form friendships. Although not publicly de-anchored, they were unable to ask for support or guidance, nor were they able to be themselves. The option to not disclose did protect them from potential rejection, but in doing so it increased their feelings of loneliness and decreased their opportunity to gain the self-acceptance that would allow them to live their lives as they wished. Evidently as discussed within the literature review, non-disclosure can reduce the risk of discrimination, offering short term protection to individuals, however in the long term this can lead to isolation as it restricts the individual from

connecting with others (Wilkens, 2015). Interestingly those that did disclose, even though they lost family support, were able to go on to meet partners and be true to their sexuality. In contrast, for some of those that did not disclose, their lives appeared to pause, they were unable to accept their sexuality themselves for a number of years, causing some to reflect back in frustration at the opportunities they had missed.

The narratives provide numerous examples of distinct periods of loneliness that were directly related to the participants' loss of family support. Carastathis et al. (2017) suggests that at a time when family are not available to provide support, some resilience can be developed through accessing social support from other areas such as friends, teachers or colleagues; these groups can provide a buffer to rejection through the showing of acceptance. Consequently, educational settings and work were potential areas where social networks could be developed, convoys could be added to, and support could be gained to ease feelings of loneliness. However, for the participants of this study, these environments did not facilitate positive experiences.

5.4.2 Education and work

5.4.2.1 Education

The narratives demonstrate that school and university were difficult environments for participants to manage and one in which they struggled to be themselves and to make friends. Indeed, there was very little discussion on any strong friendships that participants had created at any age that had remained with them, this is of particular significance given that it is known that attachment relations develop in infancy and expand as children begin to

engage in broader social spheres (Levitt, 2005). The development and growth of social networks often occur in specific environments, and one important institution that fosters socialisation at a young age is school (Wilkinson and Pearson, 2009). The participants' time at school and university should have been an opportunity to make friends, increasing the support networks that they had available to them. It is clear that for the participants, school and university did not provide this opportunity to develop their social convoy, in fact, the experiences that they had, actively prevented them from doing this. School should provide a safe space for gay youth and somewhere that they can gain support if they are having difficulties at home, yet, it can still be an unwelcoming environment for young people with non-heterosexual identities (Ream & Salvin-Williams, 2005).

For the participants, school was another heteronormative setting which amplified their feelings of not being normal and heightened their desire to not disclose their sexual orientation. School is a setting that often legitimises and gives power and support to the concept of heteronormativity (Ream & Salvin-Williams, 2005; Diaz et al., 2010), a fact that is unsurprising given that the majority of cultures and societies are largely based on a heteronormative value system (Frost and Bastone, 2007). Within the narratives, there was evidence of bullying and extreme violence by other pupils and, disturbingly, teachers too. Often this was based on no more than an assumption that the participant was homosexual. This is a reality that is consistent with the literature which identifies that victimisation at school is known to be associated with LGB status (Bontempo and D'Augelli, 2002; Holmes and Cahil, 2004; Kosciw et al., 2009). It is important to note that the date of these studies

indicate that this victimisation has continued to occur in later years, thus it remains an issue for the next generation.

This violent response towards participants served to reinforce a desire to remain hidden, other participants withdrew into themselves and tried to remain hidden from any form of attention. As discussed, an influential fact in the decision to disclose is the likelihood that non-disclosure will reduce the risk of victimisation, discrimination and estrangement (Orel, 2014; Grigorowich, 2015; Wilkens, 2015). Clearly, school was not an environment in which they felt comfortable or were able to begin to form friendships, support and to develop a much-needed sense of community belongingness. For the participants, school and its potential for developing friendships, could have made a significant difference as it would have allowed them to begin to develop their depleted social convoy. However, the narratives demonstrate that not only was school and university an environment that did not help the participants develop a convoy, it actively impeded this. Evidently, the impact of society's opinions and discourse around homosexuality had extended to young children and adults, and, in some cases, teachers. These clear examples of discrimination led to the participants becoming de-anchored from another possible respected and trusted source of support.

At this point in their lives they had been rejected by their families, or had been unable disclose their sexual orientation to them, again leaving them without family support, and now the same response had occurred within education. For the participants, the message that they were not accepted was reinforced. For those that had not disclosed their sexual orientation due to fear, this message strengthened their resolve to remain hidden.

5.4.2.2 Work

The workplace is an important social space for facilitating individuals in fostering connections with others (Willis, 2010), and forming friendships. For the participants this was another potential environment for them to gain social support and to make friends. Individuals spend a great deal of time in the workplace (Rumens, 2010a), the workplace should facilitate an environment in which to build friendships. For many, workplace friendships are more than just acquaintances, indeed the workplace often fosters friendships between individuals of a different age, status or gender (Bernman et al., 2002). Although this may be the case for others, it was another environment in which some participants felt they did not fit in and struggled to make friends. For some, when their sexual orientation was discovered, or assumptions about them were made, they faced stigma and discrimination from their colleagues and, either lost their job, or felt compelled to leave. They described difficulties in being themselves in the workplace and hiding, there were examples of bullying that participants tried to ignore; however, it eventually led to them leaving their employment.

As discussed throughout this chapter, for this population group there was often a number of issues related to their own self-acceptance of their sexuality, which consequently impacted on life experience and loneliness. For example, Thomas denied, and was unable to accept his sexual orientation, throughout his younger years. His narrative demonstrates that he was in a negative cycle, he was unable to accept his sexual orientation and was too afraid to discuss it with anyone, meaning that, until later life, he never had the opportunity to experience acceptance from another person, an acceptance

that would have helped him to accept himself. Workplaces often give individuals the opportunity to make friendships that offer them support, the development of a friendship with a colleague provides gay men with significant support and aids them in the negotiation of the obstacles they may encounter in a heterosexual workplace environment (Rumens, 2008). There is considerable importance attached to the development of supportive work friends for gay men, as they contribute to a safe environment that allows individuals to display vulnerabilities, to construct their identity, to sustain a viable sense of self, and to ultimately feel able to have a liveable life as an openly gay man (Rumens, 2010b).

For the participants of this study the workplace did not offer these opportunities. The narratives of Harry and James describe the discrimination and stigma that they experienced in the workplace due to assumptions about their sexuality. For James this resulted in dismissal and the development of a fear of living and working in the same geographical area. For Harry, the situation became unbearable, and he made a choice to leave his place of work; interestingly, both were working in education. These experiences reflect the components of stigma identified by Link and Phelan (2001) and discussed in chapter 2, labelling has led to a loss of status and inequality. As a result of stigma and discrimination they were de-anchored from another environment that was a potential source of the friendship and support that would buffer against feelings of loneliness.

It is important to note that there were exceptions; however, in order to access workplace support some participants made a choice to enter an environment that they felt was gay-friendly, for example the arts or a music club. Evidently

this did make their work lives easier, and provided a safe workspace. However, they do not mention or reflect on any significant workplace friends or support systems that they had formed. Whilst they reported feeling comfortable and safer, this did not necessarily equate to developing friendships. Feeling safe did not appear to impact on their wider ability to build relationships with individuals that would then join their social convoy. None of the participants identified good friends from the workplace whom they have kept in touch with, or from whom they felt they gained support.

5.4.3 Religion

One area that features strongly across a number of narratives is that of religion. A number of the participants were raised within very religious families, in particular Catholicism. For some participants, religion played a key role in either their disownment by their families, or their parents' refusal to accept and discuss the issue of their sexual orientation. For others, it created what some participants described, as an angelic ideal to which they felt a pressure to conform to, and was a factor in the development of their own internalised homophobia, lack of self-acceptance and fear of disclosing their sexual orientation. As identified by Meyer (2003) they experienced conflict as the dominant norms and culture of society did not reflect their own. The abandonment of childhood religion for those LGBTQ adults who identified as being of catholic or Christian denomination was a frequent occurrence (Escher et al, 2019).

These findings echo other studies that report higher levels of internalised homophobia in LGB youth who were religious (Page et al., 2013; Meanley et

al., 2015). Individuals are exposed to homo-negative messages (Beagan and Hattie, 2015) and this exposure then decreases self-esteem and increases self-loathing, thus inflicting harm on sexual minorities (Beagan and Hattie, 2015). For some participants, the negativity they felt due to religion led them to question their religious beliefs, leading to feelings of distress, loss and loneliness. Indeed, Sherry et al. (2010) state that sexual identity leads individuals to question or shift their religious beliefs. For some they felt abandoned by their religion, amplifying their inability to find self-acceptance, they felt not even God would accept them.

The consequence of losing the support of a religious community is particularly clear in the narrative of Thomas. For Thomas, religion was a very important part of life and the fact that he was prevented from accessing it, and felt the need to turn away from his beliefs, amplified his sense of stigmatisation and rejection. For Thomas, the idea that he would not even be accepted by God intensified his struggle with self-acceptance, making him feel even more devalued and that he was a lesser person, completely alone and unloved. For some, religion is an integral part of developing one's self-concept, an individual's religious orientation is pivotal to the totality of their identity (Sherry et al., 2010). In this sense, religion can impede individuals coming to terms with their sexual orientation due to the conflict they feel (Schuck and Liddle (2001); this is evident in the narrative of Thomas and others.

In this study, it is clear that religion had the potential to provide a supportive setting through which participants should have had the opportunity to foster friendships, and to develop their social convoy. Escher et al., (2019) highlight that for those individuals who are more open about their sexual orientation

within a religious community are less likely to experience loneliness. However, it was another area from which the participants' were de-anchored. Participants were cut off from what could have been another source of support and companionship throughout their lives. The societal negativity regarding homosexuality had transcended into this area of life too and their sexual orientation precluded them from accessing, or remaining in contact with religious communities. This occurred either due to discrimination from others or, for those who had not disclosed their sexuality, self-preclusion due to internal homophobia and a fear of the response they would receive if their sexual orientation was uncovered, or guilt that they were not as God would want them to be. For some, religion was a very important part of their lives and the fact that they were prevented from accessing it made the general sense of rejection they felt harder and the sense of stigmatisation greater. Given the importance of religion for some participants growing up, feelings of being rejected from it further compounded their lack of acceptance in other social settings.

5.5 Summary

The participants' narratives provided a rich source of data that allowed for the study's objectives to be met, and for a unique understanding of the life experiences of gay and bisexual men to be gained. The study identifies that loneliness is indeed a common experience for older gay and bisexual men, however, it occurs on a continuum, rather than being focussed on later life alone. For participants in this study the trajectory and distribution of loneliness is best described as "undulating", fluctuating and peaking at different points in

their lives with some being at their loneliest when they were younger and actually feeling less lonely in later life.

The key contribution of this study is the introduction of the theory of de-anchoring to assist in conceptualising why this increased loneliness occurs, and to illuminate how earlier life experiences of stigma and discrimination contribute to this. The findings of the study elucidate that due to the social construction of sexuality and the consequent heteronormativity in society, older gay and bisexual men experienced stigma and discrimination from an early age. As a consequence of this, the participants were de-anchored from their families and from other social settings for example, school, university, the workplace and religious communities. It is the compounding effect of multiple de-anchoring that is unique to the participants of this study, and led to a level of rejection that left them unsupported, feeling alone and with a lack of opportunities to make friends. When brought together with the social convoy model of social relations, the theory of de-anchoring posits that these lost opportunities to engage freely and openly with family, school, university, the workplace and religious communities negate the opportunity to form friendships and attachments that would allow them to build a strong social convoy. As such, they had a depleted social convoy which did not provide them with the protective layer of support needed to buffer against feelings of loneliness at different points throughout their lives.

A further key contribution of this study is the recognition of the need to, and then the subsequent queering of, the social convoy model of social relations. As discussed it is imperative to recognise that the way in which social networks are understood for LGB individuals is different to those of

heterosexuals, and there is a need to capture this difference (Lottman and King, 2020). Sandberg and Marshall (2017) advocate the queering of aging futures in critical gerontology, and argue that this requires engagement with the narratives of individuals that provide an alternative version of later life. This study has done just this, through the consideration of the narratives of the participants, and the queering of the social convoy model of social relations, it has provided a deeper understanding of how the social networks of gay and bisexual men have been impacted upon by early life experiences.

Chapter 6: Conclusion

6.1 Introduction

In this final chapter, I will revisit the aims of my research and reflect on how these have been achieved (6.2). I will then provide a discussion on my methodological reflections (6.3), the study limitations (6.4) and implications for policy, practice and future research recommendations (6.5). Finally, I will close with my concluding thoughts (6.6).

6.2 Revisiting the research aims

It was the study's intention to explore whether the life experiences of older LGB adults, who grew up in an era of heightened stigma and discrimination, contributed to an increased risk of loneliness in later life. A key objective was to critically interpret the connection between the internalisation of stigma and discrimination, the concealment of sexual identity and increased loneliness in later life. Finally, it aimed to critically examine the influence of social constructionism on the expression of sexuality across the life course of older gay and bisexual men. On reflection, I argue that the chosen methodology of the study has led to the collection of data that have allowed for the research question to be answered, and the objectives to be met. Unfortunately, although there were lesbian women initially recruited to participate in the study they withdrew for individual reasons, therefore, the study focussed only on gay and bisexual men.

Due to the stigma and discrimination they faced growing up, the earlier life experiences of the participants have led to loneliness, due to being de-anchored from social support. In answer to the original research question,

however, loneliness is not a later life phenomenon for this population group and is something that has fluctuated across their lifetime. It is clear from the study that the social construction of homosexuality is the over-arching source of the stigma and discrimination that this population group experienced in their earlier life, whether this was external, as a result of others, or internal due to internalised homophobia. This study has shown that internalised homophobia is connected to an individual's experiences of the stigma and discrimination around them, participants witnessed such negativity that they opted to conceal their sexual orientation. As a result, they were de-anchored from potential support systems and were alone, they were unable to access sources that could have potentially helped them to gain self-acceptance and a sense of belonging. However, the findings of this study suggest that even if they had disclosed their sexuality they would have still experienced de-anchoring due to the discrimination of others, indicating that the decision to conceal or disclose would have less influence on the overall outcome than might be expected.

6.3 Methodological reflection

The study has identified that in order to comprehend when and why loneliness occurs more significantly for this population group, there is a need to understand key influences of their early life experiences. The findings signify that there is a need to focus on the life-long experiences of gay and bisexual men, rather than focussing on their later life experiences alone. Using a narrative life history approach has demonstrated the importance of understanding how influences across the life course, starting from a young age, have shaped the ability of gay and bisexual men to access, develop and maintain the support systems that can protect against loneliness throughout

their lives. The narrative approach allowed participants the freedom to share their stories, concentrating on what they felt were the most important and influential aspects. The majority of participants began their narratives from when they were a young age and moved through their lives to the present date, in some cases considering the future. The longitudinal nature of their stories provided insight into how the social experiences in their early lives were key to understanding their experiences of loneliness across their lifespan. Although this study was not longitudinal in its nature, the use of a narrative approach provided retrospective findings, allowing for childhood experiences to be considered.

6.4 Study limitations

The findings of this study have helped to expand knowledge and understanding of the contribution of early life experiences to loneliness in older gay and bisexual men, however, there were limitations. Due to the chosen qualitative approach, and difficulties in recruiting a hard to reach population, the sample size was relatively small. Older lesbian women were not represented in the sample and, within the recruited sample there was only one male identifying as bisexual. These could be argued to be factors that influence the transferability of the study.

The subjective nature of an individual's narrative and potential issues recalling past events could also be argued to lead to questions in relation to the dependability of the study.

6.5 Implications for policy, practice and future research recommendations

The complexity of the findings of this study are fully appreciated; there is not one clear solution that can be offered given the complicated, and fluctuating, nature of the phenomenon. The main aim would be to move closer to the ideal identified in figure 6. For the participants of this study, and others within their age group, it is unfortunately too late to address the de-anchoring that occurred earlier in their lives, and the consequent loneliness. Their experiences of stigma and discrimination cannot be reversed; however, we can ensure that their stories are heard and that we learn from them.

There is currently a greater focus on LGBTQIA+ youth resources (Perone et al., 2019; Sexuality and gender empowerment (SAGE), 2020), and to compound this any resources for aging individuals have a heterosexual focus (Perone et al., 2019). With consideration of this there is a need to review the current support for older LGB adults, and to ensure that the focus for this age group is on re-anchoring them. Given their unique histories, and the distinct possibility that some individuals may still fear accessing services and support, the provision of environments that individuals can see are safe to approach should be a priority. All care and support services should be LGBT inclusive and should also comply with current equality legislation (Lottman and King, 2020), it is recommended that relevant organisations review their current policies to ensure that they meet these requirements.

To assist organisations in ensuring the inclusivity of older LGB adults it is suggested that they make relevant connections with the community, build trust, and ensure relevancy of what they offer (SAGE, 2020). This can be

achieved by having supportive policies, and promoting the services of providers who are committed to equality (SAGE, 2020). When accessing the LGB community there is a need to establish what older adults need to inform policy makers, further research is needed to identify the type of support that is needed, for example instrumental, emotional or informational (Fish and Weiss, 2019). Organisations should develop a welcoming referral list that can be given to those that are seeking support, providing them with resources and further contact details of providers that are LGB inclusive (Perone et al., 2019). Although some individuals may not feel they currently need these resources it should be offered to all, even those that feel connected with others, these individuals may currently not feel lonely however could be worried about future loneliness and anticipatory support (Perone et al., 2019).

Staff working within settings should receive the correct training and education (Lottman and King, 2020; SAGE, 2020), this can be accompanied by training quality initiatives within the UK such as Opening doors pride in care quality standards (Lottman and King, 2020). Visible awards such as these, and the displaying of the pride flag will reassure those accessing services that the setting is inclusive.

Access to the LGB community has been highlighted as being a central source of support for older LGB adults (Perone et al., 2019), and as such, the development of relationships within this community should be encouraged (Perone et al., 2019; Elmer et al., 2022). One way to facilitate this is through the use of LGB community groups. A number of participants in the study mentioned specific LGB groups for older adults that they had joined, via organisations such as Age UK. For some, it was these groups that allowed

them to regain a sense of belonging and to develop new friendships and support systems. A key recommendation of this study is to ensure that these services continue to be provided, with the funding needed to ensure they remain available to individuals. There is a need to check that these groups are publicised and are effectively signposted to individuals. One mechanism through which to do this is to embed an awareness of the unique life histories of this group, and their de-anchoring from support systems, within existing training programmes across health and social care sectors. As there is not one homogenous professional group that will come into contact with older LGB adults, there is a need to extend this across a wide range of professionals. The aim of doing this is to promote empathic and person-centred approaches when services are accessed, and to try and ensure individuals can be signposted to relevant support opportunities.

Although community groups for older LGB adults are a valuable source of support it is important to recognise that some individuals may face barriers in accessing them. Some identified barriers that older LGB adults may experience when trying to maintain social connections are, transportation, health issues and isolation from social centres (Perone et al., 2019). A further barrier to access is that there may also be individuals who, due to their historical experiences, do not feel comfortable attending community groups. To navigate around these barriers and to promote social connections the use of telephone friendship services are recommended. Perone et al., (2019) had positive results when researching the use of a telephone buddy system for older LGB adults. Given the current COVID-19 pandemic and an increased us of technologies such as Zoom and Microsoft teams amongst all age groups, it

may be an opportune time to consider buddy systems that utilise these platforms, allowing for virtual face to face contact. However, consideration will need to be given to ensuring that individuals have access to the technology that allows this, and any training or support they may need.

Perone et al., (2019) identified that the buddy system helped to develop connections and relationships within the LGB community. They concluded that it was an effective way of engaging marginalised older adults, particularly those who have historically experienced, and still experience, structural barriers to accessing support (Perone et al., 2019). Evaluation also highlighted that intergenerational matches made between individuals and volunteers yielded positive results, the younger generation benefitted from listening to the older adults, and the older adults felt they were valued (Perone et al., 2019). The promotion of intergenerational social connections to promote social inclusion has also been recommended by Fish and Weiss et al., (2019).

As discussed earlier in the thesis, there was an issue in the recruitment of older lesbian women which highlighted the potential issue that this population group remain hidden. It is a recommendation of this study that further attempts be made to recruit them to research studies to establish if their experiences are the same, the concern is that without doing so we are unable to establish if their health and well-being needs are being met.

Due to the additional understanding this study provides in relation to the de-anchoring from family, education, work and religious communities, and the consequent loneliness, it is clear that interventions need to adopt a preventative approach and be focused on the younger generation. The

development of the attachments and friendships that form an individual's social convoy begin at an early age, and it is therefore recommended that there be a focus on preventing de-anchoring of younger generations occurring in the first instance. It is often assumed that contemporary society is more accepting of homosexuality, and as such there is a presumption that for the LGB youth population, experiences will be more positive, however, as indicated, this is an assumption. To establish a clearer understanding of the current situation, there is a need for further research to identify if the phenomenon of de-anchoring is continuing to occur for LGB youth, or if indeed it has changed over time alongside change in social attitudes. If this group is living through similar experiences to those participants of the study, the focus should be on actions that address the discrimination and stigma that leads to de-anchoring, to prevent it occurring. The aim of this would be to allow young people to feel safe to disclose their sexual orientation to family, friends and co-workers and to develop the friendships and networks that will provide them with the social support to buffer against loneliness, and promote self-acceptance.

The findings of this study highlight that although the de-anchoring occurred in the specific areas of education, family, work and religious communities, the overarching issue was societal opinion, and it is this that needs to be addressed to lessen an individual's negative experience. It is however important to be cognisant that to prevent sexuality-based stigma and discrimination would require a major change of societal opinion, which would then need to feed down to the family, education, work and religious community level. Although the findings of this study illuminate and support the need to do

this, initiating such a change in societal opinion is difficult, particularly as the negative social construction of homosexuality has been entrenched and established thorough years of discourse and heteronormativity.

It could be argued that one area through which to address the issue is legislation, however within this study not even legislation had a major impact on individual experiences. The findings of this study demonstrate that even when action is taken to address societal opinion at a macro level, it has little effect on the community (meso level) or lives of individuals (micro level). For example, even the introduction of the 1967 Sexual Offences Act did little to impact on the individual experiences of participants. From the perspective of wider society the impact of this legislation is again questionable given that 21 years later Section 28 was introduced and remained in place for 15 years in England. This demonstrates that achieving societal change is difficult even when addressed centrally by government, particularly when governments change. Despite this, legislation could still be of assistance in addressing the issue, for example, further development of hate crime legislation and the encouragement of its use to support the LGB population who experience discrimination.

It is difficult to influence areas such as family, work and religious acceptance of homosexuality. The workplace is subject to legislative change, any change in religion would need to be initiated at an organisational or doctrinal level, and changes to family are essentially only possible at an individual level. One area where there is the potential for change is that of education. Introducing young children to positivity around different types of relationships, and developing this throughout education has the potential for influence. When considering

education around LGB relationships within schools, it is pertinent to note that since beginning this thesis, legislation has changed in this area. The Relationships and Sex Education (RSE) and Health Education Regulations (2019) have made relationships education compulsory in all schools; however, sex education remains a subject from which parents can withdraw their children (Department for Education, (DfE) 2019). This statutory guidance was due to become compulsory in September 2020, however, given the Covid-19 pandemic, this has been extended to September 2021. Under the requirements of relationships education children will be taught about LGBT, equality and respecting others. Along with other content they will learn about the importance of developing positive relationships and friendships, self-esteem, resilience and different types of families, including LGBT parents. This begins in primary schools and continues through secondary school; parents have the right to request that their child is withdrawn from sex education, but not from relationship or health education (DfE, 2019). If this content is delivered in alignment with curriculum guidance it should assist in educating future generations, and potentially normalising homosexuality. Within an educational environment, giving children and young people a safe place to ask questions, and to debate and challenge any judgemental attitudes or beliefs, can foster a positive change in attitudes.

Through the delivery of effective RSE, LGB young people may begin to feel able to speak, be heard, gain support, and have peers around them that are supportive and non-discriminatory. This more positive situation would help them to ensure that they develop friendships that can make strong additions to their social convoy. Although this would not completely rectify the situation,

family, workplaces and religious communities may continue to present an issue, having at least one place in which they feel anchored and supported would be a step in the right direction. Again, the complexity of the issue is recognised and it is acknowledged that this is only a partial solution. It is important to be mindful that although positive steps could be made, these may then be negated by the fact that outside of the school environment, children may still be influenced by the attitudes of others around them, for example, parents and religious communities. This is an example of the porous nature of the de-anchoring process, the attitudes of those in one institution can permeate into another and reverse any positive changes. It is also clear that there is a cyclical nature to this phenomenon, RSE has been identified as an area that could potentially positively interrupt the de-anchoring of young LGB individuals, providing them with a source they can feel anchored to. However, this could then be disrupted through the influence of others who continue to promote sexuality related stigma, discrimination and negativity. Although filled with complexities it is still of the utmost importance to try and make a positive impact on the lives of LGB individuals. Subsequent to its introduction in 2021, an evaluation of the influence of RSE on the experiences of LGB young people should be undertaken to establish any areas for development or amendment.

6.6 Concluding thoughts

This study offers important insights into the loneliness that is experienced by older gay and bisexual men, contributing knowledge and aiding understanding of this phenomenon. The study demonstrates the impact that societal opinion and discourse can have on the lives of individuals. The theory of de-anchoring

has been introduced as a concept to illuminate why loneliness is more common within this population than for heterosexuals of the same age. Used with the additional lens of the social convoy model of social relations, de-anchoring provides a depth of understanding as to how early life experiences of stigma and discrimination contribute to loneliness throughout the lives of older gay and bisexual males. The model illustrated in figure 6 is again a key contribution of this study, it provides a clear model to work towards to improve experiences of loneliness amongst gay and bisexual men. The model can also be utilised to understand the experiences of other marginalised groups; the identified institutions of social support are interchangeable and can be exchanged with those that are relevant to specific groups.

From a personal perspective the process of undertaking narrative research has emphasised to me the incredible value of listening to, and learning from participants' stories. I recognise that I was privileged to hear stories that some participants had not told anyone throughout their lifetime. Through this study I have been able to start to give a voice to a population that have been hidden and silenced. Although I am aware that for the participants of this study, experiences of stigma and discrimination cannot be reversed, and that de-anchoring has already occurred, it provides a starting point for the further research identified earlier, and for discussion on how we can begin to address the issue for future generations whilst, importantly, acknowledging the struggles of those that have gone before.

References

Addis, S., Davies, M., Greene, G., MacBride-Stewart, S. & Shepard, M. (2009) The health, social care and housing needs of lesbian, gay, bisexual and transgender older people: a review of the literature. *Health and Social Care in the Community.* 17 (6), 647-658. 10.1111/j. 1365-2524.2009.00866.x

Age UK. (2021) *Who we are*. Available at https://www.ageuk.org.uk/about-us/people/ [Accessed 22nd March 2022]

Age UK. (2020) *Loneliness research and resources*. Available at: https://www.ageuk.org.uk/our-impact/policy-research/loneliness-research-and-resources/ [Accessed 15th December 2020].

Albert, I. (2021) Perceived loneliness and the role of cultural and intergenerational belonging: the case of Portuguese first-generation immigrants in Luxembourg. *European Journal of Ageing.* 18. 299-310. 10.1007/s10433-021000617-7

Alden, S. & Wigfield, A. (2018) *Combatting loneliness amongst older LGBT people.* Available at: https://www.ageuk.org.uk/our-impact/policy-research/loneliness-research-and-resources/combating-loneliness-amongst-older-lgbt-people-a-case-study-of-the-sage-project-in-leeds/ [Accessed 25th March 2021]*.

Allsop, J. (2013) Competing paradigms and health research. In: Saks, M. & Allsop, J. (eds.) *Researching Health, qualitative, quantitative and mixed methods.* London: SAGE Publications Ltd.

Amini, E. (2020) Insider or outsider? Issues of power and habitus during life history interviews with menopausal Iranian women. In: King, A., Almack, K., & Jones, R.L. (eds), *Intersections of ageing, gender and sexualities: Multidisciplinary international perspectives*. Bristol: Bristol University Press.

Anderson, C. & Kirkpatrick, S. (2016) Narrative Interviewing. *International Journal of Clinical Pharmacy.* 38, 631-634. 10.1007/s11096-015-0222-0

Antonucci, T. C. & Akiyama, H. (1987) Social networks in adult life and a preliminary examination of the convoy model. *Journal of Gerontology. 42*(5), 519–527. 10.1093/geronj/42.5.519

Antonucci, T.C., Ajrouch, K.J. & Birditt, K.S. (2013) The convoy model: explaining social relations from a multidisciplinary perspective. *The Gerontologist.* 54 (1). 10.1093/geront/gnt118

Arjrouch, K.J., Fuller, H.R., Akiyama, H. & Antonucci, T.C. (2016) Convoys of social relations in cross-national context. *The Gerontologist.* 58 (3), 488-499. 10.1093/geront/gnw204

Averett, P., Yoon. & Jenkins, C.L. (2011) Older lesbians: experiences of aging, discrimination and resilience. *Journal of Women and Aging,* 23 (3), 216-232. 10.1080/08952841.2011.587742

Barrett, C., Whyte, C., Comfort, J., Lyons, A. & Crameri, P. (2015) Social connection, relationships and older lesbian and gay people. *Sexual and Relationship Therapy,* 30 (1), 131-142. 10.1080/14681994.2014.963983

Baumeister, R.F. & Leary, M.R. (1995) The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin.* 117 (3) 497-529.

Beagan, B.L. & Hattie, B. (2015) Religion, spirituality, and LGBTQ identity integration. *Journal of LGBT Issues in Counselling.* 9-2, 92-117. 10.1080/15538605.2015.1029204

Beals, K.P. & Peplau. (2005) Identity support, identity devaluation, and well-being among lesbians. *Psychology of Women Quarterly,* 29, 140-148. 10.1111/j.1471-6402.2005.00176.x

Beeler, J. & DiProva, V. (1999) Family adjustment following disclosure of homosexuality by a member: themes discerned in narrative accounts. *Journal of Marital and Family Therapy.* 25 (4), 443-459. 10.1111/j.1752-0606.1999.tb00261.x

Berger, P. & Luckmann, T. (1966) *The social construction of reality: A treatise in the sociology of knowledge*. London: Penguin Books

Bernman, E.M., West, J.P. & Richter, M.N. (2002) Workplace relations: friendship patterns and consequences (According to managers). *Public Administration Review.* 62 (2), 217-230. 10.1111/0033-3352.00172

Berry, L.E. (2016) The research relationship in narrative enquiry. *Nurse Researcher*, 24 (1), 10-14. 10.7748/nr.2016e1430

Bontempo, D.E. & D'Augelli, A.R. (2002) Effects of at-school victimization and sexual orientation on lesbian, gay, or bisexual youths' health risk behaviour. *Journal of Adolescent Health.* 30, 364-374. 10.1016/s1054-139x(01)00415-3

Bowling, A. (2011) *Research methods in health: Investigating health and health services*. 3rd ed. Berkshire: McGraw Hill.

Bradford, J.B., Putney, J.M., Shepard, B.L., Sass, S.E., Rudicel, S., Ladd, H. & Cahill, S. (2016) Healthy aging in community for older lesbians. *LGBT Health,* 3 (2), 109-115. 10.1089/lgbt.2015.0019

Britten, N. (2006) Qualitative Interviews. In: Pope, C. & Mays, N. (eds.) *Qualitative research in health care*. Oxford: Blackwell Publishing.

Bryman, A. (2012) *Social research methods.* 4th ed. Oxford: Oxford University Press.

Burr, V. (1999) *An introduction to social constructionism.* London: Routledge.

Carastathis, G.S., Cohen, L., Kaczmarek, E. & Chang, P. (2017) Rejected by family for being gay or lesbian: portrayal, perceptions, and resilience. *Journal of Homosexuality.* 64 (3), 289-320. 10.1080/00918369.2016.1179035

Carmichael, C.L., Reis, H.T. & Duberstein, P.R. (2015) In your 20s its quantity, in your 30s its quality: The prognostic value of social activity across 30 years of adulthood. *Psychology and Aging.* 30 (1), 95-105. 10.1037/pag0000014

Carnwell, R. & Daly, W. (2001) Strategies for the construction of a critical review of the literature. *Nurse Education in Practice.* 1 (2), 57-63. 10.1054/nepr.2001.0008

Chawalisz, K., Shah, S.R. & Hand, K.M. (2008) Facilitating rigorous qualitative research in rehabilitation psychology. *Rehabilitation Psychology*, 53 (3), 387-399. 10.1037/a0012998

Clandinin, J. & Connelly, M. (2000) *Narrative inquiry: Experience and story in qualitative research*. San Francisco: Jossey-Bass Publishers.

Cox, N., Dewaele, A., Van Houtte, M. & Vincke, J. (2011) Homonegativity in Lesbian, Gay, and Bisexual Youth. An examination of stress related growth within minority stress model. *Journal of Homosexuality,* 58 (1), 117-137.

Creswell, J. & Poth, C. (2018) *Qualitative inquiry and research design: Choosing among five approaches*. 4th ed. London: SAGE Publications Ltd.

Cronin, A. & King, A. (2014) Only connect? Older lesbian, gay and bisexual (LGB) adults and social capital. *Aging and Society,* 34, 258-279. 10.1017/S0144686X12000955

Cronin, P., Ryan, F. & Coughlan, M. (2008) Undertaking a literature review: a step-by-step approach. *British Journal of Nursing.* 17 (1), 38-43. 10.12968/bjon.2008.17.1.28059

Crotty, M. (1998) *The foundations of social research: Meaning and perspective in the research process.* London: SAGE Publications Ltd.

Dahlberg, L., Andersson, L. & Lennartsson, C. (2018) Long-term predictors of loneliness in old age: results of a 20-year national study. *Aging and Mental Health.* 22 (2), 190-196. 10.1080/13607863.2016.1247425

Dahlberg, L. & McKee, K.J. (2014) Correlates of social and emotional loneliness in older people: evidence from an English community study. *Aging and Mental Health,* 18 (4), 504-514. 10.1080/13607863.2013.856863

Darby-Mullins, P. & Murdock, T.B. (2007) The influence of family environment factors on self-acceptance and emotional adjustment among gay, lesbian and bisexual adolescents. *Journal of GLBT Family Studies.* 3 (1), 75-91. 10.1300/j461v03n01_04

Data Protection Act 1998. (c.29). Available at https://www.legislation.gov.uk/ukpga/1998/29/contents [accessed 17th June 2017]

Data Protection Act 2018. (c.12). Available at https://www.legislation.gov.uk/ukpga/2018/12/contents/enacted [accessed 15th August 2021]

D'Augelli, A.R. & Grossman, A.H. (2001) Disclosure of sexual orientation, victimization, and mental health among lesbian, gay and bisexual older adults. *Journal of Interpersonal Violence,* 16 (10), 1008-1027. 10.1177/088626001016010003

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. *Ageing and Mental Health.* 5 (2), 149-158. 10.1080/13607860120038366

D'Augelli, A.R., Grossman, A.H. & Starks, M.T. (2005) Parents' awareness of lesbian, gay and bisexual youths' sexual orientation. *Journal of Marriage and Family.* 67, 474-482. 10.1111/j.0022-2445.2005.00129.x

D'Augelli, A.R., Hershberger, S.L. & Pilkington, N.W. (1998) Lesbian, gay, and bisexual youth and their families: Disclosure of sexual orientation and its consequences. *American Journal of Orthopsychiatry.* 68 (3), 361-371. 10.1037/h0080345

de Jong-Gierveld, J. (1998) A review of loneliness: Concepts and definitions, determinants and consequences. *Reviews in Clinical Gerontology.* 8, 73-80. 10.1017/S0959259898008090

de Jong-Gierveld, J., van Groenou, M.B., Hoogendoorn, A.W. Smit, J.H. (2009) Quality of marriages in later life and emotional and social loneliness. *Journal of Gerontology: Social Sciences.* 64B (4), 497-506. 10.1093/geronb/gbn043

DeLamater, J.D. & Hyde, J.S. (1998) Essentialism vs social constructionism in the study of human sexuality. *Journal of Sex Research,* 35 (1), 10-18. 10.1080/00224499809551913

DeLonga, K., Torres, H.L., Kamen, C., Evans, S.N., Lee, S., Koopman, C. & Gore-Felton, C. (2011) Loneliness, internalized homophobia, and compulsive internet use: factors associated with sexual risk behaviour among a sample of adolescent males seeking services at a community LGBT centre. *The Journal of Treatment and Prevention,* 18 (2), 61-74. 10.1080/10720162.2011.581897

Department for Digital, Culture, Media and Sport (2018) *A connected society: A strategy for tackling loneliness – laying the foundations for change.* London: HM Government.

Department for Education (2019) *Relationships Education, Relationships and Sex Education (RSE) and Health Education: Statutory guidance for governing*

bodies, proprietors, head teachers, principals, senior leadership teams, teachers. London: HM Government.

Department of Health (2005) *Research Governance Framework for Health and Social C*are. London: HMSO.

Diaz, E., Kosciw, J. & Greytak, E.A. (2010) School connectedness for lesbian, gay, bisexual, and transgender youth: In-school victimization and institutional supports. *The Prevention Researcher.* 17 (3), 15-17.

Economic and Social Research Council. (2015) *Framework for research ethics*. Available at http://www.esrc.ac.uk/files/funding/guidance-for-applicants/esrc-framework-for-research-ethics-2015/ [Accessed on 14th July 2015].

Elizur, Y. & Ziv, M. (2001) Family support and acceptance, gay male identity formation, an psychological adjustment: A path model. *Family Process.* 40 (2), 125-144. 10.1111/j.1545-5300.2001.4020100125.x

Elmer, E.M., van Tilburg, T. & Fokkema, T. (2022) Minority stress and loneliness in a global sample of sexual minority adults: The roles of social anxiety, social inhibition, and community involvement. *Archives of Sexual Behaviour.* 10.1007/s10508-021-0213203. Available at: https://link.springer.com/article/10.1007/s10508-021-02132-3

Erosheva, E.A., Kim, HJ., Emlet, C. & Fredriksen-Goldsen, K.L. (2016) Social networks of lesbian, gay, bisexual, and transgender older adults. *Research on Aging.* 38 (1), 98-123. 10.1177/0164027515581859

Escher, C., Gomez, R., Paulraj, S., Ma, F., Spies-Upton., S., Cummings., C., Brown., L.M., Tormala., T.T. & Goldblum., P. (2019) Relations of religion with depression and loneliness in older sexual and gender minority adults. *Clinical Gerontologist.* 42 (2), 150-161. 10.1080/07317115.2018.1514341

Fenge, L.A., Oakley, L., Taylor, B. & Beer, S. (2019) The impact of sensitive research on the researcher: preparedness and positionality. *International Journal of Qualitative Methods.* 18, 1-8. 10.1177/1609406919893161

Fish, J & Weiss, C. (2019) All the lonely people, where do they all belong? An interpretive synthesis of loneliness and social support in older lesbian, gay and bisexual communities. *Quality in Ageing and Older Adults.* 20 (3), 130-142. 10.1108/QAO-10-2018-0050

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, 264-275. 10.1007/s10508-007-9252-6

Frank, A.W. (2010) *Letting stories breathe: A socio-narratology.* Chicago: The University of Chicago Press.

Franklin, A. & Tranter, B. (2021) Loneliness and the cultural, spatial, temporal and generational bases of belonging. *Australian Journal of Psychology.* 73 (1), 57-69. 10.1080/00049530.2020.1837007

Fredriksen-Goldsen, K.I. (2016) The future of LGBT + aging: a blueprint for action in services, policies and research. *Generations.* 40 (2), 6-15.

Fredriksen-Goldsen, K.I., Emlet, C.A., Kim H-J., Muraco, A., Erosheva, E.A., Goldsen, J. & Hoy-Ellis, C.P. (2012) The physical and mental health of lesbian, gay male, and bisexual (LGB) older adults: The role of key health indicators and risk and protective factors. *The Gerontologist.* 53 (4), 664-675. 10.1093/geront/gns123

Fredriksen-Goldsen, K.I., Kim, H.-J., Shiu, C., Goldsen, J. & Emlet, C.A. (2014) Successful aging among LGBT older adults: Physical and mental health-related quality of life by age group. *The Gerontologist,* 55 (1), 154-168. 10.1093/geront/gnu081

Frost, D.M. & Bastone, L.M. (2007) The role of stigma concealment in the retrospective high school experiences of gay, lesbian, and bisexual individuals. *Journal of LGBT Youth.* 5 (1), 27-36. 10.1300/J524v05n01_04

Fuller, H.R., Ajrouch, K.J. & Antonucci, T.I. (2020) The convoy model and later-life family relationships. *Journal of Family Theory & Review.* 12, 126-146. 10.1111/jftr.12376

Fuller-Iglesias, H.R. & Antonucci, T. (2016) Convoys of social support in Mexico: Examining socio-demographic variation. *International Journal of Behavioural Development.* 40 (4), 324-333. 10.1177/0165025415581028

Gardner, A.T., De Vires, B. & Mockus, D.S. (2014) Aging out in the desert: disclosure, acceptance, and service use among midlife and older lesbians and gay men. *Journal of Homosexuality,* 61 (1), 129-144. 10.1080/00918369.2013.835240

Green, B.N., Johnson, C.D. & Adams, A. (2001) Writing narrative literature reviews for peer-reviewed journals: secrets of the trade. *Journal of Chiropractic Medicine.* 5 (3), 101-117. 10.1016/S0899-3467(07)60142-6

Green, J. & Thorogood, N. (2014) *Qualitative Methods for Health Research.* 3rd ed. London, SAGE Publications Ltd.

Greenhalgh, T., Thorne, S. & Malterud, K. (2018) Time to challenge the spurious hierarchy of systematic over narrative reviews. *European Journal of Clinical Investigation.* 48 (6), 10.1111/eci.12931

Greenhalgh, T. & Peacock, R. (2005) Effectiveness and efficiency of search methods in systematic reviews of complex evidence: audit of primary sources. *British Medical Journal,* 331, 1064-1065. 10.1136/bmj.38636.593461.68

Grigorovich, A. (2015) Negotiating sexuality in home care settings: older lesbians and bisexual women's experiences. *Culture, Health and Sexuality,* 17 (8), 947-961. 10.1080/13691058.2015.1011237

Grinyer, A. (2004) The narrative correspondence Method: What a follow-up study can tell us about the longer-term effect on participants in emotionally demanding research. *Qualitative Health Research*, 14 (10), 1326-1341. 10.1177/1049732304269674

Goffman, E. (1963) *The presentation of self in everyday life.* London: Penguin.

Gorczynski, P. & Fasoli, F. (2021) Loneliness in sexual minority and heterosexual individuals: a comparative meta-analysis. *Journal of Gay and Lesbian Mental Health.* 10.1080/19359705.2021.1957742

Grossman, A.H., D' Augelli, A.R.D. & Hershberger, S.L. (2000) Social support networks of lesbian, gay and bisexual adults 60 years of age and older. *Journal of Gerontology.* 55B (3), 171-179. 10.1093/geronb/55.3.p171

Goldfried, M.R. & Goldfried, A.P. (2001) The importance of parental support in the lives of gay, lesbian, and bisexual individuals. *Journal of Clinical Psychology.* 57 (5), 681-693. 10.1002/jclp.1037

Gott, M. & Hinchliff, S. (2003) Barriers to seeking treatment for sexual problems in primary care: a qualitative study with older people. *Family Practice*, 20 (6), 690-695. 10.1093/fampra/cmg612

Guasp, A. (2011) *Lesbian, gay and bisexual people in later life*. London: Stonewall.

Harris, J. (2002) The correspondence method as a data-gathering technique in qualitative enquiry. *International Journal of Qualitative Methods.* 1 (4), 1-9. 10.1177/160940690200100401

Harrison, J. (2001) 'It's none of my business': Gay and lesbian invisibility in aged care. *Australian Occupational Therapy Journal,* 48 (3), 142-145. 10.1046/j.0045-0766.2001.00262.x

Hawkley, C.& Cacioppo, J.T. (2010) Loneliness matters: A theoretical and empirical review of consequences and mechanisms. *Annals of Behavioural Medicine.* 40, 218-227, 10.1007/s12160-010-9210-8

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

Heylen, L. (2010) The older, the lonelier? Risk factors for social loneliness in old age. *Aging and Society,* 30, 1177-1196. 10.1017/S0144686X10000292

Hole, K. (2011) Loneliness compendium: examples from research and practice. York: Joseph Rowntree Foundation.

Holloway, I. & Wheeler, S. (2010) *Qualitative research in nursing and healthcare*. 3rd ed. Oxford: Wiley-Blackwell.

Holloway, I. & Wheeler, S. (2006) *Qualitative research in nursing*. Oxford: Blackwell Publishing.

Holloway, I. & Biley, F.C. (2011) Being a qualitative researcher. *Qualitative Health Research.* 21 (7), 968-975. 10.1177/1049732310395607

Holmes, S.E. & Cahil, S. (2004) School experiences of gay, lesbian, bisexual and transgender youth. *Journal of Gay & Lesbian Issues in Education.* 1 (3), 53-66. 10.3389/fpsyg.2019.02936

Hsieh, N. & Liu, H. (2021) Social relationships and loneliness in late adulthood: disparities by sexual orientation. *Journal of Marriage and Family,* 83 (1), 57-74. 10.1111/jomf.12681

Hughes, M.E., Waite, L.J., Hawkley, L.C. & Cacioppo, J.T. (2004) A short scale for measuring loneliness in large surveys: Results from two population-based studies. *Research on Aging,* 26 (6) 655-672. 10.1177/0164027504268574

Hughes, M. (2016) Loneliness and social support among lesbian, gay, bisexual, transgender and intersex people aged 50 and over. *Ageing and Society,* 36, 1961-1981. 10.1017/S0144686X1500080X

Hughes, M. (2020) Health and well-being of lesbians, gay men and bisexual people in later life: examining the commonalities and differences from quantitative research. In: King, A., Almack, K., & Jones, R.L. (eds), *Intersections of ageing, gender and sexualities: Multidisciplinary international perspectives*. Bristol: Bristol University Press.

Jackson, S.E., Hackett, R.A., Grabovac, I., Smith, L. & Stepoe, A. (2019) Perceived discrimination, health and well-being among middle-aged and older lesbian, gay and bisexual people: A prospective study. *PLoS One,* 14 (5) 10.1371/journal.pone.0216497

Jacobs, R.J. & Kane, M.N. (2012) Correlates of loneliness in midlife and older gay and bisexual men. *Journal of Gay and Lesbian Social Services,* 24 (1), 40-61. 10.1080/10538720.2012.643217

Janak, E. (2018) Bracketing and bridling: using narrative reflexivity to confront researcher bias and the impact of social identity in a historical study. *Philanthropy and Education.* 1 (2), 82-93. 10.2979/phileduc.1.2.04

Jootun, D. (2009) Reflexivity: promoting rigour in qualitative research. *Nursing Standard.* 23 (23), 42-46. 10.7748/ns2009.02.23.23.42.c6800

Josselson, R. (2006) Narrative research and the challenge of accumulating knowledge. *Narrative Inquiry.* 16 (1), 3-10. 10.1075/ni.16.1.03jos

Kahn, R.L. & Antonucci, T.C. (1980) Convoys over the life course: attachment, roles, and social support. *Life-span Development and Behaviour.* 3, 253-286.

Keen, C. & Edmunds Otter, M. (2014) Critical Appraisal. In Walker, D. (eds) *An Introduction to Health Services Research*. London: SAGE Publications Ltd.

Kehoe, M. (1988) *Lesbians over 60 speak for themselves*. London: Haworth Press Inc.

Kemp, C.L., Ball, M.M. & Perkins, M.M. (2013) Convoys of care: Theorizing intersections of formal and informal care. *Journal of Aging Studies.* 27, 15-29. 10.1016/j.jaging.2012.10.002

Kemparaj, U. & Chavan, S. (2013) Qualitative Research: a brief description. *Indian Journal of Medical Sciences.* 67 (3), 89-98.

Kim, J.H. (2015) *Understanding Narrative Inquiry: The crafting and analysis of stories of research.* London: SAGE Publications Ltd.

Kim, H-J. & Fredriksen-Goldsen, K.I. (2014) Living arrangements and loneliness among lesbian, gay and bisexual older adults. *The Gerontologist.* 56 (3), 548-558. 10.1093/gerong/gnu083

King, A. (2016a) Troubling identities? Examining older lesbian, gay and/or bisexual people's membership categorisation work and its significance. In: Peel, E. & Harding, R. *Ageing and sexualities: Interdisciplinary Perspectives.* London: Routledge Taylor and Francis Group.

King, A. (2016b) *Older lesbian, gay and bisexual adults: Identities, intersections and institutions.* Oxfordshire: Routledge Taylor and Francis Group.

King, A., Almack, K. & Suen, Y-T. (2019) Older lesbian, gay, bisexual and trans people: minding the knowledge gaps. In: King, A. Almack, K. Suen, Y-T. & Westwood, S. *Older lesbian, gay, bisexual and trans people: Minding the knowledge gaps.* Oxon: Routledge.

King, A. & Cronin, A. (2016) Bonds, bridges and ties: Applying social capital theory to LGBT people's housing concerns later in life. *Quality in Ageing and Older Adults*. 17 (1), 16-25, 10.1108/QAQA-05-2015-0023

Klok, J., van Tilburg., T.G., Suanet., B., Fokkema., T. & Huisman, M. (2017) National and transnational belonging among Turkish and Moroccan older migrants in the Netherlands: protective against loneliness. *European Journal of Ageing.* 14, 341-351. 10.1007/s10433-017-0420-9

Kneale, D. (2016) Connected communities? LGB older people and their risk of exclusion from decent housing and neighbourhoods. *Quality and Ageing and Older Adults.* 17 (2), 107-118, 10.1108/QAOA-04-2015-0019

Koc, Z. (2012) Determination of older people's level of loneliness. *Journal of Clinical Nursing,* 21, 3037-3046. 10.1111/j.1365-2702.2012.04277.x

Korstjens, I. & Moser, A. (2018) Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *The European Journal of General Practice.* 24 (1), 1-5. 10.1080/13814788.2017.1375092

Kosciw, J.G., Greytak, E.A. & Diaz, E.M. (2009) Who, what, where, when, and why: Demographic and ecological factors contributing to hostile school climate for lesbian, gay, bisexual, and transgender youth. *Journal of Youth and Adolescence.* 38, 976-988. 10.1007/s10964-009-9412-1

Kralik, D., Koch, T. & Brady, B.M. (2000) Pen pals: correspondence as a method for data generation in qualitative research. *Journal of Advanced Nursing*, 31 (4), 909-917. 10.1046/j.1365-2648.2000.01358.x

Kuyper, L. & Fokkema, T. (2010) Loneliness among older lesbian, gay, and bisexual adults: The role of minority stress. *Archives of Sexual Behavior,* 39, 1171-1180. 10.1007/s10508-009-9513-7

Lai, C.K.Y. (2010) Narrative and narrative enquiry in health and social sciences. *Nurse Researcher*, 17 (3), 72-84. 10.7748/nr2010.04.17.3.72.c7748

Levitt, M.J. (2005) Social relations in childhood and adolescence: The convoy model perspective. *Human Development.* 48, 28-47. 10.1159/000083214

Lieblich, A., Tuval-Mashiach, R. & Zilber, T. (1998) *Narrative Research: reading, analysis and interpretation.* London: SAGE Publications Ltd.

Lincoln, Y.S. & Guba, E.G. (1985) *Naturalistic Inquiry*. CA: SAGE Publications Ltd.

Lindsay, G. M. (2006) Experiencing nursing education research: narrative inquiry and interpretive phenomenology. *Nurse Researcher.* 13 (4), 30-47. 10.7748/nr2006.07.13.4.30.c5988

Link, B.G. & Phelan, J.C. (2001) Conceptualizing stigma. *Annual Review of Sociology.* 27, 363-385. 10.1146/annurev.soc.27.1.363

Lottman, R, & King, A. (2020) Who can I turn to? Social networks and the housing, care and support preferences of older lesbian and gay people in the UK. Sexualities. Available at: https://journals.sagepub.com/doi/pdf/10.1177/1363460720944588

Lyons, A., Croy, S., Barrett, C. & Whyte, C. (2015) Growing old as a gay man: how life has changed for the gay liberation generation. *Aging and Society,* 35, 2229-2250. 10.1017/S0144686X14000889

Marmot, M. (2010) *Fair Society Healthy Lives, the Marmot Review*. London: The Marmot Review.

McGovern, J., Brown, D. & Gasparro, V. (2016) Lessons learned from an LGBTQ senior center: A Bronx Tale. *Journal of Gerontological Social Work,* 59 (7-8), 496-511. 10.1080/01634372.2016.1255692

McManus, S. (2003) Sexual orientation Research Phase 1: A review of methodological approaches. London: National Centre for Social Research.

Meanley, S., Pingel, E.S. & Bauermeister, J.A. (2015) Psychological well-being among religious and spiritual-identified young gay and bisexual men. *Sexuality Research and Social Policy.* 13, 35-45. 10.1007/s13178-015-0199-4

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

Milligan, C. (2005) Placing narrative correspondence in the geographer's toolbox: insights from care research in New Zealand. *New Zealand Geographer*, 61, 213-224. 10.1111/j.1745-7939.2005.00035.x

Milligan, C. & Morbey, H. (2016) Care, coping and identity: older men's experiences of spousal care-giving. *Journal of Aging Studies.* 38, 105-114. 10.1016/j.jaging.2016.05.002

Morrow, S.L. (2005) Quality and trustworthiness in qualitative research in counselling psychology. *Journal of Counselling Psychology*, 52 (2), 250-260. 10.1037/0022-0167.52.2.250

Moule, P., Aveyard, H. & Goodman, M. (2017) *Nursing research: An introduction.* 3rd ed. London: SAGE Publications Ltd.

Musingarimi, P. (2008) Social care issues affecting older gay, lesbian and bisexual people in the UK: A policy brief. London: The International Longevity Centre.

Nicholaisen, M. & Thorsen, K. (2014) Loneliness among men and women – a five-year follow-up study. *Aging and Mental Health,* 18 (2), 194-206. 10.1080/13607863.2013.821457

Nursing and Midwifery Council (2018) *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates.* London: NMC.

Office of National Statistics (2021) Mapping loneliness during the coronavirus pandemic. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/mappinglonelinessduringthecoronaviruspandemic/2021-04-07 [Accessed 16th June 2021].

Office of National Statistics (2018) Children's and young people's experiences of loneliness: 2018. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/childrensandyoungpeoplesexperiencesofloneliness/2018 [Accessed 16th June 2021].

Orel, N.A. (2014) Investigating the needs and concerns of lesbian, gay, bisexual, and transgender older adults: The use of qualitative and quantitative methodology. *Journal of Homosexuality,*61 (1), 53-78. 10.1080/00918369.2013.835236

Ospina, S. & Dodge, J. (2005) It's about time: Catching method up to meaning – the usefulness of narrative inquiry in public administration research. *Public Administration Review.* 65 (2), 143-157. 10.1111/j.1540-6210.2005.00440.x

Page, M.J.L, Lindahl, K.M. & Malik, N.M. (2013) The role of religion and stress in sexual identity and mental health among LGB youth. *Journal of Adolescent Research.* 23 (4). 665-677. 10.1111/jora.12025

Pearlman, D. & Peplau, L.A. (1981) Toward a Social Psychology of Loneliness. In: Duck, S.W., & Gilmour, R., Eds., *Personal relationships in disorder.* London: Academic Press.

Pereira, H., De Vries, B., Esgalhado, G. & Serrano, J.P. (2021) Loneliness perceptions in older Portuguese gay and bisexual men. *Journal of Homosexuality*, 10.1080/00918369.2021.1901504

Perone AK, Ingersoll-Dayton B and Watkins-Dukhie K. (2019) Social Isolation Loneliness Among LGBT Older Adults: Lessons Learned from a Pilot Friendly Caller Program. *Innovation in Aging,* 3 (S1*)*, 742-743

Perone, A.K., Ingersoll-Dayton, B. & Watkins-Dukhie, K. (2019) Social isolation loneliness among LGBT older adults: Lessons learned from a pilot friendly caller program. *Clinical Social Work Journal,* 48 (5), 126-139. 10.1007/s10615-019-00738-8

Peterson, N., Lee., J. & Russell., D. (2020) Dealing with loneliness among LGBT older adults: Different coping strategies. *Innovation in Aging.* 4 (1), 516-517. 10.1093/geroni/igaa057.1667

Plummer, K. (2001) *Documents of life 2: an invitation to a critical humanism.* London: SAGE Publications Ltd.

Polkinghorne, D.E. (2007) Validity issues in narrative research. *Qualitative Inquiry.* 13 (4), 471-486. 10.1177/1077/1077800406297670

Polit, D.F. & Beck, C.T. (2014) *Essentials of Nursing Research: Appraising Evidence for Nursing Practice.* 8th ed. London: Lippincott Williams & Wilkins.

Poston, B. (2009) An exercise in personal exploration: Maslow's hierarchy of needs. *The Surgical Technologist.* 347-353. Available at: https://www.ast.org/pdf/308.pdf

Pope, C. & Mays, N. (eds). (2006) *Qualitative Research in Health Care.* 3rd ed. Oxford: Blackwell.

Potoczniak, D., Crosbie-Burnett, M. & Saltzburg, N. (2009) Experiences regarding coming out to parents among African American, Hispanic and white

gay, lesbian, bisexual, transgender, and questioning adolescents. *Journal of Gay & Lesbian Social Services.* 21 (2-3), 189-205. 10.1080/10538720902772063

Price, E. (2011) LGBT sexualities in social care research. Methods review two. London: National Institute for Health Research.

Public Health England (2015) *Loneliness and isolation: Social relationships are key to good health.* Available at: https://publichealthmatters.blog.gov.uk/2015/12/08/loneliness-and-isolation-social-relationships-are-key-to-good-health/ [Accessed 25th March 2021].

Ragins, B.R. (2008) Disclosure disconnects: antecedents and consequences of disclosing invisible stigmas across life domains. *Academy of Management Review,* 33 (1), 194-215.

Ream, G.L. & Savin-Williams, R.C. (2005) Reconciling Christianity and positive non-heterosexual identity in adolescence, with implications for psychological well-being. *Journal of Gay & Lesbian Issues in Education.* 2-3, 19-36. 10.1300/J367v02n03_03

Reid, J.D. (1995) Development in late life: Older lesbian and gay lives. In D'Augelli, A.R. & Patterson, C.J. (Eds.) *Lesbian, gay, and bisexual identities over the lifespan: Psychological perspectives.* Oxford: Oxford University Press.

Reissman, C.K. (2008) *Narrative methods for the human sciences*. London: Sage Publications Ltd.

Robson, C. (2016) *Real World Research*. 3rd ed. West Sussex: Wiley.

Rogers, B.A. (2021) Researching while queer: a research note about a genderqueer lesbian conducting qualitative research in the southeastern United States. *International Journal of Social Research Methodology.* 24 (1), 31-37. 10.1080/13645579.2020.1760551

Ross, T. (2012) *A survival guide for health research methods*. Berkshire: Open University Press.

Ross, J.A. & Green, C. (2010) Inside the experience of anorexia nervosa: A narrative thematic analysis. *Counselling and Psychotherapy Research.* 11 (2), 112-119. 10.1080/14733145.2010.486864

Rumens, N. (2008) Working at intimacy: Gay men's workplace friendships. *Gender, Work and Organization.* 15 (1), 9-30. 10.1177/0018726710361987

Rumens, N. (2010a) Workplace friendships between men: Gay men's perspectives and experiences. *Human Relations.* 63 (10), 1541-1562. 10.1177/0018726710361987

Rumens, N. (2010b) Firm friends: exploring the supportive components in gay men's workplace friendships. *The Sociological Review.* 58 (1), 135-155. 10.1111/j.1467-954X.2009.01879.x

Ryan, C., Russell, S.T., Huebner, D., Diaz, R. & Sanchez, J. (2010) Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing.* 23 (4), 205-213. 10.1111/j.1744-6171.2010.00246.x

SAGE (2020) *Inclusive services for LGBT older adults*. SAGE. Available at: https://www.lgbtagingcenter.org/resources/pdfs/Sage_GuidebookFINAL1.pdf

Salvin-Baden, M. & Van-Niekerk, L. (2007) Narrative Inquiry: Theory and Practice. *Journal of Geography in Higher Education.* 31 (3), 459-472. 10.1080/03098260601071324

Samarova, V., Shilo, G. & Diamond, G.M. (2013) Changes in youths' perceived parental acceptance of their sexual minority status over time. *Journal of Research on Adolescence.* 24 (4), 681-688. 10.1111/jora.12071

Sandberg, L.J. & Marshall, B. (2017) Queering aging futures. *Societies.* 7 (21), 10.3390/soc7030021. Available at: https://www.mdpi.com/2075-4698/7/3/21/htm

Savage, B. & Barringer, M.N. (2021) The (minority) stress of hiding: the effects of LGBT identities and social support on aging adults' concern about housing. *Sociological Spectrum.* 41 (6), 478-498, 10.1080/02732173.2021.2010627

Schuck, K.D. & Liddle, B.J. (2001) Religious conflicts experienced by lesbian, gay, and bisexual individuals. *Journal of Gay & Lesbian Mental Health.* 5 (2), 63-82. 10.1300/J236v05n02_07

Schwartz, E. & Litwin, H. (2018). Social network changes among older Europeans: The role of gender. *European Journal of Ageing*. 15(4), 359–367. 10.1007/s10433-017-0454-z

Shank, G.D. (2005) *Qualitative Research: A personal Skills Approach.* 2nd ed, New Jersey: Pearson.

Sharek, D.B., McCann, E., Sheerin, F., Glacken, M. & Higgins, A.H. (2014) Older LGBT people's experiences and concerns with healthcare professionals and services in Ireland. *International Journal of Older People Nursing,* 10, 230-240. 10.1111/opn.12078

Shenton, A.K. (2004) Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22, 63-75. 10.3233/EFI-2004-22201

Sherry, A., Adelman, A., Whilde, M.R. & Quick, D. (2010) Competing selves: negotiating the intersection of spiritual and sexual identities. *Professional Psychology: Research and Practice.* 41 (2), 112-119. 10.1037/A0017471

Shilo, G. & Savaya, R. (2011) Effects of family and friend support on LGB youths' mental health and sexual orientation milestones. *Family Relations.* 60, 318-330. 10.1111/J.1741-3729.2011.00648.x

Shiovitz-Ezra, S. & Leitsch, S.A. (2010) The role of social relationships in predicting loneliness: The national social life, health , and aging project. *Social Work Research.* 34 (3), 157-167. 10.1093/swr/34.3.157

Shnoor, Y. & Berg-Warman (2019) Needs of the aging LGBT community in Israel. *The International Journal of Aging and Human Development.* 89 (1), 77-92. 10.1177/0091415019844452

Stutey, D.M., Givens, J., Cureton, J.L. & Henderson, A.J. (2020) The practice of bridling: Maintaining openness in phenomenological research. *Journal of Humanistic Counselling.* 59, 144-156. 10.1002/JOHC.12135

Sullivan, G. & Losberg, W. (2003) A study of sampling in research in the field of lesbian and gay studies. *Journal of Gay and Lesbian Social Services.* 15 (1-2), 147-162. 10.1300/jo41V15n01_10

Taub, N., Douiri, A. & Walker, D. (2014) Sampling. In Walker, D. (eds) *An Introduction to Health Services Research.* London: SAGE Publications Ltd.

Thanh, N.C. &Thanh, T.T.L. (2015) The interconnection between the interpretivist paradigm and qualitative methods in education. *American Journal of Educational Science.* 1 (2), pp. 24-27.

The International Longevity Centre UK (ILC) (2019) Raising the equality flag: Health inequalities among older LGBT people in the UK. Available at: https://ilcuk.org.uk/raising-the-equality-flag-health-inequalities-among-older-lgbt-people-in-the-uk/# [Accessed on 23rd May 2021].

Thomas, C. (1998) Parents and Family: Disabled Women's Stories about their childhood experiences. In: Robinson, C. & Stalker, K. (eds) *Growing up with disability*. London: Jessica Kingsley Publishers.

Tkatch, R., Artinian, N.T., Abrams, J., Mahn. J.R., Franks, M.M., Keteyian, S.J., Franklin, B., Pienta, A. & Schwartz, S. (2010) Social network and health outcomes among African American cardiac rehabilitation patients. *Heart and Lung.* 40 (3), 193-200. 10.1016/j.hrtlng.2010.05.049

Tod, A. (2006) Interviewing, In Gerrish, K. & Lacey, A. (eds) *The research process in nursing*. 5th ed. Oxford: Blackwell Publishing.

Tomaka, J., Thompson, S. & Palacios, R. (2006) The relation of social isolation, loneliness, and social support to disease outcomes among the elderly. *Journal of Aging and Health.* 18 (3)*, 359-384. 10.1177/0898264305280993

Topping, A. (2006) The quantitative-qualitative continuum. In: Gerrish, K. & Lacey, A. (eds) *The research process in nursing*. 5th ed. Oxford: Blackwell Publishing.

United Nations (2019) Measures of population ageing. Available at: https://www.un.org/en/development/desa/population/events/pdf/expert/29/session1/EGM_25Feb2019_S1_SergeiScherbov.pdf [Accessed on 23rd May 2021].

Vagle, M.D., Hughes, H.E. & Durbin, D.J. (2009) Remaining sceptical: Bridling for and with one another. *Field Methods.* 21 (4), 347-367. 10.1177/1525822X09333508

Victor, C., Mansfield, L., Kay, T., Daykin, N., Lane, J., Grigsby Duffy, L., Tomlinson, A. & Meads, C. (2018) *An overview of reviews: the effectiveness of interventions to address loneliness at all stages of the life-course.* London: HM Government.

Victor, C.R., Scambler, S.J., Marston, l., Bond, J. & Bowling, A. (2005) Older peoples experiences of loneliness in the UK: Does gender matter?. *Social Policy and Society,* 5 (1), 27-38. 10.1017/S1474746405002733

Victor, C.R. & Yang, K. (2012) The prevalence of loneliness among adults: A case study of the United Kingdom. *The Journal of Psychology,* 146 (1-2), 85-104. 10.1080/00223980.2011.613875

Wahler, J. & Gabbay, S.G. (1997) Gay male aging: A review of the literature. *Journal of Gay & Lesbian Studies,* 6 (3), 1-20. 10.1300/J041v06n03_01

Wang, C.C. & Geale, S.K. (2015) The power of story: Narrative inquiry as a methodology in nursing research. *International Journal of Nursing Sciences,* 2, 195-198. 10.1016/j.ijnss.2015.04.014

Westwood, S. (2013) Researching older lesbians: Problems and partial solutions. *Journal of Lesbian Studies.* 17 (3-4), 380-392. 10.1080/10894160.2013.773840

Wilkens, J. (2015) Loneliness and belongingness in older lesbians: The role of social groups as community. *Journal of Lesbian Studies,* 19 (1), 90-101. 10.1080/10894160.2015.960295

Wilkens, J. (2016) The significance of affinity groups and safe spaces for older lesbians and bisexual women: creating support networks and resulting heteronormativity in older age. *Quality in Ageing and Older Adults,* 17 (1), 26-35. 10.1108/QAOA-08-2015-0040

Wilkens, J. (2017) Challenges in reflexive research into loneliness and isolation in older lesbians. In: Sexualities research: King, A. Santos A.C. & Crowhurst, I. *Critical interjections, diverse methodologies, and practical applications.* London: Routledge Taylor and Francis Group.

Wilkinson, L. & Pearson, J. (2009) School culture and the well-being of same-sex-attracted youth. *Gender and Society.* 23 (4), 542-568. 10.1177/0891243209339913

Williams, H., Varney, J., Taylor, J., Fish, J., Durr, P. & Elan-Cane, C. (2016) *The Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework Companion Document.* Available at http://lgbt.foundation/policy-research/PHOF/ [accessed on 10th February 2016].

Willis, P. (2010) Connecting, supporting, colliding: The work-based interactions of young LGBQ-identifying workers and older queer colleagues. *Journal of LGBT Youth.* 7 (3), 224-246. 10.1080/19361653.2010.487758

Willis, P., Vickery, A. & Jessiman, T. (2020) Loneliness, social dislocation and invisibility experienced by older men who are single or living alone: accounting for differences across sexual identity and social context. *Ageing and Society.* 10.1017/S0144686X20000914

Woody, I. (2014) Aging out: a qualitative exploration of ageism and heterosexism among aging African American lesbians and gay men. *Journal of Homosexuality,* 61 (1), 145-165. 10.1080/00918369.2013.835603

World Health Organisation (1999) Men ageing and health: Achieving health across the life-span. Geneva: World Health Organisation.

Appendix A: Literature review table

Table 2: Summary of prior research

Authors	Title	Methods	Sample	Key findings relating to study
Addis, S., Davies, M., Greene, G., MacBride-Stewart, S. & Shepherd, M. (2009)	The health, social care and housing needs of lesbian, gay, bisexual and transgender older people: a review of the literature	Literature review	20 Research Papers identified	• Used in relation to fear of disclosure.

Authors	Title	Methods	Sample	Key findings relating to study
Averett, P., Yoon, I. & Jenkins, C.L. (2011)	Older lesbians: experiences of aging, discrimination and resilience	Quantitative Online survey, descriptive data Pilot study. Online distribution	Convenience sample 456 – 394 (86.4%) response rate. Average age 62.9	• Respondents experienced discrimination due to sexual orientation. • This occurred in informal settings – within family relationships (35.5%) social situations (35.7%) shopping etc. (20,2%). Employment (30.7%).
Barrett, C., Whyte, C., Comfort, J., Lyons, A. & Crameri, P. (2015)	Social connection, relationships and older lesbian and gay people	Qualitative in depth interviews	12 (11 used as focus for article) Lesbian and	• Heartache at family rejection.

Authors	Title	Methods	Sample	Key findings relating to study
		Australian	gay men. Mean age 70	• Relationships hidden to avoid discrimination but this exacerbates social isolation. • Social support and connections provided by friendships and social groups. • Friendships negotiated and lost if sexual orientation not affirmed.
Beals, K.P. & Peplau, L.A. (2005)	Identity support, identity devaluation and	Quantitative survey	42 commenced	• Identity support significantly associated with life satisfaction.

Authors	Title	Methods	Sample	Key findings relating to study
	well-being among lesbians	Report for period of 2 weeks Follow up survey 2 months later	and 34 did all stages	• Few lesbians escape social stigma.
Bradford, J.B., Putney, J.M., Shepard, B., Sass, S.E., Rudicel, S., Ladd, H. & Cahill, S. (2016)	Healthy aging in community for older lesbians	Qualitative Focus groups Demographic questionnaire	4-10 participants per focus group aged 64-71	• Importance of community. Significance of social support addressed 68 times – 'key to health'. • Fear about future isolation.

Authors	Title	Methods	Sample	Key findings relating to study
Cox, N., Dewaele, A., Van Houtte, M. & Vincke, J. (2011)	Stress-related growth, coming out, and internalized homonegativity in lesbian, gay, and bisexual youth. An examination of stress-related growth within the minority stress model	Quantitative Study on adolescents not used for study used for discussion on heteronormativity		• Heteronormative society leads to assumptions of heterosexuality.

Authors	Title	Methods	Sample	Key findings relating to study
Cronin, A. & King, A. (2014)	Only connect? Older lesbian, age and bisexual adults and social capital	Qualitative Interviews	22 (11w and 11m)	• Older LGB embedded in range of social networks. • Biographies mediate how these relationships are mediated. • HIV/AIDS decreased friendship networks. • Feelings of belonging increased if participate in community – buffers against stresses of living in a heteronormative society

Authors	Title	Methods	Sample	Key findings relating to study
				• Isolated if can't access and participate in LGB culture. • Accessing social networks and support compounded by age and sexuality.
Dahlberg, L. & McKee , K.J. (2014)	Correlates of social and emotional loneliness in older people: evidence	Quantitative Questionnaire based interview	Random sample 11.035 households sampled	• Social loneliness – gender, number of times family contact, activity, perceived community integration and receipt of community care significant.

Authors	Title	Methods	Sample	Key findings relating to study
	from an English community study	Analyses of Social Exclusion in old age study Loneliness scale	1255 older people	
D'Augelli, A.R. & Grossman, A.H. (2001)	Disclosure of sexual orientation, victimization, and mental health among lesbian, gay and bisexual adults	Quantitative Questionnaire	416 out of 430 Over 60	• Victims of attacks were found to be lonelier than non- victims. • Significant number concealed sexual orientation. • Disclosure is difficult.

Authors	Title	Methods	Sample	Key findings relating to study
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	Quantitative Questionnaire	416 LGB older adults aged over 60	• Loneliness experienced by many participants. • Those living with partners were less lonely. • Those with children were less lonely.
Delonga,K., Torres, H.L., Kamen, C., Evans, S.N., Lee, S., Koopmann, C. & Gore-Felton, C. (2011)	Loneliness, internalized homophobia and compulsive internet use: factors associated	Quantitative Questionnaire	63 but adolescents	• Used only to refer to how internalised homophobia develops.

Authors	Title	Methods	Sample	Key findings relating to study
	with sexual risk behaviour among a sample of adolescent males seeking services at a community LGBT centre			
Erosheva, E.A., Hyun-Jun, K., Emlet, C.& Fredriksen-Goldsen, K.I. (2015)	Social networks of lesbian, gay, bisexual and Transgender older adults	Quantitative Data from a large community-based study.	2201 paper 359 internet 11 community agencies over	• Identity disclosure is unique to older LGBT adults.

Authors	Title	Methods	Sample	Key findings relating to study
		Questionnaires Multiple regression analyses	6 months invited via contact list	• Fear of disclosure may lead to limiting social relationships and smaller less diverse acquaintances. • Age not particularly associated with network size but is with diversity.
Fokkema, T. & Kuyper, L. (2009)	The relation between social embeddedness and loneliness among older lesbian, gay and	Quantitative Secondary data 2 surveys pooled	152 LGB 3466 in second project Heterosexual	• LGB elders less socially embedded • Less likely to have children. • Absence of partner or child compensated by accessing friends decreases loneliness.

Authors	Title	Methods	Sample	Key findings relating to study
	bisexual adults in the Netherlands		comparison group	'families of choice'. - Significantly lonelier than heterosexuals. - Lower self-esteem increased loneliness. - Without a partner lonelier irrespective of sexual orientation. - Increased loneliness only in part due to weaker social embeddness.

Authors	Title	Methods	Sample	Key findings relating to study
Fredriksen-Goldsen, K.I., Emlet, C.A., Hyun-Jun, K., Muraco, A., Erosheva, E.A., Goldsen, B.S. & Hoy-Ellis, C.P. (2012)	The physical and mental health of lesbian, gay male and bisexual older adults: The role of key health indicators and risk and protective factors	Quantitative Cross sectional survey Caring of ageing with pride survey with 11 agencies	2439	• Bisexual women and men report higher likelihood of internalized stigma and more likely to conceal. • Lifetime victimisation impacts on health. • Internalized stigma is a predictor of disability. • Social support and social network protect against poor health.

Authors	Title	Methods	Sample	Key findings relating to study
Fredriksen-Goldsen, K.I., Hyun-Jun, K., Chengshi, S., Goldsen, J. & Emlet, C.A. (2014)	Successful aging among LGBT older adults: Physical and mental health related quality of life by age group	Quantitative

Cross sectional survey

Caring of ageing with pride survey with 11 agencies | 2560 | • Lifetime victimisation and discrimination events.

• Young old highest levels of being connected and larger network size. Older old had lowest.

• Positive sexual identity associated with better mental health.

• Disclosing identities provides opportunities to build social support – Meyer. |

Authors	Title	Methods	Sample	Key findings relating to study
				• Further research needed to clearly consider role of social relations and association of disclosure and mental quality of life.
Gardner, A.T., De Vries, B. & Mockus, D.S. (2014)	Aging out in the desert: disclosure, acceptance, and service use among midlife and older lesbians and gay men	Quantitative survey	502	• 31.3% indicated fear related to identifying as LGBT and being open. • Older gay men and lesbians maintain some fear of openly disclosing.

Authors	Title	Methods	Sample	Key findings relating to study
Gorczynski, P. & Fasoli, F. (2021)	Loneliness in sexual minority and heterosexual individuals: a comparative meta-analysis	Review Meta-Analysis	4 Articles included	• Sexual minority individuals more likely to report feelings of loneliness than heterosexual individuals.
Grigorovich, A. (2015)	Negotiating sexuality in home care settings: older lesbians and	Qualitative Secondary data Interviews were part of a larger case study	16 women	• Disclosure and gauging result common concern amongst lesbians living with partners – Influenced by past and present experiences of prejudice.

Authors	Title	Methods	Sample	Key findings relating to study
	bisexual women's experiences			• Complex decision processes in relation to decision making re disclosure. • 85% didn't disclose to home care. • If did disclose experienced HC workers avoiding interactions. • Rejection by family, friends and employers. • Monitor reactions to know if to disclose – influenced by past experiences.

Authors	Title	Methods	Sample	Key findings relating to study
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 over	Quantitative Questionnaire	416	- Characteristics of support networks 4% list parents but 33% listed siblings. Unsure if have disclosed sexual orientation. - Significantly less lonely if lived with a partner.
Guasp, A. (2011) Grey literature 'Stonewall'	Lesbian, gay and bisexual people in later life	Quantitative Survey by YouGov	1,050 Heterosexual 1,036 LGB	- LGB older adults at increased risk of loneliness. - LGB older adults have diminished social networks.

Authors	Title	Methods	Sample	Key findings relating to study
				• LGB older adults lose contact with family. • Older LGB adults view friends as family. • Sexual orientation has a negative impact on aging.
Harrison, J. (2001)	'It's none of my business': Gay and lesbian invisibility in aged care	Opinion piece		• Opinion Piece. • Used for heteronormativity. • Heteronormativity assumes heterosexual experience is central.

Authors	Title	Methods	Sample	Key findings relating to study
Heaphy, B., Yip, A.K.T. & Thompson, D. (2004)	Ageing in a non-heterosexual context	Mixed methodology Postal questionnaire Eight focus groups Semi-structured interviews	Questionnaire – 266 Focus groups – 16 w and 14 m Semi-structured interviews- 10 w and 10 m	• 20.6% and 34.8% men experienced loneliness and isolation when thinking about sexual identity. • Need to consider historical context in which they become of sexuality. • Older have more internalised sanctions against homosexuality. • Sexuality distances people from families – consequence of living their lives is loss of family.

Authors	Title	Methods	Sample	Key findings relating to study
Heylen, L. (2010)	The older, the lonelier? Risk Factors for social loneliness in old age	Quantitative Belgium study data analysis drawn from the panel study of households Survey	1,414	• Used to help define loneliness.
Hsieh, N. & Liu, H. (2021)	Social relationships and loneliness in late adulthood:	Quantitative Secondary data	3,567 Aged 50-97	• Older LGB adults significantly lonelier. • Less likely to have a partner.

Authors	Title	Methods	Sample	Key findings relating to study
	disparities by sexual orientation			
Hughes, M. (2016)	Loneliness and social support among lesbian, gay, bisexual, transgender and intersex people aged 50 or over	Quantitative Online and paper based survey	312	• Studies of LGBTI people have reported high levels of loneliness among general population. • Loneliness greater if lived alone but not specifically related to age. • 12.1% estranged from family and loneliness increased if no friends, especially no LGBTI friends.

Authors	Title	Methods	Sample	Key findings relating to study
				• 57.8% responded positively when asked whether or not family would support them in a crisis.
Jackson, S.E., Hackett, R.A., Grabovac, I., Smith, L. & Steptoe, A. (2019)	Perceived discrimination, health and wellbeing among middle-aged and older lesbian, gay and bisexual	Qualitative Data from ELSA (English longitudinal study of ageing) Computer assisted personal	304 LGB men and women aged 45-85	• Perceived discrimination associated with increased odds of loneliness.

Authors	Title	Methods	Sample	Key findings relating to study
	people: A prospective study	interview and self-completion questionnaire.		
Jacobs, R. & Kane, M.N. (2012)	Correlates of loneliness in midlife and older gay and bisexual men.	Quantitative Cross sectional correlational research design questionnaire	802	• Few studies have looked at IH and loneliness. • Increased internalised homonegativity is a predictor of loneliness. • Impact of life long stigma and discrimination = negative outlook on life and this is a predictor of loneliness.

Authors	Title	Methods	Sample	Key findings relating to study
				• Must consider socio historical context. • Grew up in an era where homosexuality not disclosed or discussed.
Kim, H.J. & Fredriksen-Goldsen, K.I. (2014)	Living arrangement and loneliness among lesbian, gay and bisexual older adults	Quantitative Cross sectional survey Caring of ageing with pride survey with 11 agencies	2,560	• Social support and network size and internalized stigma partially relationship between living arrangement and loneliness. • Living with partner or spouse provides intimate social support network and

Authors	Title	Methods	Sample	Key findings relating to study
				more belonging which decreases loneliness. • Living with another – quality of support not as strong. • Important to target internalised stigma to reduce and prevent loneliness.
Koc, Z. (2012)	Determination of older people's level of loneliness	Quantitative Descriptive study Questionnaire	330	• Increased levels of loneliness in unmarried, childless, live alone.

Authors	Title	Methods	Sample	Key findings relating to study
Kuyper, L. & Fokkema, T. (2010)	Loneliness among older lesbian, gay and bisexual adults: The role of minority stress	Quantitative Data taken from 2002 gay autumn survey Written questionnaire	161	- Concealing true identity may be due to experiencing negative or harmful events. - Age and gender not related to different levels of general loneliness amongst LGB. - Steady partner and increased general support network equals less lonely. - Those who experience discrimination due to sexual orientation are more likely to experience loneliness.

Authors	Title	Methods	Sample	Key findings relating to study
				• LGB social network decrease social loneliness.
Lyons, A., Croy, S., Barrett, C. & Whyte, C. (2015)	Growing old as a gay mane: how life changed for the gay liberation	Quantitative Survey	439 men	• Those in 60's part of generation overcame big challenges around public acceptance of LGBTQ. • Some never out but some had positive response. • Some tolerated but still not always accepted.

Authors	Title	Methods	Sample	Key findings relating to study
				• Identifying and connecting with others part of process of self-acceptance. • Participants wrote about loss of family and friends due to coming out.
McGovern, J., Brown, D. & Gasparro, V. (2016)	Lessons learned from LGBTQ senior center: A Bronx Tale	Qualitative Focus groups Three interviews	Purposive 7 women 2 men	• LGBTQ over 50 most of life experiencing stigma and bias increased rates of loneliness. • More likely to live alone.

Authors	Title	Methods	Sample	Key findings relating to study
Meyer, I.H. (2003)	Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence	Review of research evidence		• Used for minority stress discussion. • Discusses what minority stress is and three processes of minority stress. • Stress caused by concealment of sexual orientation. • Concealment prevents LGB people identifying and affiliating with others who are gay – can't access formal or informal support.

Authors	Title	Methods	Sample	Key findings relating to study
Musingarimi, P. (2008) International Longevity Centre	Social care issues affecting older, gay and bisexual people in the UK: A policy brief	Policy		• LGB older adults more likely to be single and less likely to have children.
Nicholaisen, M., & Thorsen, K. (2014)	Loneliness among men and women – a five year follow up study	Mixed methodology Norwegian study Longitudinal panel study	3750	• Loneliness perceived as being particularly associated with old age. • Loneliness influenced by being single, divorced or widowed.

Authors	Title	Methods	Sample	Key findings relating to study
		Telephone interviews Postal questionnaires		
Orel, N.A. (2014)	Investigating the needs and concerns of lesbian, gay, bisexual and transgender older adults: the use of	Mixed Methodology Focus groups Interviews Survey	7-10 in focus groups Interviews 38 Survey 1,150	• Focus group members – social networks comprised mainly of LGBT. individuals – recognise the limits of this exclusivity • Picked battles in relation to disclosure to family members.

Authors	Title	Methods	Sample	Key findings relating to study
	qualitative and quantitative methodology			• Decisions to disclose influenced by perceptions of the level of heterosexism. • Non- disclosure protects against estrangement.
Pereira, H., De Vries, B., Esgalhado, G. & Serrano, J.P. (2021)	Loneliness perceptions in older Portuguese gay and bisexual men	Qualitative Structured electronic inquiry. Open ended questions	35 gay and bisexual men aged over 60	• Negative experiences regarding homophobia. • Lower levels of loneliness associated with lower levels of loneliness.

Authors	Title	Methods	Sample	Key findings relating to study
				• Importance of social support reinforced. • Lower levels of loneliness mentioned support from family and friends.
Perone, A.K., Ingersoll-Dayton, B. & Watkins-Dukhie, K. (2020)	Social isolation loneliness among LGBT older adults: Lessons learned from a pilot friendly caller program	Mixed methods	35 LGBTQ+ older adults	• Historical trauma and discrimination have left many LGBTQ+ older adults more vulnerable to social isolation and loneliness.

Authors	Title	Methods	Sample	Key findings relating to study
Ragins, B.R. (2008)	Disclosure disconnects: antecedents and consequences of disclosing invisible stigmas across life domains	Article		• Invisible stigma and those that can be hidden to prevent prejudice and discrimination. • Consider disclosure against the risk of social rejection.
Sharek, D.B., McCann, E., Sheerin, F., Glacken, M. & Higgins, A. (2014)	Older LGBT people's experiences and concerns with	Mixed methods Survey and interviews	Questionnaire 144 Interviews 36	• This age group has historically experienced discrimination. • Difficulties in disclosing as fear stigma and discrimination.

Authors	Title	Methods	Sample	Key findings relating to study
	healthcare professionals and services in Ireland			• Healthcare staff not knowledgeable of LGBT issues due to presumed heterosexuality and heterosexist language.
Shnoor, Y. & Berg-Warman, A. (2019)	Needs of the aging LGBT community in Israel	Quantitative questionnaire	104 LGBT individuals aged over 55	• LGBT individuals more likely to live alone. • Those LGBT individuals reporting loneliness twice that reported by general population.

Authors	Title	Methods	Sample	Key findings relating to study
Wilkens, J. (2015)	Loneliness and belongingness in older lesbians: the role of social groups as community	Qualitative Focus groups Interviews	10	• Participants experienced harassment and rejection growing up. • Many stated they were out but when they reflected there were degrees of concealment. • Some remain in closet as fear harassment. • Disclosure can have devastating effect. • Anticipate future loneliness.

Authors	Title	Methods	Sample	Key findings relating to study
Wilkens, J. (2016)	The significance of affinity groups and safe spaces for older lesbians and bisexual women: creating support networks and resulting heteronormativity in older age	Qualitative Interviews	35	• Those born in 1940's and 50's making friendships is harder as they have concealed true feelings. • Many participants talked of loneliness. • Prefer company of same sexuality. • Friendships and groups and networks important for social support and may increase feelings of connectedness and belonging.

Authors	Title	Methods	Sample	Key findings relating to study
				• Older LGB women vulnerable to loneliness as single and less like to have children or contact with families.
Willis, P., Vickery, A. & Jessiman, T. (2020)	Loneliness, social dislocation and invisibility experienced by older men who are single or living alone: accounting for differences across sexual	Mixed methodology

Cross-sectional study

Semi-Structured interviews | 111 gay men aged 65-95 | • Gay men's loneliness tinted by having to negotiate heteronormative social environments in earlier lives.

• Social constructs of sexuality shape experiences of loneliness. |

Authors	Title	Methods	Sample	Key findings relating to study
	identity and social context			
Victor, C.R., Scambler, S.J., Marston, L., Bond, J. & Bowling, A. (2005)	Older people's experiences of loneliness in the UK: Does gender matter?	Quantitative Survey	999 (response rate 77%)	• Loneliness is where quantity and quality of social relationships below desired level. • Divorce, widow, single – increased risk.
Victor, C.R. & Yang, K. (2012)	The prevalence of loneliness among adults: a case	Quantitative Previous data set	2393 aged 15-97	• Loneliness follows a u shaped distribution higher in under 25 and over 65.

Authors	Title	Methods	Sample	Key findings relating to study
	study of the United Kingdom			
Woody, I. (2014)	Aging out: a qualitative exploration of ageism and heterosexism among aging African American lesbians and gay men	Qualitative Interviews	15	Fear of rejection and abandonment led participants not to come out Several experienced isolation Clubs are youth orientated so do not attend Many experienced IH Consider themselves loners in early life as have a sense of being 'other'

Appendix B: Interview prompt sheet

Expressing sexuality across the life-course and the impact this has on experiences of social loneliness in later life: a narrative inquiry in to the lived experiences of older lesbian, gay and bisexual adults.

Thank you for agreeing to participate in this study. You are invited to either write or audio record your experiences related to expressing your sexuality throughout your life and the impact this may have had on any feelings of social loneliness you have had in later life. As discussed in the participant information sheet the purpose of this study is to explore older lesbian, gay and bisexual adult's experiences of expressing their sexuality across their lifetime and to consider if this has had an impact on any feelings of social loneliness they may have experienced in later life.

You may wish to use the following questions as a guide when telling me you story:

Expressing your sexuality

Have there been any times in your life when you have felt able to freely express your sexuality or times you have felt this was restricted? Why did you feel this way? What do you feel influenced your feelings?

Have you ever experienced discrimination or stigma across your lifetime due to your sexual orientation? If you have not actually experienced discrimination or stigma have you ever feared that you would have had you disclosed your sexual orientation?

Do you feel that over time it has become easier or harder to freely express who you are?

Have you experienced social loneliness in your later life and do you feel this is linked in any way to your sexual orientation?

Have you ever felt unable to disclose your sexual orientation to friends/family and if so do you feel that this has restricted your ability to form friendships or to feel a part of the community? If yes can you explain why you felt that you couldn't disclose your sexual orientation to others?

Thank you once again for taking the time to tell me about your experiences.

Amelia Bell

Appendix C: Participant information sheet

Health & Medicine | Lancaster University

Participant Information Sheet

Expressing sexuality across the life-course and the impact this has on experiences of social loneliness in later life: a narrative enquiry in to the lived experiences of older lesbian, gay and bisexual adults.

My name is Amelia and I am conducting this research as a student in the PhD Public Health programme at Lancaster University, Lancaster, United Kingdom.

What is the study about?

The purpose of this study is to explore older lesbian, gay and bisexual adult's experiences of expressing their sexuality across their lifetime and to consider if this has had an impact on any feelings of social loneliness they may have experienced in later life.

Why have I been approached?

You have been approached because the study requires information from those aged 60 or over who identify as lesbian, gay or bisexual.

Do I have to take part?

No. It's completely up to you to decide whether or not you take part, not taking part will have no negative repercussions. If you chose to participate participation you have the right to withdraw from the study at

any time prior to submitting their narrative account and up to four weeks after it has been submitted

What will I be asked to do if I take part?

If you decide you would like to take part, you would be asked to either write or voice record accounts of your experiences related to expressing your sexuality throughout your life and the impact this may have had on any feelings of social loneliness you have had in later life. You will be provided with a sheet of questions you may wish to consider when writing your account. Once you have written or recorded your account you will be asked to post/email it to the researcher and they may then write back to you to ask you to expand on certain areas. If you are asked to expand then this would be a further written or voice recorded account that will be returned by mail/email.

If you prefer to you can attend for a face-to-face interview with the researcher to tell them about your experiences, the interview will be audio recorded. Interviews will take place at the XXX or XXX. Where you are unable to attend the venues in XXX for interviews an alternative option will be provided.

Will my data be Identifiable?

The information you provide is confidential. The data collected for this study will be stored securely and only the research team conducting this study will have access to this data:

- o Audio recordings will be destroyed and/or deleted once the project has been submitted for examination

o Hard copies of consent forms and written accounts/interview transcriptions will be kept in a locked cabinet and stored securely for 10 years. At the end of this period, they will be destroyed.

o Any files from transcribed voice recorded accounts/interviews will be stored on a computer and the Lancaster server and the transcriptions will be encrypted (that is no-one other than the researcher will be able to access them). The computer itself is password protected and the transcriptions will be stored for 10 years.

o The typed version of your account will be made anonymous by removing any identifying information including your name. Anonymised direct quotations from your account may be used in the reports or publications from the study, so your name will not be attached to them.

o All your personal data will be confidential and will be kept separately from your written or transcribed accounts.

o If you choose to send your accounts via email then it will be to a password secure email account that has been setup solely for this research project.

There are some limits to confidentiality: if what is said in the accounts makes me think that you, or someone else, is at significant risk of harm, I will have to break confidentiality and speak to a member of staff about this. If possible, I will tell you if I have to do this.

What will happen to the results?

The results will be summarised and reported in a thesis and may be submitted for publication in an academic or professional journal or presented at academic conference. It is anticipated that the results will also help to increase understanding of loneliness amongst older lesbian, gay and bisexual adults and this can then be developed further and used to inform recommendations.

Are there any risks?

There are no risks anticipated with participating in this study. However, if you experience any distress following participation you are encouraged to inform the researcher and contact the resources provided at the end of this sheet.

Are there any benefits to taking part?

Although you may find participating interesting, there are no direct benefits in taking part.

Who has reviewed the project?

This study has been reviewed by the Faculty of Health and Medicine Research Ethics Committee, and approved by the University Research Ethics Committee at Lancaster University.

Where can I obtain further information about the study if I need it?

If you have any questions about the study, please contact the main researcher:

Amelia Bell Tel: XXX

Email: XXX

Supervisors

Dr Mark Limmer Tel: XXX

[email]

Professor Christine Milligan Tel: XXX

[email]

Complaints

If you wish to make a complaint or raise concerns about any aspect of this study and do not want to speak to the researcher, you can contact:

Professor Roger Pickup Tel: XXX

Associate Dean for Research Email: XXX

Faculty of Health and Medicine

(Division of Biomedical and Life Sciences)

Lancaster University

Lancaster

LA1 4YG

Thank you for taking the time to read this information sheet.

Resources in the event of distress

Should you feel distressed either as a result of taking part, or in the future, the following resources may be of assistance.

Age UK Information and Advice: 0800 169 6565

Samaritans: 0845 790 9090

LGBT Foundation: 0345 330303

Appendix D: Research flyer

Appendix E: Participant letter

Health & Medicine | Lancaster University

Dear

Thank you very much for taking the time to consider participating in my research study. In this pack I have included the following:

1. A participant information sheet which explains the purpose of the study and makes you aware of what you will be asked to do.

2. Two copies of a consent form and a pre-paid envelope. After reading all the information please sign the consent form if you are happy to participate and return it to me in the pre-paid envelope. The second copy is for you to keep.

3. A form to allow you to identify if you would prefer to have a face-to-face interview, to write your account or to audio record your account. This form also asks for your preferred contact details to allow the researcher to contact you. Please complete this and return it in the envelope with the signed consent form.

4. If you do not attend a face-to-face interview I still wanted you to be able to see who you were sending your written or audio accounts to so I have included a photo to introduce myself.

5. A flyer for the research study. I would like to take this opportunity to ask that if you know anyone else who you feel may like to participate in the study could you please give them this flyer and ask them to contact me.

If you have any questions you would like to ask or if you would like further information then please ring me on XXX or email studyphdbell@yahoo.co.uk

Once again I thank you for participating in my study.

Kindest Regards

Amelia Bell

Appendix F: Photo included in the participant pack

[Personal information redacted]

Appendix G: Ethical approval letter

Lancaster University

Applicant: Amelia Bell
Supervisor: Mark Limmer
Department: Health Research
FHMREC Reference: FHMREC17109

03 July 2018

Dear Milly

Re: Expressing sexuality across the life-course and the impact this has on experience of social loneliness in later life: a narrative inquiry into the lived experiences of older lesbian, gay and bi-sexual adults'

Thank you for submitting your research ethics amendment application for the above project for review by the **Faculty of Health and Medicine Research Ethics Committee (FHMREC)**. The application was recommended for approval by FHMREC, and on behalf of the Chair of the Committee, I can confirm that approval has been granted for the amendment to this research project.

As principal investigator your responsibilities include:

- ensuring that (where applicable) all the necessary legal and regulatory requirements in order to conduct the research are met, and the necessary licenses and approvals have been obtained;
- reporting any ethics-related issues that occur during the course of the research or arising from the research to the Research Ethics Officer at the email address below (e.g. unforeseen ethical issues, complaints about the conduct of the research, adverse reactions such as extreme distress);
- submitting details of proposed substantive amendments to the protocol to the Research Ethics Officer for approval.

Please contact me if you have any queries or require further information.

Tel:- 01542 593987
Email:- fhmresearchsupport@lancaster.ac.uk

Yours sincerely,

Research Ethics Officer, Secretary to FHMREC.

Appendix H: Coding example

Table 3: An example of coding (Joseph)

Code	Description	Examples from narrative
Family Rejection	Experiences of rejection from family , and the impact this has on the individual.	'Well the psychiatrist said I wasn't gay, I was being awkward you know for being gay, um their religion and their views were that, you know, it's not a way to live uh and I was just, you know, pushed out of their lives'
		'…any way so I had friends, like a friend who was a hairdresser and he did my mum's hair once but when my mum found out he was gay he wasn't allowed and she said, "Why don't you bring this woman?", so I said, "She's a lesbian" and it's like so all my friends were banned from the house'
		'We didn't go to family events as a couple, you know um, you know the sort of thing, you just knew you were not an acceptable relationship'

		'He said that um, you know my dad died and I was allowed to bring one person to the funeral, so I said I wanted to bring two and he said, "Have you got mental problems?" Well, I said I needed support, you know I want some support, he goes, "Have you got mental problems?" Um so we never got, we didn't speak at the funeral and we have never spoken since, anyway but I did take two people and didn't know if I was going to get thrown out and stood at the back of the church and me mum said hello but we didn't really, we didn't speak' 'Um so we lived together for 31 years, and we have just had five years since he died in July. So, um what I didn't say is in that, during that 31 years my mother, my brother, my sister only talked to me about three times and never sent, you know after the first year whatever Christmas cards or birthday cards. There was absolutely no communication

| | | whatsoever, so I um got no support um they did not approve of the relationship'

'Anyway um, so I didn't get any support from my family and still haven't so that makes me feel quite isolated at times'

'My old mum's still alive at 92 and um I don't actually know the address because when they finished work, my mum and dad had a shop, they sold that shop and moved into a flat in the town centre of ***** which I never visited you know. I could find out the address I suppose off the internet or Facebook or something. But I don't actually know the address and of course if I was accepted, or not gay, I would probably go and visit my mum every Sunday, you know for Sunday roast or whatever. One of those things isn't it but I feel isolated because I don't have any family that's close' |
|---|---|---|

		'I mean having got a family, they're out there, they don't live 15-20 miles from me and um I mean because of that, I don't know if you appreciate, but it's like I don't have any contacts with aunties and uncles, I've lost everybody. My mum was one of nine children, my dad was one of four, so out there I've got lots of aunties and uncles and cousins and none of them communicate with me, I've like been thrown out of that, the whole, the whole group. I mean I suppose if you got together for a wedding or something there would be lots of family around potentially and I'm just not included in any of that, so it is, that's very isolating to know that you're relying on friends and I've made a lot of friends in my life and um you know but it's not easy, well you expect your family to be loyal to you through thick and thin. And you know I've seen stories on television where you know somebody will say, "Well if you're a murderer I'll still support you but because you're gay I'm not." My parents are not, they are not quite as

		bad as that but they have never given me any support at all and just ignore me, you know like it is quite isolating'

Appendix I: Consent form

Health & Medicine | Lancaster University

Consent Form

Study Title: Expressing sexuality across the life-course and the impact this has on experiences of social loneliness in later life: a narrative enquiry into the lived experiences of older lesbian, gay and bisexual adults.

Before you consent to participating in the study we ask that you read the participant information sheet and mark each box below with your initials if you agree. If you have any questions or queries before signing the consent form please speak to the principal investigator, Amelia Bell

Please initial each statement:

I confirm that I have read the information sheet and fully understand what is expected of me within this study	
I confirm that I have had the opportunity to ask any questions and to have them answered.	
I understand that if I voice record my accounts these accounts will be made into an anonymised written transcript. If I opt to attend for interview I understand this will be audio recorded and then made into a written transcript. If my account is written it will be anonymised	

I understand that audio recordings will be kept until the research project has been examined.	
I understand that my participation is voluntary and that I am free to withdraw at any time prior to submitting my accounts and up to four weeks following submission.	
I understand that once my data have been anonymised and incorporated into themes it might not be possible for it to be withdrawn, though every attempt will be made to extract my data, up to the point of publication.	
I understand that the information from my accounts will be pooled with other participants' responses, anonymised and may be published.	
I understand that the researcher will discuss collected data with research supervisors.	
I consent to information and quotations from my interview being used in reports, conferences and training events.	
I understand that any information I give will remain strictly confidential and anonymous unless it is thought that there is a risk of harm to myself or others, in which case the principal	

investigator will need to share this information with her research supervisor.	
I consent to Lancaster University keeping written transcriptions of my voice recorded accounts/written accounts for 10 years after the study has finished.	
I consent to take part in the above study.	

Name of Participant_____

Signature_____

Date _____

Name of Researcher _____

Signature _____

Date _____

Appendix J: Transcriber confidentiality agreement

Health &
Medicine | Lancaster
University

Confidentiality Agreement for the Transcription of Qualitative Data

Name of Study:	
Study PI:	

In accordance with the Research Ethics Committee at Lancaster University (UREC), all participants in the above-named study are anonymised. Therefore any personal information or any of the data generated or secured through transcription will not be disclosed to any third party.

By signing this document, you are agreeing:

- not to pass on, divulge or discuss the contents of the audio material provided to you for transcription to any third parties

- to ensure that material provided for transcription is held securely and can only be accessed via password on your local PC

- to return transcribed material to the research team when completed and do so when agreed in password protected files

- to destroy any audio and electronic files held by you and relevant to the above study at the earliest time possible after transcripts have been provided to the research team, or to return said audio files.

Your name (block capitals) _____

Your signature _____

Date _____