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Doctoral Thesis

Experiences of Same-Sex Oriented Women in Relation to Psychological Wellbeing

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Section	Main Text	Appendices (including title pages, tables, figures and references)	Total
Thesis Abstract	295	---	295
Literature Review	7983	7706	15689
Research Paper	7999	12144	20143
Critical Appraisal	3998	2225	6223
Ethics Section	3291	6986	10277
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Declaration

This thesis records research activity completed between September 2014 and May 2015 for the Doctorate in Clinical Psychology course at Lancaster University. The work presented in this thesis is my own except where reference to other authors is made. The work has not been submitted for the award of a higher degree elsewhere.

Name: Charlotte Ingham

Date: 1st August 2015

Signed:

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I am forever thankful to my family and friends for bringing love, laughter and joy to my life and keeping me going through all the ups and downs. And Joe, where do I start? Your unwavering support throughout this whole process has meant the world to me - you kept me company, provided a sounding board for all my reflections and ideas, and did the washing up without complaint! Thank you for everything you do, but mostly, thank you for understanding and accepting me as my true, authentic self.

Thesis Abstract

This thesis explores issues related to same-sex oriented women's psychological wellbeing, including their experiences of same-sex partner bereavement in later life and their experiences of informal social support.

The literature review explored how non-heterosexual women experience informal social support. A metasynthesis was conducted exploring the findings of 16 papers identified through a systematic literature search. Four main themes were derived: (i) Disconnection from family life, (ii) The benefits of cross-sexual orientation friendships, (iii) Negotiating (internalised) homophobia and seeking a space for authenticity, and (iv) The intimacy of friendships between women. Collectively these themes represent non-heterosexual women's experiences of social support and friendship in the context of a heteronormative culture. Clinical implications outline a role for social, psychological and societal interventions to assist non-heterosexual women in developing supportive networks, to improve psychological wellbeing.

The research paper explored the experiences of same-sex partner bereavement in older women. Semi-structured interviews were conducted with eight women. Interviews were transcribed and analysed using interpretative phenomenological analysis. Analysis identified a number of concepts that have been extensively documented in previous research on bereavement with other groups, including heterosexual older people. These were not discussed further, as the focus of the paper was on experiences where the participants' identities as older, same-sex oriented women seemed salient. Instead, the results and discussion outline three novel themes, which highlight experiences specific to this group. The findings indicate that older women may face particular challenges following same-sex partner bereavement, which can impact upon psychological wellbeing and adjustment to loss. Clinical implications suggest a role for psychological, social, service level and societal

interventions. Adaptations to existing models of bereavement are proposed, and future research recommendations are made.

The critical appraisal outlines personal reflections on the research, and strengths and limitations of the research are discussed further.

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Section One: Literature Review

Non-Heterosexual Women's Experiences of Informal Social Support: A Qualitative Metasynthesis

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Prepared for submission to the Journal of Lesbian Studies (see Appendix 1-A for Author Guidelines).

Abstract

This metasynthesis explores how non-heterosexual women experience informal social support and friendship. A systematic literature search was conducted to identify papers for inclusion, following which Noblit and Hare's (1988) meta-ethnographic approach was adopted to synthesise the findings of 16 papers. Four main themes were derived: (i) disconnection from family life, (ii) the benefits of cross-sexual orientation friendships (iii) negotiating (internalised) homophobia and seeking a space for authenticity, and (iv) the intimacy of friendships between women. The impact of heterosexism on the women's experiences of social support is discussed, and implications for clinical practice and future avenues for research are proposed.

Since the 1970s there has been increasing interest in the beneficial effects of social support (Zimet, Dahlem, Zimet & Farley, 1988). Research generally suggests that those who feel they have adequate social support report better physical health (Cohen, Gottlieb & Underwood, 2000; Seeman, 1996; Umberson & Montez, 2010) and psychological wellbeing (Kawachi & Berkman, 2001; Thoits, 1985) than those who lack this form of support. A number of theories have been proposed to explain these findings, including the stress-buffering hypothesis (Cohen, 2004), which posits that social support may influence wellbeing by protecting individuals from the harmful effects of stress. Other research suggests social support has a direct positive effect, regardless of levels of stress (Berkman & Glass, 2000). The direct effect theory suggests that social support improves wellbeing by contributing to heightened self-esteem, purpose and meaning (Thoits, 2011), and improved affect through companionship (Rook & Underwood, 2000). It is now generally accepted that both mechanisms may explain the link between social support and psychological wellbeing (Cohen & Syme, 1985).

Social support may be defined as a multi-dimensional concept that encompasses the provision of support in four key areas: emotional (i.e. trust and care), instrumental (i.e. aid and resources), informational (i.e. advice) and appraisal (i.e. feedback or praise) (Hiles, Moss, Wright & Dallos, 2013). Perceived social support and actual social support are only moderately related (Lakey & Drew, 1997), and of these two constructs, perceived support is more consistently linked to wellbeing (Haber, Cohen, Lucas & Baltes, 2007). Perceived support may relate to previous attachment relationships and subsequent 'internal working models', which determine beliefs and expectations about oneself and others (Bowlby, 1969), therefore impacting on how social support from others is perceived. This is consistent with one of the most widely used definitions, that of Cobb (1976) who proposed social support to be "the individual belief that one is cared for and loved, esteemed and valued, and belongs to a network of communication and mutual obligations" (p. 301). Variety exists amongst accepted definitions of social support (Veiel & Baumann, 2013), however for the purposes of this review Cobb's definition will be adopted, thereby focusing on informal avenues of social support, which includes friends, partners, relatives, neighbours and colleagues. These are the most frequently valued sources of support (Gottlieb, 1985), particularly for non-heterosexual women who are less likely to utilise support from professional services (Hash & Netting, 2009).

Benefits of Social Support for Non-Heterosexual Women

Research on social support in lesbian, gay, bisexual and transgender (LGBT) populations has produced similar results to that conducted in the general population, suggesting it also has benefits for psychological and physical wellbeing for this group (Kwon, 2013; Nesmith, Burton, & Cosgrove, 1999). The stress caused by minority status can increase psychological distress (Lehavot & Simoni, 2011; Meyer, 1995), suicidality (Johnson, Faulkner, Jones & Welsh, 2007) and reduce health outcomes (Meyer, 2003), therefore social support may be particularly important for LGBT individuals due to its ability to buffer the effects of stigmatisation and prejudice (Bridges, Selvidge & Matthews, 2003; Cohen, 2004; Stanley, 1996). Existing quantitative research into benefits for non-heterosexual women specifically is somewhat lacking. One study noted that lesbian women with higher levels of social support demonstrated better adjustment to ageing and less depression (Dorfman et al., 1995). Another suggested social support might improve psychological wellbeing in lesbian women by increasing self-esteem and life satisfaction (Beals & Peplau, 2005). Research with bisexual women has found lower levels of perceived social support (Balsam & Mohr, 2007), which may partially explain their higher rates of psychological distress than lesbian, gay and heterosexual individuals (Jorm, Korten, Rodgers, Jacomb & Christensen, 2002), perhaps due to social exclusion from both heterosexual, and lesbian and gay communities (Kwon, 2013).

The fear of discrimination and prejudice that non-heterosexual women experience (Meyer, 2003) may impact upon the ways in which social support is perceived and experienced, such as by reducing disclosure and honesty, which may inhibit the development of genuine friendships (Altman & Taylor, 1973). For example, O'Boyle and Thomas (1996) found that lesbian women were uncomfortable disclosing personal information with heterosexual friends, which limited the depth and authenticity of these friendships. This may explain why many non-heterosexual women prefer to become part of social networks consisting of other non-heterosexual women (Averett, Yoon & Jenkins, 2011; Galupo, 2007; Stanley, 1996), where they may feel more able to be open and can therefore develop deeper friendships. These social networks may also provide non-heterosexual women with access to role models, therefore aiding identity development (Krieger, 1982), which may be important in a culture where lesbian and bisexual experience is not widely visible (Galupo, 2007).

It has been documented that many non-heterosexual women gain social support from friends rather than from their family of origin (Almack, Seymour & Bellamy, 2010; Masini & Barrett, 2008). This is consistent with research conducted with LGBT populations more widely, whereby supportive groups of friends (coined 'families of choice' or 'fictive kin'; Dewaele, Cox, Van den Berghe & Vincke, 2011) become a primary source of support (Weston, 1991). Dewaele et al. (2011) describe this as an adaptive process, whereby supportive friendships ameliorate the lack of familial ties for LGBT people. They also suggest that friendship support networks may be smaller, and less stable than familial support networks, placing non-heterosexual women at risk of lacking stability and breadth in their social support networks.

It must be acknowledged here that 'non-heterosexual women' do not form one homogenous group, and to suggest so may serve to obscure the changeable, multiple nature of identities, and ignore additional inequalities (Cronin & King, 2010). Consideration must therefore be paid to the differences between non-heterosexual women, as well as between these women and other groups (Meyer, 2012). Intersectionality theory can support consideration of the relationship between sexuality and factors such as class, gender, ethnicity and age (Fish, 2008; Krekula, 2007; Taylor, 2009), as this theory suggests that intersecting inequalities lead to complex differences amongst non-heterosexual women. It is hoped that some of the differences between non-heterosexual women can be explored in the current research.

Aims and Scope of the Current Research

The current research aimed to draw together the growing body of qualitative literature in this area by conducting a metasynthesis, in order to develop a coherent understanding of how social support is experienced by non-heterosexual women. As highlighted above, a lack of social support may impact detrimentally on non-heterosexual women's physical and psychological wellbeing. Exploring in depth the complexity of these relationships may serve to increase understanding in this area, which may also enable the development of suitable interventions to improve psychological wellbeing in non-heterosexual women.

A qualitative metasynthesis involves "the bringing together and breaking down of findings, examining them, discovering the essential features, and, in some way, combining phenomena into a transformed whole” (Schreiber, Crooks & Stern, 1997, p. 314). It can generate new insights into a phenomenon as well as ensuring findings are accessible to clinicians, researchers, and policy makers (Finfgeld, 2003). This method is not without its critics, who propose that synthesising previous research may contaminate the original studies' findings (Sandelowski, Docherty & Emden, 1997). To reduce the potential for contamination, transparency and rigor have been upheld in order to maintain the quality of the original findings (Thomas & Harden, 2008).

The rationale for including only women and not all individuals within the LGBT population is based upon feminist perspectives suggesting that the experiences of those who define themselves as female are qualitatively different to the experiences of individuals who define themselves as male (Peplau, 2003). Although it is recognised that there is political value in the unison of LGBT individuals, to combine these perspectives within research could ignore the differences in non-heterosexual women's experiences thus further contributing to the invisibility of this group in the context of a patriarchal culture (Averett and Jenkins, 2012). Furthermore, although it is acknowledged that the experiences of lesbian, queer, bisexual, pansexual or 'undefined' women may differ (Masters, Johnson & Kolodny, 1992), this research will include all non-heterosexual women due to issues of self-labelling (Diamond, 2003a), fluidity in women's sexuality (Diamond, 2003b), and not wishing to contribute further to the invisibility of people with other sexualities (Miller, André, Ebin & Bessonova, 2007).

Terminology.

At present there is no clear 'best practice' term to describe women who identify as non-heterosexual and/or engage in same-sex sexual behaviour. This issue has therefore been considered carefully here. The primary aim has been to most accurately represent the individuals within the samples included, while avoiding any oppressive language. While it is recognised that the term 'non-heterosexual' may be considered pejorative due to its implicit suggestion that non-heterosexuality is a "negative derivative of heterosexuality" (Browne, 2003, p. 133), alternatives such as 'sexual minority' or 'queer' also have potentially discriminatory connotations. Therefore non-heterosexual is the term that will be used throughout this paper, although this is done cautiously, with recognition of the issues surrounding labelling individuals based solely upon their sexual orientation.

Method

This metasynthesis was conducted in accordance with Noblit and Hare's (1988) meta-ethnographic approach to synthesising qualitative literature. In the early stages of this systematic literature review, the research question was broadly defined as "how do non-heterosexual women experience informal social support?".

Searching for and Selecting Studies

Relevant papers were identified by searching PsycINFO, Academic Search Complete, and the International Bibliography of the Social Sciences databases in November and December 2014. Following guidance from an expert librarian and a researcher in lesbian studies, the search terms used were ["sexual orientation" OR lesbianism OR bisexuality OR "women who have sex with women"] AND [friendship OR "social support"]. No limits were set on the date of publication. This search yielded a total of 507 papers for review.

In order to identify all relevant papers, five essential inclusion criteria were applied: (i) the paper included a study which utilised qualitative techniques for data collection and analysis, (ii) the paper was published in English (due to no funding being available for translators), (iii) the paper was published in a peer-reviewed journal (to ensure a minimum level of quality and avoid the costs associated with obtaining unpublished work), (iv) the paper included data obtained directly from non-heterosexual women, as evidenced by quotes throughout the text and, (v) the papers had a substantial, although not necessarily primary focus on the experiences of friendship or social support (as defined earlier). In addition, papers were excluded if they mixed data obtained from non-heterosexual women with that obtained from other groups of people, unless interpretations relating to the former could be clearly identified.

The papers were first reviewed by examining the titles and abstracts. In cases where these suggested the paper might be suitable for inclusion, the full text was obtained and reviewed and the inclusion and exclusion criteria applied. The reference lists of all papers identified for inclusion at this stage were reviewed, identifying three further papers. This process led to the identification of 16 papers for inclusion in the metasynthesis (see Figure 1). Reasons for the exclusion of papers included the use of a quantitative methodology, the merging of data obtained from LGBT participants, or the lack of a significant focus on social support or friendship.

<Insert Figure 1 here>

Characteristics of the Selected Studies

Thirteen of the studies used North American samples, one paper used a sample in Canada, another used a sample in England and a further study used a South African sample. Of the 504 non-heterosexual women that were included in the 16 studies, 389 identified as lesbian, 19 as bisexual, and 96 as sexual minority women. Participants were aged between 15 and 95. Most of the participants self-identified as White or Caucasian. Other ethnicities represented within the combined sample include American Indian, Black or African American, Asian American, Pacific Islander, Hispanic, Jamaican, Afghan, Xhosa and multi-ethnic.

The studies covered a wide breadth of topics and utilised a variety of qualitative approaches to data collection. These, along with other methodological details are outlined in Table 1.

<Insert Table 1 here>

Appraising the Quality of the Selected Studies

The National Institute for Health Research (NIHR) guidance promotes the use of structured approaches to appraising the quality of papers selected for review (Centre for Reviews and Dissemination, 2009). The Critical Appraisal Skills Programme (CASP) tool (Public Health Resource Unit, 2006), a widely used 12-item checklist, was utilised to appraise the quality of the 16 studies selected for synthesis. As determining inclusion of studies based upon the assessed quality remains a contentious issue within qualitative research (Jensen & Allen, 1996) it is vital that a balance is achieved between upholding rigor and allowing for difference and breadth across the studies. Due to this, the CASP tool was used to identify strengths and weaknesses of each of the studies, but was not used to determine inclusion. This was particularly important due to the broad range of methods of reporting across the papers, which are from a variety of disciplines including psychology, social work, and feminist studies. Studies were assigned a score from eight to 24 based upon how much evidence was provided for each of the eight appraisal questions. Two researchers scored several of the papers and scores were compared to ensure concordance. Table 2 outlines the CASP scores obtained for each study.

<Insert Table 2 here>

Analysing and Synthesising the Selected Studies

Data from the 16 studies were synthesised using Noblit and Hare's (1988) seven-stage meta-ethnographic method, which provides a "rigorous procedure for deriving substantive interpretations about any set of ethnographic or interpretative studies" (p. 9). Once the topic had been chosen, and appropriate literature identified, the next stage of the meta-ethnographic procedure involved reading each of the papers, extracting methodological details and forming initial thoughts. Following this, each paper was re-read and major concepts and themes were identified and noted down to assist in determining how the papers related to one another. All relevant quotes from participants were extracted, along with authors' interpretations of the women's experiences. During the next stage, second order interpretations were developed. The interpretations were synthesised across studies, leading to the four final overarching themes. All themes were present across a number of the papers, and no themes depended solely on findings from papers with lower CASP scores (see Appendix 1-B for a summary of the synthesised themes).

Reflexivity.

There is increasing recognition of the importance of "owning one's perspective" when undertaking qualitative research (Elliott, Fischer & Rennie, 1999, p. 221) due to the widely argued notion that total objectivity is unachievable (Tufford & Newman, 2012). Since a metasynthesis approach includes data from a range of researchers, using a variety of methods and theories, the potential for bias is reduced (Ma, Roberts, Winefield & Furber, 2015). However, biases during the process of conducting the metasynthesis may have influenced the data, leading to greater weight being given to certain themes or concepts over others. It is important to acknowledge the researcher's position as a young, white, non-heterosexual woman. Having an 'insiders perspective' can offer benefits and challenges to conducting research (LaSala, 2003), and impact upon the data, such as by adding greater weight to findings which resonate with one's own experiences. Consulting with two supervisors throughout the process enabled the impact of the researcher's position to be explored, and alternative perspectives to be considered in order to minimise bias (Wisker, 2005).

Results

Through the process of synthesising the 16 papers, four main themes emerged related to the non-heterosexual women's experiences of social support and friendship: (i) disconnection from family life, (ii) the benefits of cross-sexual orientation friendships (iii) negotiating (internalised) homophobia and seeking a space for authenticity, and (iv) the intimacy of friendships between women. These four themes are described in detail below.

Theme 1: Disconnection from Family Life

This theme outlines the women's experiences of family, and indicates that many women felt a disconnection from family life as defined by societal norms. At the heart of this was the experience of being excluded or rejected from the women’s families of origin, which arose in most of the studies. Women of all ages referred to parents, siblings or extended family members actively rejecting or "ostracising" (Gabrielson, 2011, p. 326) them due to their sexual orientation after they came out. This applied to a range of cultural and ethnic groups, but was particularly evident in Kowen and Davis's (2006) research conducted in South Africa, where the general increase in societal acceptance that women in some countries (e.g. USA) have experienced is less widespread.

Although many became estranged from families of origin, some felt that families had become more accepting over time (Jones & Nystrom, 2002), and a small number of women reported receiving consistently positive support from their families of origin. For these women, it appears that the timing of disclosure of their sexual orientation was important, whereby disclosing later in life resulted in more positive and accepting responses (Glass & Few-Demo, 2013). Having opportunity to talk and work through any concerns the family had also assisted in maintaining or building supportive relationships after the women came out (Oswald, 2000).

Further evidencing this disconnection from family life, the women often did not have children of their own so social support from biological children was rarely mentioned. This lack of a younger generation of support caused concern for some participants in Gabrielson's study with older lesbians (2011): "Part of the issue is who is going to do for me what I'm doing for my dad?" and "growing old as a lesbian, there isn't anybody because you don't have children [...] so we have to figure out 'what are we going to do when we get dotty?'" (p. 327).

The experience of feeling disconnected from family life had two main consequences for how the women experienced social support. The first was the development of self-reliance; some women, particularly women from older generations found comfort in relying only on themselves for support instead of needing others (Comerford et al., 2004; Jones & Nystrom, 2002; Richard & Brown, 2006). As a result of being excluded from families of origin, the women had built up barriers to protect themselves from future loss or rejection by avoiding becoming reliant on others or in some cases by not acknowledging the extent to which they relied on others for support (Richard & Brown, 2006). Hence, it was difficult for some women to let others in (Aronson, 1998) or to rely upon others for support, which caused anxiety for older women who were beginning to realise they may require support from others in the future (Gabrielson, 2011). Some women also put others' needs above their own, believing this would make them more valuable, and therefore reduce the risk of further rejection (Aronson, 1998).

Many women, including those who preferred to be self-reliant, had an understandable need for connection, belonging and security, which was lacking following exclusion from their families of origin, or due to them not having children. This led to a second coping response, whereby the women intentionally sought out consistent and reliable social support elsewhere, or "create[d] family" (Gabrielson, 2011, p. 328). Many women intentionally built supportive networks that provided emotional, practical, moral and financial support as well as the reassurance that someone would be there to help in a crisis. One woman reported, "I have a circle of friends that I could pick up the phone and say 'Hey I need some help' and they'd be here. Stepping in and helping out the way a family does" (Gabrielson, 2011, p.328), and another woman valued dependability from her friend, stating, "She's there for me [...] Someone to depend on" (Galupo et al., 2004, p. 44). This support was valued highly, and in fact, many women reported a sense of gratitude and felt "lucky" (Aronson, 1998, p. 509) to have supportive networks. This gratitude may reflect the difficulties the women had previously faced in gaining support.

Social support was seen to be crucial to the women's wellbeing: "Her friendship is of primary importance to me. It's essential to my wellbeing" (Galupo et al., 2004, p. 45). It was most often provided by women's "family of choice" (Jones & Nystrom, 2002, p. 67) or from belonging to a community, usually a female non-heterosexual community (Aronson, 1998; Degges-White, 2012; Jones & Nystrom, 2002; McCarthy, 2000; Stanley, 2002; Valentine, 1993). The process of gaining social support from same-sexual orientation friends was supported by finding a partner who had a pre-existing network of supportive non-heterosexual friends, or by meeting someone who could introduce them into a non-heterosexual community (Valentine, 1993). Those whose primary social support networks consisted mainly of other non-heterosexual women had the added benefit of support in developing and maintaining their identities as lesbian or bisexual women (Valentine, 1993).

This also helped the women to feel included due to the shared bond of oppression and sense of group marginalisation (Degges-White, 2012).

In summary, this theme highlights that being excluded from families of origin and disconnected from traditional notions of 'family' posed risks to the existence of conventional support networks for the non-heterosexual women. Some became self-reliant, as a form of self-protection, which maintained their isolation and caused anxiety in older age. However, through a process of actively seeking out supportive families of choice and building communities, many of the women were able to gain the sense of connection and belonging that was desired. Yet, this was not always achieved, as discussed later in theme three.

Theme 2: The Benefits of Cross-Sexual Orientation Friendships

This theme outlines the benefits and challenges to having friendships with those outside of the non-heterosexual community. As discussed above, many of the studies reported that women's primary social support came from other non-heterosexual women. However, some of the women had difficulty in accessing non-heterosexual communities due to the invisibility of these groups, particularly for women in rural areas (Comerford et al., 2004; McCarthy, 2000) and for women with children (Glass & Few-Demo, 2013). Lesbian community was also perceived as too "exclusive" in one instance, where a participant stated that the "controversy" and "love triangles" made it hard for her to get involved (Galupo & St. John, 2001, p. 88).

Due in part to these difficulties, many women had formed supportive, cross-sexual orientation friendships with heterosexual women, and sometimes men. For some, sexual orientation played no part in how much they valued their friendships, as the quality of the support provided was seen as more important (Degges-White, 2012; Oswald, 2000).

For others, particularly younger women, there appeared to be specific benefits to developing supportive cross-sexual orientation friendships (Galupo et al., 2004; Galupo & St. John, 2001; Weinstock & Bond, 2002). Cross-sexual orientation friendships provided non-heterosexual women with an opportunity to develop uncomplicated, platonic relationships devoid of any sexual attraction, which was appealing for some of the women. When the sexual tension was absent from the dynamic, women found it much easier to have open and supportive relationships with heterosexual women, which offered emotional and sometimes physical intimacy (Diamond, 2002).

In order to develop supportive friendships outside of the non-heterosexual community, trust was needed, which sometimes took time to develop (Degges-White, 2012; Galupo & St. John, 2001). Focusing upon shared interests, and commonalities helped maintain these cross-sexual orientation friendships, however the women also valued the different perspectives gained from these friendships (Weinstock & Bond, 2002). When supportive heterosexual networks were established, women valued these friendships and felt they could have societal benefits, such as building allies and support for the non-heterosexual community by helping heterosexual women to understand the oppression that non-heterosexual women face (Weinstock & Bond, 2002).

Overall, this theme highlights that the non-heterosexual women valued social support from a range of sources, and perceived different benefits from the various friendships in their lives. Numerous challenges arose when seeking support from both non-heterosexual and heterosexual individuals, but the women developed ways of overcoming these difficulties in order to gain social support.

Theme 3: Negotiating (Internalised) Homophobia and Seeking a Space for Authenticity

This theme relates to the women's experience of facing prejudice and discrimination regarding their sexual orientation, which impacted upon how they experienced social support. Many of the women felt unable to be open about their sexual orientation, due either to past experiences of prejudice, perceived prejudicial attitudes of others, or internalised homophobia as a result of others' prejudice which created feelings of shame in the women. This led to women being fearful of trying to seek social support in places where other non-heterosexual women might be, reflected in one woman's account of the first time she visited a gay bar: "It took me months to go there. I went in a quivering wreck" (Valentine, 1993, p. 112). Furthermore, women felt the need to "drop pins" (Valentine, 1993, p. 110) in conversation before disclosing their sexual identity, even with those they thought might also be non-heterosexual: "We got talking after a couple of months and started to mention gay topics, just edging it in, mentioning it a bit more till gradually we understood each other" (Valentine, 1993, p.110) and "I may slip in a tell-tale pronoun or casually say 'my girlfriend and I' or something. And then I wait" (Degges-White, 2012, p. 22). This enabled the women to assess how much to share with people, and to distance themselves from anyone they perceived to be unaccepting (Oswald, 2000).

For some, this homophobia created barriers to authenticity within their social support networks. Some women described how they felt the need to suppress or deny their sexuality in certain relationships, appearing heterosexual in some groups and non-heterosexual in others (Degges-White, 2012). For example, religious groups and family were cited as important social networks which Black lesbian women wished to be a part of, but in order to do so the women were forced to create "dual roles" (p. 718) to separate out their lesbian identity from their family or religious identity (Glass & Few-Demo, 2013). Others reported less of a need to clearly separate out aspects of their lives, yet the recognition of how difficult it can be to be honest and 'out' in some contexts was frequently discussed (Aronson, 1998; Degges-White, 2012; Galupo et al., 2004; Oswald, 2000; Stanley, 2002; Valentine, 1993; Weinstock & Bond, 2002). Some women noted that it was sometimes hard to get beyond superficial conversation without 'outing' oneself, and it took time to develop trusting, supportive friendships. Interestingly, for some the success of cross-sexual orientation friendships, as discussed in theme two, was attributed to the suppression of the non-heterosexual women's sexuality (Galupo et al., 2004; Glass & Few-Demo, 2013).

The need to hide a pertinent aspect of oneself appeared to have a considerable impact on the women's psychological wellbeing and led to depression, isolation and loneliness. One woman describes the loneliness she faced:

> I thought I knew what lonely was before I came out to myself, but it's nothing like being a lonely lesbian. I'm too afraid to come out to straight friends, but too afraid to develop lesbian friendships in case I get outed if someone sees me with a group of lesbians in public (Degges-White, 2012, p. 21).

Keeping aspects of oneself hidden created distance between the women and individuals in their support networks (Stanley, 2002), and sometimes created tension between the women and their partners (Glass & Few-Demo, 2013). Indeed, this may have felt necessary to women who had previously been rejected or excluded from their friends and family due to their sexual orientation, as outlined in theme one.

Although many of the women experienced barriers to being fully open and honest in their friendships outside of the non-heterosexual community, those who were authentic often reported that it benefitted their experience of receiving social support overall. As discussed in theme one, attempts to live an authentic and 'out' life had led to exclusion from families of origin for many of the women. However, for some women, this did not deter them from coming out to other people they met in their life. Disclosure of sexual orientation, when met with a positive response, led to relief, increased closeness, trust and honesty in addition to a feeling of being truly accepted by the other person (Galupo & St. John, 2001; Oswald, 2000; Weinstock & Bond, 2002). Sometimes these benefits were only achieved over time, and some women felt they needed to educate individuals in their support networks and challenge homophobic views, in order to gain this acceptance (Comerford et al., 2004; Galupo & St. John, 2001; Oswald, 2000). Being accepted challenged the women's expectations and stereotypes regarding heterosexual people's attitudes, and the women were then able to believe acceptance from others was achievable. When asked what she had learned from having a heterosexual friend, one lesbian woman replied, "that I can have one" (Galupo & St. John, 2001, p. 90), indicating how unattainable this had felt before. Some non-heterosexual women had become mistrustful of heterosexual individuals based upon past experiences of homophobia, but having an accepting cross-sexual orientation friendship reduced this mistrust, thus creating space for them to be authentic in their social support networks. Achieving acceptance of their authentic selves increased women's self-esteem and self-acceptance (Galupo & St. John, 2001), which may in turn have helped women to build their social support networks further.

It is important to note that some women continued to hide their sexual orientation in some social networks, and felt this led to increased acceptance within that friendship (Galupo et al., 2004; Galupo & St. John, 2001; Glass & Few Demo, 2013). For some this was due to discomfort they felt at being out in heterosexual contexts, or fears that being out would lead to further exclusion. Some women may simply have not considered whether or not to disclose their sexual identity, or had not felt this to be a defining feature of their identity, which may reflect the experiences of the women who participated in the studies not included within this theme.

The findings within this theme suggest that there are barriers to non-heterosexual women being out within their social support networks, and the extent to which women are out varies between individuals and between contexts. For some, acceptance was perceived even when not behaving authentically, however for most women gaining acceptance based upon their authentic selves was considered helpful in reducing fears of further exclusion and improving the quality of friendships, as well as improving the women's self-esteem.

Theme 4: The Intimacy of Friendships Between Women

Theme four outlines how non-heterosexual women experienced same-sex friendships as particularly intimate, meaningful and long-lasting. There was a primary focus on emotional support, as opposed to other types of social support (instrumental, informational and appraisal). As highlighted in the themes above, the non-heterosexual women's support networks often appeared to consist mainly of other women (both heterosexual, and non-heterosexual). The non-heterosexual women in these studies reported to develop "uniquely deep emotional connections" (Degges-White, 2012, p. 19) with other women, which they felt to be considerably more intimate than the type of connection that could develop between people of different genders. Diamond (2002) provides a number of examples of this intimacy: "It was like having a girlfriend without knowing it", "Most people don't feel so strongly about their friends [...] I did love her, that deeply. A day without her was unimaginable" and "I was always so tuned into her" (p. 9). Physical affection was a common feature of these close friendships, as reported by one woman: "We were so physical with each other that I feel like it made us more able to read each other's emotional cues" (Diamond, 2002, p. 9-10). Despite this physical intimacy, there was often no sexual desire present in these friendships, as one woman noted: "It was like this pull to be near her, this longing for nearness, but it wasn't sexual" (Diamond, 2002, p. 10). The participants in Diamond's study were recalling close friendships they had experienced during adolescence, which may explain how this intensity could exist without sexual longing, when sexual desires are just beginning to emerge. However, this intimacy was also discussed in studies with older participants suggesting it can occur across the lifespan. For one woman, intimacy was characterised by openness: "I can tell her anything and she will not judge me. And she feels the same way, which I just love. And really intimate stuff too." (Galupo et al., 2004).

Most of the friendships described in Diamond's study did not lead to sexual relationships, however it is interesting to note that in other studies, the women describe applying friendship scripts (social constructs that instruct behaviour in friendships) to romantic relationships (Degges-White, 2012; Valentine, 1993). This may contribute to the blurring of the boundaries between friendship and romantic relationships, as discussed by Weinstock and Bond (2002). The women experienced fluidity of emotional and sexual feelings in their friendships with other women, which sometimes made it difficult to distinguish between friendships and romantic relationships, as both types of relationship shared similar characteristics (e.g. physical/emotional intimacy in both friendship and romantic relationships).

Some women reported that ex-partners and ex-lovers were significant sources of social support, and this was seen to be commonplace for non-heterosexual women, particularly amongst older generations (Comerford et al., 2004; Richard & Brown, 2006). Women attributed this to the limited breadth of female non-heterosexual communities (Degges-White, 2012; Valentine, 1993), however some felt that the friendship they had developed prior to, and during their relationships was very valuable and so wished to maintain this after the relationship had dissolved (Degges-White, 2012; Diamond, 2002).

This theme summarises how non-heterosexual women, whose social support networks often consist mainly of other women, often experienced intimacy and depth in their same-sex friendships, which may have resulted in unclear boundaries and fluidity in relationship status.

Discussion

The findings from this metasynthesis illuminate the ways in which non-heterosexual women experience social support, and provide new insights into the impact of a sexual-minority status on women's lived experience of friendship. Social support appears to be highly valued and provides a number of benefits for non-heterosexual women, influenced by factors including the gender or sexual orientation of those providing it, and the level of authenticity present in friendships. Yet meaningful support can be difficult to acquire for numerous reasons, which may be attributed to historic and prevailing homophobia and heterosexism.

The findings suggest that current societal narratives around non-heterosexuality impact greatly on non-heterosexual women's experience of social support. Most of the studies included here were conducted in Western societies, where despite increased acceptance of non-heterosexuality since the sexual revolution of the 1960s, and recent changes to the legal system (Knauer-Turner, 2015), heterosexism (the denigration, stigmatisation or discounting of non-heterosexuality) still pervades through all levels of society (Herek, Gillis & Cogan, 2009).

Heterosexism appears to have affected the non-heterosexual women's disconnection from family life. Previous research has demonstrated that non-heterosexual women may receive more support from friends (or 'families of choice') than from families of origin (Almack et al., 2010), which is echoed within the current findings. For the women in the studies included here, this disconnection from traditional notions of family was commonly attributed to families of origin holding prejudicial attitudes towards their sexual orientation, leading to the women either being excluded, or purposefully distancing themselves from families of origin. The rejection-identification model proposes that members of disadvantaged groups may increase their identification with their disadvantaged group in an attempt to maintain their self-esteem and gain a sense of belonging (Branscombe, Schmitt, & Harvey, 1999), which can be seen in the women's leanings towards seeking social support from other non-heterosexual women instead of families of origin. This distancing may have been a protective process that allowed the women to develop their non-heterosexual identity and build healthy self-esteem amongst like-minded peers. However it was not always easy for the women to gain social support from other non-heterosexual women, particularly if they were fearful of being 'outed' or if non-heterosexual communities were less available to them, such as in the case of women living in rural areas. The result may be social exclusion, which can lead to a heightened risk of depression, loneliness, or anxiety (Baumeister & Tice, 1990; Leary, 1990; Williams; 2001).

Furthermore, heterosexism appears to have influenced from whom the women sought social support. In line with previous literature (Averett et al., 2011; Galupo, 2007; Stanley, 1996), the current findings highlight that social support is primarily received from other non-heterosexual women. Yet the current findings refute the assumption that social support from other non-heterosexual women is always preferable. Many women had reported to value cross-sexual orientation friendships and the social support they received from heterosexual women, and not just to avoid their non-heterosexual identities. Historically cross-sexual orientation friendships have been less available and less desirable (O'Boyle & Thomas, 1996), however, it appears that young, non-heterosexual women are increasingly utilising social support from heterosexual women and gaining alternative benefits from this, such as having uncomplicated, platonic friendships. It appears that this may be beneficial for individuals by increasing breadth of support networks, and providing alternative support to those who do not have access to, or wish to engage with non-heterosexual support networks. Furthermore, it may also have benefits for the LGBT social movements, by reducing the exclusion and segregation of non-heterosexual women, allowing those outside of the LGBT population to be educated about the issues faced by non-heterosexual women, and through recruiting heterosexual women as 'allies' to the LGBT population (Fingerhut, 2011; Herek & Capitanio, 1996).

Another key finding was the special nature of friendships between women. Gender differences in the qualitative nature of friendships have been explored in the general population (Elkins & Peterson, 1993; O'Connor, 1992), whereby female friendships offer intimacy and empathic understanding (which has been suggested to have therapeutic effects; Buhrke & Fuqua, 1987), whereas men often report their same-sex friendships to be less rewarding (Wright & Scanlon, 1991) describing them as somewhat insincere and lacking depth (Miller, 1983). The deep emotional connections that develop between non-heterosexual women and their female friends may increase perceived social support, resulting in positive effects on psychological wellbeing (Haber et al., 2007), through stress buffering (Cohen, 2004), and direct effects such as heightening self-esteem, purpose and meaning (Thoits, 2011). It appeared that emotional support was particularly meaningful for the women, as this was discussed more than other forms of support (informational, instrumental and appraisal; Hiles et al., 2013). This intimacy in female friendships may be a result of patriarchal expectations of men and women, in which women are more able to comfortably show affection and be emotionally open than men are (Rawlins, 2009). Research that further explores the factors that contribute to greater rewards within non-heterosexual women's friendships could therefore be beneficial.

Heterosexism appears to have influenced the depth and authenticity of friendships for non-heterosexual women. In line with previous literature (O'Boyle & Thomas, 1996), the current findings suggest that some of the women were unable to be authentic with those in their social support networks, for example they hid or minimised their non-heterosexual identity in order to elicit social support or to avoid rejection from others. Concealing one's sexual identity can be a result of internalised homophobia, which can lead to feelings of shame and the desire to hide one's true self (Shidlo, 1994), and doing so may impact detrimentally on psychological wellbeing (Schrimshaw, Siegel, Downing & Parsons, 2013). This choice to remain hidden is understandable based upon the women's previous experiences, however this may inadvertently reinforce heterosexism by implicitly agreeing that this denial of non-heterosexual identity is necessary (Weinstock & Bond, 2002). More positively, the current findings also highlight that many women were able to develop open and accepting friendships, which could improve these women's self-esteem and psychological wellbeing (Impett, Sorsoli, Schooler, Henson & Tolman, 2008).

Implications for Improving Wellbeing

The current findings highlight a number of possible avenues for improving wellbeing in non-heterosexual women. These include the opportunity for addressing the psychological impact of social exclusion and the value in facilitating social support networks in which the women can be authentic. The findings also provide support for the value in ensuring professionals working with non-heterosexual women have a good understanding of the barriers non-heterosexual women may face in gaining meaningful social support, in accordance with The British Psychological Society's (2012) guidance on working with sexual minority individuals.

The findings provide several implications for psychotherapeutic work with non-heterosexual women. It is vital that experiences of social exclusion are considered when understanding non-heterosexual women's distress, as these may result in core beliefs (Beck, 1995), or internal object relations (Kernberg, 1995), which further increase the women's risk of social exclusion: for example through the development of mistrustful beliefs about others (Cruwys et al., 2014), or through expectations of rejection which become self-fulfilling (Sroufe, 1990). Consistent therapeutic relationships, which do not reinforce this pattern of rejection or abandonment, may ameliorate prior experiences of exclusion (Leiper & Maltby, 2004). Psychological intervention could also enable the working through or processing of emotional trauma that results from experiences of exclusion or rejection (Bierman, 2004) or build self-esteem which may have been reduced by having minority status in society (Katz, Joiner & Kwon, 2002).

As discussed, some of the women felt the need to conceal their sexual orientation in their social support networks. As this is understandable given prevailing heterosexist culture, rather than encouraging disclosure of sexual orientation, professionals may seek to address concerns that non-heterosexual women have around concealment and focus upon reducing internalised homophobia, which can cause distress in itself (Igartua, Gill & Montoro, 2003). This may then enable the women to feel more able to be authentic without fear of prejudice, and develop their social support networks, which may improve their psychological wellbeing.

There may be barriers in any form of psychological intervention due to many non-heterosexual individuals not feeling comfortable disclosing their sexual orientation to health care providers (Fenge & Hicks, 2011). This may mean opportunities to address the issues specific to non-heterosexual women may not arise. Although the decision to come out is influenced by a myriad of complexities (Kahn, 1991), professionals can focus on creating safe, accepting environments in which non-heterosexual women feel more able to disclose their sexual orientation (St. Pierre, 2012), to better meet the needs of this group of women.

Interventions that aim to increase access to informal social support have been used with a range of client groups: from those with diabetes (van Dam et al., 2005), to new mothers (Wiggins et al., 2005), and older people (Windle, Francis & Coomber, 2011). Research suggests these may have a beneficial effect on psychological wellbeing (Hogan, Linden & Najarian, 2002). These types of interventions, such as peer-support groups, or interventions which aim to increase people's links with their community, may be particularly useful for individuals from minority groups who are at risk of social exclusion due to stigma (Leff & Warner, 2006; Takács, 2006). However it is important to consider that homophobic attitudes may persist in non-heterosexual women's local communities, meaning they may not wish to, or be able to gain meaningful social support from members of their community. Therefore also ensuring non-heterosexual women have access to LGBT-specific social spaces, which are more likely to be accepting, may increase the women's opportunities to gain meaningful and supportive social relationships. The current findings add weight to the use of these social interventions with non-heterosexual women, which may provide an alternative for individuals who do not wish to engage in direct psychotherapeutic approaches that have historically pathologised non-heterosexual behaviour (Katz, 1995).

To promote more systemic change, improved education and policy reforms aimed at challenging heterosexism may serve to improve access to social support for all non-heterosexual, and gender-minority individuals. With increasing emphasis on applied psychologists' role in advancing social justice (Toporek & Vaughn, 2010), clinical psychologists may be well placed to contribute to these societal level interventions, which may have a wider and longer-lasting impact on psychological wellbeing than therapy alone (Vera & Speight, 2003).

Limitations of the Metasynthesis and Future Research Considerations

The current findings provide novel insights and suggestions for intervention, but the review is not without limitations. Although the meta-ethnographic approach allowed for the women's experiences within the studies to be preserved (Britten et al., 2002), the large number of studies included here meant it was difficult to capture the nuances of individuals' experiences within the overarching themes. For example there were some studies that included participants from black and minority ethnic (BME) groups, and the studies covered a broad range of ages, which meant that these additional factors could not be considered in depth. Due to the lack of prior synthesis in this area it was decided that no studies should be excluded here. However, future research could examine these nuances in more detail, for example by focusing on the experiences of BME women, or older women, or women who have children.

The findings are also biased towards experiences of non-heterosexual women in English speaking countries, in particular, women from the USA. This research therefore does not include experiences of women from countries where English is not the primary language, therefore no inferences can be made regarding these. It is proposed that more research is conducted exploring the experiences of non-heterosexual women from non-Western countries.

Furthermore, due to recruiting a somewhat hidden population many of the original studies utilised a snowball sampling procedure to recruit participants, which can lead to biasing issues (Browne, 2005) such that women who do not associate with other non-heterosexual women may have been excluded. Consequently the current findings may not represent the views or experiences of these women and as such the recommendations may not be applicable to all non-heterosexual women. Recruiting this population is challenging but would add to the research; therefore future research should take into account issues around self-labelling of ones sexual orientation.

The variability in quality of the papers included here, as assessed using the CASP tool (Public Health Resource Unit, 2006), may have impacted upon the findings. From appraising the studies it appeared that few papers explicitly commented on issues surrounding reflexivity, failing to acknowledge the researchers' potential influence on their data. This made it challenging to judge the validity of the findings. This limitation demonstrates that future research in this area could benefit from more explicit consideration of reflexivity issues, which may enhance the credibility of future findings (Yardley, 2008).

This research explored the experiences of family connections for non-heterosexual women. It seems important to question how relevant traditional notions of 'family' are to members of the LGBT community, as current definitions are often highly heteronormative and propose family to consist of a heterosexual man and a heterosexual woman raising children together (Gamson, 2000). Using current definitions in research may exclude those for whom the term 'family' does not fit with their experience, or those who choose to distance themselves from this heteronormative construct (Hudak & Giammattei, 2014. Therefore, future research could examine more closely current definitions of family, and consider what 'family' means to members of the LGBT community.

Conclusions

In conclusion, this research has illuminated a number of novel findings that contribute to the existing literature exploring social support for non-heterosexual women. Implications for health care professionals and others working with non-heterosexual women have been discussed, including the potentially beneficial role of both social and psychotherapeutic interventions. A number of future avenues for research have been proposed in order to further explore the experiences of non-heterosexual women, and LGBT individuals more generally.

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Tables and Figures

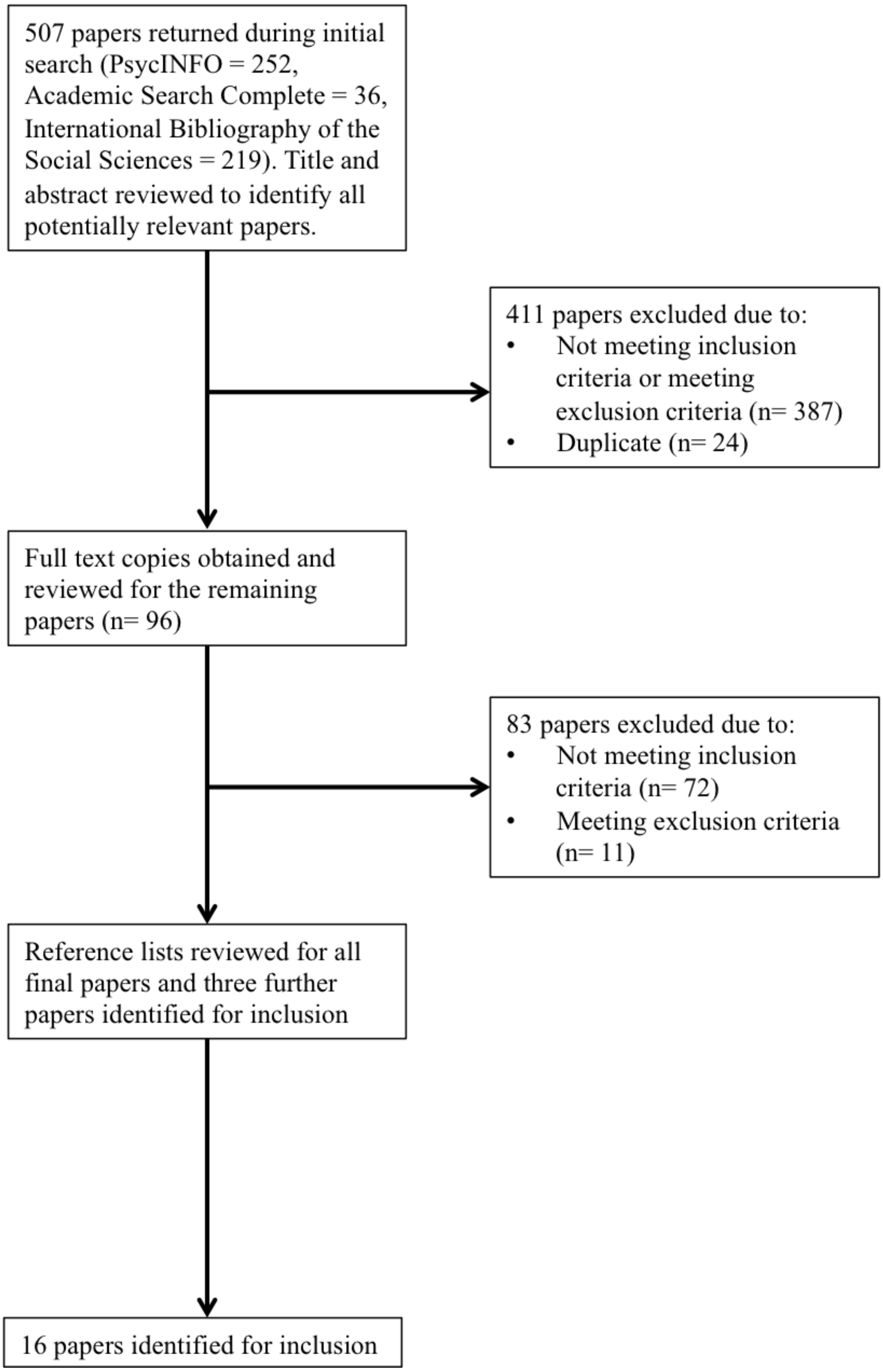

Figure 1. A flow chart depicting the process of searching for studies for inclusion

Table 1. Summary of the papers included for synthesis

Author(s)	Country	Research question/aim(s)	Sample	Methodology	Findings related to informal social support/friendship
Aronson (1998)	Ontario, Canada	To study lesbians' experiences of giving and/or receiving care.	Lesbian women (n=15) Age: early 30s-mid 60s, Ethnicity: all White	12 semi-structured interviews and 3 written accounts; Thematic analysis	• Lack of support from family of origin • Giving and receiving care in the context of friendships and community
Comerford et al. (2004)	Vermont, USA	To explore lesbian elders' perceptions of ageing in Vermont.	Lesbian (n=14) and bisexual (n=1) women Age: average age of 60 Ethnicity: 13 White, 1 American Indian, 1 African American	Qualitative semi-structured interviews; Thematic analysis	• Need for self-reliance • Social supports • Connections with local groups
Degges-White (2012)	Mississippi, USA	To explore lesbian women's experiences in social and romantic relationships	Lesbian women (n=154) Age: mean age 42.4 Ethnicity: European American (88%), African-American (2.6%), Asian/Pacific Islander (2.5%), Hispanic (3.9%), other (3.2%) (NB. demographic information was not provided in the article - this was provided by the	Semi-structured interviews	• The perceived unparalleled depth of the connection between two women • The transition of friends to lovers and lovers to friends • Feelings of isolation and friendship deprivation even when in a romantic relationship • The challenges unique to lesbian friendship formation • The increasing diversity of lesbian friendship circles

			author through direct correspondence).		
Diamond (2002)	New York, USA	A qualitative investigation of young sexual-minority women's most intimate adolescent friendships.	Sexual-minority women (n=80) Age: 18-25 Ethnicity: "predominantly White"	Scripted, 30-minute phone interviews; Approach to analysis unclear	• Characteristics of sexual-minority women's closest adolescent friendships • The developmental context of passionate friendships • Sexual involvement with passionate friends • Passionate friendships and sexual identity
Gabrielson (2011)	Illinois, USA	To demonstrate findings from a larger study which highlighted the importance and role of the "created family" in relation to participants' health, wellbeing, and decision making regarding issues of ageing.	Older lesbian women (n=4) Age: 59+ Ethnicity: not stated	Instrumental collective case study from an original qualitative exploratory study that used across-case, thematic and within-case narrative analysis of interviews conducted with 10 older lesbians	• Past history of exclusion from biological family • Experiencing friends as family
Galupo, Sailer & St. John (2004)	Maryland, USA	To explore the complex ways in which bisexual identity intersects with the intimate social	14 friendship pairs: bisexual women (n=7) lesbian women (n=7) and their heterosexual friends (n=14)	Three semi-structured interviews were conducted with each friendship pair; Thematic analysis	• The overall friendship experience was similar to experiences in any other close friendship • There was an emphasis on similarity between friends in heterosexual-

		dynamics within close cross-sexual orientation friendships.	Age: 18-34 Ethnicity: 19 Caucasian, 4 African-American, 1 Asian-American, 1 Pacific Islander, 1 Hispanic, 1 Jamaican, 1 Afghan		bisexual friendship pairs • Perceived shift in friendship dynamic based on the sex of partner for bisexual women
Galupo & St. John (2001)	Maryland, USA	Investigate benefits of cross-sexual orientation friendships in adolescent girls.	10 friendship pairs: bisexual women (n=5) lesbian women (n=5) and their heterosexual friends (n=10) Age: 19-25 Ethnicity: 12 Caucasian, 5 African-American, 1 Asian-American, 1 Pacific Islander 1 Hispanic	Three semi-structured interviews were conducted with each friendship pair; Approach to analysis unclear.	• Overall benefits of cross-sexual orientation friendships • Benefits for lesbian and bisexual females
Glass & Few-Demo (2013)	Virginia, USA	To examine how Black lesbian couples receive informal social support from their social networks, guided by an integrated framework of symbolic interactionism and Black feminist theory.	Lesbian women in committed relationships (n=22) Age: 27-44 Ethnicity: all Black or African-American	Dyadic semi-structured interviews; Analysed using a grounded theory methodology	• Mixed response by family of origin and extended family • Inaccessible and invisible gay and lesbian communities • Church for me, not for us • A homeplace for authentic selves

Jones & Nystrom (2002)	Washington, Oregon & California, USA	To explore the life course experiences of older lesbians and their concerns and needs as they age.	Lesbian women (n=62) Age: 55-95 Ethnicity: 59 White, 3 Women of Colour	Semi-structured interviews; Grounded approach	• Independence • Relationships and definitions of family • Community and social support • Looking forward- Concerns and hopes
Kowen & Davis (2006)	Cape Town, South Africa	To explore the experiences of lesbian youths in South Africa.	Lesbian youths (n=11) Age: 16-24 7 Xhosa, 4 English	Qualitative exploratory in-depth interviews; Approach to analysis unclear	• Isolation • Family • Supportive role of friends
McCarthy (2000)	Various rural towns, USA	To explore the experiences of rural lesbians.	Lesbian women (n=10) Age: 18-52 Ethnicity: 9 White, 1 Hispanic	Focus group; Approach to analysis unclear	• Initial feelings of isolation • Opportunities to connect with a small informal network of friends and acquaintances alleviates problems • Little access to information, public space or local gay culture makes this network crucial
Oswald (2000)	Illinois, USA	To understand what happens when young women come out as bisexual or lesbian/how coming out affected these women's relationships	Bisexual (n=4) & lesbian women (n=2) and their family/friends (n=25) Age: 15-55 (the 6 young women were aged 18-23)	Multiple interviews were conducted (with the focal participant, and with the participants friends/family); Data analysed using grounded theory open coding techniques	• Changes to relationships following coming out • Building community • Negotiating closeness and distance

		with family and friends.	Ethnicity: 4 White, 1 multi-ethnic, 1 "homeless street youth"		
Richard & Brown (2006)	Connecticut, USA	To explore lesbians' experiences of and perspectives on ageing: this paper focuses primarily on one of four main findings - social support.	Lesbian women (n=25) Age: 55-73 Ethnicity: 24 White, 1 of African descent	Focused, in-depth interviews; Thematic analysis	• Configurations of informal social support • Empowered • Secure • Independent • Precarious
Stanley (2002)	East Coast, USA	To explore young sexual-minority women's perspectives on cross-generational friendships with older lesbians.	Young sexual-minority women (n=16) Age: 15-25 Ethnicity: 10 women of colour, 6 White	Two semi-structured group interviews; Data consisted of hand written notes (to maintain confidentiality); Approach to analysis unclear	• Descriptive data regarding friendship networks • Benefits and barriers to cross-generational friendships
Valentine (1993)	A town in Southern England, UK	To examine how lesbians meet and develop social networks.	Lesbian women (n=40) Age: 18-60 Ethnicity: Not stated	In-depth semi-structured interviews and social network analysis; Approach to analysis unclear	• First meeting places • Building lesbian networks
Weinstock & Bond (2002)	New England, USA	To explore the experiences of friendship between young lesbians and	Lesbian women (n=23) & heterosexual women (n=24) Age: 18-25	Surveys were completed by participants; Qualitative text analysis used to identify themes in	• Positive themes of friendship including socio-economic benefits, learning opportunities and societal

	heterosexual women.	Ethnicity: "mostly White"	the data	benefits • Negative themes of friendship including anxiety about sexuality, limitations of understanding, clash of perspectives and societal level stressors

Table 2. Critical Appraisal of Study Quality Using the CASP Qualitative Appraisal Tool

Study	Research design	Sampling	Data Collection	Reflexivity	Ethical issues	Data analysis	Findings	Value of research	Total score
Aronson (1998)	1	3	3	2	2	2	2	3	18
Comerford et al. (2004)	3	3	3	3	2	3	3	2	22
Degges-White (2012)	1	1	1	1	1	1	2	3	11
Diamond (2002)	3	3	3	1	2	2	3	2	19
Gabrielson (2011)	2	2	3	2	2	2	3	3	19
Galupo, Sailer & St. John (2004)	2	2	3	2	1	2	3	3	18
Galupo & St John (2001)	2	2	2	1	1	2	3	3	16
Glass & Few-Demo (2013)	3	3	3	3	2	3	3	3	23
Jones & Nystrom (2002)	3	2	2	2	2	2	3	2	18
Kowen & Davis (2006)	1	2	2	2	3	1	2	2	15
McCarthy (2000)	2	2	3	2	2	2	3	2	18
Oswald (2000)	2	3	3	2	2	2	3	2	19
Richard & Brown (2006)	3	3	3	2	1	3	3	2	20
Stanley (2002)	2	3	2	2	3	1	2	2	17
Valentine (1993)	1	2	2	2	1	2	2	2	14
Weinstock & Bond (2002)	2	1	2	1	2	3	3	2	16

(1) = weak, (2) = moderate, (3) = strong evidence

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Table outlining the synthesis of concepts and initial themes to develop the final themes

Study	Theme 1. Disconnection from family life	Theme 2. The benefits of cross-sexual orientation friendships	Theme 3. Negotiating (internalised) homophobia and seeking a space for authenticity	Theme 4. The intimacy of friendships between women
Aronson (1998)	• Lack of support from family of origin • Felt lucky to get support from family and health care providers - but acknowledge shouldn't need to feel this gratitude • Uncertain about how to generate more dependable support - avoiding the tensions associated with family-based care • Receive a range of support: practical, financial, emotional and moral • Desire to maintain control of their own care - hard to let others in, depend on others • Community often rallies round - help in a crisis • Resisting care - unaccustomed to putting		• Passed as blood relative due to hetero-relational culture • Had to obscure lesbian identity to pass as legitimate caregiver • Needing to make informal support networks as formal ones not always available due to discrimination	

	their needs first (fear of exclusion/loss of support if do)			
Comerford et al. (2004)	• Self-reliance (fluidity of gender roles - doing 'masculine' tasks etc.) but interdependence needed (good relationships with neighbours) in rural environments - limited ability to rely on just oneself in older age • Intentionally built support systems • Links to wider lesbian community - valued by some but not all of the participants • Access lesbian groups, went to the only gay bar - important to feel comfortable • True friends (most of whom lesbians) more vital than family - family not who turn to	• Isolated due to rural context so harder to meet other lesbians • Social support = connections with local groups, larger community, and connections that are shaped by the individuals particular context • Healthy integration between lesbian and heterosexual people - open and welcoming	• Feel ill at ease with heterosexual people	• If not partnered, ex-partner might a good source of support
Degges-White (2012)	• Rejection from close family members (despite changing	• Variety of social support networks - different types	• Live double lives - appear straight to some and lesbian	• Uniquely deep emotional connection with other

	attitudes) • Depth of friendship stems from the sense of group marginalisation	of friend, what's important is the quality of the friendship not sexual orientation	to others (lack authenticity) • Internalised homophobia a bigger threat to developing a social support network than external homophobia • Authentic friendships - getting beyond superficial conversation can pose challenges • Trust important - dropping hints in conversation with heterosexual people to test out the friendship & ascertain trustworthiness	women • Blurring of friendship/romantic boundaries • Most relationships start out as friendships - so added level to friendship • Best friends without limits - intimacy in both sexual and nonsexual • Friends->Partners->friends due to limited breadth of lesbian community
Diamond (2002)		• Not sexually motivated - in fact it was the *absence* of sexual attraction that made them so comfortable with the physical affection with female heterosexual friends		• Friendship similar to a relationship - blurred boundary • Features such as possessiveness, obsession, fear of losing the person • One pair even sought a couples counsellor who presumed lesbian relationship. • Physical affection a common feature of friendships - more able to read each others emotional

cues as a result, different to female friendships in that more representative of parent/child or romantic relationships.

- Some of the friendships then did lead to attraction - but these were no more intimate than the ones which didn't
- Context of adolescence (developmental processes) adds to intimacy - first experience of reciprocal intimacy
- First same-sex experience usually with a friend
- But not all people who have this then go on to develop a non-heterosexual identity
- One participant had long friendship that led to a one year sexual relationship and then went back to friendship
- Fluidity of emotions and sexual feelings - difficult to distinguish the difference between close same sex friendships and love affairs
- Add a third variable of

				openness to intimacy with same-sex friends
Gabrielson (2011)	• Past history of exclusion • No children to care for them Fears about exclusion, past loss or trauma related to loss impacts on current relationships • Needing to be caregiver of parents • Friends as family • Realising own limitations- need for others' support, not as independent as hoped or previously thought • Need for consistent support/unconditional support (attachment - secure base) not available from family, so seek it from friends.		• Fears of mistreatment when need to rely on others for support.	
Galupo, Sailer & St. John (2004)	• Social support provides constancy that you can rely on. • Don't feel alone.	• Difference in sexual orientation made them appreciate the similarities more (rather than focus on differences) • Had benefits in that could keep different parts of their	• Following disclosure of sexual orientation felt relieved, able to feel closer and more open, increased trust, and feelings of acceptance. Deepened and matured the friendship	• Friends are there when needed and someone to talk to - shield, therapist, fun and someone to depend upon.

		lives separate • The women appreciated keeping friendship and sexual interest separate (which was one of the benefits of cross-sexual orientation friendship - lesbian friends have sexual tension, actually helpful to have friends where this is absent - clearer boundaries but still with the benefit of female friendship)	(when positive response) • Challenging perceived prejudice - receiving acceptance from heterosexual women showed acceptance is possible - opening doors for authenticity, and self-acceptance/self-esteem (which add to own source of social support) • Friends were first people the young women came out to - so very important relationships • Younger lesbians so these benefits may be more available due to increased acceptance in society
Galupo & St. John (2001)	• Similar to above plus: • Friendship important to wellbeing	• Cross-orientation friendships commonplace for bisexual women • Difference less noted in bisexual-heterosexual friendship pairs • Focus on similarities over difference (e.g. attraction towards men in bisexual-heterosexual friendship	• Acceptance received from friends • Although less open about sexuality in bisexual-heterosexual pairs, therefore less implicit acceptance? • The women became more open and more like lesbian-heterosexual pairs when bisexual woman in a same-

		pairs)	sex relationship	
Glass & Few-Demo (2013)	• Negative support from extended family - but still support • Need for sense of connection and belongingness so still need this family support • Self-sufficiency of black women • 2 couples did feel acceptance from family (due to time of disclosure, families prior experience) • Benefits of lesbian community	• Benefits of lesbian community - for individuals, but not for families or couples	• Sense of loyalty to family • Family may invalidate relationships and lesbians are often desexualised - feel they may reinforce this themselves. • Impact on self-esteem, wellbeing, creates distance through denial • Dual roles (separate out lesbian role /family member role) • Church community important for black women. Important for self-esteem and alliance to culture to attend church. • But lesbian relationships nullified by religion and made women believe relationship must be hidden • Creating homeplace for authentic selves • Acceptance received by re-labelling partners as fictive kin (aunt, friend, daughter) • Create symbolic boundary	

			to protect authenticity of relationship from perceived discrimination
Jones & Nystrom (2002)	• Self-sufficient and independent much of their lives (needed to become this way - rejection from family led to need to provide for self) • Preparing for self-reliance during later years • Family of choice - broad definition of family • Family of choice includes current and previous partners and friends, and sometimes members of biological family e.g. children • Difficulties with biological family - unable to come out/withdraw from family activities, but biological family became more accepting over time • Community forms a good foundation • Greatest source of support	• Family and friends their main sources of social support: networks of friends, 12 step programmes, church groups and organised lesbian support groups formed the foundation for the women's support systems. • Range of social support - mostly from lesbians, sometimes non-gay community groups.	

	came from within oneself (or God) • Satisfaction with social contexts in older age • Concerned about losing support through bereavement		
Kowen & Davis (2006)	• Rejected from family of origin and extended family, contact with family restricted due to fears of harming/influencing others in the family (children). • No support offered from family • Due to lack of family support, lesbian youth seek out alternative coping methods including social support in friendships • Friends an important support system: financial support, understanding, acceptance and feeling comfortable with friends.		• Feel isolated at school - excluded through heteronormative assumptions • Important that friends provided acceptance and a space to feel comfortable
McCarthy (2000)	• Isolation and invisibility • Isolation related to feelings	• Multi level community - other non-heterosexual	

	from the past (past exclusion) • Hinders group identity • Connection is genuinely appreciated • Benefits of other non-heterosexual friends - fitting in, have lesbian identity reflected in others • Community can be hidden, lesbians can help other lesbians to meet people • Important to be connected to community - be active - strongest connection is to lesbian community	women firstly, and then heterosexual friends second. • Takes extra effort to gain lesbian community • Leads people to need to seek support from heterosexuals • More variety in social support networks due to rural location • Heterosexual friends still appreciated, and can be accepting - but have to educate them sometimes.	
Oswald (2000)	• Sought to find lesbian community - used pre-existing resources and relationships already available to them • Sense of community provided safety, support and information as well as a sense of belonging • Extended family showed prejudice • Excluded from family of	• Educating heterosexual people helps build relationships • Structure and boundaries of relationships different after coming out • Sexual orientation irrelevant in some of the supportive relationships	• Talking an important way to receive support - creating acceptance • Need to work through difficulties to achieve acceptance • Being open and honest, and authentic allowed others to become accepting over time (and therefore provide more meaningful support) • Homophobia bought people

	origin due to their religious beliefs - some women felt that family of origin needed to change their views/beliefs if going to accept them		closer (heterosexual or otherwise) as they were united against it • Distances selves from bigoted or prejudiced people (including extended family in some cases)	
Richard & Brown (2006)	• Did not rely on any formal support mechanisms - informal only • Variety of support - valued laughter/heart, practical things from others • Don't need to use family support - so not preferable if have family of choice • Choose to be as independent as possible • Consistency of support important • Biological family (children) included provided support sometimes • Some rejected the help of others - self-reliant (related to "butch identity") - sometimes may have a lot of support but not perceive	• Large variety of support		• Ex-lovers included in social support networks (for Kate and Candy - who were not partnered)

	that, or feel support is not reliable • Continuum of support - associates --> friends • Lack of family support			
Stanley (2002)	• Difference/similarities recognised • Perceived benefit of friendship with other lesbians - connection, advice and support, acceptance (being who you are), sense of community and shared history, older person may want to give back but generation gap a barrier.		• Distance between heterosexual friends who didn't know about sexuality (not accepted = barrier) • Important for African-American women to have same-race friendships to buffer against racial prejudice	• Friendships with other women the norm
Valentine (1993)	• Matriarchal figures in lesbian spaces- supportive, helps them to meet newcomers and welcome them in, snowballs the lesbian community • Identity can become embedded in the networks formed in gay spaces - changing their style/behaviour to fit in with	• Having a partner with an already established group of lesbian friends can help one establish social networks although mostly in first relationships neither have much contact with the gay scene and can be isolated • This may then lead to a widening of the social network	• Loneliness and depression can result from this isolation • Met other lesbians by chance in heterosexual environments - fearful of consequences of disclosure so 'drop pins' and look for clues in body language to determine if others are lesbian/share own sexual	• Befriend ex-lovers - density of lesbian networks.

	the dominant collective identity • Use these communities for practical services as well as emotional support	• Lesbians have socially diverse friendships	orientation • Finding safe spaces (gay spaces) - some see these as vital, others are fearful of these - at the time was hard to find these spaces (before the internet was widely available). Some moved from rural to urban areas for this reason • Taking a step towards obtaining a lesbian social support network felt like a big step - fear around being outed. • Some women used community initially to meet other lesbians but then held onto these social supports and moved away from lesbian spaces together • Conclusions: Fear of anti-gay harassment in heterosexual environments and lack of gay social spaces where it is possible to meet friends affect the formation and character of lesbian social networks.	

Weinstock & Bond (2002)		• Interesting due to differences / different perspectives • Absence of sexual tension in cross sexual-orientation friendships • Cross sexual-orientation friendships provided a boost in status • Cross sexual-orientation friendships have societal benefits - building community/allies, breaking down barriers • Lesbians perceive a lack of understanding from heterosexual friends- inability to understand their experiences of oppression • Sometimes lesbians felt unappreciated by their heterosexual friends (not clear why) • Challenging to deal with heterosexual friends - heterosexual privilege or heterosexism /political differences.	• Unconditional acceptance based upon true authenticity but discomfort with sexuality expression sometimes • Cross sexual-orientation friendship led to courage to come out • Heterosexism impedes open, trusting and guilt-free relationships.	

- If both parties collude in removing the lesbians' sexuality from the friendship they are reinforcing heterosexism.

Section Two: Research Paper

Older Women's Psychological Experiences of the Bereavement of their Long-Term, Same-Sex Partner

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Objectives: The current research explored experiences of same-sex partner bereavement in women over the age of 60.

Method: Semi-structured interviews were conducted with eight women via telephone and face-to-face interviews. Transcripts were analysed using interpretative phenomenological analysis. (IPA).

Results: The analysis highlighted some similarities with bereaved older heterosexual individuals. However this paper focuses on three novel themes specific to older women who have lost a same-sex partner: (i) *being left alone,* which describes the women's experiences of isolation and exclusion (ii) *navigating visibility,* whereby homophobia led to a lack of recognition of the women's grief, and (iii) *finding new places to be authentic,* due to the women's need for new relationships in which they could be themselves**.** The findings indicate that existing models of bereavement may be applicable to same-sex partner loss, albeit with adjustments to incorporate the particular experiences of this group.

Conclusion: The findings indicate that in addition to the experiences of partner bereavement noted in research with heterosexual widows, older women who lose same-sex partners may face particular challenges following partner bereavement, which can impact upon psychological wellbeing and adjustment to loss. These challenges appear to result from past and current homophobic and heterosexist attitudes within UK culture. Intervention at individual, group, health service, and societal levels may be beneficial in improving the psychological wellbeing of older women who lose a same-sex partner.

Keywords: bereavement, psychological wellbeing, LGBT, ageing, qualitative

Introduction

Over the last two decades there has been a substantial increase in research exploring issues related to loss, bereavement and death (Bryant, 2003). As people age, they are at increased risk of experiencing significant and numerous losses, including losing their partner (Moss, Moss & Hansson, 2001). Although bereavement-related distress is often overlooked in later life, due to the view that bereavement is inevitable and natural (Moss et al., 2001), the loss of a partner can be one of the most profoundly distressing experiences of a person's life (Holmes & Rahe, 1967). In fact, research exploring the impact of partner loss in later life highlights that it may lead to declines in mental health, social functioning (Bennett, 1997; 1998) and physical health (Stoebe, Schut & Stroebe, 2007). Bereaved older widow(er)s may also experience increased mortality rates (Jagger & Sutton, 1991) and higher rates of suicide than their age-matched controls (Li, 1995). Further understanding the impact and experiences of partner loss in later life is therefore important, particularly given the ageing population.

There are a number of theories that purport to explain the 'usual' stages, tasks or phases that may lead to adjustment following bereavement (Bowlby, 1980; Gillies & Neimeyer, 2006; Kübler-Ross, 1975; Stroebe & Schut, 1999). Worden's (1991) 'tasks of mourning' model provides a useful framework for conceptualising grief experiences. These tasks include (i) accepting the reality of the loss, (ii) working through the pain of grief, (iii) adjusting to a new environment without the deceased, and (iv) finding an enduring connection with the deceased while embarking on a new life. Adjustment is now believed to be a fluid, non-linear process (Worden, 1996), and may be affected by a variety of intrapersonal factors including age, gender, and attachment style (Houwen et al., 2010). For some, these factors may impact upon the process of adjustment, leading to 'chronic' grief (Stroebe, Folkman, Hansson & Schut, 2006) where the grief process is enduring. At this point, intervention from health and social care services may be beneficial to support the process of adjustment (Bergman & Haley, 2009).

Findings are mixed regarding the impact of being older on the process of adjusting to loss. Older widows and widowers report that having previous life experiences and being older led to increased resilience, which supported the process of adjustment (Bellamy, Gott, Waterworth, McLean & Kerse, 2014). Having supportive networks of friends, family members and neighbours also serves to support the bereavement process in older widow(er)s (Lobb et al., 2010). However, being older may place bereaved individuals at increased risk of mental and physical health difficulties following the bereavement (Murrell & Himmelfarb, 1989), further complicating the adjustment process. Older people may also have difficulty in adjusting to life as a single person, finding it challenging to re-learn skills or redefine their identity (Anderson & Dimond, 1995; Naef, Ward, Mahrer-Imhof & Grande, 2013). Furthermore, support networks may become depleted in later life (Hawthorne, 2006). In fact, Hansson and Stroebe (2007) propose that ageing can both support and hinder adjustment to bereavement.

The current literature provides valuable insights into bereavement experiences in later life. However much of this research conceptualises grief within a heteronormative framework, by focusing on the experiences of heterosexual widow(er)s and ignoring differences in sexual identity. Worden's model (1991) provides an arguably heterocentric view of grief experiences, therefore it is unclear if this model is applicable to older people who identify as lesbian, gay, bisexual, or transgender (LGBT). To date very little research has explored the experiences of partner loss in this population.

Dominant narratives around sexual orientation within the Western world have shifted extensively throughout history; as recently as the last century non-heterosexuality incurred the death penalty, forced conversion treatment and widespread discrimination (Herek, 2004). Recent changes to the law, including the introduction of civil partnerships and legal same-sex marriage in the UK, are increasing acceptance of LGBT relationships within UK culture (Clements & Field, 2014). However, homophobia and heterosexism persist, albeit more often in subtler forms (Monk, 2011). This, in addition to the past experiences of prejudice that older generations of LGBT people have faced, may impact detrimentally on the psychological wellbeing of these individuals (Kertzner, Meyer, Frost & Stirratt, 2009). In fact, recent literature highlights the increased risk of mental health difficulties in the older LGBT population (Fredriksen-Golsen et al., 2013).

Given this context, experiences of partner loss may be expected to differ for older LGBT individuals. For example, experiencing prejudice may result in some being less open about their relationships than their heterosexual counterparts, in order to avoid further stigma. This may result in those who lose their partner experiencing 'disenfranchised grief' whereby the grief 'is not or cannot be openly acknowledged, publicly mourned or socially supported' (Doka, 1989, p. 4). Disenfranchised grief is associated with disrupted adjustment to loss (Doka, 1989). A small but growing body of literature exploring the experiences of older women who have lost a same-sex partner found evidence of disenfranchised grief in this group (Almack, Seymour & Bellamy, 2010; Jenkins, Edmundson, Averett & Yoon, 2014), and many had not received recognition of their relationship, either socially or legally (Jenkins et al., 2014).

Older LGBT individuals may also lack family support, due to having lost parents, and having children less often than heterosexual couples (Musingarimi, 2008), therefore relying more heavily on support from friends (Almack et al., 2010). Friendship groups of older same-sex oriented women often consist of mainly other same-sex oriented women or other members of the LGBT community (Heaphy, Yip & Thompson, 2004); although some have reported to lose connection to LGBT community in later life (Cahill, South & Spade, 2000; Pugh 2002). Research has found that following same-sex partner bereavement, older women may be at considerable risk of social isolation, related to the loss of the social support received from their late partner, exclusion from their partner's family following the loss, and disconnection from LGBT community (Almack et al., 2010; Bent & Magilvy, 2006; Fenge, 2014; Jenkins et al., 2014). Women appear to gain more benefit from social support than men following a bereavement (Stroebe & Stroebe, 1983), suggesting that the lack of support may disrupt adjustment to the loss for these women (Bent & Magilvy, 2006). This results in a greater need for formal support, yet fears of discrimination may create barriers for these women in seeking formal support following bereavement (Fish, 2010).

Despite these recent additions to the literature, significant gaps remain. Both Bent and Magilvy (2006), and Jenkins et al. (2014) recruited only 'lesbian' women. The experiences of other women who may have had same-sex relationships (those who are bisexual, queer, pansexual or unlabeled) have not yet been considered. Furthermore, both studies were conducted outside of the UK where experiences may differ due to the influence of culture. Almack et al. (2010) and Fenge (2014) recruited both gay men and lesbian women, and considered the findings in conjunction, meaning gender-specific issues may not have been explored. In addition, the existing literature offers sociological, social work and nursing perspectives; as there are potentially considerable implications for the psychological wellbeing of older women who have lost a same-sex partner, a psychological perspective is also much needed.

While it is agreed that there is political value in lesbian, gay, bisexual and transgender individuals uniting for the purposes of furthering the LGBT movement, it is also noted that due to the prevailing influence of patriarchy and the oppression of women there is a need to consider women's issues separate from men's, particularly in research (Averett & Jenkins,

2012) which may also counter some of the invisibility faced by older lesbian and bisexual women (Traies, 2009).

Consequently, the current research aimed to explore the experiences of older women from the UK who had lost a same-sex partner with whom they had been in a long-term relationship, with a particular focus on experiences that are novel and specific to this group. The aims were twofold; to contribute to furthering knowledge and understanding of these experiences, which have thus far received limited attention; and to relate the findings to psychological theory and knowledge in order to inform clinical practice with older women who have experienced same-sex partner bereavement. Although many older people adjust to the loss of a partner without needing to engage in formal support services (Stroebe, Schut & Stroebe, 2005), professionals such as clinical psychologists can benefit from an awareness of the particular difficulties that this group may face if they are to effectively support those who do come into contact with services (The British Psychological Society, 2012).

Currently, no research has focused on the phenomenology of these experiences of same-sex partner bereavement. Interpretative phenomenological analysis (IPA) is a qualitative approach increasingly being used to explore the experiences of those whose voices are rarely heard (Cassidy, Reynolds, Naylor & De Souza, 2011). Therefore, this approach was adopted to explore the experiences of this marginalised and invisible group (Pugh, 2005).

Method

Design

IPA methodology was adopted, using individual, semi-structured interviews to collect data. IPA is concerned with the personal perception of a particular phenomenon, such as bereavement, and can be used to explore how people make sense of their major life experiences (Smith & Osborne, 2008). IPA has its theoretical origins in phenomenology, the study of experience and being; idiography, which places value on the particular meaning for an individual; and hermeneutics, the theory of interpreting and understanding (Smith, Flowers & Larkin, 2009). IPA therefore offers a means of exploring the detailed, particular instances of human lived experience while recognising that this is 'inevitably an interpretative endeavour for both participant and researcher' (Smith et al., 2009, p. 37).

Participants

Unlike other qualitative methodologies which commonly seek to achieve data saturation (Guest, Bunce & Johnson, 2006), IPA seeks to achieve saturation within the data set that is collected through an exhaustive analysis (Smith, Jarman & Osborn, 1999). Therefore sample sizes in IPA should be large enough to allow for an elaborate exploration of the collective experiences of the sample, while also being small enough to consider the individual experiences and nuances of these experiences in depth (Smith & Osborn, 2008). Ideal sample sizes will vary for each study, however a rough estimate of between six and eight participants is recommended for a clinical psychology doctorate study (Turpin et al., 1997). In keeping with these aims and the recommendation, eight participants were interviewed.

IPA research requires a fairly homogenous sample (Smith et al., 2009), therefore a purposive sampling method was employed. Homogeneity was discussed in supervision and it was felt that being over the age of 60, having lived most or all of their life in the UK, and having lost a same-sex partner in mid- to late-life were sufficient shared characteristics to ensure homogeneity of the sample. IPA is also interested in exploring the variability of participants, therefore samples should not be overly similar (Smith et al., 2009). For example, no upper limit was placed on the time since bereavement and there was no requirement for participants to identify as ‘lesbian’, 'bisexual' or non-heterosexual. Participant demographics of the eight women who took part are outlined in Table 1.

[Table 1 near here]

Participants were aged between 61 and 74, with a mean age of 68.3. Time since the loss ranged from 1 year to 6 years, apart from Nancy who had lost her partner 16 years previously. Five women described their sexual orientation as 'lesbian', two as 'gay' and one did not assign a label. All participants described their nationality as British, and had lived in Great Britain (England, Scotland or Wales) for most of their lives. One participant had emigrated to France following retirement; due to the time she had previously spent in Britain her experiences were deemed to be sufficiently homogenous.

Recruitment

A large number of organisations including charities, support groups and other services that older women or the LGBT community might engage with were approached via email or telephone contact. Examples include an older lesbian women's support group, an 'Age UK' LGBT subgroup, and a day service for older people. Those that agreed to advertise details of the study were provided with pre-prepared information to share with their members or service users (see Ethics Section: Appendix 4-B). In addition, posters were placed in areas where older women and LGBT individuals may visit (see Ethics Section: Appendix 4-C).

Nine women contacted the researcher and were provided with further information about the study (see Ethics Section: Appendix 4-D). Following this, eight participants agreed to take part and interviews were arranged. It is unclear why the other person chose not to proceed with the interview.

There were a number of recruitment challenges. It was predicted that older women who had been in a same-sex relationship might be reluctant to openly disclose their sexual orientation (Knocker, 2012), and/or uncomfortable discussing experiences of same-sex partner bereavement. This was addressed by carefully choosing the language to include on promotional materials, for example not including the words 'lesbian' or 'bisexual' on posters, which also meant those who do not define themselves in this way, and/or did not feel comfortable using these labels publicly were not excluded. In addition some older adult services did not advertise the study due to feeling it would be inappropriate to advertise this study to their service users. This may reflect the continued prejudice around sexual orientation, and invisibility of LGBT individuals, particularly in the older population (Price, 2005).

Data Collection

The study was reviewed by the Faculty of Health and Medicine Research Ethics Committee, and ethical approved was granted from the Lancaster University Research Ethics Committee (see Ethics section: Appendices 4-H & 4-J). Ethical considerations were addressed in the participant information sheet, and considered throughout the process.

Six participants chose to undertake the interviews over the telephone and two preferred face-to-face interviews. Conducting interviews over the telephone does not appear to detrimentally impact on the quality of data (Holt, 2010) and allowed those with mobility difficulties and those located further away to take part.

As the primary aim of IPA research is to collect rich, detailed, first-person accounts (Smith et al., 2009), semi-structured, individual interviews were conducted to explore the women's experiences of partner loss, using an interview schedule to guide discussions (see Ethics Section: Appendix 4-F). The interview schedule was devised in light of previous literature and amended following the first interview to restructure the order of some questions. This was used only as a guide to allow for flexibility and probing of areas of interest (Smith, 1995). Due to the sensitive nature of the interview participants were provided with the topics in advance, and skills used in a therapeutic setting were drawn upon to manage the emotional nature of the interviews (McCosker, Barnard & Gerber, 2001). Time was allocated at the start to build a rapport with participants and further time was provided at the end to discuss general topics in order to contain any emotional distress the participants might have been left with following the interviews. Interviews lasted between 60 and 130 minutes, and were recorded using a digital recording device.

Validity

Yardley's (2008) 'four principles' approach to enhancing validity in research is often favoured by IPA researchers (Smith et al., 2009). This approach stresses the importance of sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance. To enhance validity and the quality of the data, one transcript was read by three supervisors. The emergent and superordinate themes were also shared with, and validated by all supervisors. Feedback from the supervisors was used to amend interpretations and themes accordingly.

Reflexivity

To further support adherence to Yardley's principles (2008), a reflexive stance was adopted throughout the research. Reflexivity, or rather the 'explicit evaluation of the self' (Shaw, 2010, p. 235) is of particular importance in IPA research, due to the recognition that all interpretations will be influenced by the researcher's own beliefs, expectations and experiences (Smith et al., 1999), and by the researcher's relationship with the subject matter (Bowles & Klein, 1983). A reflective diary was used throughout the process to record the researcher's reactions to each interview to establish assumptions or personal influences upon the data.

Position of the researcher.

In order to enhance sensitivity to context and transparency, the position of the researcher has also been considered. The researcher is a same-sex oriented, 26 year old, white British female, undertaking this research as part of a Doctorate in Clinical Psychology. The topic was chosen due to the researcher's interest in exploring the experiences of women who have had same-sex relationships, in addition to her clinical work with older adults in which she encountered the profound impact that losing a partner can have on older people's psychological wellbeing. Having an alliance with feminist values, the researcher was aware of the psychological impact of oppression due to gender, age, or sexual orientation, and wished to explore women's experiences as members of minority groups and historically oppressed social groups (Bowleg, 2008).

Data Analysis

The data were analysed in line with guidance from Smith et al. (2009). All interviews were transcribed by the researcher, and read several times to become familiar with the participants' accounts. An idiographic approach was taken, whereby each transcript was approached individually and initial notations were made concerning the descriptive, conceptual and linguistic nature of the text (Appendix 2-B provides an example of this). These notes were then used to form emergent themes reflecting the meaning of the participant's account, following which conceptually related emergent themes were clustered together (Appendix 2-C provides an example of a cluster of emergent themes). Attempts were made to then bracket this knowledge as far as possible prior to moving on to the analysis of the next transcript, 'in keeping with IPA's idiographic commitment' (Smith et al., 2009, p. 100). Once all eight participant's accounts had been analysed, the resultant groupings were then compared across the whole sample, searching for patterns, divergences and shared categories. At this point concepts that were novel, seemed specific to this population, and would be important to consider in clinical work with this group were included and clustered into relevant groupings to form superordinate themes. These were then titled to reflect the commonalities and differences amongst participants’ experiences, giving credence to the different contexts in which their experiences occurred.

Results

It should be noted that in the individual accounts the analysis identified a number of concepts that have been extensively documented in previous research on bereavement with other groups, including heterosexual older people. These included the need to re-learn skills (Attig, 2001), holding on to memories of the late partner (Field & Friedrichs, 2004), and constructing a new life without the partner (Fry, 2001). However, these will not be discussed further here as the focus of this paper is on experiences where the participants' identities as older, lesbian, gay or unlabelled women seemed salient. Further details of these excluded concepts are given in Appendix 2-D.

The three main superordinate themes generated were: (i) 'People didn't come rushing to assist': Being left alone (ii) ‘People saw me as having lost a friend': Navigating visibility (iii) ‘What you need in that situation is support from other like-minded people, people that are gay’: Finding new places to be authentic. A table of these superordinate themes is included in Appendix 2-E.

Theme 1: 'People didn't come rushing to assist': Being Left Alone

Theme one describes the women's experiences of isolation and exclusion following the loss of their partners, which resulted in further distress during the bereavement. Having lost touch with friends over the years, they had often become isolated prior to the bereavement. For example, Abby described becoming disconnected from the LGBT community with age: 'In later years we'd sort of put the clubbing days and late nights and parties behind us', and felt this was characteristic of older, same-sex relationships. The women had felt content despite this: 'as long as there's two of you [you're okay]' (Liz). Losing their partner appeared to induce a sense of loneliness, and made them realise how isolated they were: 'the fact that your other half is gone just highlights how alone you are' (Abby), 'I am lonely. It's a sort of deep down loneliness' (Liz). The women described how difficult it was being alone while dealing with their grief: 'I found being alone extremely difficult. ... I really don't like it' (Harriet).

The women highlighted a societal expectation that families would be supportive following the loss: 'if some crisis happens like this, people tend to think, "well it's up to your family to look after you"' (Liz). However this did not reflect the women's experiences, in fact many of the women lacked supportive family networks to turn to. For some this was due to prior homophobic responses from family which they dealt with by distancing themselves from families of origin: 'we had two sets of parents who were completely unable to deal with our relationship. We just mostly ignored them' (Rebecca). For others this lack of support from families of origin was due to their parents and siblings having passed away: 'I haven't got any family at all now ... all her [Rosy's] family had died' (Dee). Additionally, many were actively excluded from their partner's families following the bereavement: 'he [partner's son] just ignored me, walked out and hasn't spoken to me since.' (Alison), and 'they [partner's son and daughter-in-law] brought me home from the funeral and ... just left me at the door and that was it' (Liz). It seemed that this was due to partners' families not viewing the women as valid members of their own families, and viewing the death of their family member as the end of their association with the women. Being excluded from their partner's family caused distress as it meant losing other important relationships: 'It was hurtful, only because I have had this woman [Natalie's sister] in my house, I have made her welcome, we've had nice times together. And suddenly I become aware that she's backed off.' (Rebecca).

Additionally, being excluded by their partner's families meant they missed out on grieving rituals such as cremations:

> They didn't even tell me she was cremated, I wasn't invited. I went to try and find where she was interred and I couldn't find it, I asked everyone, but they said I needed to ask the family which obviously I wasn't going to do. (Alison)

Being excluded in this way felt hurtful and impacted upon their grieving processes through heightening their distress.

The sense of isolation and aloneness the women felt following the loss raised concerns about who would look after them as they get older: 'There won't be anybody to look after me in the way I've looked after her' (Dee), and 'In the lower moments you start to think "oh god, who's going to look after me when I become ill one day?". I had a big scare last year, it was only the flu but you know, there was nobody there to look after me' (Abby). It appeared that these concerns stemmed from uncertainty regarding whether they would receive family support in the future. This caused significant anxiety for the women who, through losing their partners, were faced with their own mortality, and forced to consider their futures and the impact of being so isolated on their own care needs in later life.

Women without children lacked the support that parent-child relationships could provide, and this also increased the women's sense of disconnection from other women their age following the bereavement, increasing their sense of isolation:

> Not having been married and having a family of my own ... I don't have a lot in common with all these family women and grandmothers and you know, who talk about what their latest grandchild is up to - I'm just not interested. (Liz)

Exceptions to this were described by the three women who had adult children from previous relationships: Kate, Harriet and Rebecca. Having children to support them was seen as invaluable: 'My daughter's been truly amazing' (Rebecca). However, the women often described the limitations of support that children can provide and they did not wish to burden their children during their bereavement: 'I know my daughters were there, but ... they're busy people, and I didn't want to load them with my issues' (Harriet), 'I don't like to sort of sit and blub in front of my sons' (Kate). Therefore having children reduced feelings of loneliness, but did not necessarily provide the women with emotional support during their bereavement.

Theme 2: 'People saw me as having lost a friend': Navigating Visibility

Theme two describes how invisibility resulted in the women's bereavement experiences being misunderstood and invalidated, causing additional distress during the bereavement. The women described experiencing a lifetime of homophobia and prejudice: 'we grew up in a world where what we were was despised' (Rebecca). In order to avoid further homophobia the women often abstained from explicitly disclosing their sexual orientation and same-sex relationships: 'we weren't going to wander round saying 'hello we're gay', we never actually told anybody' (Rebecca), 'Neither Sandra nor I felt we could actually say to them [hospice staff] that we were a lesbian couple' (Harriet). In some ways the women felt that this concealment was helpful and adaptive as it minimised anxiety they had about facing prejudice when accessing necessary health care. As a result they felt they received the help they needed prior to the loss, such as from hospice or care home staff. However this concealment became detrimental when the women were bereaved, as the extent of their grief was not acknowledged: 'they just assumed we were two friends living together ... people saw me as having lost a friend but it was actually much more than that, wasn't it? She was much more than a friend' (Harriet). For some, it resulted in their grief being ignored completely: 'A couple of my friends that I go walking with, never said a thing. Never even acknowledged that she'd died.' (Dee). Others felt people didn’t take their grief seriously: 'some people say the most ridiculous bloody comments: "oh you know, you'll soon get over it"' (Abby). This caused significant distress for the women and they sometimes felt anger and disbelief that their grief could be ignored in this way. Even those women who were in civil partnerships reported that although their loss was recognised legally, the grief which accompanied the loss was not always validated socially, such as by acquaintances or neighbours. Although Dee felt upset by her grief being ignored she did not feel surprised, stating: 'I've sort of been used to that all my life you see, that being ignored'.

The women felt that for the most part, society has become much more accepting: '30, 40 years ago it wouldn't have been acknowledged and if it was acknowledged, "well those perverts deserve anything they get"' (Rebecca). Yet there was a sense that subtle homophobia persists, which is less visible and does not have a significant detrimental impact until a crisis happens such as bereavement: 'These days you don't see homophobia until something bad happens' (Rebecca). For example, Abby had attended a bereavement support group, but despite feeling it could have been beneficial to her adjustment to the loss, she chose not to return after one session due to homophobic and heterosexist responses: 'I was getting the strong impression they were anti-gay. Which was not what I needed at that time ... and they all made the assumption it must be my husband that died'. There was a sense that experiencing homophobia during bereavement was particularly difficult as this was a time when they required greater empathy and support, and were less resilient.

However, these negative experiences were not universal. For example, Rebecca felt her grief was acknowledged and that she was well supported during her bereavement. Having experienced homophobia previously, this came as a surprise and she did not take it for granted: 'the fact that people [family, friends and professionals] treated me with such kindness ... that these people treated me with respect and gave my relationship the dignity it deserved was beautiful. It was like a surprise' (Rebecca).

The women often navigated visibility earlier in life by seeking to become visible in alternative ways, such as by fighting to have their voices heard. For example many were involved in the gay rights and women's liberation movements in an attempt to improve life for other LGBT people. This coping response was also adopted following the bereavement, whereby the women felt a desire to use their bereavement experiences to support other same-sex oriented women in the future; such as by setting up LGBT bereavement support groups (Liz, Abby) and getting involved in advancing social justice (Liz). This was also the main reason the women gave for taking part in the research: 'I just think lesbian women need to be seen as just normal and part of society ... and this research seemed to be getting people heard' (Dee). This enabled the women to feel more seen and heard, thereby reducing their sense of invisibility and exclusion from society, and validating their grief.

Theme 3: 'What you need in that situation is support from other like-minded people, people that are gay': Finding New Places to be Authentic

Theme three is concerned with the women's need to find new safe spaces to be authentic once their partner had died, to support the grieving process and benefit their futures. The women felt that having same-sex attractions during a time when this was not readily accepted, they felt it necessary to conceal their true identities: 'people don't always see what's behind the mask' (Abby), 'you can never be completely yourself [with other people]' (Dee). However, partners had provided a space in which the women could truly be themselves. For example, Kate described her relationship with Barbara as 'symbiotic ... connected mind, body and soul' and others referred to their late partners as 'soul mates', which was understood as reflecting an authentic connection between the women and their partners. The bereavement therefore resulted in the women losing a vital safe space to be authentic: 'I haven't sort of got any being friends, I've just got *doing* friends now' (Dee), 'It's this not having somebody there to be with. To just *be*.' (Harriet). There was a sense that other same-sex oriented women would be the best people to provide this space to be authentic, both during the bereavement and in their futures: 'What you need in that situation is support from other like-minded people, people that are gay' (Harriet).

However, many of the women lacked relationships with other same-sex oriented women: 'We didn't need to go out and socialise with other gay women. I wish we had've done though now' (Harriet). Some women had always lacked this, due to the invisibility of women in same-sex relationships (discussed in theme two): 'lesbian women have been marginalised and leading a, almost a secret life throughout my life' (Dee). Others had previously sought out connection to other same-sex oriented women, through groups, or lesbian and gay activism but as they got older they felt disconnected from this: 'I've spent a lot of my life with a community of like-minded women. Most of whom were lesbians ... I live in a lesbian desert a bit now, that's made it a bit difficult' (Rebecca). This resulted in the women having limited spaces to be authentic once bereaved.

For those few who maintained connection to LGBT community, it appeared to provide a space where the women could continue to be themselves during the bereavement. For example Nancy had her ex-partner (and now friend) with whom she could be authentic:

'My best friend just listened to me the whole time ... And she really helped me through that' and Rebecca 'got a lot of rather special support from lesbian friends' during the early stages of her bereavement.

As an alternative or adjunct to seeking out support from other same-sex oriented women, five of the women (Kate, Liz, Abby, Harriet and Nancy) sought formal support from psychological therapists, who would be non-judgemental. This provided them with 'a space to talk, and cry' (Kate) which supported the grieving process: 'the intensity of the grief, it started to ease' (Nancy). For some this therapeutic relationship provided an interim replacement for the relationship that had been lost, which helped adjustment:

> I'd lost Jen, but then immediately, I'm with this bereavement counsellor who's giving me all this caring attention. And I find that irresistible. And I don't fall in love with her, but I'm sort of thinking about her more than I'm thinking about Jen ... [it was] a very powerful relationship (Liz).

This sense of having replaced her late partner with someone new who was also caring and understanding was quite difficult for Liz to voice, however she felt it had been invaluable as it have given her that space to be herself. Harriet found her safe space with someone who was both a lesbian and a counsellor: 'I had some counselling last year, from a lesbian counsellor ... she was very good at getting me to open up'. Therefore it seemed that finding someone who the women perceived to be accepting and non-judgmental, either due to their personal (being a lesbian) or professional (being a therapist) characteristics provided a vital space to grieve openly and without fear of prejudice.

Following the bereavement, many of the women actively looked for new friendships with other older, same-sex oriented women to take forward into their new futures: 'I joined a couple of websites seeking new friends' (Abby), 'I found this older lesbians group' (Harriet).

It was sometimes difficult taking this step, but felt worth the risk: 'it took a lot of courage, it wasn't easy, but they're quite a small group and I found them very friendly, welcoming and supportive ... they're invaluable' (Harriet). Others sought out new romantic relationships, which they hoped would provide not only a space to be authentic, but also the closeness and loving relationship that had been lost along with their partner. For example, Alison described her desire for a new relationship and the challenges associated with this: 'I'm in the early stages of a relationship ... It's a completely different kind of relationship to what I had with Sandra. I'm still finding it hard to come to terms with somebody else in that sort of situation'. Others expressed a desire for a new relationship but did not think this was a possibility due to their age:

> I would hate to think that I'm gonna spend the rest of my life on my own I really don't want that ... I'd like to be in love again and I want to be loved ... But whether it'll happen, hmm, I haven't got age on my side you see. (Harriet).

Discussion

The aim of this research was to understand older women's experiences of same-sex partner bereavement. Initial analysis of individual transcripts revealed concepts which have been discussed extensively in research with older, heterosexual individuals. These include the need to re-learn skills (Attig, 2001), holding on to memories of the lost person through 'continuing bonds' (Field & Friedrichs, 2004), and the process of constructing a new life without the partner (Fry, 2001). These commonalities across experiences suggest that existing models of partner bereavement (e.g. Worden, 1991) may apply to same-sex partner loss in older women. However, the main findings which focused on experiences specific to this group, identified three novel themes where their identities as older, lesbian, gay or unlabelled women were salient. These themes suggest that adaptations to Worden’s model may be useful when seeking to understand the experiences of older, non-heterosexual women who have lost their partners.

The women reported to have experienced social isolation during their bereavement, supporting previous research with this population (Almack et al., 2010; Bent & Macgilvy, 2006; Fenge, 2014; Jenkins et al., 2014). The detrimental impact of social isolation on adjustment to loss has been widely explored (Stylianos and Vachon, 1993), with theories proposing that social support may buffer the effects of bereavement (Dimond, Lund & Caserta, 1987; Lakey & Cohen, 2000). Worden's model also highlights the importance of social support in adjusting to loss (Worden, 2009), suggesting the grieving process may be altered for women who lose same-sex partners, if they face social isolation. This isolation appeared not only due to the significant social exclusion already faced by this population (Concannon, 2009), but due to the loss of existing sources of support during the bereavement, such as friends who felt uncomfortable with grief, and partners' families who actively excluded the women following the bereavement. In addition to increasing isolation, losing these other important relationships could complicate the adjustment process by multiplying the number of losses they needed to grieve for (Parkes, 1998).

It is also common for older same-sex oriented women to have lost, or to be estranged from families of origin (Heaphy et al., 2004). Previous research has demonstrated that friends ('families of choice'; Weeks, Heaphy & Donovan, 2001, p. 9) fill the gap left for older LGBT individuals who lack biological family support, yet this was not evident in the current findings, as many of the women also lacked support from friends following the bereavement. It was particularly evident that the women lacked friendships with other same-sex oriented women, due to the invisibility of their older LGBT peers, or perhaps due to anxiety or physical health difficulties in older age (Fees, Martin & Poon, 1999), which prevented them from seeking out these connections. This may have had detrimental effects on the women's psychological wellbeing following bereavement, as links to LGBT community can improve self-esteem (Frable, Platt & Hoey, 1998), which may buffer against the impact of bereavement (van Baarsen, 2002).

Without links to LGBT community, older women may lack a space to be their authentic selves after losing their same-sex partners. Homophobic experiences may lead same-sex oriented women to feel apprehensive about being authentic in social relationships (O'Boyle & Thomas, 1996); this may particularly be the case for women of an older generation who have faced prolific homophobia and exclusion earlier in their lives, and experience more internalised homophobia than younger people (Grossman, D'augelli & O'connell, 2002).

Women without this space to be authentic may experience greater feelings of emotional loneliness (EL). EL may be described as the feeling of missing an intimate relationship, which differs from social loneliness, the feeling of missing a wider social network (Gierveld & Van Tilburg, 2006). Both may occur following bereavement (van Baarsen, 2002). Weiss (1973) explored the EL that can occur following the loss of a partner, and suggested this can detrimentally impact upon identity. Weiss proposed that this loss could only be substituted by another close, intimate relationship; perhaps one in which the person can be authentic and feel unconditionally accepted (Weiss, 1973). Indeed, EL has been shown to mediate the link between partner loss and wellbeing (Stroebe, Zech, Stroebe, & Abakoumkin, 2005). Some women in the current study attempted to reduce EL by seeking out new romantic relationships, consistent with findings from heterosexual widows (Stevens, 2002). For others, professional therapeutic relationships provided this unconditional acceptance of their authentic selves, which can support adjustment to bereavement (Lendrum & Syme, 1992). This may be particularly helpful for older women who have lost a same-sex partner as an accepting, non-judgmental relationship may provide much-needed validation of their grief and create a space safe to accept, work through the pain of the loss, and begin to adjust to a world without their partners, supporting Tasks I, II and III of Worden's model (1991). LGBT individuals' willingness to engage with formal support services may create a barrier to this, as research suggests many are reluctant to seek out formal support for fear of prejudice or discrimination (Fish, 2010). Yet, the current findings provide an alternative perspective, as many of the women sought formal bereavement support. This could be due to health and social care professionals' increased awareness of diversity issues (Department of Health, 2006), which may have contributed to reducing experiences of prejudice.

The women also experienced 'disenfranchised grief' (Doka, 1989) supporting previous findings with this population (Almack et al., 2010; Jenkins et al., 2014; Fenge, 2014). The disenfranchisement of grief may be a direct result of the women's desire to conceal their relationship or sexual orientation (Deevey, 2000; Fenge, 2014). While the desire to conceal their relationship appears an adaptive attempt to avoid further homophobia, it may prove detrimental to women's experiences of same-sex partner bereavement, as others simply do not understand the importance of the loss. The adjustment process (Worden, 1991) may be disrupted if women feel forced to deny the meaning of the loss, making it harder to accept (Task I) or if they are not able to seek sufficient space or support to work through the pain of the loss (Task II).

Clinical Implications

Interventions focusing on increasing access to social support or reducing emotional loneliness may be important avenues for investment if health and social care services are to effectively meet the needs of this group of people. Facilitated social activities for older women may serve to increase social inclusion (Windle, Francis & Coomber, 2011), although these risk being heterocentric, ignoring the specific experiences of older women who have lost a same-sex partner (Milenkovic, 2015). Groups specifically for older women who have lost a same-sex partner, or women's groups which carefully consider diversity issues may enable these women to develop social support networks with the additional benefit of providing a safe space to be authentic with like-minded peers. This may support tasks III and IV of Worden's (1991) model, enabling the women to move forward into their new futures while openly holding onto the memory of their late, same-sex partners. Research suggests these kinds of bereavement groups would be desirable to same-sex oriented women (Jacobs, Rasmussen & Hohman, 1999).

Having an awareness of the unique experiences of older, same-sex oriented women, may improve the quality of psychological services (The British Psychological Society, 2012), by supporting the development of effective therapeutic alliances, reducing heterosexism which can create barriers in therapy, and reducing the fear of stigmatisation that prevents many same-sex oriented women from accessing formal support (Fish & Bewley, 2010).

While direct therapeutic interventions may be useful for women who have lost a same-sex partner, it is suggested that greater change can be achieved if interventions focus on changing societal discourses in order to enhance inclusion of LGBT individuals (Green, 2007). Indeed, with research increasingly highlighting the links between social inequality and distress (Pickett & Wilkinson, 2015), greater emphasis should be placed on clinical psychologists' role in contributing to advancing social justice in order to enhance wellbeing (White, 2008). Therefore, these findings suggest that through challenging homophobic, heterosexist and ageist narratives , the psychological wellbeing of older women who lose a same-sex partner can be enhanced as these narratives arguably contribute to the exclusion and marginalisation of this group. These forms of interventions could include diverse curricula within education, effective campaigning, direct action efforts, inputting into policy guidance and development, and promotion of intergroup contact and cohesive communities (Abrams, 2010). It may be particularly important to promote the role of social and political factors in the causation of distress (Hare-Mustin & Marecek, 1997), in order to ensure that the experiences of older women who have lost a same-sex partner are not pathologised or over-medicalised, which may further stigmatise these women. Attention must be paid to the intersectional nature of oppression to ensure the variety within this group is not ignored. This could reduce the likelihood of further marginalisation of certain sub-groups of women who have lost a same-sex partner, for example the older-old (75+) women, or women of colour.

Limitations and Suggestions for Future Research

The recruitment strategy had both strengths and limitations. Using purposive sampling to recruit individuals who are largely invisible within society may result in a fundamental selection bias in that only those willing to define themselves in this way came forward to take part (Grossman, D'Augelli & Hershberger, 2000). Older LGBT people who take part in research may have lower internalised homophobia and greater links to LGBT community (Meyer & Colten, 1999), therefore the experiences of the most isolated individuals who conceal their identities are more difficult to explore. Participatory research designs may increase the accessibility of invisible groups (Stewart & Bhagwanjee, 1999), and could be considered for future research in this area, although further discussion is needed to consider how to include particularly isolated and invisible individuals, whilst homophobic and heteronormative discourses persist.

The sample included here were fairly homogenous; all reported to be White British and either Christian, atheist or agnostic. Ethnicity and faith may impact upon experiences of bereavement (Becker et al., 2007), and so future research could consider the experiences of those with other religious beliefs, and those from black and minority ethnic (BME) groups. Although there may be additional barriers to recruiting this particularly marginalised group

(Ali, 1992), ignoring these experiences in research could further contribute to the oppression of BME groups. Furthermore, the women included here were all under 75, and so the experiences of older-old women who have lost a same-sex partner remain unexplored (Averett & Jenkins, 2012). Additionally, despite attempts to widen inclusion for older bisexual women, none of the participants reported to define themselves in this way so the experiences of bisexual older women who have lost a same-sex partner remain mostly unexplored. Many individuals who define themselves as bisexual experience considerable levels of prejudice and exclusion from both heterosexual, and lesbian and gay communities (Mulick & Wright Jr., 2002), which suggests the experiences of bisexual older women who lose a same-sex partner may be different to older lesbian women and is worthy of further research.

Conclusions

The findings provide support for previous literature and offer novel insights into the experiences of older women who have lost a same-sex partner. It appears that these women may face social isolation and the loss of a safe space to be authentic, which can impact upon their adjustment to the loss of their partner. Considerations for professionals working with older women who have lost a same-sex partner include the importance of promoting social inclusion, assertive approaches to engagement to reduce the barriers to accessing formal support, and the value of providing acceptance and understanding of the issues unique to these women when building effective therapeutic relationships. Further societal shifts are needed, largely tackling homophobic and heterocentric norms within UK culture, if long-term improvements in the experiences of older women who lose a same-sex partner are going to be made.

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Table 1. Participant Characteristics

Name[1]	**Current age (age at loss)**	**Sexual orientation**	**Partner's name (age at death if known)**	**Length of relationship (years)**	**Reason for partner's death**	**Mode of interview**
Abby	61(60)	Gay	Jo (58)	37	Alcohol related	Telephone
Alison	69 (66)	Gay	Lily (90)	16	Chest infection	Telephone
Dee	74 (72)	Lesbian	Rosy	48	Dementia	In person
Harriet	68 (65)	Lesbian	Sandra (77)	25	COPD & bowel cancer	Telephone
Kate	63 (59)	Lesbian	Barbara (61)	15	Cancer	Telephone
Liz	73 (69)	Undefined	Jen	25	Lung cancer	In person
Nancy	70 (53)	Lesbian	Hannah (38)	15	Breast cancer	Telephone
Rebecca	68 (62)	Lesbian	Natalie (60)	18	Road traffic accident	Telephone

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[1] Names of participants and their partners have been changed to protect anonymity

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Example of Notations and Emerging Themes for one Participant

Key: *Italics: Descriptive notations* P= Participant
Underlined: Linguistic notations I = Interviewer
Bold: Conceptual notations

Line	Transcript	Notations	Emerging themes
454	P: And when we came up here we joined the [religious	*Became involved in religion*	
455	group] [*mhmm*] and I'm doing a lot of those things now,		
456	erm, and I was, I was on a committee in London, which	**Trying to keep a sense of**	Continuing to do some activities
457	I'm, well I'm still on that committee in London. So I	**consistency**	they did together
458	was going down to the committee, about six times a		
459	year. Sadly enough I was down there at a committee	**Sense of regret at having missed**	
460	when she died, I didn't get up in time. They rang me on	**Rosy's passing** - felt sad about this	
461	the Friday evening just as the committee started, and I'd		
462	set off Saturday morning and I only missed her by half	*Had tried to balance both of their*	
463	an hour, which was really really sad ... So yes, and you	*needs* - **a sense this was hard to**	
464	know just generally seeing friends, and sometimes	**achieve**	Seeking out social support
465	going down south and seeing friends down there, and	*Attempts to remain socially involved*	
466	having people to stay. Erm, so there's a sort of, a sort of		Recognised her need to find new
467	mixture of what I would call work in a sense, if I'm	*Recognised her need to maintain a*	ways to be happy
468	sitting there at the computer typing up minutes of a	*sense of purpose as well as pleasure in*	
469	committee meeting or something, counts as work. Erm,	*life*	
470	and other things that are purely pleasurable like getting		
471	out walking. Erm ... yes, so, I mean one, one of the		
472	major things that I miss Rosy for more than anything		
473	really, is being able to go on holiday. I haven't really		
474	got anybody to go on holiday with now. I have to go on	*Sadness at missing a companion to*	
475	group things by myself, and a lot of people go on group	*travel with*, 'had to'/forced to do things	
476	things with a friend. And sometimes, sometimes they're	alone.	Challenging trying to do new
477	okay and sometimes they're not really. Erm, and one of	**Feeling like the only one who's alone**	things alone
478	the worst things really, a lot of the people I know round		
479	here are always off on the continent, or you know,	**Unpredictability of enjoyment -**	

going abroad and going on all sorts of things - a lot of which I'd like to do, but I don't particularly want to go off abroad by myself, really. So I'm, that's hampering, I can't get a- my idea of retirement was that I'd get around a lot and see- have time to go and see things and go out, and go on holidays and outings and so on. Which, I'm not doing much really. So that's erm, that's hard - I've got some friends across the way who are always off somewhere, to see some, have a short break in Antwerp or something like that, you know, see Berlin. And, certainly I feel a bit envious of them.	**taking a risk** **Envy at peer's travel plans** **A sense of grief for her lost retirement plans and hopes** - it's 'hard' to adjust to this **Feeling excluded from friend's plans**	Loss of planned future very difficult. Need to grieve for this too.
I: So it's maybe the companionship that you miss?		
P: Yes yes that's it, very very much, the loss of companionship is the major major thing.	*Loss of companionship a particularly difficult thing*	
I: Okay. Erm, so I guess we have talked a little bit about the gradual loss, if we could just maybe talk about when Rosy actually passed away, and what that was like in the early stages - kind of, the immediate aftermath, how did you manage that?		
P: Well I think the immediate after- the immediate immediate is to burst into tears and be terribly upset, erm, and then the next stage, and I think this is so for everybody, pretty well, you have to get on with the funeral you know [yeah].	*Intense emotions immediately* (terribly upset*)* **- sense this is 'normal' and usual for everybody**	Commonalities with other bereaved people
And, well first- well yes get on informing people, her friends, and arranging the funeral ((coughs)). She died on a Saturday and the funeral was not the next week, the Wednesday after [*mhmm*].	*Little time to be upset as need to get on with sorting practicalities*	
Erm and it was a [type of religion] burial. My [religious group] friends were very supportive, I got a really good funeral director, erm, and one of the elders came and was with me when we talked to him, and that was good. And he asked me if I'd like a double grave,	*Valued support provided from friends of same religious faith*	Valued social support greatly

so it's really deep and I could be buried there as well. Which really interested me, 'cause I mean I hadn't sort of, said she was a partner or anything, you know, but he must've cottoned on. Erm, so I think I was, just that week, I was really informing people - yes we saw the funeral director ... And then, quite a lot of the friends	**Surprise at people's acknowledgement that they were a couple despite never being explicit - used to heteronormative assumptions** so this was interesting *Hadn't felt the need to be explicit*	Used to be ignored and invisible - surprising when relationship is recognised and grief is validated
came, I mean, there were forty people at the funeral and a lot of Rosy's friends and my friends. My friend came from [place], and people came from, you know, down south, and we had- I had just one friend here to stay and	?separate friends - represented how separate their lives had become prior to the loss	
a couple of my friends round here, erm, gave B and B to four - two down there and two across the road - who came from afar. So that was, that was lovely. And I think, the funeral was about, sort of early afternoon, two o'clock ish. It luckily didn't rain. And it went very well,	*Had lots of people to stay* - **continuing caring role** Was lovely to have social support/*people made an effort to travel from afar*	
and at a [religion] funeral people just stand up and say what they want to say, there's no sort of hymns or prayers or anything special [*yeah*]. But people spoke very well, and then we went, the burial ground is near the meetinghouse and we walked to the burial ground just down the lane, and buried her. And, a friend of	**These particular rituals meant she lacked control over proceedings** - *was pleased with it nonetheless*	
mine did a nice wreath on the top of the coffin which was a bamboo coffin, and erm, and then everybody was asked to take a primrose and throw it in, on top of the coffin at the end and I read some of- I read Corinthians	*Support with practicalities from a friend*	Valuing social support - emotional and practical
13 by the grave. Erm, and then we went back and they'd produced a very good tea, so we all had tea and talked to everybody. And I tried to talk to everyone who'd come, you know, from- especially from afar. Erm, and then we came back here and there were, two, four, five, six, no at least I think six of- Rosy had a cousin who came.	**Very open about her love for Rosy** - Corinthians 13 (e.g. loves is patient, love is kind...). **Also may reflect the difficulties she had faced as Rosy's carer, and her use of her faith to cope with these challenges?**	Finding subtle ways to come out

Example of an Emergent Theme Grouping Extracted from Analysis of one Transcript[1]

1. The need for secrecy throughout life contributes to invisibility of grief and feelings of exclusion.		
Notations	Narrative Description	Relevant Quotes
• Society can be blind to lesbian and gay people • Lesbians are not seen, not heard • Felt the need to lead a secret life • Heteronormative assumptions contribute to the need for secrecy, which you learn to put up with • Uncertainty around other people's perceptions of the relationship • Felt other people didn't want to know so kept sexuality secret • Would never have defined self as a lesbian when young • Invisibility of lesbians in current area • Sexuality often not explicit • Wanted to be treated the same as everyone else so didn't define self by sexuality • Desire to be seen as normal • Proud to have had a normal relationship • Dee and Rosy seen as role models to other lesbians • Felt able to do all the things everyone	This theme grouping reflects Dee's perception that a pervasive need to be secretive about her sexual orientation throughout life impacted on the way Dee experienced the loss of her partner, Rosy. Dee outlined that she believes lesbians are often marginalised, and this is reflected in her experience of being not seen, not heard, ignored, and excluded by heteronormative assumptions. This, along with uncertainty around how people may respond to her coming out, led to Dee never being explicit about her sexuality, in an attempt to be seen as 'normal' and treated like everyone else. However, Dee and Rosy wanted to be able to be themselves and so they developed the ability to present themselves as a couple without ever being explicit about their sexuality (which was reinforced by the implicit acceptance they then received from others). This is poignantly reflected in Dee's choice of 'Corinthians 13' for the funeral reading: Dee was subtly expressing her love for Rosy but through a subtler, and socially	"Lesbian women have been marginalised and leading a, almost a secret life throughout my life" "Not seen, not heard" "I just think gay men and lesbian women need to be seen as just normal and part of society" "you meet people who say 'oh I've never met a lesbian' and of course they have, lots of times" "I: would you have defined yourself as a lesbian at that age [17]? P: Oh no not at all. I don't know that I'd even heard the word." "I: did you have any challenges as a couple over the years because of the fact you were a lesbian couple? P: No funnily enough we didn't because on the whole nobody knew we were a lesbian couple. I don't know if they knew or not. People don't want to know, and we were sort of respectable, you know, we were a couple of teachers. We were churchgoers" "There's the theme of people not knowing that we had a partnership, so we were just friends who were living together. And even our parents, I mean nothing was ever mentioned with both sets of parents [...] My mother was

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[1] The full version of this table has not been included here due to word limitations and to protect the anonymity of the participant.

else was doing • Fear of being outed by Rosy's disinhibition in the nursing home • Some anxiety around dealing with the nursing home as Dee predicted negative responses • Know it's a common difficulty for LGBT people but didn't have it too bad • A sense of anger at how other LGBT people are treated when bereaved, but lucky that her own experience wasn't so bad • Aware that people in the nursing home may assume they were a couple but didn't wish to make it explicit • Not being explicit about sexual orientation led to people being accepting of the situation • Avoided challenges of being in a lesbian couple by not being explicit • Developed the ability to present themselves as a couple without being explicit • Other people didn't question their relationship, implicit acceptance • Implicit acceptance received from others • Felt their sexual orientation was never questioned, as they were respectable, professional churchgoers. • Never felt the need to come out	accepted medium. Dee believes her and Rosy managed to avoid the challenges that many LGBT people face, by not being explicit about their sexuality. Dee and Rosy were seen as role models to other lesbians for their ability to have a 'normal' relationship. Dee felt they were accepted despite their sexuality, due to the fact they were professional, respectable Churchgoers and weren't openly out. After many years of feeling implicitly accepted, Dee noticed a re-emergence of this need for secrecy when Rosy needed care from others, and her fear of being discriminated against led Dee to suppress or minimise their sexual orientation (although she never denied it, or felt embarrassed). Dee noted how strange it was that the first time Dee and Rosy's sexual orientations were explicitly stated was at Rosy's funeral, suggesting the outward suppression of their sexuality was more of an unconscious choice. Despite feeling mostly accepted, the pervasive need for secrecy meant Dee never felt able to be herself other than with Rosy. When Dee lost Rosy, she ultimately lost the one person with whom she could be her true, authentic self, and this aspect of the loss may have had negative consequences for Dee's emotional wellbeing. Dee felt her and Rosy were more able to be a	very accepting of Rosy. Rosy's parents were okay with me, and she had a sister who was perfectly friendly [...] But there's always this sort of secrecy isn't there? You know, you can never- you can never be completely yourself." "There's always the assumption that you're heterosexual and that's- that can be quite hard going because there's an awful lot of heterosexual jokes and innuendos and so on, that you just learn to live with." "That's one of the things that's really nice if you're in a gay group or a lesbian group. There's not all this heterosexual joke stuff which you have to pretend to enjoy." "When we bought our first house in 1970, erm, it was on a new housing estate. So everybody was new. And we just joined in, doing all the things that everybody else was doing" "[We] did the usual couples thing really, and erm, nobody questioned anything" "As far as we were concerned we didn't know anybody else who was gay at all [in their earlier years]" After joining the LGCM "it didn't mean we came out, but we got to know some other lesbian women, which was great" "I've got a good network of lesbian friends ... I don't know any, any lesbian people in [the local area] but I'm sure there are some, I just haven't met them!" "I got a really good funeral director ... And he

• Didn't feel the need to explicitly state their relationship status when organising the funeral • Surprise at people assuming they'd been a couple after so many years of facing heteronormative assumptions • Dee felt outed at the funeral which put her in a vulnerable position and uncertain of others' reactions • Perceived disapproval of some following outing, reinforced the need for secrecy • Recognised the extremity of needing to be secretive about sexuality and only coming out after Rosy's death. • Compelled to suppress sexuality and be overly positive/helpful in order to be treated well by staff • Recognised a societal change in openness regarding sexuality • Continued to maintain secrecy • Despite implicit acceptance, felt a pervasive need to be secret • You can never be completely yourself • Value friends to do things with but miss having someone who you can just be yourself with • Don't want to devalue these friendships but not the same as having a partner • Others failed to acknowledge Dee's grief due to the fact she was in a	'normal couple' when joining a new community. When young they never felt the need to be a part of a lesbian community, but as they got older their activism led them to become part of this and Dee noted that they could be themselves more when around gay men or other lesbian women. Dee's links with the lesbian community are sparse and many of her lesbian friends live far away; the lack of a lesbian community in her area may have further impacted on the gravity of her loss as she didn't have likeminded, accepting people to replace the consistent support and opportunity for authenticity that her relationship with Rosy had provided. Never being explicit about their relationship provided benefits throughout life, but following Rosy's passing this became a barrier to Dee's grief being acknowledged and validated. Dee was not surprised by how some people ignored or minimised her grief, as she had had a lifetime of feeling ignored, but the impact of this appears to have been great. Dee felt she didn't get as much support due to being a lesbian, and it may also have activated past memories or emotions from times when Dee has felt ignored or unimportant due to her sexual orientation. Dee has a previous experience of her grief not been acknowledged which may have further increased the distress experienced at this time.	asked me if I'd like a double grave ... Which really interested me, 'cause I mean I hadn't sort of said she was a partner or anything, you know, he must've cottoned on" "I read Corinthians 13 by the grave" "Some people didn't say much. I think if my husband had died, I'd have got a lot more attention, but because it- it was a lesbian relationship they, they didn't really acknowledge that. I'd just had a friend who'd died" "I've sort of been used to that all my life you see. Being ignored, if you like. So I was aware of it, as usual." "You don't get as much support. Or people don't talk about it. It, it doesn't help." "It's [the loss] not acknowledged. I mean, a couple of my friends that I go walking with never said a thing. Never even acknowledged that she'd died." "I haven't sort of got any being friends, I've just got doing friends ... They're not people I talk to about anything very personal." "They [two friends] knew we were a couple and you know, they just accepted us so they've been really good to know. I mean, I don't see them much at all now because they're a long way away." "The friends that you make that you happen to meet in life and get close to are the key people really ... They're the- the strand that goes through."

lesbian partnership • Grief heavily impacted by secrecy of the relationship • Being ignored was the norm so came as no surprise to Dee that her grief was also ignored • Gravity of her loss was minimised by others' heteronormative assumptions • It was detrimental to Dee's grieving process for the grief to be ignored. • They didn’t feel the need to seek out the lesbian/gay community during earlier years • Joining the lesbian and gay Christians movement added to a sense of being part of a lesbian community • Lesbian network has grown over time • You're more free to be yourself in lesbian or gay groups • Relationships with like minded, supportive people develop through life and are a strand that runs through life • New community provided an environment to do the usual couples things • Felt easier/natural to be a couple when they became part of a new community • Had a precious experience of her grief being ignored/denied when her father died • Being excluded from fathers funeral		"Having a lesbian partner in a retirement home or a nursing home ... it was okay. But I was a bit dubious about what she was saying about our relationship because she was saying whatever she thought she'd say by then. And I suppose, I was still just battling on, erm, not making anything of the relationship ... I was just there for her ... I never showed any embarrassment about it or anything, you know, I just kind of went ahead with the expectation we'd be treated like everybody else" "We've never sort of particularly said anything about being partners and so on but we certainly presented ourselves in a way like that." "In a way we had it easy ... some people are not allowed to see their partner in hospital or something, you know, something horrendous like that. Which, of course, happened to all those young gay men who died of AIDS didn't it, you know. I think things are improving that way." "One of our friends that we met through the gay Christian movement said how much she appreciated me and Rosy as a couple ... she realised you could just be normal - have a normal relationship. And we had been role models for her" "[at the funeral] I felt quite outed you know. There were a lot of my [religious group] friends there who didn't really know, how we

made it difficult to grieve • Easier to grieve when Dee's mother died as a more 'normal', acknowledged loss		were, and I just thought how funny that Rosy has to die, you know, for this to come out ... I've probably been more out since then - no one has said much else. Erm, one or two maybe disapprove"

Table of the Concepts Excluded from the Three Main Themes

	Holding on to the memory of their partner	Relearning skills and regaining independence	Finding a new normality
Summary	Many of the women spoke of the ways in which they held onto memories of their late partners. This included marking anniversaries or their partner's birthdays, talking about their late partners with friends and family, and holding on to things that belonged to their partner's such as Nancy having 'Hannah's box'. The women also often talked about continuing activities that they had done with their partners, and learning to do these alone or with others. For example, Kate talked about how she has kept Barbara's memory alive: "I've started growing orchids since she died - she used to give me orchids, and I know that if we'd have been together- if she'd have been alive we would've been going around the world searching for orchids".	The women referred to the need to re-learn skills in order to remain independent after their partner's had passed away: "I think any couple kinda apportions tasks according to skill, and interest ... for example my partner was a fabulous cook and I hadn't cooked for a long time. And I had to learn to cook again" (Rebecca). Becoming independent again was easier for those who had remained independent during their relationships: "you just operate as two single people" (Dee), or for those who had been single for many years: "the fact I had been on my own before so I knew how to do it ... I had the skillset, I know how to live alone" (Rebecca).	Following the initial grieving period, the women then talked about the ways in which they found a "new normality" (Abby), in order to find happiness in their lives after their partners had gone. This including finding new hobbies and activities to try out, and getting back some kind of routine to their days. Due to most of the women having retired at the time of their loss, it was more difficult to get back to routine and so they needed to seek out other ways to fill their days such as by starting volunteering or being involved in regular activities. This often required significant effort, it was hard for some people to do things on their own, and for others, being older meant they had less energy to keep up regular activities.

Participant	Holding on to the memory of their partner	Relearning skills and regaining independence	Finding a new normality
Dee	Holds partner in mind by continuing some of the activities they did together - committee, holidays etc. "it's hard but nice to do."	Separate lives (helped when having to fill the gaps) "you just operate as two single people"	"I go walking with them [friends] or I play the piano - I play duets with a friend which is lovely. And I've got a friend round the corner that we always talk gardens"
Kate	Holds onto Barbara by remembering how lovely their relationship was, and by continuing some of their shared activities e.g. continuing to attend the European forum - it's sad but keeps her spirit alive: "I got this lovely plaque in the local church yard, I go and put flowers round it" "I've started growing orchids since she died - she used to give me orchids, and I know that if we'd have been together- if she'd have been alive we would've been going around the world searching for orchids".	Had separate lives for a long time, which gradually became more integrated but meant she had other parts of her life to fall back on	Feels it's good being a mother as she can now focus on her relationships with her children and grandchildren - is moving to be closer to her son.

Nancy	Holds partner in mind by celebrating anniversaries, has 'Hannah's box', ashes and memorial bench. Stayed in their shared home for as long as possible to keep Hannah in mind	Separate friends and separate parts of their lives, these remained once partner gone.	
Rebecca	"I have friends who come sometimes and we end up talking about her and drinking too much and laughing about things she used to say and they look at me and they say "is this alright?" and I say "yes it's lovely". Because that's how you keep people alive, their memories alive you know. I mean the other thing that happened to me, is the haunting ... for a long time felt that she was in the house, and if I turned my head she would be in the corridor. She was often laughing at me actually, which was quite comforting."	Had been alone for a long time before the relationship "I had the skillset, I know how to live alone", "the fact I had been on my own before so I knew how to do it" Relearning skills "I think any couple kinda apportions tasks according to skill, and interest ... for example my partner was a fabulous cook and I hadn't cooked for a long time. And I had to learn to cook again"	
Harriet	"I found it very difficult to put up any photographs of her [at first] ...I just found it too upsetting ... But I have now ... I do think about her a lot, she's still very much in my head" "Oh she won't be forgotten, ... my daughters ... talk about her, particularly the youngest she talks about her a lot even	Gained financial independence: "Sandra did wonder how I'd manage things financially. Because what we did actually, we had a system where we shared all the bills. And she always worried about how I would cope, but I'm coping alright financially, I've been able to make the pension stretch a bit so	"A lot of the things that we had planned to do when we retired have not come about" (plans had changed so had to find a new plan for her future) "I went on the internet, I found this group ... they meet once a month and usually in between I'll go on or walk or what have you" "I have lots of interests - I read, I

	now still, so she won't be forgotten" " we usually celebrate her birthday ... we have a family do and we toast to her and things with a glass of wine. We celebrate her birthday not so much the day she died"	that's not a problem"	listen to music, I garden, I have an allotments ... I do DIY ... and I started to appreciate those things more, and to sort of think about them more" "I'm trying to do some useful stuff in the village"
Alison	Held partner in mind by talking to her in the early days.		"I've just had to carry on the best I can ... I'm just doing the best I can do on my own". "I'm trying to get myself out rather than being at home all the time dwelling on it. It helps" "I'm getting by ... I go dancing ... My garden, my new partner ... I've got plenty of new things to keep me on my toes".
Abby	"it was nice to be able to talk about Jo to her." Marks the anniversaries		"Trying to get a routine sorted out - doing lots of voluntary work. Trying to get back to, not normality, a new normality." Now spend much more time alone, which is becoming easier: "pushing myself to try and do things. I actually did a lot last year: I got a spare room decorated that was always on the cards to be done, erm, I started having short breaks, erm, I hadn't flown and had a holiday for about ten years I think because we had dogs and we wouldn't put them in kennels, so we used to have sort of self-catering holidays in this country. And I booked up and in

	September I flew for a short break in Scotland, just to try and get me- my confidence back with travelling, and things like that. And it was hard work but I pushed myself."
Liz	Started new activities, it's hard when you're older as you have less energy.

Master Table of Themes, Sub-Themes and Corresponding Quotes

Theme 1: 'People didn't come rushing to assist': Being left alone

- Isolation prior to the loss - exacerbated following the loss

Dee: 'She deprived me of having a companion in retirement', 'There won't be anybody to look after me in the way I've looked after her'.

Abby: 'the fact that your other half is gone just highlights how alone you are' , 'In the lower moments you start to think "oh god, who's going to look after me when I become ill one day?". I had a big scare last year, it was only the flu but you know, there was nobody there to look after me'. 'A few years before Jo died, because we'd got quite socially isolated I said "this is gonna come and bite us on the bum at some point" and it certainly has'. On losing friends after the loss: 'I've since fallen out with them and we're no longer friends [because they weren't supportive]'.

Alison: 'I've had to do things on my own'.

Liz: 'I am lonely. It's a sort of deep down loneliness. Because as long as there's two of you [you're okay]', 'people didn't come rushing to assist'.

Harriet: 'I found being alone extremely difficult. ... I really don't like it'.

Kate: angry at the cancer for taking Barbara 'cancer is no respecter of anybody', abandoned by others: 'when everybody else has gone ... the dust settles and of course everybody moves on with their life'.

- Societal expectation that family would help - but little support from families

Alison: 'he [partner's son] just ignored me, walked out and hasn't spoken to me since.', 'They didn't even tell me she was cremated, I wasn't invited. I went to try and find where she was interred and I couldn't find it, I asked everyone, but they said I needed to ask the family which obviously I wasn't going to do'.

Dee: 'I haven't got any family at all now ... all her [Rosy's] family had died'.

Harriet: 'I know my daughters were there, but ... they're working part time, they've got families, they're busy people, and I didn't want to load them with my issues.

Kate: 'my sons - well two of them [were there for practical support]', 'I don't like to sort of sit and blub in front of my sons'.

Liz: 'if some crisis happens like this, people tend to think, "well it's up to your family to look after you"', 'they [partner's son and daughter-in-law] brought me home from the funeral and ... just left me at the door and that was it', 'Not having been married and having a family of my own ... I don't have a lot in common with all these family women and grandmothers and you know, who talk about what their latest grandchild is up to - I'm just not interested.'.

*Nancy: '*it's Hannah and I dealing with it, and not family. The family didn't have anything to do with what was happening.'

Rebecca: 'we had two sets of parents who were completely unable to deal with our relationship. We just mostly ignored them', 'It was hurtful, only because I have had this woman [Natalie's sister] in my house, I have made her welcome, we've had nice times together. And suddenly I become aware that she's backed off.'. Daughter has been very supportive: 'My daughter's been truly amazing. I mean, not only did she help organise the funeral but I have not had a birthday on my own since. And she crops up for all significant events, she'll ring me and say "what're you doing?" and she remembers dates, birthdays you know... that's another thing that's sustained me.'

Theme 2: 'People saw me as having lost a friend': Navigating visibility

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- Prejudice resulting in the need to hide their relationship

Abby: 'in the seventies it wasn't easy coming out'

Alison: 'I couldn't come out to my family... I had to keep that part of my life separate from them so they didn't know.'

Harriet: 'Neither Sandra nor I felt we could actually say to them [hospice staff] that we were a lesbian couple ... I don't know why, we just felt we couldn't', 'I still don't feel that I could tell my GP that I'm gay and that I've been in a gay relationship ... I wouldn't want it to go on my notes'.

Nancy: '[I came out to my brother] and he said that it was sick and stuff. So I just walked away from family for many years after that.'

Rebecca: 'we grew up in a world where what we were was despised, 'we weren't going to wander round saying "hello we're gay", we never actually told anybody'.

- This meant their grief was ignored or misunderstood

Abby: 'some people say the most ridiculous bloody comments: "oh you know, you'll soon get over it"'

Dee: 'A couple of my friends that I go walking with, never said a thing. Never even acknowledged that she'd died', 'I've sort of been used to that all my life you see, that being ignored'.

Rebecca: '[her partner's sister] couldn't get her head round it, and I think that has a great deal to do with- she's one of these ... fundamentalists ... somehow it [the relationship] wasn't valid in her head'. Exception to this: 'I guess the fact that people treated me with such kindness ... that these people treated me with respect and gave my relationship the dignity it deserved was beautiful. It was like a surprise'.

- Subtle homophobia persists and is hurtful during bereavement

Abby: 'I was getting the strong impression they were anti-gay. Which was not what I needed at that time ... and they all made the assumption it must be my husband that died'

Rebecca: '30, 40 years ago it wouldn't have been acknowledged and if it was acknowledged, "well those perverts deserve anything they get"', 'You don't see homophobia until something bad happens, quite often'. '[Natalie's sister] honestly believed in her heart of hearts that her sister was a single woman. And that her sister's responsibilities were to her family of origin ... she's looking for what she thinks is her entitlement',

- Fighting to have voices heard prior to and after the bereavement

Abby: 'As I say there's not even a website or you know, a forum in the UK, for LGBT, gay bereaved, whatever', 'I emailed the, sort of manager of the website to ask if they would give consideration to setting up another sub-group for LGBT', , I linked in with the person that gave me your situation - a development worker for older LGBT, about services and things. And I've had a meeting with her because of the lack of support facilities, services for gay bereaved and we're trying to see if we can pilot setting up a support group'

Dee: 'I just think lesbian women need to be seen as just normal and part of society ... and this research seemed to be getting people heard'. Part of the gay rights movement, women's liberation movement: 'we met through the gay Christian movement', 'we joined in all the sort of movement for the ordination of women, and a lot of liberal, theological groups and so on, which were a bit way out', 'by then we were in this women's movement, there was a women's organisation', 'in the late '70's or '80's the lesbian and gay Christian movement erm was formed so we joined, and we went on this march'.

Nancy: being involved with women's liberation, and being a lesbian, it all made sense to me'

(iii) 'What you need in that situation is support from other like-minded people, people that are gay': Finding new places to be authentic

- Lack of authentic space once partner is gone

Abby: 'in the last few months I've actually felt that other people - because on the face of it I think I am coping quite well, and I think people see that, they don't always see what's behind the mask, you know, and I don't always let it show. And part of me now thinks they're understandably getting on with their busy lives, erm, and people have stopped asking "how do you really feel'

Alison: 'I can talk to people about all sorts, some people not quite as deeply as others' - referring to how she is unable to be truly authentic with some people. 'A couple of them [friends] who knew me quite well were supportive'.

Dee: 'you can never be completely yourself [with other people]', 'I haven't sort of got any *being* friends, I've just got *doing* friends now'

Harriet: 'It's this not having somebody there to be with. To just be.'

Kate: able to be authentic with partner: 'symbiotic ... connected mind, body and soul', 'soul mates'

- Disconnection from non-heterosexual community

Dee: 'lesbian women have been marginalised and leading a, almost a secret life throughout my life'

Harriet: 'What you need in that situation is support from other like-minded people, people that are gay', 'We didn't need to go out and socialise with other gay women. I wish we had've done though now'

Liz: 'Because I didn't feel that I fit in anywhere, I mean, I'm not part of the gay community'.

Nancy: had her ex-partner for support: 'My best friend just listened to me the whole time ... And she really helped me through that'

Rebecca: 'I've spent a lot of my life with a community of like-minded women. Most of whom were lesbians ... I suppose I live in a lesbian desert a bit now, that's made it a bit difficult' although she stated that in the early stages 'I got a lot of rather special support from lesbian friends'.

- Seeking new relationships (with non-heterosexual women)

Abby: 'I joined a couple of websites seeking new friends ... my headline banner is "Seeking friends only no romance thank you very much"'. Rekindling an old friendship: 'she was also gay and in a partnership - she turned round and said to me her partner had died nine months before. So in actual fact that's bought us closer together ... yeah we've got a common theme now, we've both lost our gay partners ... And the fact that she's gay as well. Because we're a minority group, erm, we can be isolated anyway because of our sexuality, and misunderstood and the risk of rejection and all of that. Anyway, erm, so yeah she does understand'.

Alison: 'I'm trying to get new ones [friends] here and there', and 'I'm in the early stages of a relationship ... It's a completely different kind of relationship to what I had with Sandra. I'm still finding it hard to come to terms with somebody else in that sort of situation. I don't know whether it will come to what I want at the moment'.

Harriet: 'I decided I have to do something about it [the loneliness], and only I could do something about it ... so I went on the internet, I found this group ... they meet once a month and I'll go on a walk or what have you with them', ' I found this older lesbians group ... it took a lot of courage, it wasn't easy, but they're quite a small group and I found them very friendly, welcoming and supportive ... they're invaluable'. On romantic relationships: 'I would hate to think that I'm gonna spend the rest of my life on my own I really don't want that ... I'd like to be in love again and I want to be loved ... But whether it'll happen, hmm, I haven't got age on my side you see.'

Rebecca: Wanted friends and not a new romantic relationship: 'I think when you're older, you have less desire to repeat the experience ... you're not as driven by a desire for sex anymore either'

- Using therapy as a temporary, substitute space to be authentic

Abby: 'I asked Cruse for some individual counselling after I'd stopped going to their early bereavement group. I asked them for some individual counselling, and I had that. ... And I think we had about six sessions and yeah I think it did help.'

Harriet: 'I had some counselling last year, from a lesbian counsellor ... she was very good at getting me to open up'

Kate: 'I've had a lot of counselling so, you know, I've been able to sort of talk with somebody that has helped me', 'the counselling has been very good'

Liz: 'I'd lost Jen, but then immediately, I'm with this bereavement counsellor who's giving me all this caring attention. And I find that irresistible. And I don't fall in love with her, but I'm sort of thinking about her more than I'm thinking about Jen ... [it was] a very powerful relationship'

Nancy: 'And I then went to see my GP, and he- he's a really good guy actually. He said, "well why don't you go to Cruse?" the bereavement counselling people. And I went to see somebody there for about- erm, started it, what, every week. And then, every fortnight. And then whatever that was, about, the healing started. The intensity of healing, started if you like, the - sorry, the intensity of the grief rather, it started to ease'

Section Three: Critical Appraisal

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The aim of the critical appraisal is to further consider strengths and limitations of the research and suggest future avenues for study. To achieve this I will provide an overview of the findings, consider the importance of reflexivity in qualitative research and explore my personal reflections on choosing this topic, recruiting for the study and analysing the data.

Overview

The research paper sought to understand the experiences of older women who have been bereaved by a same-sex partner. A qualitative design was utilised, and semi-structured interviews were conducted with eight women. The interviews were transcribed verbatim and analysed using interpretative phenomenological analysis (IPA; Smith, Flowers & Larkin, 2009).

The analysis revealed a number of concepts, which were similar to those reported in previous literature with older heterosexual individuals (Attig, 2001; Field & Friedrichs, 2004; Fry, 2001). However, the research paper focused on three themes which highlighted additional challenges that older women may face following the loss of their same-sex partners, which appeared to be influenced by historic and current homophobic and heteronormative discourses within UK culture. The findings supported previous literature with similar samples which suggested that older women may experience disenfranchised grief and social isolation following the loss of their same-sex partners (Almack, Seymour & Bellamy, 2010; Bent & Magilvy, 2006; Fenge, 2014; Jenkins, Edmundson, Averett & Yoon, 2014). Additionally, the current research suggested that these women might also lack a vital space to be authentic. This may increase emotional loneliness, which could disrupt adjustment to the loss and impair their psychological wellbeing in their new futures without their partners. The findings highlighted the ways in which women may find new spaces to be authentic; with other same-sex oriented women, or with therapists who can provide a non-judgmental and accepting relationship.

These findings also highlighted a number of implications for clinical psychologists and other health and social care professionals. The commonalities with other populations suggest that Worden's (1991) 'tasks of mourning' may provide a beneficial framework for psychotherapeutic work with bereaved older same-sex oriented women. However, the model requires adaptation to consider alternative ways in which these women can come to accept the loss (if they cannot acknowledge this publically) and ways they can work through the loss, if they are lacking vital social networks to support this. The findings also suggest societal or community interventions (Abrams, 2010) may be warranted to challenge homophobic and heterosexist narratives that disadvantage and discriminate against older women, and which appear to influence experiences of same-sex partner bereavement.

The Importance of Reflexivity

Qualitative researchers in a postmodern world have increasingly come to value reflexivity within their research in order to transform the subjectivity of qualitative data from a problem into an opportunity (Finlay & Gough, 2003). My understanding of reflexivity is based upon the definition provided by Kleinsasser (2000) who purports reflexivity to be: 'a) the process of critical self-reflection on one's biases, theoretical predispositions and preferences, and b) an acknowledgement of the inquirer's place in the setting, context and social phenomena [s]he seeks to understand' (p. 155).

There are a wide variety of ways in which researchers adopt a reflexive stance, with some seeing it as an opportunity to celebrate our essential human capacity, and others taking a more self-critical approach to unpick assumptions (Finlay & Gough, 2003). Some may focus upon exploring the impact of personal assumptions, while others focus on critically appraising societal narratives and their impact. I have sought to achieve a balance between valuing my position and influence on the data and critically analysing the impact, while maintaining an awareness of the unavoidable social context.

I was aware that my position as 'researcher' granted me a great deal of power, due to my inevitable influence over the collection and interpretation of the data (Finlay, 2002). Feminist researchers particularly stress the importance of recognising the power imbalance between researcher and participants (Reinharz, 1992) and suggest researchers navigate this by explicitly positioning themselves within the research, and being aware of their own interests and assumptions (Hertz, 1997). I have attempted to do this through my use of reflexive activities, including regular use of a diary for self-reflection, and through supervision.

Personal Reflections

Through keeping a reflective diary from the conception of this project, I was able to maintain a reflexive stance by continually considering the reciprocal relationship between myself and the data. Doing so may have strengthened the validity of the findings outlined in both the research paper and the literature review. In order to demonstrate the credibility of these findings I will now outline a number of my personal reflections to provide the reader with an insight into my position as researcher. Quotes taken from my reflective diary will be included to demonstrate my journey through this research process.

Deciding on a Topic

The decision to conduct research in this topic area is based upon a number of intersecting factors, which I explored through closer examination of my values and interests. Firstly, identifying as a feminist influences the way I interact with the world around me, including how strongly I value equality. I wished to choose a topic that would allow me to explore these interests further. As I wrote in my reflective diary in September 2013:

> For a while now I have been interested in issues of inequality and I definitely want to do something that might, in some tiny way, contribute to liberating oppressed groups or changing attitudes in society. It feels really important to me that I do something which will not only inform the evidence base for clinical psychology, but provide an alternative to the discourses which I strongly feel oppress so many people in our society.

Feminism has never been a unified body of thought and is often divided either by theoretical orientation or political/ideological orientation (Applerouth & Edles, 2010). Indeed, there is no one 'feminist methodology' when conducting research (Reinharz, 1992), although there are a number of commonly shared objectives, such as recognising social context, focusing on creating social change and giving women a voice (Gergen, 2008). The variety in approaches makes it necessary to deconstruct what it means to label oneself a feminist researcher. Feminism can be broadly divided into socialist, radical, liberal, and black feminism (Mills & Mullany, 2011). Although my personal beliefs may be more aligned to liberal feminism, I attempted to maintain a broad and inclusive feminist approach to the research, by adhering to the commonly shared objectives rather than advocating for a specific stance. This ensured the women's voices were not biased by agendas that differed from their own, and was in keeping with IPA, which requires that researchers maintain an open stance (Finlay, 2008).

My interest in exploring older women's experiences stemmed from my clinical work with older people, which I found highly thought-provoking. In fact, in March 2014 I wrote: 'Perhaps a lot of the difficulties that older people experience are compounded by socially constructed narratives held by society, such as how little we value older people'. This reflects my growing awareness of ageism and a desire to reduce the oppression and exclusion that older people may experience due to their age.

In addition, being LGBT and having an awareness of the ways in which this may alter life experiences and impact upon psychological wellbeing, I was interested in exploring experiences of other LGBT people. Interestingly, LGBT-identified researchers are overrepresented in the field of LGBT research (LaSala, Jenkins, Wheeler & Fredriksen-Goldsen, 2008). Having an 'insider's perspective' such as this may provide benefits and pose challenges to both data collection and analysis (LaSala et al., 2008), which is discussed further later.

These interests led me to question how being same-sex oriented and older (and therefore marginalised by unhelpful societal narratives) may impact upon psychological wellbeing for people bereaved by the loss of their partner. I began speaking with others with an interest in this area, including those who work professionally with older LGBT individuals, and recognised a shared discontent with the current support available and a motivation to improve societal responses and service provision for this group of people. This resulted in me approaching the research with an unwavering enthusiasm and commitment to supporting older women who have lost a same-sex partner to voice their experiences and be heard, which I feel was beneficial to the project. However, having personal attachments to this topic area may have influenced the ways in which I approached the research (Kitson et al., 1996), therefore reflexivity was vital to minimise any detrimental impact this influence may have upon the data.

Data Collection

While collecting the data for the research paper there were multiple challenges to overcome. I will now discuss my reflections on the recruitment process and the interviews I conducted with the participants, and make suggestions for future research in this area.

Recruitment.

As discussed in the research paper, older, same-sex oriented women are invisible within UK society (Pugh, 2005). Therefore the first challenge to recruiting from this group was choosing the most appropriate places to advertise the study in order to reach such a marginalised group. While it appeared important to approach LGBT-specific organisations, I also became aware that many older people may not engage with these sorts of organisations, either due to the stigma associated with being 'out' (Jackson, Johnson & Roberts, 2008), or due to not labelling themselves in this way (Meyer & Wilson, 2009). In an attempt to reach a broader range of people and remain inclusive, I chose to approach non-LGBT organisations, such as older people's community groups and day services. As outlined in the research paper, I faced some resistance from these organisations. For example, one service declined my request to display posters, as they felt the study would not be relevant to any of their service users. This is consistent with stories I have heard from several people who have worked or been clients in older adult services, who find that services often fail to acknowledge the variety of sexual orientations of their service users (Lim & Levitt, 2011). My own position on this is reflected in a diary entry from January 2015:

> Perhaps I have been naive in assuming that health and social care services would have an awareness of equality and diversity issues; it seems that there continues to be prejudice and homophobia/heteronormative assumptions in some services. I'm so sad that this is the case, and have been left wondering why: is it because older people are

> often seen as a homogenous group i.e. all the same, with the same needs? Or because they are seen as having no sexual desire (particularly older women)?

Exploring the literature, I found a consistent narrative that older people are 'asexual' (Kenny, 2013), which leads to a belief that sexual orientation is irrelevant in later life (Gott & Hinchliff, 2003). While it appears the case that some people may report reduced sexual activity as they age (Sharpe, 2004), sexual orientation may incorporate identity, and membership with a community of others who share similar attractions (American Psychological Association, 2008) as well as sexual behaviour (Rothblum, 2000), therefore it remains important to be aware of variance in sexual orientation in older people. Older non-heterosexual women may be particularly invisible due to the patriarchal influence on perceptions of female sexuality, which renders youthful, same-sex oriented women hypervisible, while their older counterparts remain invisible (Krainitzki, 2011).

This barrier may have resulted in the findings only reflecting the experiences of older, same-sex oriented women who were 'out', engaged with LGBT-specific services, and comfortable discussing issues relating to their sexual orientation. Therefore the experiences of the most excluded, most isolated individuals remain unheard. This suggests that future research could benefit from attempts to access these individuals, and should consider ways of overcoming the barriers to accessing LGBT service users in mainstream non-LGBT services for older people.

In order to make the research as inclusive as possible the information sheet and poster used carefully chosen language. I was also clear about confidentiality and anonymity in an attempt to allay any fears people had regarding this. I also added a photograph of myself so people knew who to expect if they chose to speak with me. Appearing to be a twenty-something female may have impacted upon the likelihood of women choosing to take part:

perhaps feeling more able to be open with a fellow female (Nederhof, 1981), and being more confident that I would respond without homophobia due to being from a younger generation. But, perhaps the women felt uncertain about discussing their experiences with someone from a different generation who they may have felt would not understand their experiences.

In order to increase accessibility, I offered to conduct interviews in person at the women's homes or a community location, on the telephone or online. Six of the eight women opted to be interviewed over the telephone, and the other two in their own homes, which may highlight a preference for older women who may have mobility or health difficulties (Koval et al., 1992). Furthermore, seven of the eight women contacted me by email, suggesting that online recruitment methods may be appropriate for older people, although no research appears to have explored this to date, and the women here were all younger than 75, therefore this may not apply to 'older-old' people. Future research with older people may benefit from utilising online methods of recruitment, and considering flexible interviewing methods, such as telephone or online interviews to improve accessibility.

Conducting the interviews.

Conducting the interviews also presented some interesting challenges and opportunities. The first of these stemmed from uncertainty regarding the impact that interviews may have on participants. Prior to the first interview, I experienced some anxiety: 'I have my first interview next week and I'm excited but also a bit nervous about discussing what may be a very upsetting experience for this person. I hope to be able to manage the discussion sensitively and provide a safe, containing space so that it does not feel too difficult for her' (Reflective diary, November 2014). Kitson et al. (1996) discuss how researchers exploring loss may experience anxiety, but despite the potential impact of this on the data quality, these feelings are rarely discussed. I chose to discuss this with peers, and reflected upon it further in my diary to minimise any negative impact on the interview process. In the interview I drew upon my clinical skills in containment (Haigh, 2013) and empathy (Greenberg, Watson, Elliot & Bohart, 2001), to increase feelings of safety for the participant. My fears appeared unfounded, as the participant reported to have found the process 'enjoyable'. Interestingly, research suggests qualitative interviews may be therapeutic for participants, as they can provide a space to share their stories, which could be particularly useful if they have had little opportunity to share these stories before (Murray, 2003). Although, it is important to manage this somewhat blurred boundary between interview and therapy (Birch & Miller, 2000) to ensure the interview remains focused on the research aims.

Interviews may also have an emotional impact upon researchers when exploring issues of loss, as strong memories of ones own losses can be induced (Kitson et al., 1996). Consideration of the emotional impact of therapeutic work on therapists in clinical practice is commonplace, yet this is rarely considered for researchers, who arguably are exposed to similar processes in research interviews (Kitson et al., 1996). My clinical background better prepared me for these feelings, and having experienced my own personal therapy prior to embarking on the research process, I was better able to manage these feelings surrounding loss (Wiseman & Shefler, 2001). It is also important to consider issues of transference and counter-transference within the interviews, which is also discussed widely in relation to psychotherapeutic work but again rarely in relation to research interviews (Kitson et al., 1996) A lack of consideration of transference and counter-transference within the researcher-participant relationship may lead to researchers becoming overinvolved or too emotional (Brannen, 1988) which may bias the data (Kitson et al).

Following the interviews I was often left with difficult feelings. I was mindful about not defending against these feelings, and instead chose to reflect upon them to consider what my response may have shown me about the participants' experiences, a common process within psychotherapy practice (Hayes, Gelso & Hummel, 2010). I reflected upon these experiences, and remained in touch with them during the transcribing and analysing processes. This provided additional data, such as the awareness I gained into how upsetting and frustrating these experiences had been for many of the women. I was also able to identify feelings which were difficult for participants to voice, such as Abby's feelings of resentment at being let down by services, as I felt this too during our interviews. Researchers may be reluctant to reflect on these factors in order to avoid the difficult feelings evoked for them, but this may minimise certain aspects of participants' experiences. Further examination of these issues within qualitative research is needed, and research quality could benefit from a greater emphasis on the need for supervision and self-reflection during the data collection process.

Data Analysis

My own position had the potential to unintentionally bias the analysis of the data, through internal (my own assumptions) and external (the social context) influences. Bias may influence which findings become salient and which others merge into the background during analysis stage (Fulop, 2010).

Considering my own position as a young, non-heterosexual woman I contemplated how this might influence the data analysis. Being non-heterosexual may have offered benefits during the data analysis as I was more aware of issues specific to this population, such as heteronormative assumptions or difficulties surrounding coming out, and more able to formulate hypotheses that might not occur to heterosexual individuals (LaSala, 2003). However it may have biased my focus by adding weight to the aspects of the women's experiences that resonated within me. There is also a risk I may have not noticed familiar aspects, as these are taken for granted (Kanuha, 2000). In addition, being younger may have impacted upon the analysis: having less insight into later life experiences, I may have given less credence to aspects of the women's experiences that were related to ageing. Awareness that these biases may occur unconsciously enabled me to make explicit efforts to understand the experiences that related to being older to ensure these were not overlooked. Discussing the analysis process in supervision ensured a balanced and less biased focus on the various aspects of the women's experiences.

Post-Analysis Reflections

I originally chose to focus this research on the experiences of older lesbians, however during the journey I decided to change the focus to be more inclusive of other sexualities. This was based partly upon perspectives that sexual orientation is unlikely to fit into the categorical model that UK society currently ascribes to, and may in fact be better conceptualised as a continuum (Epstein, McKinney, Fox & Garcia, 2012). This is not a new or radical idea, but stems from the seminal work of Alfred Kinsey and his colleagues at the Institute for Sex Research (Kinsey, Pomeroy & Martin, 1948; Kinsey, Pomeroy, Martin & Gebhard, 1953), who proposed a seven-point scale from 'exclusively heterosexual' to 'exclusively homosexual'. Later models have expanded on this to account for the multiple dimensions of sexual orientation (Klein, 1993), such as the 'OBI model' (orientation, behaviour, identity; Satterly, 2003). Many theorists reject the dichotomisation of sexual orientation, advocating for a more fluid or flexible understanding of this complex area, and this perspective is becoming more accepted within mainstream academia (Alexander & Anderlini-D'Onofrio, 2012). My decision to include all non-heterosexual women also stemmed from the wide variety of preferences of the women who took part in the project. They used a variety of labels (or no label) and had a range of experiences including exclusively same-sex, mostly same-sex or mostly opposite-sex relationships, which also highlighted to me the complexity and fluidity of sexual orientation. This is undoubtedly a difficult field for researchers to navigate due to the reliance on labels and dichotomies within research (Kraemer, 2007), yet it appears that future research with LGBT (also known by the more inclusive acronym, LGBTQQIP2SAA[1]) individuals must take these issues into account.

This research has also led me to debate the value of gender dichotomies. Being situated within a culture that tends to view gender as binary, I approached the research with this perspective. Yet, postgenderists propose that a binary model of gender is arbitrary and limiting (Dvorsky & Hughes, 2008), as it excludes those who do not adhere to exclusively male or female expectations. 'Gender' refers to ones adherence to the socially constructed roles, behaviours and attributes that society deems appropriate for males and females, which differs from 'sex', which is the biological and physiological characteristics that distinguish males and females (Gentile, 1993). Gender may therefore be more fluid and flexible than a binary model suggests. Yet, there may be significant value in a binary approach, particularly within research, which often relies on categories to separate groups of individuals in order to study them (Shohamy, 2004). I have wondered what difficulties I may have faced conducting this research without reliance upon binary notions of gender, as accessing a sufficiently homogenous group of participants may have become a challenge.

Alternatives to the binary model of gender have been proposed, including the Bem Sex Role Inventory (Bem, 1974), which offers a continuum perspective. Interestingly, those within an androgynous range on this inventory appeared to have greater self-esteem and emotional intelligence than those at the extreme ends (Guastello & Guastello, 2003), suggesting fixed gender roles may impair psychological wellbeing. Much more research is needed in this area, along with shifts in how our culture understands gender before significant changes are likely to occur. Future research with LGBT, and indeed any populations, may

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[1] Lesbian, gay, bisexual, trans*, queer, questioning, intersex, pansexual, two-spirit, asexual and allies

wish to consider how to conceptualise gender and what constraints either a binary or continuum model may generate.

I've also considered how best to disseminate the findings from this research project. I aim to submit the paper for publication in a journal aimed at those interested in better understanding ageing and mental health, rather than an LGBT-focused journal. While there are merits to both options, I concluded that targeting a population of people who may have little knowledge about issues specific to same-sex oriented women may have a greater impact on improving the experiences of older women bereaved by a same-sex partner. Even well trained and motivated service providers may be unaware of the consequences of subtle homophobic and heteronormative responses (Brown, 1996), therefore it is hoped this research can contribute to increasing that awareness. I also hope to offer training and information sessions to service providers to further increase awareness of the issues discussed here, although there are likely to be barriers to this such as time and resource limitations of staff which reduces motivation for engaging in non-mandatory training (Renaud, Lakhdari & Morin, 2004)

Conclusions

The research paper appears to be the first to highlight the psychological experiences of same-sex partner bereavement in older women. The findings indicate that while some experiences appear similar to bereaved individuals from other populations, there are a number of different experiences, which appear related to past and current experiences of homophobia and heterosexism, and may be detrimental to these women's psychological wellbeing. The findings suggest a number of implications for clinical psychologists and other service providers working with this group of women. Some of the factors that may have influenced the data collection and analysis have been outlined here, in order to consider the impact of the researchers position on the data and to explore strengths and weaknesses of the research. Future research in this area would benefit from considering the challenges associated with conducting research on sensitive topics such as bereavement, and sexual orientation, in addition to questioning the dominant approaches to conceptualising gender and sexual orientation.

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Table 1. Timeline of Key Changes in LGBT Legislation, Policies and Attitudes in England

Year	Change in Legislation, Policy or Attitude
< 1940's	- Homosexuality clashed with Christianity, and was seen as 'sinful'. English law identified (male) homosexual acts as punishably by hanging as early as 1533. - Psychology and psychiatry deemed homosexuality to be a mental illness, or deviation from 'normal' psychological development (see Krafft-Ebing's *Psychopathia Sexualis*).
1948	- Biologist Alfred Kinsey challenges the view that homosexuality is 'abnormal' and releases ground-breaking findings in the Kinsey Reports (in 1948 & 1953)
1952	- In the early 1950's the police actively enforced laws prohibiting sexual behaviour between men -Alan Turing, a renowned computer scientist who made significant contributions during the Second World War, is prosecuted for homosexual acts and chemically castrated
1957	-The Wolfenden Report is released, recommending that homosexual behaviour between consenting adults in private should no longer be a criminal offence
1964	- The Homosexual Law Reform Committee was established, initially in Manchester but soon expanding nationally, and called for the decriminalisation of homosexuality
1965	- Kenric, a social network for lesbians, established - A UK opinion survey revealed 93% of respondents see homosexuality as a form of illness requiring medical treatment
1967	- The Sexual Offences Act came into force and decriminalised homosexual acts between men aged 21 and over and 'in private' in England and Wales.
1969	- The North West branch of the Homosexual Law Reform Committee became the national Committee for Homosexual Equality (CHE), the first British gay activist group
1970	- London Gay Liberation Front (GLF) founded - First gay demonstration took place in Islington
1971	- The Nullity of Marriage Act was passed, explicitly banning same-sex marriage
1972	- The First Gay Pride March took place in London, with around 1000 people marching from Trafalgar Square to Hyde Park - Gay News, the first gay newspaper, was formed
1973	- CHE holds the first gay rights conference, which took place in Morecambe - Homosexuality removed from the Diagnostic Statistical Manual (DSM) list of psychiatric disorders
1975	- The Naked Civil Servant was shown on British TV channel, ITV.
1982	- Terry Higgins dies of AIDS and the first UK AIDS charity, the Terrance Higgins Trust is set up
1984	- Chris Smith is elected as Labour MP and openly declares that he is gay - The Lesbians and Gays Support the Miners campaign is launched
1985	- AIDS hysteria in the UK grows, and the Health Minister introduces powers to detain people with AIDS in hospital against their will
1988	- Under Thatcher's government, Section 28 of the Local Government Act (1988) is introduced: prohibiting intentional promotion of homosexuality or teaching of the acceptability of homosexuality by local authorities - The first British national conference for lesbians and gay men with disabilities took place

1989	- Stonewall UK Group is founded to oppose Section 28.
1990	- World Health Organisation (WHO) removed reference to homosexuality being a mental illness
1991	- Lesbian and Gay Police Association (LAGPA) formed
1992	- The first Pride Festival was held in Brighton
1994	- House of Commons voted to reduce gay male age of consent to 18
1996	- A breakthrough is made in AIDS treatment, and Highly Active Antiretroviral Therapy (HAART) is made available on the NHS
1997	- Angela Eagle becomes the first MP to come out as a lesbian - Age of consent for homosexual acts reduced to 16 in line with heterosexual age of consent.
1999	- The Admiral Duncan (a gay pub in Soho) was bombed by a former BNP member, killing 3 people and wounding at least 70 - *Queer as Folk* shown on UK television, and received mixed responses.
2000	- UK Government lifts the ban on gay men and lesbian women serving in the armed forces
2001	- Age of consent for gay men reduced to 16
2002	- Equal rights granted to same-sex couples applying for adoption
2003	- Section 28 repealed - Employment Equality (Sexual Orientation) Regulations became law. This made it illegal to discriminate against LGB people in the workplace -The Criminal Justice Act is passed, in which section 146 empowers courts to impose tougher sentences for offenses motivated or aggravated by the victim's sexual orientation
2004	- Civil Partnership Act passed, allowing same-sex couples to have the same rights and responsibilities as married opposite-sex couples
2007	- The Equality Act (Sexual Orientation) Regulations 2007 becomes law, making discrimination against lesbian and gay people in the provision of goods and services illegal
2010	- The Equality Act (2010) is introduced - Stonewall later secured an amendment to this Act to remove the ban on religious groups from holding civil partnerships on their premises if they wish to do so
2012	- The Protection of Freedoms Act is passed, allowing for past convictions for consensual gay sex to be removed from people's records
2013	- The Marriage (Same-Sex Couples) Act is passed in England and Wales
2014	- UK ranked as number 1 in Europe for LGBT rights for third year in a row by ILGA-Europe
2015	- *Cucumber* airs on Channel 4 - a drama depicting modern gay life from *Queer as Folk* creator Russell T Davies, and receives mixed responses, particularly from the LGBT community - LGBT History runs the first national LGBT festival with takes place in Manchester in February - In June, the biggest ever London Pride event takes place with 30,000 people in attendance.

Section Four: Ethics Section

Ethics Application for the Research Paper

Charlotte Ingham

Doctorate in Clinical Psychology

Division of Health Research, Lancaster University

Word Count: 3291 (excluding appendices)

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Covering Note

This section contains the final version of the application for ethical approval and relevant appendices. An earlier version was submitted requesting to recruit participants aged 65 and over, which was approved in September 2014 (approval letter in Appendix 4-H). An amendment was requested in January 2015 to lower the age limit to 60 and over (see Appendix 4-I), which was approved later that month (see Appendix 4-J). Only this final approved version is included here.

Faculty of Health and Medicine Research Ethics Committee (FHMREC)
Lancaster University

Application for Ethical Approval for Research

Instructions

1. Apply to the committee by submitting
   - ✓ The University's Stage 1 Self-Assessment Form (standard form or student form) ***and*** the Project Information & Ethics questionnaire. These are available on the Research Support Office website: LU Ethics
   - ✓ The completed FHMREC application form
   - ✓ Your full research proposal (background, literature review, methodology/methods, ethical considerations)
   - ✓ All accompanying research materials such as, but not limited to,
     1) Advertising materials (posters, e-mails)
     2) Letters of invitation to participate
     3) Participant information sheets
     4) Consent forms
     5) Questionnaires, surveys, demographic sheets
     6) Interview schedules, interview question guides, focus group scripts
     7) Debriefing sheets, resource lists
2. Submit all the materials electronically as a **SINGLE** email attachment in PDF format. Instructions for creating such a document are available on the FHMREC website (http://www.lancs.ac.uk/shm/research/ethics/).
3. Submit one collated and signed paper copy of the full application materials. If the applicant is a student, the paper copy of the application form must be signed by the Academic Supervisor.
4. Committee meeting dates and application submission dates are listed on the research ethics committee website http://www.lancs.ac.uk/shm/research/ethics. Applications must be submitted by the deadline stated on the website, to:

   Diane Hopkins
   Faculty of Health & Medicine
   B03, Furness College
   Lancaster University, LA1 4YG
   d.hopkins@lancaster.ac.uk
5. Attend the committee meeting on the day that the application is considered.

1. Title of Project:

The Impact of Partner Loss on Psychological Wellbeing in Older Lesbian Women

2. If this is a student project, please indicate what type of project by ticking the relevant box:

☐ PG Diploma ☐ Masters dissertation ☐ MRes ☐ MSc ☐ DClinPsy SRP

☐ PhD Thesis ☐PhD Pall. Care/Pub. Hlth/Org. Hlth & Well Being ☐MD ☑DClinPsy Thesis

☐ Special Study Module (3rd year medical student)

3. Type of study

☑ Involves direct involvement by human subjects

☐ Involves existing documents/data only. Contact the Chair of FHMREC before continuing.

Applicant information

4. Name of applicant/researcher:
Charlotte Ingham

5. Appointment/position held by applicant and Division within FHM
Trainee Clinical Psychologist, Division of Clinical Psychology

6. Contact information for applicant:

E-mail: c.ingham@lancaster.ac.uk Telephone: 01524 592970

Address: Department of Clinical Psychology, Furness Building, Lancaster University, Lancaster, LA1 4YT

7. Project supervisor(s), if different from applicant:

Name(s): Fiona Eccles, Research Supervisor
Jo Armitage, Field Supervisor

E-mail(s): f.eccles@lancaster.ac.uk, jocelyn.armitage@lancashirecare.nhs.uk

8. Appointment held by supervisor(s) and institution(s) where based (if applicable):

Dr Fiona Eccles, , Lecturer in Health Research, Department of Clinical Psychology, Lancaster University

Dr Jo Armitage, Clinical Psychologist, Lancaster and Morecambe CMHT for Older Adults, DeVitre House, Ashton Road, Lancaster, LA1 5AL (until July, then same as Fiona above)

9. Names and appointments of all members of the research team (including degree where applicable)

As above

The Project

NOTE: In addition to completing this form you must submit a detailed research protocol and all supporting materials.

10. Summary of research protocol in lay terms (maximum length 150 words).

Bereavement following the loss of a partner can be a profoundly significant experience that affects both psychological and physical wellbeing (Parkes & Prigerson, 2013; Stroebe, Schut &

Stroebe, 2007). Loss and grief are particularly pertinent issues for clinical psychologists working with people in mid- to later-life, therefore it is important to understand the impact of loss on wellbeing, in order to provide the most appropriate and effective interventions. There is currently a lack of research exploring the experiences of same-sex partner loss in later life, but this experience may have important effects on psychological wellbeing due to issues related to disenfranchised grief (Doka, 1987) and lack of social support (Jenkins, Edmundson, Averett & Yoon, 2014). The current research will qualitatively explore the experiences of older lesbian women who have lost a same-sex partner, in order to further our understanding of the impact this may have on psychological wellbeing.

11. Anticipated project dates

Start date: Following ethical approval (approx. September 2014) End date: May 2015

12. Please describe the sample of participants to be studied (including number, age, gender):

Participants will be recruited from the UK. Women aged 60 and over, who have been bereaved by the death of a same-sex partner. In the initial stages of recruitment, only people whose loss occurred within older adulthood (since they themselves turned 60) will be recruited, however this will be extended out to people whose loss occurred prior to this age if sufficient participant numbers are not achieved. No upper limit will be placed on time since bereavement. However if the study is over-subscribed participants will be taken on a first come, first served basis. In cases where participants offer to take part but are not needed, this will be explained to them and they will be thanked for taking the time to get in touch. There is no requirement for participants to formally identify as ‘lesbian’ or non-heterosexual, however it is likely that only those who do identify in this way would opt in to take part in the research. The aim is to recruit 8-12 participants, and utilise an Interpretative Phenomenological Approach (IPA; Smith, Flowers & Larkin, 2009).

13. How will participants be recruited and from where? Be as specific as possible.

Participants will be recruited through a number of avenues. Firstly organisations, charities, websites or any other services that older lesbian women, older people, or the lesbian, gay, bisexual and trans (LGBT) community might engage with will be identified. Examples include [redacted] These organisations will then be approached and asked if they wish to promote details of the study. If the services agree the pre-prepared information will be provided. This information may also be placed in newsletters (such as [redacted] In addition, posters will be placed in any areas where older lesbian women may visit, such as day centres or care homes (subject to obtaining appropriate/necessary agreement).

14. What procedure is proposed for obtaining consent?

Informed consent will be gained by providing interested individuals with information about the study, either in person or via phone/Skype. Once the participant has been informed of what is involved, and the principal investigator believes the participant fully understands this, the principal investigator will then talk through the consent forms that have been produced. Participants will be asked to give their written consent to take part prior to any interviews taking place. Participants will be reminded that they can withdraw their consent at any stage throughout the process, and will be able to withdraw their data up to the point of analysis, and where possible, up to the point of thesis submission.

15. What discomfort (including psychological), inconvenience or danger could be caused by participation in the project? Please indicate plans to address these potential risks.

Data will be collected by conducting semi-structured interviews, which will take place in person, by telephone or using Skype. Some participants may have unresolved grief reactions or have had recent losses, and may find discussing these experiences particularly upsetting. For this reason, participants will be fully informed about the potential distress that may occur and will be able to stop the interview at any time or only discuss things they are comfortable with. To illustrate the nature of the interviews and strengthen the participants' informed consent, example topics will be provided to participants prior to the interviews taking place as part of the participant information sheet. The principal investigator will make every effort to ensure participants are made to feel comfortable and able to choose what is discussed, and a rapport will be built in order to ensure participants feel as comfortable as possible. As the interviewer is a trainee clinical psychologist, participant distress will be managed by drawing on skills used within a therapeutic setting, as advised in the literature (McCosker, Barnard & Gerber, 2001). These skills include empathy, active listening, and emotional containment. The participants will be given time to cry or express significant emotion, and the importance of the participants' experiences will be acknowledged by the principal investigator. Participants will be given the option of pausing or stopping the interview (where the recorder will be turned off) to give them time to work through any distress.

There will be some ways in which distress during a face-to-face/Skype interview will be managed differently from a telephone interview. In person and through Skype, visual cues will be observed to ascertain participants' wellbeing, and distress will be managed by the researcher's body language in addition to the use of verbal skills. During telephone interviews, the principal investigator will utilise skills gained during 4 years voluntary work on a Mental Health Helpline such as the use of a calm tone of voice and effective use of silences.

In all types of interview, the principal investigator will ensure the interviews are well contained and that time is given at the end to move towards more pleasant topics of discussion where possible, so that participants do not leave the interviews distressed. Participants will be encouraged to contact support organisations after the interviews if they experience any distress, and information about where to get further support will be provided to participants on the Participant Information Sheet, should they wish to seek this support. If the principal investigator is particularly worried, they will offer to call the participant at a later time to check they are feeling okay.

The principal investigator will also ensure her own emotional reactions are discussed and reflected upon in supervision, and reflected upon after each interview using a diary (removing all identifiers) to minimise any potentially negative impact.

If any risk issues come to light during the interviews (for example disclosure of self-harm, thoughts of suicide or risk of abuse from/to others) the principal investigator would refer back to the boundaries of confidentiality that had been outlined at the start of the interview, and contact the field supervisor (or if not available the research supervisor) immediately to discuss a course of action.

Furthermore, as the study hopes to recruit lesbian women aged 60 and over it is important to consider that this is a group of people who may have historically (or more recently) experienced prejudice or stigma due to their sexual orientation. Therefore it is imperative that sensitivity and care is taken when approaching this group of people, as well as in ensuring confidentiality and anonymity. The principal investigator will be respectful in all interactions with participants, potential participants and services that are approached.

Interviews may take place in a range of settings including at Lancaster University, in participants' homes, or in community centres. Interviews will last approximately one to two hours.

16. What potential risks may exist for the researcher(s)? Please indicate plans to address such risks (for example, details of a lone worker plan).

There is potential for lone working (e.g. visiting a participant in their own home). If participants would feel more comfortable then interviews may take place in participants' own homes, or in a room at Lancaster University. This creates potential risks for the researcher as there may be unknown risks which cannot be controlled for. This risk will be addressed by being available to meet participants in public/community locations (for example booking a room in a community center or library), whereby Lancaster University lone working guidance will be followed, or by conducting interviews over the telephone/online. In cases where participants opt to conduct the interview over the telephone, the principal investigator will use a phone at the university (costs covered by the Doctorate in Clinical Psychology course) to call the participant at a mutually agreed time, whilst in a private room (for example, an office at Lancaster University).

The principal investigator (who will be undertaking the interviews) will provide information in a sealed envelope to a peer, of her planned location at all times while undertaking interviews, and if working alone will ensure the peer is updated at regular intervals. Should the principal investigator fail to get in touch or a difficulty arise, the peer will attempt to contact the principal investigator: if this is unsuccessful, they will open the envelope and inform the appropriate authorities.

17. Whilst we do not generally expect direct benefits to participants as a result of this research, please state here any that result from completion of the study.

It is unlikely that the participants will gain any direct benefits from taking part, however their participation may contribute to shaping services and guiding future research in this area. Some suggest that taking part in a research interview may have therapeutic benefits for participants (Birch & Miller, 2000; Murray, 2003), through allowing participants to explore and process difficult emotions (discussed further in Lee, 1993).

18. Details of any incentives/payments (including out-of-pocket expenses) made to participants:

No incentives. Where a participant chooses to travel to meet the principal investigator travel expenses will be covered, and are not expected to exceed 20 pounds.

19. Briefly describe your data collection and analysis methods, and the rationale for their use

Data will be collected by conducting semi-structured interviews, which will take place in person, by telephone or using Skype. The additional option of Skype and telephone interviews will be offered in order to increase participant choice, which may have the benefit of increasing equality in the participant-researcher relationship. Using these alternative methods does not appear to detrimentally impact on the quality of data (Hanna, 2012; Holt, 2010). This may also allow people with mobility difficulties, or those located a considerable distance away to take part if they wish to.

Consent for telephone or internet (Skype) interviews will be obtained through the same means as face-to-face interviews, as recommended in the literature (Meho, 2005) and include the participant being provided with the Participant Information Sheet and Consent Form. Participants may then return the signed consent form by post or fax, which will be signed by the principal investigator and a copy returned to the participant prior to the interviews taking place.

Interviews will last approximately 1-2 hours (second or third meetings may be arranged if all the topics are not covered within the first interview) and interviews will be audio recorded and then transcribed.

Conducting multiple interviews with the same participant can allow for rapport to deepen between participant and researcher, and help facilitate the discussion of more sensitive topics (Flowers, 2008). For this study, it may be beneficial to offer multiple interviews (2 or 3) to ensure interviews are not rushed (and so time can be given to deal with distress, as discussed in section 15). This may also strengthen informed consent as the participants will be better informed about what involvement in subsequent interviews will involve once they have taken part in the first interview. This approach has a disadvantage in that it requires more time from participants, although participants will be able to choose how much time they offer and decline multiple interviews if they wish to.

Once transcribed the data will be analysed using Interpretative Phenomenological Analysis (IPA; Smith, Flowers & Larkin, 2009) under the supervision of the field and research supervisor, who will have access to the raw data. This has been deemed the most appropriate methodological approach for this research question, as the focus is on "how people make sense of their major life experiences" (Smith et al., 2009, p. 1). Peer supervision may also be utilised, whereby a limited number of pages (2-3) of anonymised transcripts may be discussed.

20. Describe the involvement of users/service users in the design and conduct of your research. If you have not involved users/service users in developing your research protocol, please indicate this and provide a brief rationale/explanation.

Service users were involved in the design stage of the research project. This involved presenting the proposed project and receiving feedback from academic staff, peers and service user representatives from [redacted] In addition, a professional involved in a local organisation for older LGBT people has been consulted regarding the design of the project.

It is hoped that the researchers will be able to continue to consult with this organisation and people who access it (or alternatively others who are 60 or over and self-identify as LGBT) throughout the duration of the study in order to increase inclusivity. If the principal investigator continues to consult with the service, participants' anonymity and confidentiality will be ensured by discussing with the organisation factors only relevant to more practical or general aspects of the research, and not any information related to the participants, or to the data obtained.

21. What plan is in place for the storage of data (electronic, digital, paper, etc.)? Please ensure that your plans comply with the Data Protection Act 1998.

Completed Expression of Interest forms will be stored securely until the thesis has been submitted, at which point they will be destroyed. Following the interview, the data (audio recording, completed consent forms and any written notes) will be transported securely. The audio recordings will then be uploaded onto the University's secure network at the earliest opportunity. All identifiers will be removed and replaced with pseudonyms to maintain anonymity. The audio recordings will be transcribed by the principal investigator using a transcription foot pedal and associated software obtained from the Lancaster University DClinPsy programme office. Once transcribed the audio files will be kept until thesis submission. Electronic copies of the transcripts will be stored securely on the University network in password protected files for up to ten years following submission or ten years following publication (whichever is longer), at which point they will be deleted by a member of the DClinPsy team. The consent forms will be scanned and stored securely on the University network in password protected files for up to ten years following submission or publication, following which they will be destroyed by a member of the DClinPsy team.

22. Will audio or video recording take place? ☐ no ☑ audio ☐ video

If yes, what arrangements have been made for audio/video data storage? At what point in the research will tapes/digital recordings/files be destroyed?

The audio files will be transported securely and uploaded onto the university's secure network at the earliest opportunity, as it is not possible to encrypt the data on the portable digital recorders.

23. What are the plans for dissemination of findings from the research?

The findings of the study will be written up as part of the principal investigator's DClinPsy thesis, and submitted to the Lancaster University Doctorate of Clinical Psychology.

The findings will also be disseminated to those participants and organisations involved who opt to receive feedback in the form of a brief summary.

Following this, the study may be prepared and submitted for publication in a suitable journal.

24. What particular ethical problems, not previously noted on this application, do you think there are in the proposed study? Are there any matters about which you wish to seek advice from the FHMREC?

Outlined in section 15.

Signatures: Applicant: ……………………………………………………………

Date: ……………………………………………………………

Project Supervisor* (if applicable): ………………………………………………

Date: ……………………………………………………………

*I have reviewed this application, and discussed it with the applicant. I confirm that the project methodology is appropriate. I am happy for this application to proceed to ethical review.

Research Protocol

The Impact of Partner Loss on Psychological Wellbeing in Older Lesbian Women

Charlotte Ingham, Fiona Eccles & Jo Armitage

Lancaster University

Introduction

The experience of ageing is often feared, due to negative societal assumptions that older age is characterised by loneliness and ill health (Nelson, 2004), although many older people enjoy happy, fulfilling lives (O'Boyle, 1997). Nevertheless, issues of loss are frequently salient for older people seeking help from mental health services (Hinrichsen & Molinari, 1998). Loss often occurs in a number of areas of a person's life, such as losing one's independence, good health, or sense of identity following retirement (Stewart, 1997), but the grief following the death of a loved one can be a profoundly distressing experience (Holmes & Rahe, 1967). This loss may contribute to a multitude of psychological difficulties (Parkes & Prigerson, 2013), in addition to physical health decline (Stroebe, Schut & Stroebe, 2007). Literature specifically exploring the impact of partner loss on psychological wellbeing in older people suggests the grief process may be characterised by readjusting to a life without the loved one, findings ways of coping, and utilising social support (Anderson & Dimond, 1995; Worden, 1991). However these studies often take a heteronormative approach, for example by focusing on heterosexual, married couples, and very little research has considered the experiences of older people who identify as lesbian, gay or bisexual.

Dominant narratives around sexual orientation have shifted extensively throughout history; as recently as the last century being attracted to someone of the same-sex incurred the death penalty, forced treatment and widespread shame and stigma (Herek, 2004). Recent changes to the law, including legal same-sex marriage being passed by the UK parliament in July 2013, mean that views around sexual orientation within UK culture may now be considerably different to those which existed less than 40 years previously (Broude & Greene, 1976). However, past experiences of prejudice may lead to persisting challenges to the psychological wellbeing of older generations of LGBT (Lesbian, Gay, Bisexual, Trans) people (Kertzner, Meyer, Frost & Stirratt, 2009). A small body of literature has explored the experiences of grief in people from the LGBT community. Some of this research has focused on younger people, specifically on the experiences of gay men who have lost a loved one to AIDS (Glackin & Higgins, 2008; Oerlrmans-Bunn, 1988). More recent papers have examined the issue of partner loss in lesbian women of all ages (Broderick, Birbilis & Steger, 2008) and two have looked specifically at the experiences of middle- and older-age lesbians who lost partners earlier in life (Bent & Magilvy, 2006; Jenkins, Edmundson, Averett & Yoon, 2014). This research highlighted that older lesbian women felt their experiences of partner loss were very different to the experiences of people in heterosexual relationships. This was attributed in part to the prevalent experience of disenfranchised grief, whereby the depth of many lesbian women's loss was frequently devalued by members of their social support networks, as well as their reported lack of rights (both legal and social).

Despite these recent additions to the literature, gaps remain. The existing literature does not focus on the impact on psychological wellbeing, and it could be surmised that there are potentially considerable implications for the psychological wellbeing of older lesbian women who have lost a partner. For example, social support appears to facilitate the processing of grief (Worden, 1991) and the unpredictability of social support for older lesbian women reported by Bent and Magilvy (2006) may confound this. Furthermore, the papers cited above were all conducted with American participants; there is presently no research exploring the experiences of those in the UK or elsewhere. Considering the possible contextual influences discussed above there may be differences between cultures. A further gap in the existing literature appears to be a focus on the experiences of losing a partner whilst in older age (whilst aged 60 or over), which has not been explored to date.

It is also pertinent to note here the value in separating out the experiences of lesbian women from those of gay men. Whilst it is agreed that there is political need for lesbian, gay, bisexual and trans individuals to unite for the purposes of furthering the LGBT movement, it is also noted that due to the prevailing influence of patriarchy and the oppression of women there is a need to consider women's issues separate from men's, particularly in research (Averett & Jenkins, 2010). Due to these considerations, and as so little is known about the experiences of lesbian women who have lost a loved one, the current research will focus specifically on females, in the hope of countering some of the invisibility faced by older lesbian women (Pugh, 2005).

The Current Research

Considering the current lack of research exploring the impact of partner loss on psychological wellbeing in older lesbian women, the current research therefore aims to explore the experiences of older lesbian women who have lost a same-sex partner in older age, and the impact of this loss on psychological wellbeing

It is hoped that the findings may contribute to furthering our understanding of issues relevant to older lesbian women, and improve clinical psychology's knowledge and awareness of the experience of loss for older lesbian women. This is in line with the British Psychological Society’s professional guidelines around working therapeutically with sexual minority clients (The British Psychological Society, 2012).

Method

Participants

The current research aims to recruit women in the UK aged 60 and over, who have been bereaved by the death of a same-sex partner. In the initial stages of recruitment, only people whose loss occurred within older adulthood (since they turned 60) will be recruited, however this will be extended out to people whose loss occurred prior to this age if sufficient participant numbers are not achieved initially. No upper limit will be placed on time since bereavement. However if the study is over-subscribed participants will be taken on a first come, first served basis. In cases where participants offer to take part but are not needed, this will be explained to them and they will be thanked for taking the time to get in touch. There is no requirement for participants to formally identify as ‘lesbian’ or non-heterosexual, however it is likely that only those who do identify in this way would opt in to take part in the research. It is hoped that between eight and 12 participants will be recruited a suitable number for research which utilises an Interpretative Phenomenological Approach (IPA; Smith, Flowers & Larkin, 2009). Some demographic details will be obtained including age and current relationship status.

Design

A qualitative methodology will be employed, whereby semi-structured interviews will be conducted with participants to gather data about their experiences.

Procedure

Participants will be recruited through a number of avenues. Firstly organisations, charities, websites or any other services that older lesbian women, older people, or the LGBT community might engage with will be identified. Examples include [redacted] These organisations will then be approached and asked if they wish to publicise details of the study. If the services agree, the pre-prepared information (see Appendix B) will be provided. This information may also be placed in newsletters (such as [redacted]). In addition, posters will be placed in any areas where older lesbian women may visit, subject to agreement (see Appendix C).

The information provided will include the principal investigator’s contact details, including mobile phone number (using a mobile phone obtained from the DClinPsy programme office), university email address, and the postal address of the university so people can contact her to discuss the study further. Additional participants may be recruited through a snowball procedure.

Once people have opted-in, meetings will be arranged between the principal investigator and potential participant(s). These may take place anywhere in the United Kingdom, although it is anticipated that these will likely be within the North West region. These meetings may also be conducted over the telephone or on the internet. Full details of the study will be provided at this meeting (using the participant information sheet, see Appendix D) and any questions can be answered. Written consent will then be obtained (see Appendix E).

Once consent has been gained, the interviews will take place by whichever means appropriate (e.g. in person, by telephone or online using Skype). The additional option of online and telephone interviews will be offered in order to increase participant choice, which may have the benefit of increasing equality in the participant-researcher relationship. Conducting interviews using these alternative methods does not appear to detrimentally impact on the quality of data (Hanna, 2012; Holt, 2010). This may also allow people with mobility difficulties, or those located a considerable distance away to take part if they wish to. The principal investigator will set aside up to two hours for these meetings (not including travel), and participants will be asked to provide as much or as little time as they choose to within this time frame (aiming for approximately one hour).

The interview schedule will be used to guide discussions (see Appendix F), although this will be flexible and dependent on what the participant is comfortable discussing in this meeting. If appropriate, further interviews will be arranged with each participant to continue data collection. It is recognised that it will be important for the principal investigator to ensure the participant feels comfortable and time may be required to develop rapport. Following the interviews, participants will be provided with information on how to withdraw their participation from that point onwards. The interviews will be audio recorded using a digital audio recorder obtained from the Lancaster University Doctorate in Clinical Psychology (DClinPsy) office.

Completed Expression of Interest forms (see Appendix G) will be stored securely until thesis submission, at which point they will be destroyed. Following the interview, the data (audio recording, completed consent forms and any written notes) will be transported securely. The audio recordings will then be uploaded onto the University's secure network at the earliest opportunity. All identifiers will be removed and replaced with pseudonyms to maintain anonymity. The audio recordings will be transcribed by the principal investigator using a transcription foot pedal and associated software obtained from the Lancaster University DClinPsy programme office. Once transcribed the audio files will be kept until thesis submission. Electronic copies of the transcripts will be stored securely on the University network in password protected and encrypted files for up to 10 years following submission or 10 years following publication (whichever is longer), at which point they will be deleted by a member of the DClinPsy team. The consent forms will be scanned and stored securely on the University network in password protected files for up to ten years following submission or publication, following which they will be destroyed by a member of the DClinPsy team.

Proposed Analysis

The data will be analysed qualitatively, using Interpretative Phenomenological Analysis (IPA; Smith, Flowers & Larkin, 2009) under the supervision of the field and research supervisors, who will have access to the raw data. This has been deemed the most appropriate methodological approach for this research question, as the study's focus is on "how people make sense of their major life experiences" (Smith et al., 2009, p. 1).

Practical Issues

The pool of participants may potentially cover the whole of the United Kingdom, which means the principal investigator needs to be flexible and offer a range of options for conducting the interviews. In order to save on travel expenses, interviews with participants outside of the North West will be conducted via telephone or internet where possible. Where the participant would like the interview to take place in person, the principal investigator will allow sufficient time to travel to and from interviews with participants. If a participant wishes to travel in order to attend the interviews, travel expenses will be covered by the DClinPsy programme, and are not expected to exceed £20.00. In cases where participants opt to conduct the interview over the telephone, the principal investigator will use a phone at Lancaster University (costs covered by the Doctorate in Clinical Psychology course) to call the participant at a mutually agreed time, whilst in a private room.

Where needed, rooms in community or public places will be sought out and booked. Alternatively, interviews may take place in participants' homes or at the University. In all cases the principal investigator will familiarise themselves with the building’s safety and fire procedures.

The principal investigator is likely to be lone working, and may be visiting participants at home. This creates potential risks for the researcher as there may be unknown risks which cannot be controlled for. This risk will be addressed by offering participants a meeting within a public location close to them in the first instance, and if lone working is necessary then the Lancaster University lone working guidance will be followed. The principal investigator (who will be undertaking the interviews) will provide information in a sealed envelope to a peer, of her planned location at all times while undertaking interviews, and if working alone will ensure the peer is updated at regular intervals. Should the principal investigator fail to get in touch or a difficulty arise, the peer will attempt to contact the principal investigator: if this is unsuccessful, they will open the envelope and inform the appropriate authorities.

Ethical Concerns

There are a number of ethical issues that have been considered in the planning of this study. The first of these surrounds the potential distress that may be caused through asking participants to discuss issues relating to loss and bereavement. Some people may have unresolved grief reactions or have had recent losses, and may find discussing these experiences upsetting. For this reason, participants will be fully informed about the potential distress that may occur and will be able to stop the interview at any time or only discuss things they are comfortable with. To illustrate the nature of the interviews and strengthen the participants' informed consent, a list of potential interview topics will be provided to participants prior to the interviews taking place as part of the participant information sheet. The principal investigator will make every effort to ensure participants are made to feel comfortable and able to choose what is discussed, and a rapport will be built. Data will be collected by conducting semi-structured interviews, which will take place in person, by telephone or using Skype. As the interviewer is a trainee clinical psychologist, participant distress will be managed by drawing on skills used within a therapeutic setting, as advised in the literature (McCosker, Barnard & Gerber, 2001). These skills include empathy, active listening, and emotional containment. The participants will be given time to cry or express significant emotion, and the importance of the participants' experiences will be acknowledged by the principal investigator. Participants will be given the option of pausing or stopping the interview (where the recorder will be turned off) to give them time to work through any distress.

There will be some ways in which distress during a face-to-face/Skype interview will be managed differently from a telephone interview. In person and through Skype, visual cues will be observed to ascertain participants’ wellbeing, and distress will be managed by the researcher’s body language in addition to the use of verbal skills. During telephone interviews, the principal investigator will utilise skills gained during four years voluntary work on a Mental Health Helpline such as the use of a calm tone of voice and effective use of silences.

In all types of interview, the principal investigator will ensure the interviews are well contained and that time is given at the end to move towards more pleasant topics of discussion where possible, so that participants do not leave the interviews distressed. Participants will be encouraged to contact support organisations after the interviews if they experience any distress, and information about where to get further support will be provided to participants on the Participant Information Sheet (see Appendix D), should they wish to seek this support. If the principal investigator is particularly worried, they will offer to call the participant at a later time to check they are feeling okay. The principal investigator will also ensure her own emotional reactions are discussed and reflected upon in supervision, and reflected upon after each interview using a diary (removing all identifiers) to minimise any potentially negative impact.

It is unlikely that the participants will gain any direct benefits from taking part, however their participation may contribute to shaping services and guiding future research in this area. Some suggest that taking part in a research interview may have therapeutic benefits for participants (Birch & Miller, 2000; Murray, 2003), through allowing participants to explore and process difficult emotions (discussed further in Lee, 1993).

If any risk issues come to light during the interviews (for example disclosure of self-harm, thoughts of suicide or risk of abuse from/to others) the principal investigator would refer back to the boundaries of confidentiality that had been outlined at the start of the interview, and contact the field supervisor (or if not available the research supervisor) immediately to discuss a course of action.

Furthermore, as the study hopes to recruit lesbian women aged 60 and over, it is important to consider that this is a group of people who may have historically (or more recently) experienced prejudice or stigma due to their sexual orientation. Therefore it is imperative that sensitivity and care is taken when approaching this group of people, as well as in ensuring confidentiality and anonymity. The principal investigator will be respectful in all interactions with participants, potential participants and services that are approached.

Timescale

Following gaining ethical approval, the recruitment process will commence immediately and data collection will begin as soon as the first participants have opted in. It is hoped that data collection will be completed by January 2015, following which the data will be transcribed and analysed during early 2015. The thesis is due to be submitted in May 2015, following which the findings will be fed back to participants and disseminated back to any relevant organisations.

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Brief Participant Information

(To be shared on websites, social media pages, and other appropriate sources)

Research project on loss in older lesbian women

The purpose of this study is to find out more about the experiences of women aged 60 and over who have been bereaved by the loss of a same-sex partner. There is a clear lack of research in this area, and this means that services, organisations and society may not understand what these experiences are like. Losing a partner can be a difficult and highly significant experience, and it is important that we understand what this is like for people so that the right support can be provided. It is hoped that by conducting this study we can contribute to challenging stigma and prejudice, and ensuring people who lose a same-sex partner are listened to and receive the best support possible.

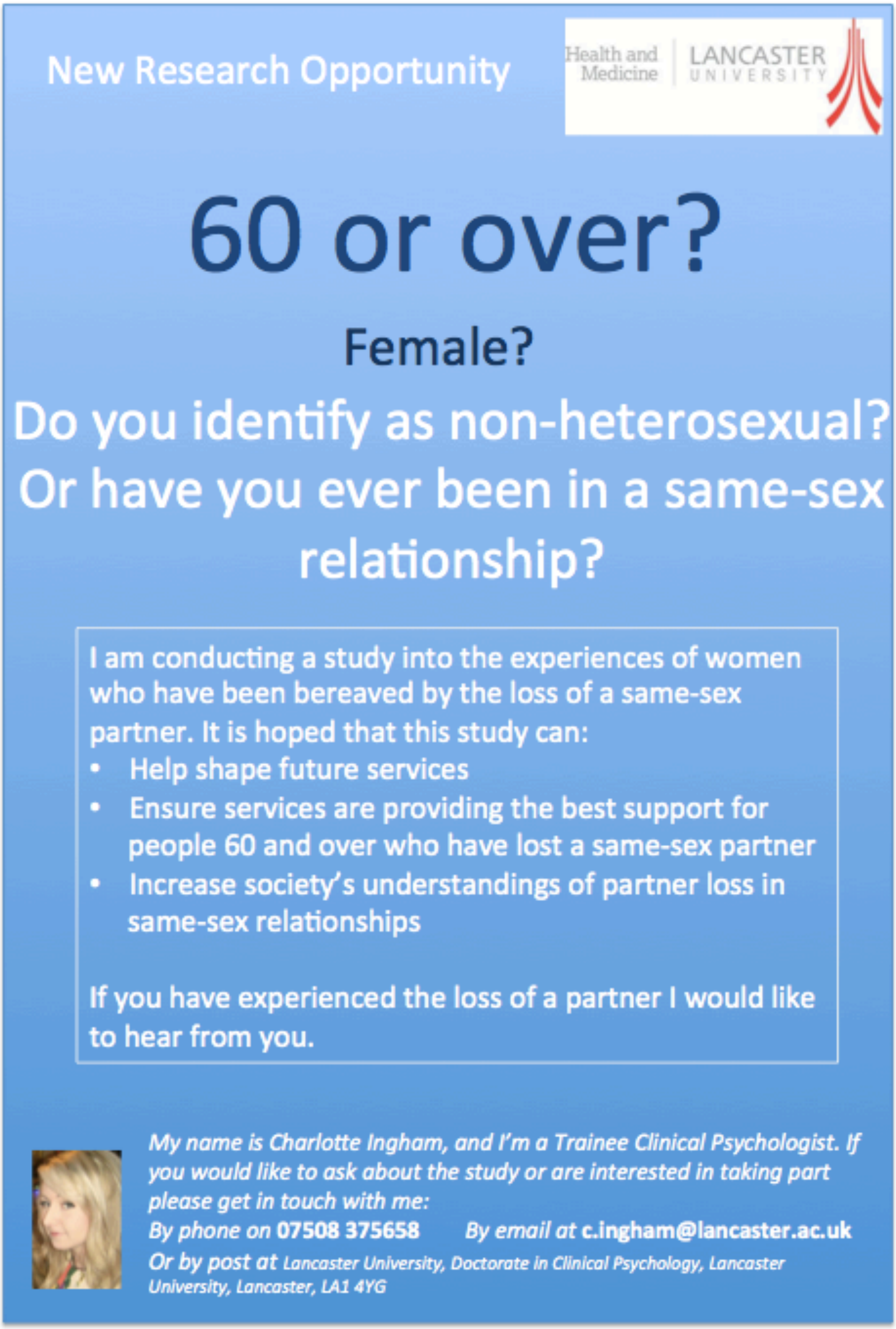
If you are interested in finding out more about the study, or wish to take part please get in touch with me, Charlotte Ingham using any of the details below.

c.ingham@lancaster.ac.uk

Mobile Number

Department of Clinical Psychology, Furness Building, Lancaster University, Lancaster, LA1 4YT

Poster



New Research Opportunity

Health and Medicine | LANCASTER UNIVERSITY

60 or over?

Female?

Do you identify as non-heterosexual? Or have you ever been in a same-sex relationship?

I am conducting a study into the experiences of women who have been bereaved by the loss of a same-sex partner. It is hoped that this study can:

- Help shape future services
- Ensure services are providing the best support for people 60 and over who have lost a same-sex partner
- Increase society's understandings of partner loss in same-sex relationships

If you have experienced the loss of a partner I would like to hear from you.

My name is Charlotte Ingham, and I'm a Trainee Clinical Psychologist. If you would like to ask about the study or are interested in taking part please get in touch with me:

By phone on **07508 375658** *By email at* **c.ingham@lancaster.ac.uk**

Or by post at Lancaster University, Doctorate in Clinical Psychology, Lancaster University, Lancaster, LA1 4YG

Participant Information Sheet

My name is Charlotte Ingham and I am a trainee clinical psychologist. I am conducting this research as part of my thesis for the Doctorate in Clinical Psychology programme at Lancaster University.

What is the study about?

The purpose of this study is to find out more about the experiences of women aged 60 and over who have been bereaved by the loss of a same-sex partner. There is a clear lack of research in this area, and this means that services, organisations and society may not understand what these experiences are like. Losing a partner can be a difficult and highly significant experience, and it is important that we understand what this is like for people so that the right support can be provided. It is hoped that by conducting this study we can contribute to challenging stigma and prejudice, and ensure people who lose a same-sex partner are listened to, understood and receive the best support possible.

Why have I been approached?

I am approaching a number of organisations, groups and services that people who may have been in same-sex relationships, or people aged 60 and over might come into contact with. You may have heard about the study from a friend, seen it advertised online, or seen a poster.

Do I have to take part?

No. It is completely up to you to decide whether or not you would like to take part. If you choose not to take part no one will know that but me, and it will not impact on you in any way. If you choose to take part, you can change your mind at any time (prior to publication) and request to withdraw your data. Only a small number of participants are required so some people who would like to take part may not be able to.

There is a small possibility that if the study is over-subscribed you may not be able to take part, even if you want to. If this is the case this will be fully explained to you.

What will I be asked to do if I take part?

If you decide to take part, we can arrange to meet in person, talk on the telephone or over the internet. I will ask you some set questions about your experiences, including the experience of losing a loved one. You can see examples of the topics we might discuss in advance of the interviews. If we meet in person, this meeting is likely to take about an hour (up to 2 hours) and can take place at your home or somewhere close to you. If you choose to travel to meet me you will get your travel expenses paid for (up to £20). If you choose to talk to me on the telephone I can call you at a suitable time and the interview will last about the same amount of time and follow the same format. I will record our meeting so that I can have an accurate record of what we discussed. After this, you will not need to do anything else.

Will my data be confidential?

The information you provide is confidential. The data collected for this study will be stored securely and only the researchers conducting the study will have access to this data.

- Your real name will not be used – we can agree on a pseudonym so that you remain anonymous. Any other identifying information will also be removed. Quotes from your interview may be used in the reports or publications from the study but your real name will not be attached to them.
- Audio recordings will be transcribed, stored securely on a computer and then deleted once I have submitted my thesis. The transcribed interviews will be kept securely on a computer for up to 10 years.
- The files on the computer will be encrypted so that only the researcher and supervisors can access them, and the computer itself will be password protected.

There are some limits to confidentiality: if what is said in the interview makes me think that you or someone else is at significant risk of harm, I will have to break confidentiality and speak to my supervisors and then take appropriate action. If possible, I will tell you that I have to do this.

What will happen to the results?

The results will be summarised and reported in my thesis, which I will be submitting to the Doctorate in Clinical Psychology programme in May 2015. The results may be submitted for publication in an academic or professional journal.

Are there any risks?

There are no risks anticipated with participating in this study. However, it could be upsetting talking about these experiences. If you do feel upset we can pause or stop the interview at any time. If you experience any distress following participation you are encouraged to inform me at the time. If you continue to feel distressed you can contact the organisations mentioned at the end of this sheet.

Are there any benefits to taking part?

Although you may find participating interesting and it could be helpful talking about your experiences, there are no direct benefits in taking part. Wider benefits will hopefully include increasing our understanding of the kind of things you have experienced.

Who has reviewed this 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 get further information about the study?

If you have any questions about the study, please contact the main researcher:
Charlotte Ingham
c.ingham@lancaster.ac.uk
01524 592970.

Alternatively you can contact my supervisors:
Fiona Eccles
f.eccles@lancaster.ac.uk
01524 592970
or
Jo Armitage
j.armitage@lancaster.ac.uk
01524 592970

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:

Jane Simpson, Research Director
j.simpson2@lancaster.ac.uk

Clinical Psychology Doctorate Programme
Furness Building
Lancaster University
Lancaster
LA1 4YT

If you wish to speak to someone outside of the Clinical Psychology Doctorate Programme you may also contact:

Professor Paul Bates Tel: (01524) 593718
Associate Dean for Research Email: p.bates@lancaster.ac.uk
Faculty of Health and Medicine
(Division of Biomedical and Life Sciences)
Lancaster University
Lancaster
LA1 4YD

Thank you for taking the time to read this information sheet.

Further information and support

Should you feel distressed either as a result of taking part, or in the future, the following resources may be of assistance.

Cruse

http://www.cruse.org.uk/
0844 477 9400 (Nationwide)
0161 236 8103 (Manchester)

Age UK

http://www.ageuk.org.uk/
0161 788 7300

The Lesbian and Gay Foundation

http://www.lgf.org.uk/
0845 330 3030

Interview Topics

The interview will include a range of topics related to your experience. Below are the topics that we might discuss. It is up to you which of these we cover.

- Introduction
- About the loss you have experienced.
- Your relationship with the deceased
- Coping with the loss
- Impact of previous life experiences
- Impact of sexuality on the experience of loss
- Impact of being older
- Ending

APPENDIX 4-E

LANCASTER
UNIVERSITY
The Division of Health Research
Doctorate in Clinical Psychology

Consent Form

We are asking if you would like to take part in a research project about experiences of same-sex partner loss. Before you consent to taking part 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 before signing the consent form please speak to the researcher, Charlotte Ingham.

Please initial box after each statement

1. I confirm that I have read the information sheet and fully understand what is expected of me within this study ☐
2. I confirm that I have had the opportunity to ask any questions and to have them answered. ☐
3. I understand that my interview will be audio recorded and then made into an anonymised written transcript. ☐
4. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my psychological treatment or legal rights being affected. ☐
5. 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 thesis submission. ☐
6. I understand that the information from my interview will be pooled with other participants' responses, anonymised and may be published (for example, in an academic journal or on the Lancaster University website) ☐
7. I consent to information and quotations from my interview being used in reports, conferences and training events. ☐
8. 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 may need to share this information with her supervisors. ☐
9. I consent to Lancaster University keeping written transcriptions of the interview for 10 years after the study has finished or 10 years following publication. ☐
10. I consent to take part in the above study. ☐

Name of Participant:

Signature: Date :

Name of Researcher:

Signature: Date:

Interview Schedule

The Impact of Partner Loss on Psychological Wellbeing in Older Lesbian Women

This schedule will be used as a guide in order to facilitate discussion on the participant's experiences of partner loss. The questions are to be used as prompts and represent the type of questions that will be asked, but it is not intended to ask all questions to all participants. The questions may be adapted or changed depending on the participant's responses.

Introduction

Aim to build rapport and put participants at ease

First of all I'd like to hear a little bit about you.
How old are you?
What interested you about the study?

Topic specific questions

Ease participants into discussing experiences of loss

Would you like to tell me a little bit about the loss that you have experienced?
Tell me about the person you lost
When did this loss occur?

Relationship with the deceased

What was your relationship with [*the deceased*] like?
How did you feel?
How did this experience impact on your psychological wellbeing?
Was this loss any different to other losses you may have experienced in your life?

Coping with the loss

How did you cope with this loss in the early stages?
How did you cope as time went on?
How do you look after yourself generally when things are difficult? How did you look after yourself during this time?
What helped you come to terms with this/cope with this?
Did anything make this experience more difficult?
Did you seek support from others during this time?

Impact of previous life experiences

Do you feel any life experiences you have had contributed to how you felt during this experience?
Did you feel any differently to how you might have done in the past, when you were younger?

Impact of sexuality on the experience of loss

How would you describe your sexual orientation?
Do you feel this experience was any different to the experiences of other people your age who are in heterosexual relationships?

Impact of being older

Do you feel that being [*age*] when [*the deceased*] passed away impacted on the experience at all? If so, in what way was this affected?

Ending

Contain any emotional reactions, focus on more pleasurable topics

Thank you for talking with me about your experiences. Is there anything you would like to add?
How has it been talking to me about this today?
How do you feel at the present time? (*use to assess distress or potential risk*)

Closing

Remind participant of their right to withdraw their data.
Refer participant back to the information sheet which includes sources of support if they feel it is necessary, as well as the principal investigator's contact details if they need to contact us following the interviews.
Check if participant wants a summary of the themes sending to them following completion of the project and if yes, check contact details are correct.

Expression of Interest form

If you would like to express an interest in taking part in the project please complete your details below and return this form to me in the supplied freepost envelope.

By doing this you would be giving consent for me to contact you directly to discuss the research project further and answer any questions you may have.

You can then either take more time to think about it, decide it's not for you or we can make arrangements for you to take part.

Many thanks

Charlotte Ingham

- -

Name:

Contact details:

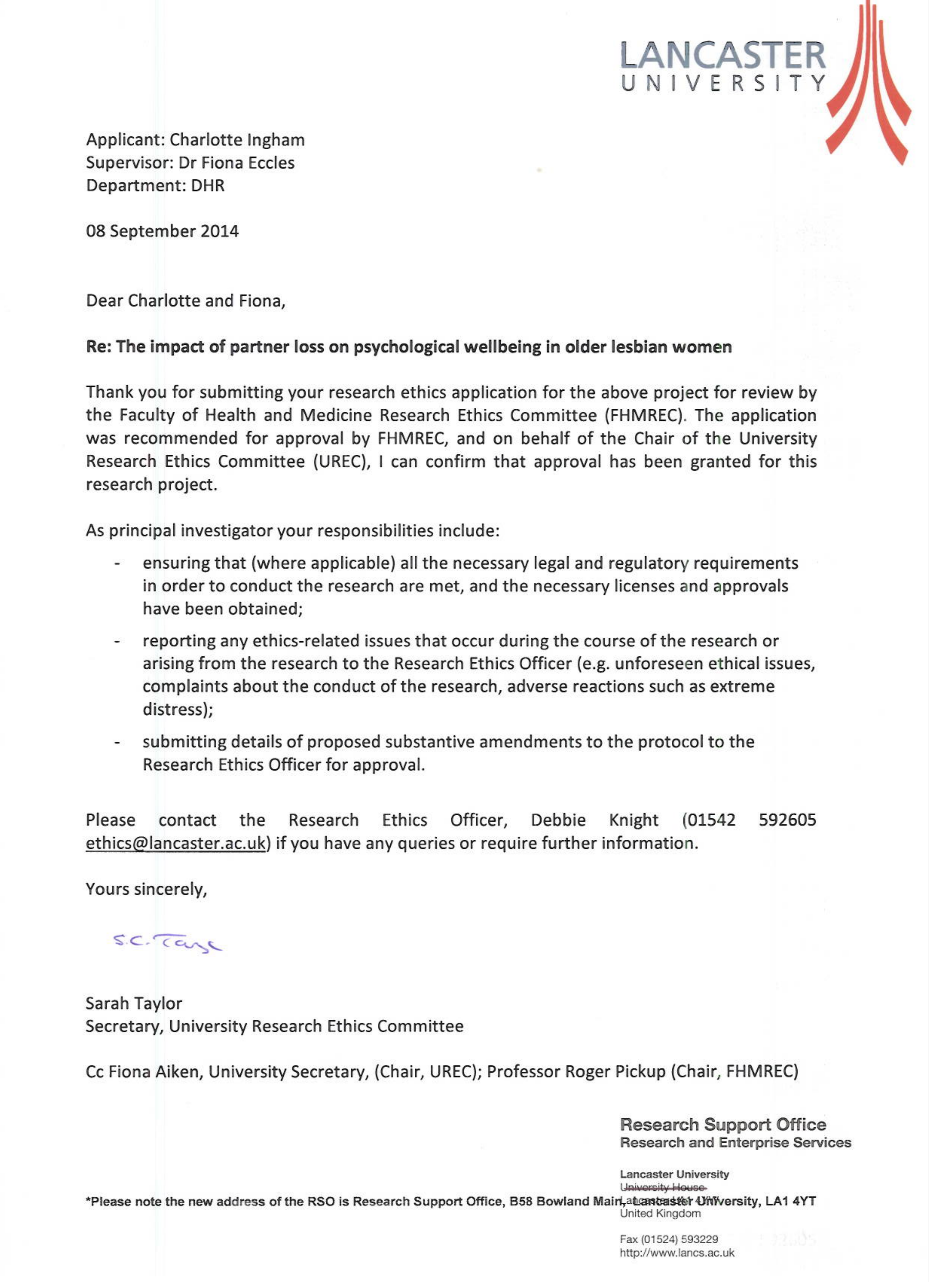
Telephone number:

Email address (if applicable):

Notes: (please give any details you feel are relevant regarding your contact details or preferences e.g. times or days that are not suitable to contact you)

Please place this slip in the freepost envelope and return to me. Alternatively, you can call me on *MOBILE NUMBER* or email me on c.ingham@lancaster.ac.uk

Ethical Approval Letter September 2014



LANCASTER
UNIVERSITY

Applicant: Charlotte Ingham
Supervisor: Dr Fiona Eccles
Department: DHR

08 September 2014

Dear Charlotte and Fiona,

Re: The impact of partner loss on psychological wellbeing in older lesbian women

Thank you for submitting your research ethics 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 University Research Ethics Committee (UREC), I can confirm that approval has been granted for 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 (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 the Research Ethics Officer, Debbie Knight (01542 592605 ethics@lancaster.ac.uk) if you have any queries or require further information.

Yours sincerely,

S.C. Taylor

Sarah Taylor
Secretary, University Research Ethics Committee

Cc Fiona Aiken, University Secretary, (Chair, UREC); Professor Roger Pickup (Chair, FHMREC)

Research Support Office
Research and Enterprise Services

Lancaster University
~~University House~~
~~Lancaster LA1 4YW~~
United Kingdom

Fax (01524) 593229
http://www.lancs.ac.uk

***Please note the new address of the RSO is Research Support Office, B58 Bowland Main, Lancaster University, LA1 4YT**

Faculty of Health and Medicine Research Ethics Committee (FHMREC) Lancaster University

Application for Amendment to Previously Approved Research

Instructions: Please re-submit your original research ethics approval documents with any amendments highlighted in yellow, attaching this form as a cover sheet. Completed documentation should be submitted as a single PDF by email and in ***signed*** hard copy to:

Dr Diane Hopkins
Faculty of Health & Medicine
B03, Furness College
Lancaster University
LA1 4YT
d.hopkins@lancaster.ac.uk

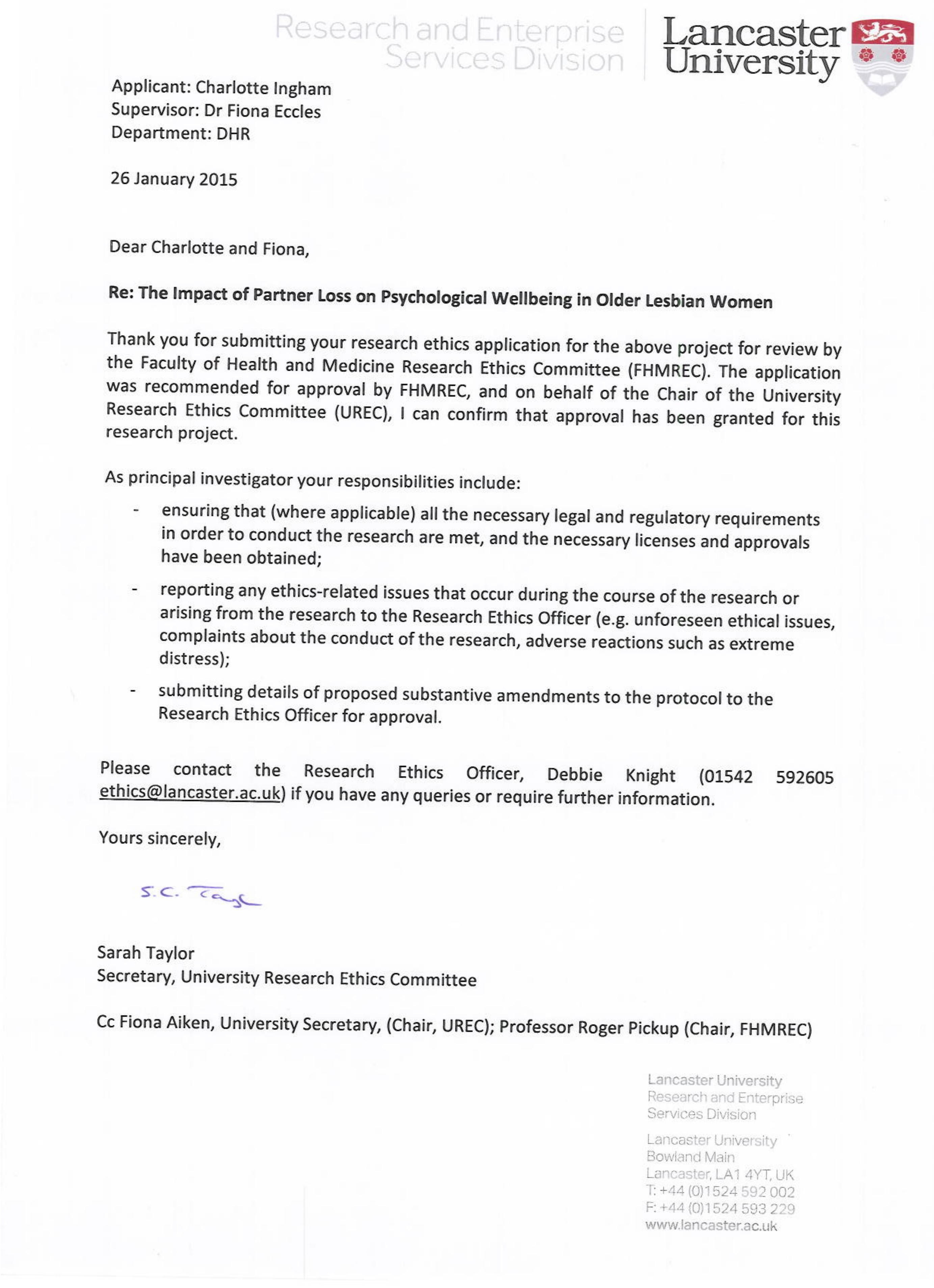
1. Name of applicant: Charlotte Ingham
2. E-mail address and phone number of applicant: c.ingham@lancaster.ac.uk 07508 375658
3. Title of project: The impact of partner loss on psychological wellbeing in older lesbian women
4. Project reference number: FHMREC13077
5. Date of original project approval as indicated on the official approval letter (month / year) September 2014

Amendment request
6. Please outline the requested amendment(s): This amendment is requested in order to reduce the age requirement of participants from 65 and over to 60 and over. There was an initial preference for the participants to have experienced the loss after the age of 65 - this will also be lowered to age 60, however now that the initial stages of recruitment have passed this will not be a strict requirement for inclusion.
7. Please explain your reason(s) for requesting the above amendment(s): It is hoped that reducing the age requirement will enable more people who wish to take part an opportunity to do so. At present, two individuals aged between 60 and 65 have contacted the principal investigator expressing an interest in taking part, and it is believed that including these participants' experiences will be beneficial to the project and not alter the original research aims.

Signatures
Applicant: ________________________________ Date:_____________

Project Supervisor: ______________________________.
Date: ___________
(if applicable)

Ethical Approval Letter January 2015



Research and Enterprise
Services Division
Lancaster University

Applicant: Charlotte Ingham
Supervisor: Dr Fiona Eccles
Department: DHR

26 January 2015

Dear Charlotte and Fiona,

Re: The Impact of Partner Loss on Psychological Wellbeing in Older Lesbian Women

Thank you for submitting your research ethics 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 University Research Ethics Committee (UREC), I can confirm that approval has been granted for 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 (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 the Research Ethics Officer, Debbie Knight (01542 592605 ethics@lancaster.ac.uk) if you have any queries or require further information.

Yours sincerely,

S.C. Tay

Sarah Taylor
Secretary, University Research Ethics Committee

Cc Fiona Aiken, University Secretary, (Chair, UREC); Professor Roger Pickup (Chair, FHMREC)

Lancaster University
Research and Enterprise
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