

# Narratives of the Everyday in the Lives of Older Lesbians

## Introduction

This paper stems from research<sup>1</sup> that explored older lesbians' past and present life course experiences of coming out<sup>2</sup>, direct or indirect discrimination at work, with family and friends, with health and access to healthcare systems. The coherent stories that my informants presented as one of “luck and fortune” are political, and tell a story of different flows of power, and different forms of resistances. Central to these narratives was the coming out process which was crucial in understanding why older lesbians treat their sexuality as *secondary* during social encounters, and further illustrates how they are caught in between the co-existing ideologies of heterosexism and homophobia. This *process* and its full life cycle is a symbolic journey out of which personal and social transformation is achieved. Here, I present part of the research that focuses on the *narratives of the everyday in the lives of older lesbians*<sup>3</sup> residing in the gay capital<sup>4</sup> of Brighton and Hove (and the vicinity), UK.

These coherent narratives embodied various threads that pertained to particular asymmetric power relations and, had many collapsed meanings based on co-existing underlying social, political and personal forces. Even though these experiences tell

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<sup>1</sup> This research was undertaken as part of my Masters Course Programme at the University of Sussex. It was conducted during a four-month period from May 2009 to August 2009 with a group of older lesbians that formed part of a local social network in Brighton and Hove. My data was mainly collected through participant observation and comprised of twelve in-depth/semi-structured interviews with older lesbians residing in the region of Sussex. Their ages ranged from 53 years to 76 years with an average age of 64 years (see Appendix I).

<sup>2</sup> ‘Coming out’ is general term used referring to the process of becoming aware of one’s own attraction to the same sex and disclosing their sexual identity to other individuals.

<sup>3</sup> Very few women over sixty-five identify themselves as lesbians therefore the term older has come to mean lesbians over fifty, and in some cases over forty (see Matile Poor 1992).

<sup>4</sup> Brighton has long been considered the UK's gay capital. Brighton is considered to be unique in its diverse population and cosmopolitan atmosphere where the boundaries between homosexuals and heterosexuals merge (see <http://www.visitbrighton.com/site/your-brighton/gay>).

stories of *complex webs of suffering* which comply with the existing literature on older lesbians, my research illustrates that there is more to older lesbian's experience than oppression, stress and loneliness. I contend that this *suffering has been inverted as a way to legitimate and empower their social and political existence which is found in the story-line of "feeling lucky and fortunate."* What emerged as an overarching theme is that their sexuality becomes of secondary importance during social interaction and action, such as in the workplace, during the medical encounter, with family and neighbours, and when on holidays. Thus, *social interaction, even in a gay capital, is enshrined in a heterosexist guise and is the reason why older lesbians treat their sexuality as secondary.* Part of my analytical framework is dedicated to the unpacking of the dominant ideology of heteronormativity. This type of analysis has been influenced by the traditions of critical anthropology, that look at social relations and social action within a larger framework of power relations with the aim to unmask the structural roots that create experiential suffering (see Foucault 1976, Hunt 2000, Singer 1995). This approach provides a deeper meaning of the political significance that narratives hold, especially in terms of the interaction between the dominant ideology of heteronormativity and its institutionalisation in social settings, legal discourse, and at the level of the community's beliefs and actions.

### **Narratives as an Exploratory Method**

The aim of this exploratory method was to follow the story-line in the presented narratives by older lesbians as an alternative way of doing research. Following the story-line meant that I had to trust the process and see what each informant brought with her at the interviews<sup>5</sup>. I was very attentive to what my informants thought I needed to know and asked myself why. This process had to be done on the spot,

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<sup>5</sup> This method has been influenced by my academic background in gestalt psychotherapy which follows an existential phenomenological approach during the therapeutic encounter.

which meant I had to be quick in trusting my own judgement. This meant harder work since I had to be part of the process. At the same time I had to be outside it, and always a step ahead to ask the next leading question without disrupting the flow in the story-line. My main aim was to facilitate narratives about any issues they had on their sexuality during social interaction, particularly during the medical encounter.

The interviews mainly focused on:

1. Sexual identity and their experiences of disclosing their sexual identity to family, friends, neighbours and at work;
2. Past experiences with health professionals particularly when there were difficulties in disclosing sexual identity;
3. Any reflections on living in care homes at a later age.

Following the narrative turned out to be successful especially when I came to disassembled my data. Narratives are powerful forms of giving meaning to experience. Examining and analysing older lesbian's narratives of the everyday was a useful way of understanding how they perceive the world around them. Mattingly and Garro (2000: 1) argue that "in both telling and interpreting experiences, narrative mediates between an inner world of thought-feeling and an outer world of observable actions and states of affairs." Therefore, the personal stories narrated by older lesbians were used as mediums for interpreting social interaction. This medium or as Carrithers (1995: 261) calls it, "mode of understanding" is what gives the ability to create, narrate and comprehend stories."

Furthermore, narratives are imbued with significant social events that trace their roots in the past. Certain social events are markers in society and have the power to shape public consciousness. Narratives foreground human drama that surround social interaction and are embedded in an epistemological and ontological framework. In my interpretation I took into account *how*:

1. these stories were narrated by observing their non-behavioural cues during, and after the interview.
2. these stories were presented to me, and why they told me that particular story.
3. language was used.

Also, I took into account the *unsaid* in the narratives, which is hidden in the coherent plot of these narratives. I view narratives as a form of social practice that inculcates a narrative mode of understanding. What I mean is that we, as human beings *confabulate* societies by using coherent stories to achieve order. Telling stories is unique, subjective and, a coherent way which organises “our understanding of our past, our current situation and our imagined future” (Mattingly and Garro 2000: 15). A narrative is performed in a specific social encounter and reflects cultural life which embodies a social and personal drama of events. As Mattingly and Garro (2000: 16) state “as narrative is constructed, narrative constructs.” Individuals choose particular stories to tell depending on the audience.

The disjunctures and contradictions within these stories were a reflection of the fuzziness of life which does not fit neatly in one confined plot. As Abma (2002: 10) states “narratives are multiple, contradictory and changing instead of containing one clear message.” Clarity brings order in an individual’s social life and minimises the pain that is attached to events or memories - as is the case of the stories narrated by my informants. Therefore, the presentation of coherent narratives is a creative way of achieving social action through restructuring one’s social role without losing legitimacy, or having to challenge the dominant models. By focusing my analysis on the embeddedness of narratives in broader contexts of selfhood and social life, we begin to understand the creative and adaptable ways older lesbians engage in as part

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<sup>6</sup> Here I borrow Carrithers’ (1995: 275) term where he adds a further implication to the idea that people confabulate society using stories. He uses such term to add on further meaning to story-telling, mainly that of making human social action.

of their journey toward the construction of a healed self which enacts and leads to social change.

As part of this creative endeavour I illustrate how a *process of inversion* takes place through coherent narratives, which results in social change. This alternative perspective suggests that older lesbians are not passive social actors, but are indeed active constructors and discoverers of truth. They have creatively engaged with the wider social truth and made personal truths out of it. Personal truth is usually the person's own subjective reality, i.e. how s/he perceives their life experiences and react to them. Personal truth is also built out of social truth, where social or political events are referred to by the story-teller. What is important is to read beyond the personal truth of the story presented. My aim is to place personal truth in a wider social and political framework.

### **The mundane, the ordinary, and the everyday**

We understand our social world by means of stories, and we use those stories to create distinctively human society.

*Michael Carrithers (1995: 261)*

Here, I present the stories narrated by my informants and couch them in a wider social and political discourse. I contend that their stories are a representation of, and a link to, a complex social process. All the stories I heard were individualistic, yet there was an overarching theme amongst them all. They were all stories<sup>7</sup> of *suffering, surviving and surpassing* (Plummer 1995) tied by similar experiences of indirect discrimination embedded in the mundane, the ordinary and the everyday - even in Brighton's gay capital.

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<sup>7</sup> I use the terms narratives and stories interchangeably.

The stories told by my informants shed light on each other and are a form of local knowledge (Geertz 1993). They tell stories of the society the informants belong to, and embody historical moments - personal and social. It shows that human beings do not just live in society passively, and are not subordinate to hegemonic powers which, according to Foucault, seep into our bodies, our mentalities, and our discourses to become part of everyday life (1976, cited in, Lyon and Barbalet 2001). To the contrary, human beings engage with, produce and construct their social world through stories. They are evidence of human agency shrouded in intense phenomenological experience. Stories are symbolic vehicles of cultural meaning – they are “webs of significance” (Geertz [1973] 1993).

I present these stories as a “particular powerful form of interactive planning” (Carrithers 1995: 261) that follow a particular flow of events, where a particular kind of truth emerges. One question that kept coming up over and over again was, “Why did my informants make it a point to tell me how *lucky* and *fortunate* they are, when all of their stories were pierced with pain and suffering?” I was struck by their ability to create a coherent and pain-free narration. Why did they choose to present their stories that way? Why did they tell me that their sexuality is of secondary importance or irrelevant in social interaction, particularly during the medical encounter? Following both Plummer (1995) and Carrithers (1995), I aim to look at the sociological role of these particular stories in social life and to “go beyond the text” in order to understand their social meaning as symbolic interactions and political processes (Plummer 1995).

The underlying theme in all the narratives is the normalising power of heteronormativity which penetrates every facet of human existence. During social interaction, older lesbians experience a “sense of alterity” as an outcome of the tension

created when they have to come out to other individuals. These stories, which tell of the mundane, are windows into understanding the needs and concerns of older lesbians in relation to medical care. I take the informants' stories as a form of interpretative analysis which becomes a useful tool in unravelling the threads of the complex webs of suffering.

## Narratives and the Self

Heteronormativity, which is the assumption of heterosexuality, is what Sarah<sup>8</sup> was referring to when she told me, "there is a thin layer of icing between us and them." The imagery found in this phrase is telling in many ways. Here, I will focus on "the thin layer of icing" as a form of personal and social boundary which creates *an ongoing tension in the mundane* experienced by older lesbians during social interaction.

A narrative is a powerful and strategic form of intention and action, where its dynamism has the capacity to re-construct events and experiences coherently. Its rhetoric is rich in metaphors populated by inchoate pronouns "which makes a movement and leads to a performance" (Fernandez 1986: 8). As the stories below illustrate, these inchoate pronouns are characters, including the narrator, inserted into a story line. The purpose is to reach a sense of clarity which embodies both personal and social truth. It has the power to orient people in a stream of events while it connects action and consciousness (Carrithers 1995). Of course, this whole machinery of creating a coherent narrative is cumbersome, and depends on the audience it is being presented to. The self is at the core of this interactive planning. It

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<sup>8</sup> All names used in this paper are pseudonyms.

is an inchoate character and a product of this particular scene, always in the process of being and becoming.

My point concerns the rhetoric of how the lesbian self is presented (or not), in public and private domains. It also concerns how the lesbian self is conceptualised as being a *secondary character* in older lesbians' lives which lives on the margins. This peripheral position is a carefully chosen space which can minimise exposure and chances of shame and discrimination. The following quotes are exemplary in illustrating this learned behaviour which Vanessa described as being “*embodied* in me.”

**Elizabeth:** As far as am concerned am a *person* [...] I don't think it makes any difference being a lesbian. In fact, I think it's possibly less *threatening* for other people if you don't announce it [...] it wouldn't make a difference if people at work knew or not [...] if anybody had the need to know and ask, I would tell them [*my emphasis*].

**Cornelia:** In all honesty I didn't tell everybody at work. I didn't feel they needed to know. Close family knew and as I said I am still the same *person*. No need to say what my sexuality is. It doesn't matter. I was not out at work but am sure everybody knew [...] am not hung up about it [...] *I am me* [emphasis in original].

**Karen:** Some people I don't choose to tell, some people if they asked me I would, but otherwise *it is not important* [...] Because I always say to them, I never ask you if you are heterosexual, it's not something that I ask, but everybody asks me if am homosexual. Why is it that you have to ask me and I don't have to ask you. Why should it matter that much to you? [*my emphasis*].

What is undeniably being presented in the above quotes is the concept of *selfhood and suffering* – how should the self be presented in front of others. Here, they are engaging in a reflective intensity driven by an alterity within. This alterity, being a



consequence of experiential suffering, becomes like a looking-glass between the self and society. It becomes the link to the outside world and is in a continuous dynamic dialogue with it, questioning the truism of Western existentialism. In this case, the concept of selfhood is not taken for granted, but is being questioned and challenged – self and society are not “naturally and indissolubly bound up together” as Geertz (1974: 30) states. To the contrary, the lesbian self exists outside society<sup>9</sup> and is presented in front of an audience where older lesbians feel it is a safe and comfortable space to be in.

The concept of selfhood, in this case, is an excellent vehicle to examine the tension that heteronormativity impinges on the self of older lesbians even in a gay capital like Brighton. For instance, the idea of being married and having children is perceived as socially advantageous. As Cornelia, who was married with two children, told me, “it camouflages us.” Here, the presentation of the self as a mother or grandmother in public is important. It is seen as “shared experience with heterosexual women” to use Cornelia’s own words. Gertrude expressed a similar view on being married:

[...] both my partner and I have been married in the past and both have grown up children, and in some ways it is almost easier for us because we can have photographs of our children and am not being *silly* when I say this. So you’re not so much of an *outsider* as if you’ve never been married, never had children etc etc and all those other issues. So am not saying it is a soft option but it certainly is an easier option [*emphasis in original*].

The lesbian self is in continuous metamorphosis. It is caught in between the larger discourses of heterosexism and homophobia. A negotiation is created on the judgement of the moment, keeping the lesbian self private. This continuous

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<sup>9</sup> When I use the term society, here I am referring to the dominant ideology of heteronormativity that is mainly adhered by social actors with Western society which they take to be the norm i.e. the only natural way of being.

negotiation between self and society is indeed an exhausting interior process and reaches its climax in the ordinary and the everyday. What for many is taken as a simple act, for older lesbians becomes an ordeal. In a Plummerian sense, these narratives of selfhood and suffering, which are epitomised in the phrases, “I am me,” and “I am a person,” are used to present a *whole image of the self*, i.e. a healed self. This process of wholeness is part of the tool kit needed for turning suffering into power which comes out as stories of “survival and surpassing” (Plummer 1995).

### The Plumber

The following section highlights how performing the ordinary can transform itself into the extra-ordinary and possibly traumatic/dramatic, which in turn creates an ambiguous space for older lesbians to be in.

Sarah, aged 55, narrated how she was overcome by shame when she had to arrange an appointment for a plumber to come fix her boiler with her local agency. She was concerned that the plumber would realise she and her partner are lesbians. This ambiguous space created anxiety because it was connected to thoughts of Sarah exposing her *private* lesbian self within her safe private domain. Therefore, this meant she had to be public in the privacy of her own home. The plumber epitomises the visible social world and the rigidity of its social norms – i.e. the taken-for-granted world. In the plumber as audience, Sarah sees a reflection of her self which reminds her that she is the ‘other.’

Another informant, Clare told me of a similar incident with a plumber:

He [the plumber] was fixing my central heating and he kept putting his arm around me and he was telling me that he lived with an older woman and that he

loved older women and it was obviously believed as offering me ... you know ... and I just said, "Look am a lesbian" and he carried on with his arms around me saying that "We both love women than" ... but ... but he didn't put his arm around me again. I complained to the manager, the owner of the electric company in Lewes about him but *unfortunately* the bloke came back again, and I had asked not to send him anymore when he finished the central heating. When I had a problem for someone to come back to adjust something he turned up again and he said, "Why did you ask them not to send me? Why did you say you had a problem with me? And I phoned the owner and said, "He's arrived again. And he [the owner] said, he insisted on coming."

This narrative struck me because it illustrates the implicit, unconscious power embodied in gestures (his arm around me) and behaviour that lives in the mundane. The plumber barely took notice of what Clare said, and continued talking with his arm around her. At that point he felt he had the right to behave that way and merged Clare's disclosure of her sexual orientation as a lesbian into the larger ideology of heterosexism – "we both love women." It did not occur to him that she was not interested in him in the first place. He simply took the fact that she desired him for granted. This type of social interaction illustrates how heteronormativity is at its apex in the practice of the everyday. It is a master narrative of the dominant group which serves as an organising scheme (Comaroff and Comaroff 2002). It seeps in our bodies, our consciousness, and our senses. Heteronormativity is the *habitus* (to use Bourdieu's term) which is operative in the everyday. It is embodied.

### **Narratives of Neighbourhood, Sexuality, Economy and Class**

The economic sector an individual belongs to, has a major influence on one's personal and geographical spatial settings. Being older and coming from a low economic sector can be a serious financial concern. Okely's (1990) work on clubs for people in the third age includes the evidence, of and on, the importance of class and social capital as major divisions among the aged. Her work suggests that the economic social sector an

individual belongs to is crucial in shaping one's life experience which is reflected in the "type of accommodation, extent of autonomy and mobility, freedom from institutional control, and access to basic facilities such as shops and medical care" (ibid.: 194). In this section, I will illustrate how one's economic background intersects with sexuality, gender, class, and locality. This complex formula weighs heavily on older lesbians as they learn how to perceive their lesbianism as a private matter.

Gertrude's narrative is particular because it brings together gender issues and economic injustice merged in a larger discourse of ageism and heterosexism. During the interview, Gertrude was anxious, and her speech was so fast that it seemed like she wanted to catch the air before she breathes it. Her anxiety also came out in her fidgety posture, where she continuously changed position from sitting with both hands and legs crossed, to leaning back, to resting her elbow on the table with chin in hands looking out of the window pensively while mumbling in a low voice. Throughout the interview, I felt that Gertrude was detached from her narrative. Her speech, chosen words, her personal background, her relationship with her dying mother, with me and the cat, came across as being economical. Everything seemed pragmatic. I observed that the way she narrated her stories (tonality, voice, posture, content of narrative, non-behavioural cues) was a reflection of a life pierced with pain and suffering. The first sentence in this particular narrative is telling:

I have to put this *quite firmly* because *we* are all in the same boat apart from one small thing as far as am concerned [...] we have no state pension or no work pension because they have not had a job from year to ... once again money is *tight* ... especially if you live by yourself. I tell you one thing, who ever dies first, the other one cannot afford to live here, ok? Because we don't have enough money for the general up-keep, tax, electricity ... all the standard order things one normally has [...] our income is low, mine is £80 a month. This is my work income because I changed jobs and done part-time jobs etc [*looses breath*] because we don't want to get into these civil partnerships ... because our pensions are so low that it would make no difference.

This narrative of suffering embodies, and epitomises, deep emotions based on social, legal and economical injustice that older lesbians have to face in a heterosexist society. She fears death as it will leave her partner in a very critical economical situation. It means that the person left behind will have to change locality and maybe live in a less desired neighbourhood.

Cornelia's narrative had a slightly different tone to that of Gertrude, where she came across as being rather contained. She was calm and her speech was soft and evenly paced. However, similarly she has mastered telling painful stories coherently. To begin with, she told me that overall, she has been lucky in how her family and friends behaved towards her coming out to them, especially her husband. She thinks she has a good life. This story-line reflects the personal truth she extracted from her life history. This is what is meaningful to her, and what she wants others (audience) to see.

The story-line soon changed when I asked her if she got on with her neighbours. Cornelia's initial reaction was, "Very well, but again I don't think they know that I am gay, but they might do, because I have...mainly I have women coming to visit me." She continued saying how on her birthday she received a card from one of her neighbours who described her as a "generous, helpful neighbour." For Cornelia that was a sign that her sexuality did not matter to this particular neighbour. However she was quick to mention a particular incident with a neighbour, who makes her keep her lesbianism as a private matter with her neighbours in Hove:

But there is sort of one reason why I never came out [to the neighbours]. There is a gentleman that lives above me. He is a Glaswegian and very, very, very anti-gay and unfortunately there was a chap that I was quite friendly with called Tim, and he was gay... he was obviously gay and evidently Ben [Glaswegian gentleman]

once knocked on his door and Ben said that if you were in Glasgow we'd put, shoot through your knee caps ... or something really nasty, you know. And I just felt I didn't really need to come out because if it got to him I think life would be *a bit* difficult. He's not the easiest person anyway. He can be very nasty. I think it's best, there's no need. He's early seventies and maybe that makes a difference. In the block of flats am friendly with most of them [...]

Elisabeth who is a woman of few words<sup>10</sup>, contrary to Cornelia, narrated how she has never come up against any overt or covert discrimination, and thinks she has been rather lucky since she “knows an awful lot of people who have” and continued saying “I haven't had any people writing rude words on my door, or sprayed my car or anything like that.” She feels that living in Seaford is a safe area and once again reiterated that she thinks she is quite fortunate about that. Elisabeth mentioned the village of Northampton and said, “I couldn't think of anything worse than come out there, where everybody minds everybody's business. That would have been horrendous.” This narrative highlights how the proximity of Seaford to Brighton is geographically strategic. It has an ongoing engagement with Brighton's lesbians' social networks and with its liberal ideology as a gay capital. She explained how:

Living where I live close to Brighton, I think is brilliant. My neighbours are great. When I was in a relationship I had had some neighbours over and asked me, “What is your relationship with [X] and I said she is my partner and it went dead quiet for a minute and then you could feel everybody ... the noise went up again and everybody just continued, but obviously you could have heard a pin drop for a second but then everybody suddenly realised what had happened and we started chatting again. And nobody mentioned it again. I am a good neighbour to them. This is it. This is what comes first.

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<sup>10</sup> Elisabeth found it hard what to talk about and was concerned that her interview would be the shortest. She was direct in her answers and not too descriptive. However, the logic behind her short narrative told of a person who has strategically turned pain in a socially strategic lens where she views life in a more “philosophical way.” Her thoughts were pragmatic. For instance she told me how she thinks herself to be lucky her parents were long dead before she came out. She thinks they wouldn't talk to her, would have stopped her from coming out and she would have broken their hearts.

On the other hand, Karen's narrative tells of a similar story. She moved to Mile Oaks as she could not afford to buy her dream house in Brighton. She explained:

The reason I moved here was that I was looking for a bungalow, for a detached property ... but I also feel that I bought in this area because it was an area I could afford, so therefore other people that are moving to Brighton are changing. I've noticed a change in the type of person I see walking up and down the road now. Am seeing more people in this area that have Mo-hawks you know, different coloured hair, that are more extrovert or look alternative. Whereas before when I moved here it wasn't like that but because of property prices going up I think that more people have bought a house here that have got a more alternative lifestyle [...] they don't have a choice they have to live where they can afford [...] and I think that is what brings change.

The proximity of the informants' residence to Brighton came up in all of the interviews. All of them moved to their present locality because it was close to Brighton and Hove. Some were not particularly satisfied with living outside of Brighton and Hove, but had to, due to their financial situation. Also, only certain localities met their requirements in the type of house they were searching for. Karen said how being a lesbian affected her neighbours and was an issue for them:

I had a few comments by my neighbours about my sexuality but they tend to be uptight persons really [...] I shouldn't be saying this, really, but they do tend to be trade's people like taxi drivers, electricians and they're very typical [blurred]

Karen continued the story and mentioned a particular encounter with her next door neighbours:

I have even sat in one neighbour's house and she had one of the other neighbours over and they were discussing who has lived in my next door neighbour's house and she said, "Oh, do you remember those lezzies that lived ... [bursts out laughing] so obviously there has been a pair of lesbians that have lived in the bungalow next door to me but they have moved [laughs]. So I think that there are areas of Brighton, even though there seems to be a few lesbians living in this

area, it is not that well accepted. So as you were saying even in Brighton there is prejudice.

Clare's experience of living in Lewes echoes that of Elisabeth's where concepts of class and economy emerged in her narrative. It is interesting to follow this particular narrative as it back-tracks from one where she is uncertain whether she is accepted as a lesbian or not by her neighbours, to one of disinterest:

My wants are very few and I think you will find that *a lot of us* don't care anymore what other people think [...] next door neighbours of me when they realised that am a lesbian or saw me when women came to my house ... or saw what they were like ... and they say, here "she's a lesbian" and whether I would get any backlash I don't know. As far as my other neighbours, I've got new people next door, which is a council house so they come, and haven't any money and obviously not very well educated people. So, you know they are sort of coming from a different base, comprehension and acceptance. *Perhaps*. I wonder about that [...] I've been 18 years in that house ... *they know*, it came out in conversation one day by chance and they couldn't care a toss and they probably told half the street. No one actually needn't talk to me and I live with my daughter at the moment who is out of work, who is 37 and straight. So blokes, young blokes come to the house. So I don't know what they think. But I can see one might have problems with society like that with neighbours but I don't think there is a problem with the general public with me. As I say, other than someone who is close in proximity like my next door neighbours which could be a problem ... I don't care a toss about it. So by the time you get to my age you think, so what, it's no problem [*emphasis in original*].

Implicit in Clare's narrative is internalised homophobia, which emerges in her wondering out loud what the neighbours think of her and whether they accept her - "Perhaps. I wonder about that." She made a strong emphasis on the word "perhaps" which shows uncertainty even though the neighbours know that she is a lesbian. At the same time the fact that her "straight" daughter lives with her makes her wonder if the neighbours think otherwise. In this narrative ageism, homophobia, class and sexuality intersect. Clare perceives her age (73 years) as being sexless which came up



in the conversation more than once. She feels that her lesbianism comes secondary, and later on in the interview she admitted that if she had to be in a care home she would step around her sexuality as heterosexual women of her age would not understand.

The above narratives bring out many different concepts, mainly those of – sexuality, class, economy, and neighbourhood proximity to Brighton. Another common denominator in these narratives was that *being a good neighbour* is about being generous and helpful and not about being a lesbian. Overall these narratives illustrate a dialogue between the two binary oppositions of heterosexism and homophobia. There is a flow of power moving in: their thoughts; in the way they articulate their existence in relation to their neighbours; their economic background in relation to their chosen locality, class issues; and in how age defies their sexual identity as lesbians. This is an ideological struggle. It is ideology in action; it is ideology babbling on (Comaroff and Comaroff 2002).

### **Care Homes: “We are all in the same boat”**

So far I have outlined the tensions created when homophobia and heterosexism intersect during a social encounter in the every day which puts lesbian identity in a subordinate position. This shows how lesbian identity “is always shaped by interaction: lesbianism may be part of it, but other parts of identity are shaped by the dominant culture, by class cultures, religion, geography” (Schuyf 1992: 55).

The assumption that the aged are a single homogeneous group conceals the internal contrasts of various groups and individual lifestyles and experiences (Okely 1990). As illustrated above, the older lesbian community is diverse. This perspective can be applied to how older lesbians experience medical services, such as care homes. The assumption that older people experience and require

similar medical care needs as their heterosexual or homosexual cohorts is misleading. Hughes (2008) points out how for the LGB community in Australia service providers' failure to recognise older people's sexuality is a major concern. This suggests that OLGs are treated only in terms of physical care needs, with their sexuality denied or seen as private (Hughes 2008: 169). My own findings are similar to that of Hughes (2008) where older lesbians felt that when the time came to retire in a care home, their sexuality would be irrelevant.

When Gertrude referred to how all women are in the same boat she was concealing her lesbianism, which presently is of utter importance to her. Gertrude came out as a lesbian in her forties when she decided to stop "being [her] husband's wife" which marked the beginning of a new life. Therefore, keeping her sexuality private would be a big sacrifice. However, she started her story by saying that:

For older lesbians...I don't think that one can totally differentiate apart from attitude about growing older anyway. *I am just a woman growing older* therefore my lesbianism is actually *less* ... how can I put this ... *important*, as long as am treated fairly and politely, rather than just growing older, and I can't do things once I used to do. *Any woman would feel that as she's growing older.*

However, her story-lined changed later on as she expressed her strong belief that care homes should adopt a sexually sensitive approach - "care homes have to be gay friendly." This suggests that access to lesbian friendly resources is quintessential in old age which reiterates the works of other social scientists (see Hughes 2008; Jones & Nystrom 2002, Ward et al. 2008).

Natasha put this quite clearly:

Funnily enough the thing that frightens me would be if, I am given the wrong food, because there are some foods I can't eat that goes with the illness that I got and they make me ill. I can't have dairy food or gluten in anything. And I would also be afraid of being bullied. So am more concerned about the disrespect that people have for older people.

Here, ageism is the dominant discourse which puts older lesbians in an ambivalent position where they have to prioritise physical health to their sexuality. Many of my informants felt the same way about this issue. For instance, Clare's narrative circled around a particular care home she was about to place her 98 year old mother in. For the interview she came prepared with a booklet she was given from this care home in East Sussex. She read out loud the guidelines, rules and regulations, and showed particular interest in its ethos. Carefully, she pointed out the specific clauses based on sexual inclusion, and read it out loud pointing her finger to the part which stated that the home adhered to a gender sensitive policy. In a sceptical voice she muttered, "We don't know?" which brings out a sense of uncertainty related to how policies are practiced in reality. In fact, she said, "It is all absolutely lovely on paper but in reality when you see it, it is completely wrong." Then, she referred to the 'reminiscence afternoons' the home provides as a way to create group cohesion through the narration of significant stories in an individual's lifetime. When I asked Clare how she would behave during these afternoons she replied, "Well if you were homosexual and went to this particular home, you might well avoid going into that afternoon. You just would step around it, wouldn't you?"

Fiona who is 53 years old, which makes her one of the youngest informant I interviewed, felt very strongly about the lack of lesbian friendly services in medical care. She commented:

I would feel very isolated if I was in a care home without ... with only heterosexual people there. And I think it would be very good ... I mean I suppose ... I don't have children. So I don't have a younger generation who would be looking after me, so in theory I could be very much on my own when am in my older old age. I don't think there is very much provision for lesbian and gay men. A couple of friends of mine talked in passing, when we're older we'll get some place where we'll all be close to each other. So maybe we'll end up doing

something like that with friends as we get older. It would be great if there was [...] diverse homes which welcomes different identities and just straight people.

Karen, who worked for the social services, had a close encounter with such situations and worries about how her sexuality will be denied in older age.

I do worry about the future in old age because I found it when I was working for social services, one of my roles was to place people in nursing homes and it was very [pause] it was very hard for me when I used to go and visit [blurred] gay or lesbian, you had to place them in a home that was predominantly heterosexual and you knew that there was one basic need that was not going to be catered for and it must have been very isolating for them and I don't think that that has changed and I think it probably has gotten even worse because when I was doing it [...] so that is one thing that I worry about. Because when I was fit, I'd always thought that it would be nice to open a facility that caters only for gay and lesbian people but it's never been actually done. And I always thought that Brighton would be the place to open [...] we are faced with isolation and prejudice and not being young enough or fit enough to fight it. It was a dream of mine to do that before I got ill. It would be good.

It was interesting to hear the voices of those older lesbians who were married with children. It seems that they fear old age less as they know they will be taken care of. However, others like Natasha engaged with these dominant structures creatively. First, like the rest of the informants, she started her narrative by stating that her being a lesbian never caused her any problems during a medical encounter. Then she remembered the following incident which made her think twice about her old age:

I did have a bit of a problem in the County because there was one procedure that Elisabeth came, and I said that I want her in the recovery room as soon as am out as I knew she would be worried. They said, "Yes we'll do that." And then they didn't call her. So whether that was prejudice or not I do not know. Because somebody else was in the recovery room, it was either a husband or wife and the partner in there came through. So ... I've made my will very carefully and also nowadays in England as well as having people who will look after your money, you know, if anything happened and I was too stupid to look after my own finances, I've got three people who will do that and I've got two of those people

plus one other who will look after my health and make decisions about my health. And that's a relatively new law in England. It's called the power of attorney for health. And its [pause] all those women are lesbians and I think I was clear with my solicitor. So I also said that certain friends are to have access to me if am ever in hospital, and so I have used the law to make sure am safe in that sense.

This is where homophobia and ageism intersect in the larger dominant discourse of heterosexism. Older lesbians fear they will not be treated equally as their heterosexual counterparts, thus prefer to view their sexuality as private (Hughes 2008). Their primary need is directed towards getting physical care.

### **Experiences of Disclosing Identities in the Medical Encounter**

So far it should be clear that coming out is a never-ending process and creates ambivalent and ambiguous situations. It is not a neutral social interaction and is exhaustive and tiring and many older lesbians resort to keep their sexuality hidden. Some informants told me that they measure their coming out to health practitioners by its relevance and importance based on the judgement of the moment. Fiona, told me that she had mixed experiences where sometimes she would come out during a medical encounter, other times she would not. It all depended on how relevant she thought it was. Her worse occasion of coming out was when she came out to her general practitioner:

I felt I was an interesting animal at the zoo. He said, "Oh how interesting. I don't think I've met one of you before." It was a curiosity. It was a male doctor. That was difficult.

On another occasion, when she was getting dental treatment at Brighton's General Hospital she took her partner with her for a second opinion. She told me:

I introduced her as a friend not as my partner. The dentist was absolutely fine but I was just ... I didn't want to create a situation where ... I think ... you know... it is the judgement in the moment whether to...it didn't seem relevant. I didn't want to create any kind of difficulty when there wasn't any at that moment and wasn't really necessary. My partner was apparently happy about it.

When speaking to Elisabeth, aged 62 years who used to be married and has a son, on the same issue she told me:

sexuality never posed a difficulty. I never had to access a health service on that basis. I never needed to do it. I go to smears. It is like going to the dentist, painful, unpleasant but you have to do it. So I've never needed to come out to a doctor. *It's not supposed to make a difference. There is embarrassment for the doctor too not just the lesbian client or couple. They get embarrassed as well.*

Elisabeth works as a Deputy Practice Manager in a surgery, and explained how she has encountered a lot of discrimination where some doctors refuse to prescribe contraceptive pills based on their own religious beliefs. Thus, she imagined how they would react if a lesbian came out to them. Fiona expressed how health professionals should develop a sensitive approach toward individuals coming out as lesbians to them. It seems that this embarrassment is tied to not knowing how a health professional will react to such disclosure. For instance, Fiona reflected on how during a medical encounter with the gynaecologist:

[...] there is always that question: are you sexually active? What they mean is "Are you heterosexually active?" It is not relevant whether you are lesbian ... it puts you in a position. It needs to be handled better. There is that assumption of heterosexual relationships and you feel obliged to come out.

Kate, who is 55 years, retired early from her full-time work in 1996 as she suffers from Chronic Fatigue Syndrome (CFS). When I asked her if she ever experienced any form of discrimination during any medical encounter she replied:

I don't think I've found any prejudice from the medical profession in regards to my lesbianism. I think I've found them prejudicial about my condition because there has been a lot of scepticism about it as you know and a lot of doctors do dismiss it. And you are coming from the psychological, physical type of illness so some people do think it is psychological rather than physical, and so you can get prejudice there but I haven't experienced any type of prejudice because am a lesbian.

The above quote indicates the dominance of biomedical supremacy, which dismisses any form of illness not based in 'facts' (Davies Floyd 1997: 55). Kate's subjective experience echoes other patients' complaints on how health professionals treated their illness as imaginary or unreal since it did not fit with biomedical convention (Lock 2002). A convention that disease is a separate entity disconnected from the body. This highlights the authoritative knowledge of biomedicine found in Western societies and the reductionist approach that health professionals undertake when examining patients. Kate's and Fiona's medical encounters illustrate the latter clearly.

### **The metaphor of 'coming out' and its symbolic meaning**

I have articulated how the lesbian self is caught in a relationship between, subjectivity, i.e. how older lesbians experience their surroundings, and the objective social world. The lesbian self becomes an inner voice that judges the status quo on how safe it is to *come out* in a particular situation. Many of my informants made reference to the first time they came out to their families, and how this was a life changing experience<sup>11</sup>. This dominant narratives has a symbolic meaning in the lives of older lesbians. It tells the tale of who one really is, to one's self and the wider world.

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<sup>11</sup> It was interesting to note, how the majority of my informants used letters to communicate with their families.

Telling this narrative seems to be part of a ritual these older lesbians engaged in when getting to know another homosexual individual as an exchange of shared experiences. It is personal, and tells a lot about the biography of that particular individual. Most of the coming out stories recount terrible suffering of loneliness, silence, pain, secrecy, shame and forbidden sexual desire. This secret world of suffering can only be understood by those *others* who have experienced it. Usually, there is a shift in later life from a world of suffering to one of recovery and transformation. Personal pain and social suffering are turned into positive experiences of personal growth and empowerment, and political power too (see Plummer 1995: 49-54), which I address in the following section.

Plummer (1995: 58) locates how coming out stories follow a cycle of private, personal, public and political tellings. These four processes do not necessarily follow any particular order and he describes them as follows:

*coming out personally*, in which a self-conversation emerges which clarifies who one is; *coming out privately*, in which the first steps are made to tell specific others – family, friends, work peers – in delimited spheres; *coming out publicly*, in which many others are now told the story, and indeed it may become public knowledge out of the self's own control; and finally *coming out politically*, in which the story is used very widely as a means of social change.

In looking at these critical four processes it starts to become possible to see how the metaphor of coming out shapes the lives of older lesbians, as it marks significant personal changes and social transformations. Older lesbians become expert voices in telling coming out stories and tailor-make them accordingly, depending on the audience and the situation. Therefore, this never-ending process becomes a *root symbol* (Ortner 1973). The metaphor of *coming out* is an experientially loaded narrative. It is a categorising symbol endowed with a great conceptual power operating between experience and practice, loaded with cultural meaning. This



metaphor captures the essence of the lesbian self, which is always trapped in between the two co-existing ideologies of heterosexim and homophobia. It is also a reminder of: what older lesbians fought for in the 1970s and early 1980s; direct and indirect discrimination; the alterity within one's self in the everyday; and finally of the oppressed society they live in.

### **Coming Out as a form of Creative Endeavour with Social Order**

Coming out as a phrase became popular in the late 1960s and early 1970s, with the birth of the early Gay Liberation Front. According to Plummer (1995: 57), "coming out was the critical life experience of lesbians and gays during the 1970s and 1980s." Nowadays, this phrase is used with a certain sense of naturalness, which suggests its entry in vernacular language has reached public consciousness, and is not exclusive to the homosexual world. The colloquial usage suggests that people have stopped asking *why* we use such a term. By taking a closer look we begin to realise how politically loaded this process is. Its natural state of existence in vernacular language has deeper implications, other than those related to the life experiences of lesbians and gays in the 1970s, but is also linked to the dominant Western ideology of heteronormativity. Every time that this metaphor is reiterated, and practiced privately and publicly it reinforces the legitimacy of heterosexism, placing homosexuality in a subordinate position. This social practice imposes a system of dispositions upon a social group in such a natural way that it is experienced as legitimate. It is this very characteristic that endows heteronormativity with natural power, which is taken for granted by social actors. This quality of naturalness is what older lesbians engage with through the coming out process.

As much as this process can be exhausting, nonetheless it provides a social safe space which is shared by the homosexual community<sup>12</sup>. There is another aspect implicitly woven in the metaphor of coming, which is one that implicates secrecy and silence. I have highlighted via ethnographic illustrations, how informants take refuge in: ‘passing as a heterosexual married woman, or grandmother’; and in keeping their lesbianism within their personal privacy, and not exposing oneself to the public. However, this secrecy and silence (which is not silence by choice) should not mean that all older lesbians should come out into the open. Secrets can be viewed from another sociological and political perspective. What am suggesting here, is an alternative way of looking at suffering and pain as a performative means of creating *social boundaries* and *personal empowerment* (see Plummer 1995: 56-58). Older lesbians through their life experiences have learned how to turn the microscopic forces of heterosexism on its head. It is true that these multiple forms of power have been the cause of pain and suffering, yet older lesbians have managed to turn this suffering into powerful strategic narratives. At this point it is worth quoting Marthese, to illustrate my point better:

We have it better ultimately. I mean I think there’s a lot to say about the kind of, the possibility of wisdom that can derive from being, partly from being outsiders. You know we are always in certain situations that many other people don’t experience. It gives a kind of inner strength. But also I think there is something that we are keeping alive. Something really basic and natural which ... you know

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<sup>12</sup> Older lesbians have been very good at creating informal social networks, where these networks are perceived as a second family. They provide individual and social support which lacks in society at large. Many of the networks go back half a century, where some have survived for 20 years or so. Social networks can be seen as a form of counter-hegemonic process to the “social machinery of oppression” (Farmer 2004). The lesbian community as a subculture more often than not has been viewed as apolitical and, its members were seen as passive victims of oppression (Jennings 2006: 207). It is true that historically this social process has suffered from political distortion and amnesia, but that does not mean that the lesbian community lacked agency and power. In contrast, I contend that these informal social networks and groups represent a creative endeavour with this social machinery of oppression.

... that is what my father had said, he didn't think it was natural. But he's just totally wrong about that.

Marthese's quote, which was not unique in its essence, illustrates that she is an active constructor and discoverer of truth, where she has made creative use of her own introspective journey. She used her experience of outsider as a personal tool to make sense of the large social concepts that are intrinsically heterosexist. This is a story of surviving and surpassing.

Another aspect which portrays, how older lesbians have gained personal empowerment (and self-actualisation) is when they show an element of surpassing in their performance (behaviour). The following excerpt, narrated by one of the oldest informant, is one where Natasha shows an element of mischief during a particular social encounter at the library. While narrating the story she could not stop laughing, and I could see the childlike lightness of her self emerging.

I did a naughty thing in the library the other day [laughs]. There is a lesbian and gay reading group there, and I wanted to know if it was still going on and I wanted some information. And there was an old lady who was talking to the librarian, you know just to have a conversation, and I thought am getting tired of waiting. So I waited for a pause and, I said to the librarian, "is the lesbian and gay reading group still going on?" [laughs] and the old lady looked really astonished and disappeared [laughs out loud].

What makes these two narratives fascinatingly powerful is their *process of inversion*. Here, weakness becomes power, and outsiderhood becomes a tool (see Hunt 2000: 98-101). This type of narrative illustrates the creative endeavour that older lesbians engage in, on a daily basis. It is a political process, where older lesbians are resisting, as in the case of Natasha through childish pranks, where she adopts an almost joking relationship with the librarian and an older woman, within the larger institutional structures of heterosexism.

Therefore, what is happening in these two narratives is that the contradictions each older lesbian has “encountered between personal experiences and normative expectations about how life should be” are being patched up through reconstructed narratives (Hunt 2000: 100). Through these reconstructed narratives older lesbians create a sense “of order that restructures their disrupted identities in ways that transcends victimhood. In the process of reconstructing their disrupted identities, they manage to resolve long-standing social conflicts, without needing to take the more radical epistemological step of defining the existing structure as oppressive, and resisting it” (ibid.). Thus, the presentation of their coherent and pain-free stories accomplish this without the need to fight (or question) the authority of the dominant cultural ideologies such as those of ageism, heterosexism, androcentrism, and biomedicine. This is a story that tells of the process of reaching “wholeness” – a healed self which looks back and tells a story of suffering, surviving and surpassing (Plummer 1995).

By stating that power is at its full force in the everyday, my intention was not to portray older lesbians as subordinate social actors or, to be deprived of agency. To the contrary, as Foucault states, “where there is power, there is resistance” (cited in Sawicki 1991: 64). All along, I have shown how the relationship between the social and the individual is multivocal, and characterised by conflict and ambiguity. Older lesbians, through their constructed narratives become vehicles as well as targets of power. This takes us back to the concept of selfhood and identity, which suggests that, identity, is always in flux. *Identity is an unfinished narrative*. It embodies different roles depending on the audience and the context of the situation. As Dubisch (1995) claims life is like a theatre. We are characters always in search of meaning. Along the way, we construct multiple scripts that creatively engage with the rigid structures of society. This creative endeavour is what brings about social transformation. This

perspective suggests an alternative way at how older lesbians engage with the wider social machineries of oppression created by heteronormativity.

## Conclusion

Society is like tapestry, made of different coloured threads entwined in each other. Looking at the tapestry from afar, we see an entire picture embodying various meanings depending on who the audience is. Tracing each and every thread is vital in learning why particular social practices are the way they are, and how they have gained such power and popularity with the wider society. It is also a way of unmasking the “invisible” dominant power relations (such as heteronormativity) that keep social order via particular social norms and cultural mechanisms. According to Farmer (2004: 305-308), many anthropologists, present ethnographies emphasising visibility, and fail to include historical, material, and symbolic conditions that fall outside the “ethnographically visible.”

In addition to this emphasis on “visibility” or “invisibility” when looking at suffering, it is also indispensable to involve “phenomenological accounts of the frames of perception through which people interpret relations of inequality, experience familiarity and alterity, and respond to suffering” (Benson 2008: 594). Through narratives as a form of local knowledge, I tried to capture patterns of how moral reasoning, subjective acts of meaning making, and cultural practices influence the way people look at, and engage with, each other. Also, it was an alternative way of looking at how oppression resides in consciousness (Farmer 2004: 307). Therefore, omissions from public consciousness such as the erasure of historical acts reinforce and continue to generate suffering and oppression. This is how society comes to view certain practices as transhistorical. This is an alternative perspective of re-reading and

remaking history, i.e. including the perspective of the muted others. This is what makes society *wholistic*.

Unravelling the *complex webs of suffering* which where inextricably linked to personal experiences, and normative expectations, has proved to be challenging, yet at the same time rewarding. My aim was to illustrate the various flows, and centres of power at different social levels, and how power in the form of resistance can be instrumental, and crucial in creating social change. For instance, older lesbians are aware that they live in a world structured on a heterosexist system. This awareness is couched in their strategic behavioural and cognitive patterns in how they disclose their sexuality to others. Given this emphasis on disclosure, the coming out process becomes crucial in questioning morality and social norms. It is ultimately a root metaphor (Ortner 1973) that directs our attention to how people, policy-makers, governments respond to suffering and the subtle social forces that create oppression. I argued that older lesbians behave so due to past experiences related to the *coming out process*. This process, especially amongst the elderly, is tiring and social interaction becomes a constant negotiation based on self-conversation clothed in *an aura of uncertainty* – should I, or should I not come out at [work/family/hospital]? It is this space of uncertainty that inhibits older lesbians from coming out to their doctors. They deem their sexuality to be irrelevant, unnecessary and unimportant. The outcome of such a disclosure is perceived as a catastrophic experience. An experience based on a perceived fear of non-acceptance. This type of catastrophic experience is not unreal, but is fuelled by past experiences of coming out privately to family and friends where their initial reactions were painfully catastrophic.

The aura of uncertainty that hovers during social interaction is an indication that older lesbians still live in a world of “fear” and of not knowing if the other person (whether a health professional or a work colleague) will accept them as they are. In some cases this fear feeds on myths (Barthes 1957) based on stories stemming from past events, which comes forward to consciousness when older lesbians face threatening situations. Such situations could be as simple as coming out at work, asking a plumber to come fix the boiler, or joining a new social group. Incidents that happen to friends are experienced as real as if it has happened to them, since in their reality they could have been that lesbian.

On the other hand the *coming out process* and its full life cycle is a symbolic journey, out of which personal and social transformation is achieved. Therefore, it also embodies power as a form of resistance, which can be creative and instrumental. By looking at the everyday, the ordinary and the mundane we can learn about different forms of power, which are not always necessarily negative. In my analysis I showed how older lesbians have turned negative experiences into positive power relations via specific strategies such as the *process of inversion*, and by challenging structures of power through for example, the Gay Liberation Front movements (and others) in the early 1970s. These historical events were instrumental in triggering the changes in law and policies that we are witnessing nowadays. As Lila Abu-Lughod (1990: 53) states, we need to “respect everyday resistance not just by arguing for the dignity or heroism of the resisters but by letting their practices teach us about the complex interworkings of historically changing structures of power.” This is another way of understanding the processes of social change. Therefore, beyond the visible social machineries of oppression there are invisible forms of resistances. Looking at these forms of resistances is another way of looking at society through the myopic lens of anthropology.

Furthermore, this alternative approach enabled me to analyse, and to read beyond the narratives that were told by older lesbians. By placing their narratives within a larger socio-historical and political process I was able to *grasp* and *analyse* the:

[...] multiplicity of complex conceptual structures, many of them superimposed upon or knotted into one another, which are at once strange, irregular, and inexplicit, and which he must contrive somehow first to grasp and then to render [...] Doing ethnography is like trying to read (in the sense of “construct a reading of”) a manuscript – foreign, faded, full of ellipses, incoherencies, suspicious emendations, and tendentious commentaries, but written not in conventionalised graphs of sounds but in transient examples of shaped behaviour (Geertz 1983: 10).

Although, the stories that were narrated were all individualistic, and varied in their intensity of pain, they all told *stories of suffering, survival, and surpassing* (Plummer 1995). Through these assorted stories, I tried to capture the fuzziness of the experiential to give a holistic overview of what being an older lesbian means in a heterosexist Western world. Thus, these stories have served as a practical and symbolic pathway in understanding the worldview of older lesbians, the society they live in, and their needs and future concerns at this stage of their life, with a special attention to the medical encounter and care homes. The way they treat their sexuality in everyday social relations reflects how sexuality mainly amongst the elderly is still perceived as a taboo in the West. In general, the elderly are likely to experience a denial of their sexuality in various social settings, whether lesbian or not. It creates a complex situation, and if it is acknowledged, the assumption will be one of heterosexuality. This suggests that the medical care system, like other institutions, is build on a heterosexist model categorising older people under the banner of asexual and grandmothers. Therefore, older lesbians tend to be a “triple oppressed minority”: older, female and lesbians (Richard and Brown 2006: 50).



Multiple levels of oppression create various challenges which become tangled in a wider discourse of heterosexism, homophobia, biomedicine, ageism and androcentrism, on a daily basis.

Furthermore, I tried to illustrate how the coherent stories that my informants presented as ones of “luck and fortune” were political. This came out in the calculated stance they took toward their sexuality, and how in certain instances they adopted a neutral stance during particular social encounters, such as that of the medical encounter. Also, in the contradictions that emerged in the narratives was an insightful pathway which led me to understand why older lesbians prefer to take this neutral stance in social interaction. The core to understanding this social practice was the life-long process of coming out. Every story of coming out shed light on others. I contend that the local knowledge (Geertz 1993) found in these stories was highly informative and insightful and could be a starting point in challenging the way sexuality amongst the elderly is perceived by wider society. This thick description can be suggestive in the area of social policy making, whereby the voices and experiences of older lesbians can be included in order to build a more realistic and holistic policy. This holistic understanding toward the needs and future concerns of older lesbians can also be used in the medical care system to be able to provide an “anti-oppressive practice” (Pugh 2005). Also, listening to the diversity within these narratives is key in developing gender-sensitive social policies that cater for the needs of older lesbians within health and social care. Stories provide a further number of elements, such as acceptance, fear, safety and support that need to be taken into consideration if social policy in England is to truly acknowledge the importance of working with older people as equal partners. Furthermore, this thick understanding of diversity found in this ethnographic material needs to be translated into practice and adopted by health

care professionals to be in a better position to offer a service that caters for specific needs.

## APPENDIX 1:

### Demographics

Name	Age	Tertiary Education	Profession	Employment	CFS	Married	No. of Children	Residence
Karen	55	No	Nurse, then worked in social services Brighton & Hove	Retired in 1996 due to CFS. Has private pension scheme from work.	Yes	No		Mile Oak Brighton
Vanessa	65	No	Joined the Army Police Force	Employed	No	No		Brighton
Marthese	56	Yes	Homeopath	Retired	Yes	No		Hove
Natasha	75	Yes	Head Teacher	Retired	Yes	No		Hove
Clare	73	Yes	Teacher	Retired	No	Yes	2	Lewes
Judith	62	Yes	Worked until 3 years ago in a job share – involved in mediation services on neighbour disputes in London	Not formerly retired	Yes	No		Brighton
Cornelia	66	No	Manager of English Language Accounts Department	Retired	No	Yes	2	Hove
Gertrude	76	Yes	Social Services	Retired – work pension	No	Yes	1 son	Woodingdean
Fiona	53	Yes	Worked for 12/13 years in Housing in local government.	Retired in 1995 – been ill for 16 years	Yes	No		Hove
Elisabeth	62	No	Deputy Practice Manager in a GP Surgery	Employed	No	Yes	1 son	Seaford
Sarah	55	Yes	Social Services	Retired	Yes	Yes	None	Hove
Caroline	68	Yes	Brighton & Hove	Retired	No	No		Hove

			Council/Historian					
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*Table 1*

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Website Resources:

VisitBrighton: “Brighton, gay capital of the UK” para 1, in <http://www.visitbrighton.com/site/your-brighton/gay> as at 22nd August, 2009.