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Imagined Futures and Communities: Older Lesbian and Gay People's Narratives on Health and Aged Care

Mark Hughes

Abstract. This study examined older lesbians' and gays' experiences and expectations of Australian health and aged care service delivery. It was exploratory and comprised in-depth interviews with 14 older lesbian and gay people in the Blue Mountains, west of Sydney. Interview data were analyzed according to the principles and techniques of narrative research. This included an analysis of the socio-linguistic properties of specific narratives, as well as a wider socio-cultural analysis of the meaning expressed in these narratives. Participants conveyed different types of narratives, including narratives on specific past events, habitual narratives, and hypothetical narratives. These involved reflections on past and anticipated care in local communities, lesbian and gay communities, and friendship networks.

Keywords. Aging**;** Australia**;** friendship networks; gay and lesbian identities; imagined communities; narrative research; older gays and lesbians

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There is a sense of optimism in Australia that the needs and rights of older people from gay and lesbian communities are gaining some recognition and legitimation by service providers,

academics, and policy makers. Developments in 2006 included the presentation of nine papers on gay, lesbian, bisexual, transgender and intersex (GLBTI) ageing at the Australian Association of Gerontology conference, the first Australian journal to devote a sole edition to GLBTI ageing, and the launch of a GLBT Healthy Ageing Strategy by the AIDS Council of New South Wales (ACON, 2006; Harrison, 2006; Harrison & Riggs, 2006). Other recent developments include the formation of GRAI (GLBTI Retirement Association Inc) in the state of Western Australia and the holding of seminars by Rainbow Visions and ACON in New South Wales.[1]

While these are positive developments, they have occurred against an historical backdrop of discrimination and heteronormativity in Australian gerontology, in the health and aged care industries, and among Australian governments. Where diversity has been acknowledged in the older population, this has generally been recognised only in relation to ethnicity, disability, and geographical location (Healthy Ageing Task Force, 2000). Harrison (2004) evidences the assumed heterosexuality of core concepts (e.g., the family, caring relationships and household composition) employed in Australian gerontology research. In Australian residential aged care facilities it is clear that a substantial number of staff hold heteronormative assumptions (Tolley & Ranzijn, 2006) and that non-heterosexual identities are excluded from public representations of residential care life (Phillips & Marks, 2006).

This study reported examined older lesbian and gay people's past experiences, including experiences of discrimination, with health and aged care services. It also sought to understand their hopes and expectations for how they might access appropriate support in the future. The research facilitated narratives relating to sexual identity and how it should or should not be acknowledged by service providers. In articulating their experiences and expectations, participants highlighted not just the role of formal gay and lesbian community organizations and mainstream agencies, but also the importance of other dimensions of community, such as

neighbourhoods and friendship networks.

SERVICE ENGAGEMENT WITH OLDER LESBIAN AND GAY PEOPLE

In Australia there is little awareness of how older lesbians and gays are ageing and, in particular, how they are accessing health and aged care services. There are, however, indications in a number of Australian and international studies that health-related help-seeking behaviour is lower among gay and lesbian adults than among the general population (McNair, Anderson, & Mitchell, 2001). This must be a cause for concern, especially considering the emphasis placed on healthy ageing by Australian governments (e.g. Commonwealth of Australia, 1999).

Typically lesbian and gay men's difficulties accessing mainstream services are due to past experiences of discrimination, the fear of potential discrimination, and the failure to provide a lesbian- and gay-friendly environment (McNair, Anderson, & Mitchell, 2001). In a recent US study of 127 gay, lesbian, bisexual, and transgender adults, 60 percent believed they would not have equal access to health and social services in older age, 73 percent believed discrimination occurs in retirement facilities, and 34 percent said they would hide their sexuality in such a facility (Johnson, Jackson, Arnette, & Koffman, 2005).

For gays, lesbians, and bisexuals a key issue is service providers' failure to recognise older people's sexuality and, in particular, their lack of understanding of the complex ways sexual identity is expressed. There are concerns that homophobia and ageism intersect so that older lesbians and gays are treated only in terms of physical care needs (Fullmer, Shenk, & Eastland, 1999), with their sexuality denied or seen as private (Harrison, 2001; Hughes, 2004). However, even where diversity in sexual identity is recognized, it should not be assumed that all non-heterosexual older people relate unproblematically to identities or communities labeled lesbian, gay, or bisexual. Rosenfeld (1999), for example, argues that different identity cohorts of

older lesbians and gays have different attitudes towards public demonstrations of lesbian and gay rights.

Service providers may also lack an understanding of how older gay and lesbian people engage with different communities, including their experience of support and care-giving networks. Australian studies highlight lesbian and gay people's concerns of becoming socially isolated in older age and losing connections with communities (Van de Ven, Rodden, Crawford, & Kippax, 1997; Waite, 1995). Recent research in the United Kingdom identifies the importance of both local communities centered on particular geographical locations and non-heterosexual communities in influencing older gay and lesbian people's experience of ageing (Heaphy, Yip, & Thompson, 2004). A study by Woolwine (2000) on gay men's experiences of community identified three key aspects of community as meaningful: imagined communities of gay people (people who one will never meet yet still feels connected to), involvement in gay community organizations, and friendship networks.

NARRATIVE RESEARCH AND IDENTITY EXPRESSION

This study was framed as narrative research. The value of narratives in facilitating an expression of identities is well recognised. Miczo (2003, p. 473) describes narrative as "motivated biographical work" and for Czarniawska (1997, p. 49) identity is "a continuous process of narration." While narratives are arranged in such a way as to affirm identities (Heaphy, Weeks, & Donovan, 1998), this should not infer a unitary or consistent version of a life. "No life fits neatly into one plot and … narratives are multiple, contradictory, and changing instead of containing one clear message" (Abma, 2002, p. 10).

The concept of narrative is increasingly appropriated to understand how people negotiate the slippage between personal experience and social structure (Biggs, 2004). Identity narratives

frequently involve an articulation of how our private identity relates to our public identity (Sarup, 1996). They provide insight into how individuals are able to express agency even though they are exposed to the regulating forces of social and political systems.

Narratives are best understood within the temporal, spatial, and relational contexts in which they are articulated (Somers, 1994). Narrators reach backwards or forwards into time and construct a relationship between (otherwise independent) events and characters and present these as authentic experience. “The biography of self consists of recollections of the past and imaginings of the future, both of which can become reference points for present understandings” (Miczo, 2003, p. 472). The authenticity of this relates to the message that the narrator wishes to convey to the audience–a narrative truth (Plummer, 1995)-rather than to any wider more “objective” truth. However the success of narratives also depends on the extent to which they “ring true” for the audience (Miczo, 2003). In identity presentation, narration involves a process “where both the narrator and the audience are involved in formulating, editing, applauding, and refusing various elements of the ever-produced narrative” (Czarniawska, 1997, p. 49).

The narrative approach informed this study’s methods. This included the adoption of semi-structured interviewing, which is facilitative of narratives and provides the degree of reflexivity needed to acknowledge identities as being contingent and processual (Heaphy, Weeks & Donovan, 1998). Research questions helped participants articulate stories about specific past events, habitual behaviours, and hypothetical or imagined situations (Riessman, 1993). Socio-linguistic and socio-cultural approaches to narrative analysis were relevant to this study. The former involved identifying narrative passages and analysing these according to Labov’s (1972) formal properties. The latter involved recognising that narratives are located within the wider social and cultural contexts, including social discourses and politics, of the time when they were expressed (Riessman, 1993).

THE STUDY

Given the lack of research examining older gay and lesbian Australians' experience of health and aged care services, this study was framed as qualitative exploratory research. The research aimed to: 1.) Gain insight into older gay and lesbian people's experiences with health and aged care services; 2.) Explore older gay and lesbian people's preferences for how their sexual identity is acknowledged in contacts with health and aged care organizations; 3.) Examine the preferences of older gay men and lesbians in future health and aged care services.

Since geographical location is important in understanding older gay and lesbian people's experiences of community (Heaphy, Yip, & Thompson, 2004), this study was carried out in a particular location: the City of the Blue Mountains. This city has identifiable gay and lesbian populations and local community agencies claim it to be a centre of attraction for gay and lesbian retirees. The City of the Blue Mountains comprises 28 rural townships stretched across an east-west mountain ridge within 1000 square kilometres of World Heritage listed national park. The eastern edge of the City of the Blue Mountains is situated about 100 kilometres west of the CBD of Sydney. The population of the Blue Mountains is approximately 75,000 and is ageing roughly in line with the rest of the Australian population (Beard, 2004).[2]

Semi-structured interviews were carried out with nine men and five women, ages 59 to 72 (average age 66). Participants were given the option of having interviews as a couple. Three male couples chose this option. Information about the project was circulated to health and aged care agencies across the Blue Mountains and through lesbian and gay community groups and friendship networks. The project was identified as being about "sexual identity in health and aged care." Most participants identified as coming from Anglo backgrounds, although two had migrated to Australia from northern Europe and one person identified himself as being part

Aboriginal. Five men in the study reported that they had moved to the Blue Mountains to retire.

After the interviews were transcribed, narrative segments were identified by locating consequential or thematic sequencing within the data. Consequential sequencing involves the connection of ostensibly independent events in a causal manner, while thematic sequencing involves the connection of events by themes rather than by time (Riessman, 1993). Particular attention was given to identifying habitual and hypothetical narratives (Riessman, 1993), as well as narratives about specific past events.

Once narrative segments had been identified they were analysed according to the formal properties outlined by Labov (1972): abstract, orientation, complicating action, evaluation, resolution, and coda. Particular emphasis was placed on evaluation statements which provide an indication of the intended message that the narrator is wishing to convey to the audience (Riessman, 1993). These evaluation statements were analysed thematically and helped identify connections between the different narratives presented here. They also allowed links to be made between participants' past experiences and their hopes and expectations for future care. A wider socio-cultural analysis was facilitated by drawing out from specific narratives issues relating to the social construction of identity and community.

FINDINGS

In examining the ways participants narrated the concepts of identity and community, five overlapping dimensions of community were identified, relating to different aspects of private and public identities and including but not limited to sexual identity: 1.) Attachment to imagined lesbian and gay communities; 2.) Experiences within local environments and neighborhoods; 3.) Experiences accessing local mainstream organizations and services; 4.) Direct involvement in gay and/or lesbian groups and organizations; 5.) Experiences within friendship networks.

Identities and Imagined Communities

All participants referred to the concepts of “lesbian” or “gay” and “the closet” when discussing their private identity and how public they believed they are about this identity. The introduction of these terms and labels early in the interviews may reflect, in part, the initial framing of the project by the researcher (Heaphy, Weeks, & Donovan, 1998), as well as a strategy of typification and constitutive description by using terms that are deemed to be familiar to interviewee and interviewer (Gubrium & Holstein, 1997). However in exploring the relevance of these terms in their life stories, participants conveyed different views on how willingly these labels were taken on and the extent to which they signified attachment to wider lesbian and/or gay communities.

Imagined communities–such as the notions of a “gay and lesbian community” (Woolwine, 2000) and a “retirement community” (Conway, 2003)-are argued to exist in our minds and are promoted by the mass media. Although we will never have contact with all the people in these communities, we imagine a bond with them because of particular commonalities (Anderson, 1983). Some participants conveyed narratives that connected their private identity to an affiliation with wider lesbian and/or gay communities or cultures. Evan, for example, related a series of stories describing how he participated in the gay liberation movement in the 1970’s and 1980’s. His sexuality became publicly known in his place of employment, where he worked as an engineer, because he and his partner appeared as a gay couple on a national television program. He expressed pride in now being acknowledged as a life member of a well-known GLBTI community organization. In contrast, Dorothy since her retirement as a medical specialist is more openly lesbian, particularly after becoming actively involved in a gay and lesbian community organization.

Other participants, however, questioned the connecting of private identities to the notion of lesbian and/or gay communities. Stephen acknowledged that while he is happy to describe himself as gay, he finds little interest in and indeed struggles to understand the purpose of gay literature, gay films, and gay games. Even more so, Jane, who was 72 at the time of the interview, actively rejected identifying as lesbian, viewing her sexual attraction to women as being a personal and private preference.

> I don't understand this sisterhood thing, you know, and the sanctity of it thereof.… I don't give two shits about it. I do not want to be involved in a mob, in a cult, whatever it is, a sisterhood. I mean, I'd help out if something was necessary but so far it hasn't happened.

This apparent paradox–that she rejects the notion of a community of lesbians but would be prepared to help out such a community if required–appears to reflect a distinction between imagined and friendship communities.

Other participants, particularly gay men, believed that older people are alienated from the wider imagined gay community. The focus of this discussion was on the "gay scene" centred on Sydney's bars, clubs, and sex venues. According to William,

> What's the point of going up Oxford Street? Because they're all, what is it? They're all scene. They write in the *Sydney Star Observer* they're non-scene, don't they? But they're all scene people. I'm not a scene person. What would I do? Nah, come on. I'm too old. I'm too old. Too ugly.

Twenty years ago the Sydney gay community "was a different type of community," according to Harry who "wouldn't even go down there now with what's been going on."

Experiences within Local Neighbourhoods

Experiences within local environments and neighbourhoods provide for some a sense of place and home, which are also reflective of identity and community attachment (Rowles & Ravdal, 2002). Participants' experiences across the neighbourhoods and townships of the Blue Mountains were generally positive and there was a sense that these communities were increasingly more accepting of lesbian and gay people.

Stephen recently chose to retire in the Blue Mountains because of the existence of a gay community and the opportunities to maintain a network of gay friends. Evan and James highlighted that some townships are more likely to be accepting, noting that one in particular provides a more positive environment because it has antique shops and is more "villagey." According to Arnold, while it still isn't acceptable for gay or lesbian couples to walk together arm in arm, things have improved since he moved to the Mountains ten years ago.

> You can see people are more tolerant of it. The family over the road there, they've got three boys, one's 20, one's 15 and one's about nine. And the father said to the woman next door, "I won't let my sons go anywhere near that house–a poofter lives in that house."… That's going back about four years ago. But now the boys just talk to me.… Like once upon a time I used to stop and they'd almost run off into the bush. But now they're more tolerant and the mother speaks to me, which she never did.

Meaning arises from the physical intimacy and sense of comfort that comes from knowing and regularly traversing a particular place (Rowles & Ravdal, 2002). It also emerges from the social interactions that form in that place: distinctive ones because of the nature of that environment, and habitual ones arising from repeated contacts due to physical proximity.

Special significance may be given to the surveillance zone around the home as "neighbours within each other's visual field may monitor each other's behavior and develop special relationships involving the mutual exchange of care and concern in times of need"

(Rowles & Ravdal, 2002, p. 88). While this may often be supportive, such as in Stephen's case, for those who have previously felt ostracised from their neighbours or who fear negative reactions if their private identity were to be publicly known, the experience may be quite different. William, for instance, is not comfortable being open about his sexual identity and tries "to lead a quiet sort of life." His concern partly originated from past experiences with neighbours and their gossiping about another "effeminate" gay man living there.

Experiences with Local Mainstream Organizations and Services

A sense of connection and support may also be gained from experiences accessing local mainstream organizations (Jones & Nystrom, 2002) and regularly encountering the same people in the same settings (Rowles & Ravdal, 2002). Access to mainstream health and aged care organizations was identified by participants as crucial in determining how well cared for they might be as they grow older. In terms of their past experiences of local non-GLBTI organizations, there were some reports of discrimination and lack of sensitivity in service delivery. A friend put Shirley in touch with a local psychiatrist when she was experiencing difficulties in a relationship:

> I was seeing a psychiatrist, usual women trouble, a few years ago. And he's a straight man. And I, and I guess I ended up feeling that I was not taken seriously.… As if it wasn't a very serious problem at all that I was having.… I was in severe depression. It wasn't a funny time at all. But I had that feeling that because it was a lesbian relationship that it was not as important.

Stephen recounted in detail an experience in hospital with a social worker, originally from India, who assumed he was a married grandfather. He emphasised the stress caused by having to explain his situation and educate her about gay and lesbian lifestyles.

Positive experiences of local health services were also reported. Reg felt generally

positive about the young staff in a local hospital and their attitudes towards homosexuality:

> When I had that colonoscopy, this young Chinese guy rocked into the room and … he sort of comes straight up to me and says, “Hi, I’m your anaesthetist dude.” … I mean, when anaesthetists look 15 you know you’re getting old! … [Young people] seem to take us being gay in their stride. Probably they have gay friends or because it’s so much more open these days than it used to be.

In reflecting on past experiences and anticipating future care, most participants identified the importance of agencies not assuming that all clients are heterosexual and directly addressing homophobic or other discriminatory practices. Arnold, who felt that hospitals “are doing a fine job under the circumstances,” nevertheless warned that discrimination and abuse sometimes occur. He had previously worked in a local nursing home and reported that an older gay man with dementia had been treated poorly.

> There was a little gay fellow at [name of nursing home] who I really liked. Liked, as in a person. He was treated roughly. They knew he was gay. He had, I don’t know where he got it from, but he had a constant erection. And they, a lot of the staff couldn’t cope with that.… [They were] abusively rude. Just verbally rude to him.… If he’d wet the bed at night if I was on duty, which he often did, [they’d say,] “Oh leave him. Leave him until morning.” I thought, “No way.” So then I’d get him up and take him to the toilet. “Oh leave him.” “No, no, you can’t do that.” But that’s probably the only time I’ve ever seen anything like that. But as for the other four [men] on the ward, they were just treated normally.

Particular concerns were expressed about residential facilities run by religious organizations, which for James are the “last bastion[s] of discrimination”

In the majority of cases participants highlighted the need to provide lesbian- and

gay-friendly services that enable people to be open about their sexuality if they want to. Rosemary narrated an experience when she was in hospital. She hadn't disclosed to staff her lesbianism and she became increasingly anxious when her partner visited, not knowing what staff would think about their relationship. Feeling powerless and vulnerable, Rosemary found herself unable to interact normally with her partner: In evaluating the significance of the story for the provision of future care, Rosemary said:

> If somehow they could ask me or give me the choice of saying that my partner is [another woman], rather than me having to raise the issue. Because me having to raise the issue puts responsibility on me, and also it's on my mind. I have to wait for the opportunity. I have to see whether it's relevant or not. I have to make all these judgements about, about my behaviour and what I say and what I do, knowing that may change the way these people are going to react to me.

For Rosemary the priority is having records and forms that give gay and lesbian people the option to identify their sexuality. However, for Shirley the emphasis should be more personal such as staff members making older gays and lesbians "very comfortable and you give messages of acceptance without actually saying 'Are you gay or straight?'" and providing environmental cues such as posters of same sex couples that facilitate identity disclosure.

For some participants engagement with mainstream organizations was negotiated by locating lesbian or gay staff within these agencies. Many in the study, like Dave, had actively sought out openly gay or lesbian medical practitioners and some expressed a preference for personal care to be provided by non-heterosexual staff who perhaps better understand their needs or makes them more comfortable, as Dave relates:

> Well, we have all sorts of cracks and jokes as well. I mean, the other day when he was taking a blood test, he said he wanted me to put my arm out. And he said, "I like it

straight." And I said, "Oh, I have to remember that." And he laughed and he thinks it's fun. The other day he sent me up. But it's nice to have that sort of human relationship and it doesn't in any way interfere with the professional side of it at all.

However, a minority of participants tended to see sexuality as a private matter. They felt strongly that they wouldn't want any health or personal care staff–regardless of whether they were non-heterosexual or heterosexual-to know of their sexuality. Jane wondered:"Why would they want to know? People don't come into your house and say to you, 'Oh, would you be a heterosexual or a homosexual or whatever?' No, you don't go around like that."

These views appear representative of cohorts of older people who had experienced years of victimisation (D'Augelli & Grossman, 2001) and who continue to pass as heterosexual as a protective strategy. However in Jane's narratives, at least, there is also a sense of personal authority in that she actively refuses to be labelled and categorised. Further, it is important to recognise that, as Grube (1991, p. 134) observes: "their experience can offer much in the way of survival techniques, training of new leaders, the transmission of culture, as well as provide an honorable and welcome place in the community for homosexuals as they grow old."

Experiences with Gay and Lesbian Community Groups and Organizations

Engagement with groups and organizations openly identified with gay and lesbian communities provides opportunities not only for closer identification with these imagined communities (as with Evan and Dorothy), but also for meeting and emotionally connecting with other lesbian and gay people (Woolwine, 2000). Participants reported varying degrees of involvement in such community groups. Some of those who were not actively involved felt put off by the groups' internal politics; others, who had been actively involved in such groups, felt the need of a break.

Other participants reported an ongoing connection with Sydney-based groups and agencies targeting gay and lesbian people. This was especially the case for those who had moved from Sydney to retire in the Blue Mountains. Arnold, who is living with HIV, makes use of HIV services in Sydney. While things are working out well for him now, he worries about what will happen when he finds the two-hour trip more difficult. Similarly William enjoys attending a gay social group in Sydney, but is increasingly finding it difficult negotiating public transport: "You get some pretty rough crowds, rough youngsters on the train.… You get in the corner there and pretend you're asleep."

Some participants, however, expressed concerns that state-wide gay and lesbian organizations based in Sydney are not properly servicing the Blue Mountains area. Reg, in particular, pointed to what he perceives as a withdrawal of gay and lesbian services from western Sydney and the Blue Mountains and an increasing centralisation within inner-city Sydney. Concerns were also expressed that gay and lesbian community organizations, especially those based in Sydney, were not appropriately targeting older people or were not perceived as relevant to older people's lifestyles. Reg said:

> We see young gays and young lesbians being looked after, you know. You only have to go to the websites to see how focused it is on all those sexual issues that young people are dealing with. With big parties and how they have to deal with the lifestyle that they live. And we lived when we were young as well. But when you get older the dancing at the Hordern [Pavilion] is not such a big priority anymore.… And certainly it's not an option to stay awake until Monday morning or whenever these people choose to stay awake 'till. That is finished and you move on to going to dinner or to things that are a bit more focused on your own health. And that's not just for people with HIV, [but also for] the people in their 60's who are not prepared to do that to themselves anymore.

In this habitual narrative, Reg linked the dance party scene, and its implied drug-taking activities, with his experiences of lesbian and gay community organizations. While there is a sense in his narrative of feeling alienated from both of these imagined communities, there is also a sense of empowerment: older people choose not to live that way anymore and are more focused on health and future needs.

However, not all experiences with Sydney-based community groups were negative. Arnold, who recently joined a Sydney-based gay nudist group, recounted his first weekend and highlighted the impact of the experience on his ability to grow older with confidence:

> As a teenager I was always a bit afraid of my nudity, or showing somebody. But now at my age I let my hair down. It was the most incredible weekend. Because everybody just took their clothes off. And it wasn't a sex orgy or anything like that, it was just a pool there and tennis court and everyone just had a wonderful time. And that's helped me a lot as well, being at my age.

Despite mixed experiences with local and Sydney-based gay and lesbian organizations, most participants expressed a view that such organizations should be actively involved in the development and delivery of services for older people.

Reflecting the focus in the media and recent discussions within community groups (Laurie, 2005), much emphasis was placed on the development of lesbian and/or gay specific retirement or residential facilities. Although many participants expressed reservations, Arnold illustrates the pervasiveness of the discourse:

> Before Jack died, that was my partner for eight years, he and I talked about opening up a gay nursing home. And again the topic of conversation [among a group of friends] last week was gay nursing homes. Now, the more I mix with elderly gays, the more I'm hearing about gay nursing homes, strictly for gays. In fact, I'd like to see it. It'll probably

be one bitchy old centre, but that's what they're asking for.

While some participants rejected the idea as being impractical, these narratives appear to reflect genuine concerns about how people might be treated in mainstream facilities, especially those run by religious organizations. According to Stephen, "Even worse than hostility [would be] where you were the only gay couple perhaps in a village of heterosexuals and were treated sort of like the resident clown[s]." The narratives also reflected a need to stay connected to people like themselves, to feel at home with other lesbians or gays, and to maintain a sense of community. Reg said simply: "I would really like to be with people I like to be with."

Experiences within Friendship Networks

A sense of community is also reported to emerge from experiences within friendship networks (Woolwine, 2000). These take on particular significance for many lesbian and gay people (Heaphy, Yip, & Thompson, 2004), including the participants. Rosemary's friendship bonds were strong but intangible as she just felt "comfortable with my own kind." Arnold reported having learnt a lot about life from his older gay friends: "I really enjoy their company. And I listen to my [80-year-old] gay doctor a lot, who's become a good friend. He's a man full of wisdom, being a doctor, and he's had an incredible life."

Of course, not all participants' experiences of friendship networks were positive. Harry and Sid reported in a habitual narrative that when Sid had cancer and returned home to recuperate, his gay friends provided very little support, in spite of him having helped them out in the past. He said:

> When I want to get something done around here [the neighbour] will come around and give me a hand. But if I asked some gay people to come over and give me a hand, well forget it. Forget it. They wouldn't even bother turning up.

In contrast, Dorothy's friendships with other lesbians provided the basis for the best possible care. She imagined a future and a community in which she and her friends would be cared for in her home, supported by family and paid carers.

> This place is big enough to take a few of my friends and me. We've discussed maybe having it run by my children or by a professional and, you know, having our own little place.… Because I feel that my friends are everything to me. I mean, people are what I'm about. And to have the people I like and love and sort of laugh with–I mean it'd be the best way.

The findings of this study suggest complex relationships among gay and lesbian friendship networks; not all of which are supportive. For many, friendships with other lesbians and gays take on such importance that they are sometimes said to be like family relationships (Heaphy, Yip. & Thompson, 2004). Particularly emphasised is the experience of being with others "like oneself," of feeling safe to be open and honest, and of having networks to exchange advice and support (Woolwine, 2000; Jones & Nystrom, 2002). However, for others, such as Harry and Sid, friendship networks based on sexual identity can be a source of disappointment. As Grossman, D'Augelli and Hershberger (2000) argue, what is important in friendship networks is an openness and sharing around identity, rather than simply having friends who have a similar sexuality.

DISCUSSION & CONCLUSION

The findings from this small sample point to the complexity of sexual identity expression among older non-heterosexual people and, in particular, variations in how private and public identities are negotiated and expressed in community life. In receiving care from mainstream organizations and services, some may want to publicly identify as lesbian or gay while others

may want this kept private, and others may reject the constructs altogether. Some participants wanted information on sexual identity recorded on forms, while others preferred to disclose this information in their own way, albeit facilitated by gay- and lesbian-friendly environments and appropriate professional interviewing. Thus, there is the need for flexible agency practices that promote positive representations of older lesbians and gays and provide different ways in which older people might disclose or express their identities.

Although there appears some reflection of imagined gay and lesbian communities in participants' narratives, there was little sense that these invoked the degree of commitment and loyalty identified by Anderson (1983) in relation to the imagined community of the nation. Similarly, in Woolwine's (2000) study, gay men reported differing degrees of attachment to an imagined gay community. Hispanics and Blacks were less likely to feel connected to such a community and more likely to experience it problematically. The roles played by the media and commercial interests in constructing imagined communities, especially the gay male community, contributes to a body-centric and youth-focused representation of community that is alienating for many older lesbian and gay people.

Engagement with gay and lesbian groups and organizations, as well as friendship networks, appears to represent a more authentic experience of community life (Woolwine 2000; Jones & Nystrom, 2002). Local and Sydney-based gay and lesbian groups and organizations were recognized as valuable and potentially having a role in the delivery of health and aged care. However some dissatisfaction was expressed towards some of these groups and organizations. Similarly, while participants were generally positive about their experience of lesbian and/or gay friendship networks, these were not always seen as sources of consistent support. These results reflect the view of Heaphy, Yip, and Thompson (2004, p. 898) that while non-heterosexual communities do provide support and resources to older gay and lesbian people, "they do so more

unevenly than has been suggested in much of the theoretical and empirical work."

For older people, in particular, experiences of community in relation to groups, organizations, and friendship networks are likely to be mediated by geographical location (Heaphy, Yip, & Thompson, 2004). In this study, the proximity of the Blue Mountains to Sydney led to a unique and ongoing engagement with Sydney-based groups and organizations. For some participants a sense of identity and community emerged not just from the connection to place in the Blue Mountains but to their–albeit sometimes problematic–relationship with place in Sydney, especially the inner city and gay/lesbian-friendly suburbs.

The findings suggest a complex relationship between identity and community in the lives of older lesbians and gays. The two appear to be intertwined, and contingent upon and constantly negotiated in interactions with friends, groups, organizations, and neighbourhoods. Effective planning and delivery of health and aged care for lesbian and gay people will need to accommodate this complexity and diversity. Services reliant upon assumed uniform and essentialist notions of identity and assumed positive engagement with imagined lesbian and gay communities may not reach all who might benefit from the care and support of these agencies. Similarly mainstream health and aged care services may need to develop flexible techniques to facilitate identity disclosure and expression of community attachment. A basic starting point–which has yet to be taken up in any substantive way in Australia–is the development of gay- and lesbian-friendly environments for the delivery of health and aged care services.

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ENDNOTES

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[1] Up until this point the lead on lesbian and gay ageing had mainly come from the state of Victoria, where a strategic plan for GLBT seniors had been developed by the ALSO Foundation (Birch, 2004) and where that state's government remains the only Australian government to have prioritised the needs of lesbian and gay older people through its GLBTI health and wellbeing action plan (Ministerial Advisory Committee on Gay and Lesbian Health, 2003).

[2] Slightly more than 12 percent of the population of the Blue Mountains was reported in the 2001 National Census to be 65 years of age and over. This was higher than for

Sydney (11.8 percent) and just marginally lower than the rate for the whole of Australia (12.6 percent) (Beard, 2004).