

Sussing Out Ageing:  
Sharing Lesbian & Queer Women's Knowledge of  
Ageing in Aotearoa  
New Zealand

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# Abstract

This thesis is a qualitative study exploring how some lesbian and queer women (aged 45 to 88) conceptualise, and experience ageing, old age and the life course in Aotearoa New Zealand. Combining semi-structured interviews with fieldwork conducted in Dunedin, Auckland, Wellington and the Kāpiti Coast, this project shares 32 participants' insights into the importance of multfigurative (tacit and verbal) knowledge exchange in forming subjectivities at the confluence of age, sexuality, and gender.

Through personal stories of agency, adjustment, appropriation, and resistance, this multigenerational group of women discuss the changes ageing bestows on multiple levels of personhood – including changes to the body, temporal orientation, sexual drive, and one's sense of embodiment. They offer humorous, poignant and inspiring perspectives of an ever-changing world where 'the personal is political' at *all* ages, especially when confronted by heteronormative representations of old age, deficit-based rhetoric, and gendered representations of the life course that privileges a reproductive trajectory. Amid the cacophony of 'successful', 'positive', or 'active' ageing discourses, alongside medicalised narratives of decline, this critical, ethnographic study makes space for lesbian and queer women's phenomenological and social knowledge of ageing to be shared. A key insight is the importance of intra- and intergenerational encounters, friendships, older family members, lovers, and 'peripheral role models' for imagining alternative life paths, older age, and how to leave the world.

Participants' stories and impressions of ageing unfold against recent attempts to raise awareness of the difficulties faced by older 'rainbow' citizens navigating the New Zealand health and aged care sector. Informed by a multidisciplinary body of literature and the theoretical perspectives of critical, queer, and feminist scholars interested in ageing, I contextualise women's personal experiences against a backdrop of neoliberal, consumerist and political economic forces. I reveal how such social systems influence both participants' fears of entering health and aged care institutions, and the language employed by advocates seeking to improve these services. I thus join an increasing number of scholars highlighting the limitations of expanding models of 'cultural competency' in biomedical contexts to include queer identities and suggest returning to

Irihapeti Ramsden's (2002) important work on Cultural Safety. With an increasingly diverse ageing population, I argue that lesbian and queer women's perspectives on ageing, and their attempts to create alternative spaces for 'ageing well', raise important questions about the future of aged care in New Zealand for everyone.

## Preface

To get to Alice's [70s] house on the Otago Peninsula, I had to catch the bus from Dunedin's city centre. It was a 20-minute trip with great, gulping views of the ocean. The water was steely grey and agitated, the wind playing across its surface as if stroking a cat against the grain of its fur. Alice was waiting for me at the bus stop. She wore dark jeans, black shoes, a dark, puffer jacket, a purple hat and matching scarf and gloves. As we walked up the hill, I noticed purple patterned socks peeping at her ankles. Alice was telling me about the neighbourhood but stopped to ask me kindly, politely, if I could slow down a bit. Abashed, I apologised and adjusted my pace, telling her I was in my 'rushing about' mode. "Well, that's what you do when you're young," she smiled.

Her house, with its green skirting, was perched on a knoll, gazing at gently rolling hills, dips, and a copse of Eucalyptus. Once inside, Alice promptly offered me a drink: "Plunger coffee, Instant, Green Tea, Earl Grey or Gumboot?" While she made me 'Gumboot tea' (English breakfast with milk), Alice praised the convenience of the bus and how she enjoyed taking it to town – it was only if she had to go further afield that she took her own car. But she would have to renew her license soon, she told me, and her motorbike license too. "Well, it's a scooter really, a Vespa," she conceded with a laugh. When she last went in for a renewal, she'd seen all the young people waiting to sit their tests and had really felt for them; it was so much harder to get your license these days. She had gotten hers when she was 15, having been taught to drive on a farm in a rural town in 'Central' (Central Otago) from early on. She told me how her father, when he went to get his license simply requested one for his wife as well!

The interview itself seemed to fly by. Nearing its end, Alice asked abruptly, "Oh! What time did you want to leave!?" Glancing at her watch, she thought if she drove me down the hill immediately I could still make the bus. "Oh, that's okay, I don't mind waiting for the next one – I can go for a walk or something." "Are you sure?" she asked, gripping the arms of the lazy-boy as if ready to spring. "We can probably make it!" There was a spark in her eye, I hesitated for a split second, "Uh... okay, sure!" She launched herself from her chair, grabbed her keys and was out the door. "Close this behind you", she called over her shoulder. I quickly gathered my things in her wake, took a biscuit-to-go, and hurried to the garage where Alice was already waiting in a little

car. I got in and she reversed in a flash, obviously in her element. Just as we turned the corner, however, we saw the bus swoosh past on the main road. “Damn!” she cried, but we didn’t turn back. Pedal to the floor, we chased after it. “What am I doing?” she said laughing as I quickly put on my seatbelt. “We can catch it at the next stop!” My heart quickened as we drew up to the bus on a long, windy stretch of the coastal road; it was clear for the next 200 meters or so, before a bend hid any on-coming traffic. She sped up and overtook the bus smoothly, calmly, well before the bend. I felt myself relax. Suddenly, we pulled over to the left and before I could unbuckle, Alice was out of the car, waving down the bus. I joined her as the bus drew up. We were both laughing, as we hugged each other goodbye. “Thank you!” Alice called to the driver. The driver shook his head as I climbed on board, but he was hiding a small smile in the corner of his mouth. I turned to meet raised eyebrows of the passengers. Clearing my throat, I sat down quickly. Out the window, Alice stood beside her car, waving goodbye as the bus left her mooring. I waved back, a big grin on my face. ‘*When you’re young, indeed!*’ I thought.

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As with all representations, the above story is just one interpretation of my meeting with Alice. Although I quote participants’ transcripts, how I have contextualised these excerpts are based on my own memories and understanding of what was said, and what was meant. Thus, any misrepresentations or mistakes are my own. Circumstances and opinions also change with new knowledge and reflection, thus what women are quoted saying here may not be what they think now.

The majority of participants requested anonymity and these women have been given pseudonyms. Some participants requested their own name to be used, others chose their own pseudonym. I do not distinguish between real names or pseudonyms, except when it comes to third parties (people I spoke to but did not interview, or who featured in participants’ stories).

# Table of Contents

Acknowledgements .....	ii
Abstract .....	iv
Preface .....	vi
Table of Contents .....	viii
List of Tables .....	x
List of Figures .....	xi
List of Acronyms/Abbreviations .....	xii
Glossary .....	xiii
Chapter One: When a 25-year-old began asking questions.....	1
At the Intersection of Age, Sexuality and Gender .....	4
Heteronormativity and heteropatriarchy .....	9
Embodiment.....	10
Age in Queer Theory and Queer Theory in Ageing Studies .....	14
Queering successful ageing.....	16
Temporality .....	20
Queer Sexualities in Anthropology .....	24
Older Lesbians in Ethnographic/Qualitative Research Overseas .....	27
New Zealand Literature .....	34
Chapter Overview .....	41
Chapter Two: Encounters in the realm of the ‘Never Quite...’ .....	43
Dunedin.....	51
Auckland, Wellington, and the Kāpiti Coast .....	60
Reflexivity: Insider, outsider, inside-out? .....	66
Chapter Three: Learning (and unlearning) how to be in our world/s .....	75
Older and Wiser? .....	77
Knowledge and Care .....	84
“No one taught us how to be old, dear.” .....	87
Imagining the future.....	90
“If You're an Older Lesbian, You've had to Learn To Be in the World.” .....	97
First impressions .....	100
Intergenerational empowerment: A case study .....	107



‘Coming out’ as a social palimpsest .....	112
Her Garden and How She Was in It .....	115
Chapter Four: Sussing out ageing .....	118
The Body Lets You Know .....	120
Society Lets You Know .....	131
Sexual-Temporal Selves .....	143
Embodying the Life Course .....	152
Chapter Five: Caring about older lesbian lives... and deaths .....	157
“To Be Seen is Hard Work.” .....	158
The Lesbian Elders Village.....	172
Learning How to Leave the World .....	188
“Where do all the Old Lesbians Go?” .....	193
Chapter Six: “It matters to me.” .....	197
Learning How to Count .....	199
Cultural Competency: Incorporating queer/rainbow identities.....	208
The Story of Cultural Safety .....	214
Applications and Challenges .....	219
Health care services .....	221
Residential aged care .....	223
Going Forward .....	230
Chapter Seven: Timeful selves.....	234
Sharing Women’s Knowledge of Ageing and Old Age .....	235
Successful and Flexible .....	245
Beyond the Ageless Self.....	253
Chapter Eight: Lasting impressions.....	262
Gendered Knowledge of Ageing .....	263
Re-conceptualising Ageing Discourses .....	264
Ageing and Being Well .....	265
Lesbians/Queer Women and Care.....	267
Strengths, Limitations, and Future Directions .....	269
Friendly Leavings.....	271
References .....	273

# List of Tables

Table 1: Demographics of Pilot Interviews .....	53
Table 2: Demographics of Dunedin Participants .....	55
Table 3: Demographics of Auckland and Wellington Participants .....	63
Table 4: Demographics of Paekākāriki Participants .....	65

# List of Figures

Figure 1: Map of Aotearoa New Zealand Identifying Key Fieldwork Locations.....	51
Figure 2: Example of How Coding Leads to Interconnected Concepts.....	61
Figure 3: Conceptual Overview – Exemplifying Some of the Key Themes of This Thesis.....	62
Figure 4: Earrings from Jo and Yoka. ....	73
Figure 5: LMDF Pamphlet Cover. ....	108
Figure 6: About the Women's Resource Centre. ....	109
Figure 7: Women's Resource Centre Advertisement. ....	109
Figure 8: Collection of Labrys Pendants Displayed at the Charlotte Museum. ....	169
Figure 9: Cropped Photo of Home Loan Advertisement Outside a Bank in Dunedin.....	183

## List of Acronyms/ Abbreviations

ARC	Aged Residential Care
BGO	Big Gay Out (Annual Pride event in Auckland)
DAA	Designated Auditing Agencies
DHB/s	District Health Board/s
DSM-II/III	Diagnostic and Statistical Manual of Mental Disorders (version II/version III) published by the American Psychiatric Association.
EDH	Ego Dystonic Homosexuality
GP/s	General Practitioner/s
HAS	Healthy Ageing Strategy (Associate Minister of Health 2016, [NZ])
LEV	Lesbian Elders Village
LGBTTQIA	Lesbian, Gay, Bisexual, Transgender, Takatāpui, Queer, Intersex, Asexual (variations of this acronym are cited in this thesis, e.g., LGB, LGBTTI).
LI	Lavender Islands (Strength-based study by Henrickson et al. [2007] of LGB people in NZ).
LILAC	Lesbian Information, Library and Archives Centre
LMDF	Lesbian Mothers Defence Fund
LNA	Lesbian News Aotearoa
MoH	Ministry of Health (NZ)
MVPFAFF	Mahu, Vakasalewalewa, Palopa, Fa'afafine, Akava'ine, Fakaleiti, Fakafifine.
NCNZ	Nursing Council of New Zealand
NGO/s	Non-Governmental Organisation/s
NZ	New Zealand
NZNO	New Zealand Nurses Organisation
OECD	Organisation for Economic Cooperation and Development
ONS	Office for National Statistics (UK)
OSH	Occupational Safety and Health
OSL	Office for Senior Living (Arizona, US)
PAS	Positive Ageing Strategy (Dalziel 2001, [NZ])
SPCA	Society for the Prevention of Cruelty to Animals (NZ)
Stats NZ	The Statistics Department of New Zealand
TPS	Tall Poppy Syndrome
UK	United Kingdom
US	United States of America

# Glossary

## Notes on Style:

The body of this text is in Calisto MT, including quotes from participants. However, extracts or quotes from fieldnotes are in Times New Roman and labelled as 'Fieldnotes'.

The ages of participants are placed in square brackets next to their name and are generalised into decades from 40s to 80s.

Transcriptions from recorded interviews were lightly edited (removal of 'ums', for instance, or biographical information). Where I shortened transcript quotes, I use the following: [...].

Te reo Māori is one of three official, national languages of New Zealand. Thus, I do not italicise te reo Māori in this thesis but where necessary, place an *approximate* English translation in brackets (or square brackets if the word is in a quotation) immediately following the te reo word. If a longer explanation is needed, the translation takes place in a footnote. These translations are not exhaustive, they are limited to how I have used them in this thesis. I have paraphrased translations from the Te Aka Online Māori Dictionary (Moorfield 2003-2019), or from the translations provided by cited authors such as Kerekere (2015, 2017a, 2017b). For English definitions, I have used the online Oxford Living Dictionaries (2019).

I use British spelling; American spellings occur in quotations only.

## Māori Words and Translations:

**Hapū:** Sub-tribe, Māori kinship group

**Hui:** Gathering(s), meetings

**Iwi:** Tribe/s, extended Māori kinship group, people

**Karakia:** Incantation, chant, prayer, invocation

**Kaumātua:** Elders, the elderly, a person with status

**Kuia:** Older woman, grandmother, female elder

**Kawa Whakaruruhau:** The te reo Māori name for the concept of Cultural Safety. A more in-depth translation is offered by Richardson and MacGibbon as: "affording

shelter or protection from harmful elements” (2010:64 in Notes). It was gifted by Irihapeti Ramsden’s grandfather Te Uri o Te Pani Manawatu Te Ra (Ramsden 2000:4).

**Mana:** This term has many meanings and translations including standing, “prestige, authority, control, power, influence, status, spiritual power, charisma” (Moorfield 2003-2019).

**Māori:** The indigenous people of Aotearoa New Zealand.

**Mokopuna:** Grandchild/children, descendant/s (Moorfield 2003-2019).

**Mōteatea:** Traditional chant, lament

**Pākehā:** Often used to refer to New Zealanders of European descent but can also generally mean "foreign" (Moorfield 2003-2019).

**Rangatahi:** Young people, the younger generation, or youth.

**Takatāpui:** A revitalised term that was recorded in the Second Māori Dictionary in 1852, and again in the Third Edition in 1871, where it was defined as “intimate partner of the same sex” (cited by Kerekere 2017b:178). However, it has also been "reclaimed to embrace all Māori who identify with diverse genders and sexualities..." (Kerekere 2015:2). Sometimes spelled ‘takataapui’.

**Tangata ira tāne:** A term for trans men.

**Tangata Whenua:** The indigenous or local people, people of the land.

**Tauīwi:** Non-Māori

**Te reo Māori:** The Māori language. (The word 'reo' can also be translated as "1. (noun) voice, sound; 2. (noun) language, dialect, tongue, speech; 3. (noun) speech, utterance, statement, remark" (Moorfield 2003-2019).

**Tikanga:** Māori practices/customs

**Tūpuna:** Ancestors, or grandparents

**Waiata:** Song, chant

**Whakairo:** Carvings

**Whakapapa:** Generally translated as 'genealogy'.

**Whakawāhine:** A term for trans women.

**Whānau:** When used as a noun 'whānau' can be translated as "extended family, family group, a familiar term of address to a number of people – the primary economic unit of traditional Māori society. In the modern context the term is sometimes used to include friends who may not have any kinship ties to other members" (Moorfield 2003-2019).

## Place Names

**Aotearoa:** The Māori name for New Zealand (can be translated literally to mean 'land of the long white cloud'). It was once used to refer to the North Island only.

**Auckland/Tāmaki Makaurau:** New Zealand's most populated city. Located in the North Island (see Figure 1).

**Dunedin/Ōtepoti:** A city on the east coast of the South Island (see Figure 1).

**Kāpiti Coast\*:** A district on the south west coast of the North Island of New Zealand, named after Kāpiti Island (see Figure 1), which is visible from the shore, just north of Wellington.

**Karitane:** A suburb/township of Dunedin, north of the main city.

**Otago/Ōtakau:** The wider region within which Dunedin city is located.

**Ōtaki:** A small town on the Kāpiti Coast.

**Paekākāriki:** A small town on the Kāpiti Coast (see Figure 1).

**Waikanae:** A small town on the Kāpiti Coast.

**Waikouaiti:** A suburb/township of Dunedin, north of the main city.

**Wellington/Te Whanganui-a-Tara:** New Zealand's Capital city on the south coast of the North Island (see Figure 1).

**Westport:** Westport is a township located on the West Coast of the South Island (on the upper half).

\*My use of macrons for Kāpiti and Paekākāriki follow the Kāpiti District Council's (2018) usage.

## Groups/Organisations

**Age Concern:** A national advocacy group for people over 50 in New Zealand (see: <https://www.ageconcern.org.nz/>).

**Ara Taiohi:** A national organisation concerned with the youth development sector, i.e., supporting people who work with youth. It is membership-based with a board of trustees and is supported by various (government and non-government) organisations (see: <http://www.arataiohi.org.nz/>).

**Charlotte Museum, the:** A lesbian museum/archive (a.k.a, the Charlotte Museum Trust) in Auckland, New Zealand (see: <https://charlottemuseum.lesbian.net.nz>).

**Grey Power (2016-2018):** A national advocacy group (previously the 'Auckland Superannuitants Association') for people over 50 in New Zealand (see: <https://greypower.co.nz/>).

**Kāhui Tū Kaha:** A non-profit organisation/charitable company (previously known as Affinity Services) run by Ngāti Whātua (see: <http://kahuitukaha.co.nz>).

**Rainbow YOUTH:** A support group and charitable organisation working with queer and gender diverse youth in New Zealand, based primarily in Auckland. (see <https://www.ry.org.nz/>).

**Tiwhanawhana Trust (2013):** A community group based in Wellington for takatāpui, (see: <http://www.tiwhanawhana.com/>).

**Sisters for Homophile Equality (SHE):** Beginning in 1973, SHE was the first national lesbian organisation in New Zealand (Laurie 2011).

## **More Terms:**

**Butch-Femme:** Refers, in general, to lesbian pairings where one presents as masculine (butch) and the other feminine (femme, also spelled 'fem'). However, as Bonnie Zimmerman (2010) notes, there is no simple definition as the terms have a complex history and are understood differently by different people. To quote: "Butch-femme relationships are a style of lesbian loving and self-presentation that, in the United States, can be traced back to the beginning of the twentieth century..." (Zimmerman 2010:138).

**Cisgender/cis:** The term cisgender is used to indicate that a person's gender identity generally aligns with the gender or sex they were assigned with at birth. So, a cis person, or cis woman would not be transgender (Gender Minorities Aotearoa 2014-2018).

**Hetero/hetties:** Colloquial term used by some participants for 'heterosexual/s'.

**Lezzies:** A colloquial, collective term for lesbians.

**Med student:** Medical Student

**Queer:** A reclaimed (by some), collective/umbrella term for diverse gender identities and sexual orientations.

**Rainbow:** The word 'rainbow' is increasingly being used as an umbrella term by health/well being advocates, researchers and activists to collectively refer to diverse sexual orientations and gender identities in New Zealand. I alternate between using 'queer' and 'rainbow' when speaking about this group collectively.

**Sussing/Suss:** As a verb (slang): "To work or figure out; to investigate, to discover the truth about (a person or thing)" (Oxford Living Dictionaries 2019).

**Treaty, the:** Referring to the Treaty of Waitangi/Te Tiriti o Waitangi, signed in 1840.



## Chapter One:

### When a 25-year-old began asking questions

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...a person not only must learn how his culture defines the 'proper' manner of growing up; he must learn the 'proper' manner of growing old—and failures to perceive or conform to these cultural dicta may bring him into serious conflict with society.

(Margaret Clark 1967:63)

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In 2014, a family friend told me a story of a group of lesbian women in and around Auckland, Aotearoa New Zealand who were trying to create a retirement village together. Worried about the discrimination they could face from other residents and/or caregivers in a 'mainstream' rest home, they wanted a place they could feel safe. More than that, they hoped for a place they could feel at home, where identifying as lesbian would bring a sense of connection and belonging, not estrangement – and so the idea of the Lesbian Elders' Village (or LEV) came into being. Being lesbian myself, questions flew through my mind as I realised, not *once* had I paused to think what growing older must be like as a lesbian (or any other identity 'under the rainbow' for that matter). If I was in aged care, would I dare be 'out'? What if my fellow residents had homophobic views? What if my carers did? If past visits to my doctor were anything to go by, I doubted I would feel comfortable enough to bring up my sexuality in care, especially if I could not simply leave and find a different practitioner if I needed to.

In any case, where *were* the older lesbians? I tried to envisage what they might be like, what *I* might be like in older age... but no image came to mind, which is strange in such an ocularcentric world. International literature (especially from the US, the UK and Australia) shows that until recently, queer-identifying people have been largely

invisible and underrepresented in gerontological research and in aged care policies, with many still experiencing health inequities in older age and facing challenges in heteronormative health and aged care systems (Fredriksen-Goldsen, Hoy-Ellis, Goldsen, Emler and Hooyman 2014; Fenge and Jones 2012; Harrison 2006).

With New Zealand's ageing population, research on ageing is an increasing priority and there is a strong discourse on how to age 'successfully', 'positively' or 'well'. Sexuality, however, (regardless of orientation) does not feature in either *The New Zealand Positive Ageing Strategy (PAS)*<sup>1</sup> (Dalziel 2001), or the *Healthy Ageing Strategy (HAS)* (Associate Minister of Health 2016) as an important aspect of personhood – this despite a reported “sociocultural shift in attitudes to sexuality and ageing” (Gott 2006:106), and an increasing biomedicalisation of “later-life sexuality” in overseas literature (Marshall 2012). In 2016, the Ministry of Health (MoH) released the HAS and its vision for older people to “live well, age well, and have a respectful end of life in age-friendly communities” (Associate Minister of Health 2016). Yet, how can a person ‘age well’, if a significant part of who they are is stigmatised or ignored?

Lesbian and queer women, and other queer-identifying people have not yet been offered a ‘seat at the table’ so to speak, when it comes to shaping the knowledge around – or practices surrounding – what it means to ‘age well’ in New Zealand. Addressing this absence, and laying the groundwork for change, are a small but growing number of local, non-governmental organisations, academics, activists and various health care practitioners (who are often queer themselves). Their advocacy and research highlight the fears and difficulties faced by queer-identifying people navigating the health and aged care sector in later life. With this thesis I contribute to this ongoing project with the story of LEV (as told by three ex-members) and an interview with the director of the New Zealand Silver Rainbow programme (an educational programme designed to train aged care staff about rainbow identities).

My interest in lesbian and queer women's experiences of ageing, however, is not limited to ‘old age’, or the aged care sector alone. As anthropologist Lawrence Cohen (1998) observes, ‘ageing’ is increasingly used as a euphemism for ‘old age’ in

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<sup>1</sup> A new strategy superseding the Positive Ageing Strategy (Dalziel 2001), ‘Better Later Life’, was published in November 2019 (after the submission of this thesis in March 2019). See pg. 230-231, footnote 36 and 37 of this thesis for further details.

scholarship, but it is something we experience long before we qualify for superannuation or think of ourselves as ‘old’ – if, indeed, we ever do. I was curious about the *anticipations* of ‘old age’ as well as current experiences of ageing, and as the women in this thesis reveal, ageing or growing older is something they think about and experience at all different points in their life. In a patriarchal society, how could they not? "Patriarchy [or the rule of fathers] is, by its very etymology, not only about gender but also about age", as Catherine Bateson (2013:22) points out. Certainly, the lesbian and queer women with whom I spoke had a lot to say about this interrelationship, aware of the entanglements between individual experiences and social dynamics of power.

With such complexities in mind, I decided to keep my research question fairly broad: *In what ways do some lesbian and queer women conceptualise and experience ageing and old age in New Zealand?* My research is thus ethnographic in style, leaning towards what Jason Danely and Caitrin Lynch (2013:5) call an “anthropology of aging and the life course”, and what Jennie Keith identifies as an “anthropology of *age*”, rather than an “anthropology of old age” (1980:339, original emphasis). Such a focus avoids what Cohen calls the ‘geriatric paradox’, whereby disciplines attempt to minimise the ‘othering’ of old age by segregating “its study and treatment from that of young and middle-adulthood” (Cohen 1994:142). As Danely and Lynch (2013:6) explain,

While ‘old age’ remains an important focus of life course studies, cordoning off old age as a discrete category of analysis limits our ability to accurately portray aging as a context of interactions among and between generations, including the imaginative landscapes of memories and aspirations.

From this perspective, it felt important not to limit my focus to a single generation or cohort but an intergenerational group of women, and to let participants explain what ‘old age’ meant to them. This was *not* done to compare attitudes or practices between defined age groups, but to include all their voices alongside each other to expose the “relational” interweavings of ageing identities (Binnie and Klesse 2013:580). Taken together, their reflections and anticipations have shaped this thesis into a bricolage of lesbian and queer women’s *impressions* of ageing and old age, formed over (or perhaps *in*) time.

Just as participants gain impressions of ageing from multiple sources, my own journey through the literature on ageing, sexuality and gender drew on multiple disciplines – not uncommon for anthropologists interested in ageing and the life course (Daneley and Lynch 2013:18). My search led me from public health research, full-length ethnographies, nursing journals, ‘gay and lesbian studies’, to recent newspaper articles and New Zealand lesbian-feminist magazines from the 1970s. A helpful way to conceptualise this multidisciplinary experience is through the imagery of rock pools. Only at low-tide (at the beginning of the research project) do boundaries of individual rock pools/disciplines seem discernible; as the tide comes in, tributaries form, pools overflow into each other, boundaries are crossed, and the researcher finds herself immersed in a sea of ideas – the total of all the material read.

Below I introduce some of the key concepts and supporting literature that shaped my approach to this project (intersectionality, embodiment, and temporality) and helped me address with sensitivity some of the representational dilemmas I faced translating plural identities and lived experiences into text. Moreover, concepts such as these provided strong lines of connection and inquiry between the multiple disciplines I found myself engaging with. Following a discussion of these underpinning concepts, I move to a review of overseas literature relevant to this project, focusing specifically on empirical studies of overseas, lesbian and queer women in anthropology and in ageing studies. Finally, I end with New Zealand-specific literature and an overview of my chapters.

## **At the Intersection of Age, Sexuality and Gender**

Right from the first interview, I knew that to capture lesbian and queer women’s impressions of older age, I had to speak of the dynamic, intersectional relationship between age, sexuality and gender. This section thus introduces the concept of ‘intersectionality’ and its application in this thesis. Generally speaking, intersectionality is a term increasingly used by scholars across multiple disciplines to identify how social categories of identity and/or oppression such as “race, class, gender, sexuality, ethnicity, nation, ability, and age operate not as unitary, mutually exclusive entities, but as reciprocally constructing phenomena that in turn shape complex social inequalities” (Collins 2015:2). It is a recognition of how cross-cutting systems of power become co-

constitutive of our life experiences in different ways; a recognition that social stratifications and hierarchies are working along multiple, embodied social markers (Collins 2015). As Patricia Collins (2015:3) emphasises, however, this definition is but a “starting point”. There is no simple, go-to definition for intersectionality in all its complexity. A helpful way to conceptualise it, she suggests, is as a broad, ongoing ‘knowledge project’,

whose changing contours grow from and respond to social formations of complex and social inequalities; within this overarching umbrella, intersectionality can also be profitably conceptualised as a constellation of knowledge projects that change in relation to one another in tandem with changes in the interpretive communities that advance them.

(Collins 2015:5)

Its genealogy is just as complex as its definition. Collins is critical of scholars who suggest intersectionality originated “as a field of study within academia” or imply Kimberlé Crenshaw’s ‘coining’ of the term (and her influential paper in 1991) amounts to her ‘discovering’ it (2015:10). Rather, Collins reminds readers that key concepts behind ‘intersectionality’ were foreshadowed and advocated by multiple social movements involving women of colour, particularly Black feminism in the US, proponents of which pointed out that “race-only or gender-only frameworks”, could not adequately explain or analyse “the social injustices that characterize African American women’s lives” (2015:8). Also laying the groundwork, before intersectionality began being described as a ‘field’, or ‘analytical approach’ in academia, were the multiple social justice projects of activist-scholars in race/class/gender studies in the 70s and 80s (Collins 2015:10).

Feminists seeking to address the inequalities older women face in patriarchal societies also recognise the limitations of using age- or gender-only frameworks. Focusing specifically on the ‘double discrimination’ women face at the confluence of ageism and sexism, writers like Margaret Cruikshank and Judith Barker point out that while the numbers clearly indicate that ageing populations tend to have more women than men, ageing scholarship (in general) has been slow to focus on women’s experiences (Cruikshank 2013:188; Barker 2004:39-40). The word ‘gerontology’ is, after all, derived from the Greek word ‘geron’, which means ‘old man’ (Cruikshank

2013:188). Likewise, Julia Twigg (2004) describes some of the ‘double standards’ women experience with older age. A woman’s power in a patriarchal society, she argues, is often linked to her sexual appeal, her attractiveness, which early signs of ageing threaten to undermine: a woman’s body becomes both "invisible – in that it is no longer seen – and hypervisible – in that it is *all* that is seen" (Twigg 2004:62). In contrast, men’s social power “resides in money, status, social dominance, so that early signs of aging such as grey hair are read as marks of maturity and authority" (Twigg 2004:62).

However, just as older people are often homogenised into an alarming, faceless demographic (with terms such as ‘the grey wave’ or ‘ageing tsunami’ [Barusch 2013; Waite 1995]), so too have older women been homogenised and stereotyped, with over-representation of white, straight women. In New Zealand this is partly an outcome of the ongoing effects of colonialism creating inequalities in health and longevity between Pākehā (New Zealanders of European descent) and Māori (the indigenous people of Aotearoa New Zealand). Although Mason Durie predicts the Māori demographic will move from a youthful to an ageing demographic over the next fifty years, “by the year 2051 Māori will *still* have a younger profile than non-Māori” (Durie 2003:7, my emphasis).

In a discussion of race, age and the State, Carroll Estes (a prominent US scholar in the field of ageing) draws from Patricia Collins, not actually using the term ‘intersectional’ but ‘interlocking oppressions’, to highlight how experiences of multiple lines of oppression over the life course have a *cumulative* impact on people at different social locations (2001:135). Indeed, Estes’ work illustrates the productive relationship between intersectionality, feminism and “both a life course perspective and the political economic perspective” in ageing studies (2001:135). For instance, she highlights how the gender pay gap means women in general earn less than men throughout their lives but, due to their longer life span, they must make their earnings last for longer. Similarly, recent scholarship concerning the lives of older lesbian, gay and bisexual people in sexuality and ageing studies problematises the tendency to homogenise the experiences of the queer population without looking at the differentiations of class, ability, ethnicity or gender (to name but a few). Andrew King (2016), Jane Traies (2016) and Sue Westwood (2016) all discuss the importance of an intersectional analytic in this regard.

A large selection of articles published on lesbians and ageing look specifically at the effects of the interlocking oppressions of ageism, sexism and heterosexism – and use a remarkably similar language to do so. For instance, they report the cumulative effects of these oppressions as creating: “[a] triply invisible minority” (Kehoe 1986:139, in the *Journal of Homosexuality*); feelings of “triple shame” (Schoonmaker 1993:21 in the journal *Women & Therapy*); “triple jeopardy” (Witten 2012:18 in the book *Gay, Lesbian and Transgender Aging: An Overview*); “triple threat” (Averett and Jenkins 2012:538 in *Journal of Applied Gerontology*); and “triple vulnerability” (Gabrielson and Holston 2014:198 in *Journal of Gerontological Social Work*). Witten also cites the use of “multiple jeopardies” (Witten 2012:25) and Barker (2004:32) notes the use of the phrase “quadruply invisible minority” when authors look at the interlocking oppressions of more than three ‘-isms’ experienced, for example, by older lesbians of colour, or older lesbians living in rural areas. While I also highlight participants’ experiences at the intersection of age, sexuality and gender, I avoid such numerical descriptors as they lead to a language of deficit. For instance, phrases such as “quadruple at-risk population” (Averett and Jenkins 2012:555) begin to, albeit unintentionally, discursively conflate the *effects* of oppressive social power relationships with *identity* through what Jeremy Kearney and Catherine Donovan (2013) call ‘risk discourse’.

Andrew King also critiques such an approach, referring to studies using the triple and quadruple descriptors as having an “additive approach” to intersectionality where “inequalities...are added up to produce a greater degree of marginalisation and disempowerment” (2016:38). As King points out, certain intersections of identity are not always constraining, but “a source of resistance, celebration and agency” – it all depends on “institutional contexts”, something which additive approaches can overlook (2016:39). Furthermore, using the numerical descriptors can oversimplify the complex ways in which intersectionality operates by implying “a neat and ordered interaction between identity combinations” (Westwood 2016:11). After all, as Strolovitch (2012:289) writes, “marginalization is not static”, and it is important to ask whether ‘old’ is conceptualised and valued as an identity in the same manner as ‘woman’, ‘lesbian’, or ‘queer’ (Westwood 2016; Cruikshank 2008). Sandberg, for one, argues that “[a]ge can...*not* be seen as ontologically equivalent to race and gender/sexuality”, so writers must be careful when comparing age as another marker of social difference alongside others (2008:119, my emphasis).

It is also important to note that “[u]tilising intersectionality in an empirical sense, can...be problematic because decisions about which categories and which contexts should be included in an analysis” is a power-infused process in itself (King 2016:40). For instance, this thesis has an overrepresentation of middle to upper-middle class, cisgender, Pākehā voices (New Zealanders of European descent/white New Zealanders), which is in large part because of how my own personal narrative was interwoven throughout the research process – particularly in that I found participants through snow-ball sampling, drawing initially on my own social networks. Subsequently, the women I got in touch with often reflected my own social location and privileges as Pākehā in a bicultural nation with a growing ethnic diversity.

Māori people, the indigenous people of Aotearoa New Zealand, have their own terms and concepts for understanding non-heterosexual identities, such as ‘takatāpui’. Importantly, Elizabeth Kerekere (whose work I return to later) also makes use of intersectionality in her discussion of takatāpui in Aotearoa New Zealand in her doctoral thesis, but she does so carefully. Kerekere uses intersectionality only to highlight intersecting oppressions, *not* in relation to identity, because this would imply that ethnicity, gender, sexuality and physical sex characteristics are ‘mutually exclusive’:

Takatāpui is not an intersection of where Māori identity meets sexual orientation and gender identity or diverse bodies at a given point. Such a viewpoint would suggest that ‘Māori’ is inherently heterosexual and cis-gendered [sic]. Rather, this study asserts takatāpui are a ‘subset’ of their whānau, hapū and iwi; that being diverse is part of being Māori.

(Kerekere 2017b:46)

Moreover, she argues that in intersectional research “indigeneity is generally invisibilised in its widespread focus on race (rather than ethnicity or culture), class and sex” (Kerekere 2017b:45).

New Zealand’s Pasifika populations also have their own terms, and an acronym for gender diverse identities, attributed to activist Phylesha Acton-Brown (Pacific Inc. 2018), which is increasing in use: ‘MVPFAFF’, which stands for “Mahu (Hawai’i and Tahiti), Vakasalewalewa (Fiji), Palopa (Papua New Guinea) Fa’afafine (Samoa) Akava’ine (Rarotonga), Fakaleiti (Tonga), [and] Fakafifine (Niue)” (Stevens 2013:16). On a rainbow support page on a website run by Le Va (a charitable organisation



working to support Pasifika families and communities), they point out that MVPFAFF does not “encompass lesbian or bisexual women”, nevertheless “as the Pasifika community evolves, so do the terms used to describe this population” (Pacific Inc. 2018). Thus, regarding health and ‘ageing well’ in New Zealand for rainbow identities, there are many knowledge projects to explore with potential for collaboration. My own is but a start in this direction from my own situated position.

Anthropologist Tom Boellstorff (2007a:26) states that it would be difficult (if not impossible) to include an in-depth analysis of all the intersecting oppressions or identity categories in a traditional, ethnographic format, and that it is generally “acceptable” to analyse one domain and not another (e.g. ‘gender’ but not ‘race’). Nikki Lane (2015), however, offers a different path forward in her research on the intersections of race, gender and sexuality. She argues that each cultural domain has a distinct genealogy and that researchers should be asking, “how, when and where categories of difference make a difference” (Lane 2015:224). This is something I have kept in mind during the writing of this thesis and I strove to include different aspects of participants’ selfhood as they were expressed through their narratives. As Clunis, Fredriksen-Goldsen, Freeman and Nystrom (2005:167) found, narratives of older lesbians often feature their “racial and ethnic heritage, professional identity, and their spirituality”. With this in mind, inspired by Cruikshank (2008) and Lane (2015), I highlight some of the institutional contexts in this thesis when ‘age comes to matter’ in lesbian and queer women’s narratives, and how it interplays with other aspects of their identities as they arose in conversation. Two analytical concepts that helped me identify such moments in participants’ stories were heteronormativity and heteropatriarchy, which I discuss below.

### Heteronormativity and heteropatriarchy

Critical studies on queer peoples’ experiences of ageing often identify and critique examples of heteronormativity, by which I mean “discourses and practices that construct heterosexuality as a ‘natural’ compulsory societal norm, and which position homosexuality as the excluded Other” (Goodwin, Lyons, and Stephens 2014:816). I am particularly interested in how heteronormativity works or interweaves through what Patrick Alexander (2014) calls our “age imaginaries” – that is, the culturally influenced, imagined, and relationally negotiated social differences associated with chronological

age and age-informed concepts/categories like ‘young’ and ‘old’. A key example of this is offered by Sue Westwood (2016) when she writes of ‘compulsory grandmotherhood’. She describes older lesbian women reporting that, whether “childwith” or “childfree”, they are assumed to be heterosexual mothers and grandmothers in social encounters, which obscures their lesbian identity in a banal manner (Westwood 2016:100). A key focus of this thesis centres on examples of heteronormativity in health and aged care contexts.

‘Heteropatriarchy’ is another useful term because it highlights the relationship between patriarchy and heteronormativity, encouraging researchers to pay attention to gender inequalities *within* queer or rainbow spaces. For instance, gay men’s issues and concerns are usually the first to be researched in old age and ageing studies. Take, for example, the book *Gay and Lesbian Aging: Research and Future Directions* (Herdt and De Vries 2004). Out of the ten chapters, six chapters were about gay men, and two chapters addressed gay men and lesbians together, leaving only two to focus on lesbians. Martin (2011:589) makes a similar observation in her review of *Older GLBT Family and Community Life* edited by Fruhauf and Mahoney (published in 2009), noting that “the volume focuses more on gay men than lesbians” not to mention bisexuals and intersex people. Of course, fostering rapport between different subordinated groups for “political solidarity...for the promotion of power and the creation of policy” remains a vital project (Averett and Jenkins 2012:539). But, when women make up the majority of the ageing population in anglophone, settler societies where governing institutions/systems are historically rooted in androcentrism, it is important to continue to create spaces for women, in all their diversity, to enable them to share and express their knowledge of ageing for and with each other.

## Embodiment

The tensions and expressions of intersectional identities and oppressive forms of power are tangible, felt, and ultimately embodied. In fact, the lens of embodiment<sup>2</sup> complements an intersectional analytic because, as Sandberg (2008), Siverskog (2015),

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<sup>2</sup> Embodiment can refer to both “the process of ‘being embodied’ and as the process of ‘embodying the social’ with both conceptualisations overlapping and at times occurring simultaneously” (Crossely 1996 and Rubin 1984, cited in Fahs and Swank 2015:150).

McHugh and Interligi (2015) explore, age and gender performativity are intimately entangled. There is no one point in time, or one source from which social categories or ideals of age are generated; much like Judith Butler's (1993:12) theories on gender performativity, how we 'act our age' is in *doing*, i.e., through repetitious behaviour: "a reiteration of a norm or a set of norms", reified in institutional structures, and age-related dialogue infused in everyday life. Women certainly experience double-edged swords when it comes to gender and sexual expressions in old age. For instance, Sandberg (2008:128) writes that "[b]eing heterosexual and feminine in the right way accordingly involves adjusting to age norms"<sup>3</sup>. Women are encouraged to perform femininity in certain ways that make them desirable, but if one continues to perform this femininity in later years of life, you can be ridiculed or accused of trying to disguise or mask one's age (at least in US/European contexts). I thus pay particular attention to such moments of overlap for lesbian and queer women in this thesis. A similar standpoint is adopted by Slevin and Mowery (2012) in their work, *Exploring Embodied Aging and Ageism among Old Lesbians and Gay Men*. Slevin and Mowery's interviews with 19 respondents in the US, showed lesbians were struggling more than gay men with their body-image (2012:271); this was despite several respondents claiming lesbians were "less obsessive" about their ageing bodies and looks than straight women were (2012:267). Slevin and Mowery argue gay men, "although much more body-conscious than the heterosexual men in our larger study, share with their heterosexual counterparts gendered advantages when it comes to body satisfaction" (Slevin and Mowery 2012:271).

Not only does the concept of embodiment draw attention to the 'social body' in the above ways, it also emphasises the phenomenology and emotionality of the individual 'body-self', as well as the 'body politic', i.e., "in the context of institutions and social structures" (Scheper-Hughes and Lock 1987; Laz 2003:506). Analytic attention to these 'three bodies' put forward by Scheper-Hughes and Lock, ensures a multi-level analysis of embodiment. This encourages us to think of age as: something we feel; something we are socially managed and organised by; something we *do*, accomplish or perform (Laz 2003:516), and "as a kind of difference, one particularly relevant to how individuals, groups, and events are imagined and articulated as things

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<sup>3</sup> Sandberg (2008) and Siverskog (2015) also provide examples of expected male performativity in old age, which I do not engage with here.

in time” (Cohen 1998: xv). For instance, working with a similar analytical interest to my own at the confluence of sexuality, gender and ageing, Emily Wentzell (2013) utilises Scheper Hughes and Lock’s (1987) ‘three body’ framework of embodiment to analyse men’s understandings of Mexican masculinity intergenerationally. In 2007 and 2008, Wentzell interviewed 250 men aged 18 to 94 about their “experiences of aging, illness, and changing sexual function in a government-funded hospital in the central Mexican city of Curenavaca” (Wentzell 2013:65-66). She found participants linked personal practices and changes in their experiences of masculinity (connected to changes in the body and sexual practices) to broader narratives of change occurring intergenerationally, and nationally (Wentzell 2013:68).

Thinking through embodiment in ageing studies also helps resolve the tension between perceived dualisms of biology/nature and culture, biological determinism and social constructionism; of “a natural, essential, stable, material body and a shifting, plural, socially constructed body with multiple potentialities” (Holland, Ramazanoglu, Sharpe and Thomson 1994: 21; Laz 2003). With theories of embodiment, attention to the social constructions of ageing does not need to be at the expense of the material body. After all, we make sense of, and communicate to each other about changes in the body through socio-cultural frameworks, through metaphoric language that links the individual body with collective ideologies and the world around us. We use the body as “a natural symbol to think about nature, society and culture” and vice versa (Scheper-Hughes and Lock 1987:7). As Holland et al. (1994:22) argue, “the material body and its social construction are entwined in complex and contradictory ways which are extremely difficult to disentangle in practice.” To capture this complexity, some writers call for an ‘intermediate constructionist stance’ such as Wainright and Turner (2006). Others, like Lock and Kaufert (2001) offer bridging concepts such as ‘local biologies’, which explains both the similarities and variations in women’s experiences of menopause cross-culturally. For instance, Lock and Kaufert (2001:503) argue that “the end of menstruation should not be conceptualised as an invariant biological transformation” but the result of a “continuous feedback relationship of ongoing exchange” between biology and culture “in which both are subject to variation”.

There were three key ethnographies on ageing which influenced both my analytical interest in embodiment and my writing style. These were Barbara Myerhoff’s *Number our Days* (1979); Sharon Kaufman’s *The Ageless Self* (1986), and Sarah Lamb’s

*White Saris and Sweet Mangoes* (2000). Myerhoff studied ageing among older Jewish people in Venice Beach, California who frequented the Aliya Senior Citizens' Center there. Although Myerhoff does not discuss sexuality or centre her ethnography on women in particular, she addressed certain themes relating to embodiment, gender and the self, which resonated with my own research interests. For instance, it was Myerhoff's discussion of 'Domestic Religion' (1979:256) – after recounting a woman's childhood memories of her mother lighting the candles on the Sabbath – that sparked my interest in tacit, embodied forms of knowledge exchange between women over the life course. She also noted her female participants' intersectional marginalization as “Jews, old, poor and female” (Myerhoff 1979:262).

Kaufman's (1986:14) work was also influential in her discussion of 'meaning-making' in later life, exploring how older people “maintain a sense of continuity and meaning that helps them cope with change”. She interviewed 60 people in the US, both men and women (who were mostly “Caucasian, Judeo-Christian, and ultimately middle-class”), asking to them to share their reflections about growing older (Kaufman 1986:7). Like Myerhoff, she does not address sexuality (and discusses highly heteronormative interpretations of the life course) but her attention to 'symbolism' and 'creativity' in how people draw meaning from the past inspired some of my interview questions. As Cohen (1994) acknowledges in a review of anthropology's work on ageing, Kaufman's (1986) attention to certain aspects of phenomenology problematises the way gerontologists have tended to “reify a political and bureaucratic identity as [a] phenomenological universal” for older people (Cohen 1994:152). For me, her discussion of embodiment in terms of a continuous sense of 'self' (although light on discussion of the corporeal body) was fruitful for thinking about Western European/American notions of mind/body dualism in the context of older age.

Similarly, in an ethnography based in the village of Mangaldihi, Northern India, Sarah Lamb (2000) examines relationships between personhood and the embodied self through the lens of age and ageing. She highlights significant differences between dominant Western European/American notions of the ageing self and those expressed in Mangaldihi. For example, those she spoke with about ageing framed it “largely in terms of 'cooling' and 'drying' processes that were at once somatic and social, emotional, and spiritual...”, challenging the limits of American biomedical knowledge of anatomy (Lamb 2000:13). Lamb also uses the lens of age to demonstrate how “the

body is used to create gendered identities”, which are often in “flux”, unfixed (2000:15). Her rich examples of how embodied experiences of gender for both Bengali men and women extended beyond reproduction and fertility helped strengthen my critical feminist stance in this thesis. For instance, she problematises the way heteronormative values in Western European/American societies draw academic attention towards specific biological changes such as menopause, or virility, but tend to ignore the changes that occur in the post-reproductive years (Lamb 2000). Although influential, these anthropological works do not directly explore the ageing embodiments of people with *queer* sexualities. Thus, I broadened my literature review to ageing studies that utilised queer theory.

### **Age in Queer Theory and Queer Theory in Ageing Studies**

An exploration of this area of literature provided two further productive lines of inquiry: temporality, and a critique of the dualism ‘success/failure’ (which I explore in detail below). As Hughes (2006:54) has argued, queer theory and gerontology/ageing studies have much to offer each other. For instance, earlier work in queer theory has tended, Hughes (2006) notes, to leave out issues of age/ageing, focusing instead on activism and youthful embodiments of sexuality, thus he suggests queer theory could use an intergenerational focus. Sandberg (2008) and Siverskog (2015) agree, arguing that focusing on age helps queer (and feminist) theorists rethink sexuality, gender, embodiment, and performativity in relation to the corporeal effects of time. This would help include discussions of the material/phenomenological aspects of living alongside of the “social and discursive” (Siverskog 2015:15), illustrating how the performativity of gender, sexuality and age are intimately connected (Sandberg 2008:118).

Meanwhile, gerontological or ageing literature can be enriched from queer theory’s<sup>4</sup> use of social constructionism in understanding gender and sexual orientation, highlighting their dynamic and fluid qualities and contesting their representation as stable, binary identity categories (Jagose 1996). For example, Hughes (2006:57) argues that this challenging of fixity destabilises conceptual dichotomies found in gerontological literature such as: “young/old, sexual/asexual, attractive/unattractive,

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<sup>4</sup> There is much cross over between queer theory and feminist discourses and the debates around their disciplinary relationship are contentious (see McLaughlin, Casey and Richardson 2006).

and homosexual/heterosexual”, and more recently, successful/unsuccessful. Indeed, challenging the young/old binary is particularly useful for highlighting “the attendant medicalisation and devaluation of the category ‘old age’ in relation to the category ‘youth’” (Hughes 2006:56). Moreover, queer theory’s troubling of the relationship between biological/chromosomal sex, gender, and sexuality contests rigid definitions of ‘sex’ and the assignment of sexuality, intimacy and desire to the domain of youth in Western European or Euro-American contexts. Additionally, giving “recognition to the non-coital expression of sexuality and intimacy” raises analytic interest in expressions of sexuality and desire over time (Hughes 2006:56).

Queer theory also challenges the essentialising of identity categories, like ‘lesbian’, ‘straight’ or ‘gay’, and proffers an anti-assimilationist stance<sup>5</sup>, both practically and theoretically (Hughes 2006; Sandberg 2008). Indeed, ‘normalising’ rainbow identities is critiqued by queer theorists who fear assimilation will lead to “valuing only a homosexuality that apes heterosexuality”, sustaining the idealisation of heteronormative institutions and values (like marriage and nuclear families, and fixed, cisgender embodiments) and continuing to stigmatise those who cannot/do not perform or pursue these values, regardless of sexuality (Hughes 2006:55). Instead of just evaluating whether queer needs are acknowledged in cosmopolitan biomedicine or health and social welfare programmes, we should review *how* they are being acknowledged (an area I explore in depth in Chapter Seven). For instance, Halberstam (2005) cautions against non-critical use of the adult/youth binary in queer outreach programmes, explaining that the category ‘queer youth’ became “meaningful ... largely as a result of outreach by social service providers”, which aids (indirectly) the process of age segregation, and the de-historicising of queer subcultures by portraying “younger gays and lesbians not as the inheritors and benefactors of several decades of queer activism but rather as victims of homophobia who need ‘outreach’ programs and support groups” (Halberstam 2005:176). The use of chronological age boundaries in such programmes means individuals can suddenly “age out” and be cut off from

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<sup>5</sup> Some argue that anti-assimilation belongs to radical queer theory and, like feminism, queer theory is a dynamic and contested discipline, not cohesive or bounded (Jagose 1996). Queer theory can be contradictory and multiple definitions co-exist, thus due to space limitation I have over-simplified the parameters in this review.

support, demonstrating how chronological age can come to matter when used as legislative boundary markers between ‘youth’ and ‘adulthood’ (Halberstam 2005:176).

While I take this critique on board, I am not arguing that youth outreach programmes, or fighting for equal rights and inclusion is undesirable, indeed, it is “sometimes expedient to rely on constructs such as lesbian and gay” or chronological age groups to position oneself, to be heard, and to name one’s oppression (Hughes 2006:57). Binnie and Klesse (2012) substantiate this, claiming queer theory can sometimes be elitist, forgetting that many queer-identifying people cannot *afford* to be ‘anti-assimilationist’ (582). However, we “need to keep a critical eye on which identities and sexualities” remain silenced, which are heard and included and, again, *how* they are included (Hughes 2006:57).

Writers like Hughes (2006), Sandberg (2008), Fabbre (2014) and Siverskog (2015) demonstrate how foregrounding the experiences of diverse sexual and gender identities, encourages the identification of heteronormative assumptions embedded in existing theoretical concepts/analytical models in ageing studies. Rather than simply extending their application to different minority groups, however, researchers combining queer theory and ageing studies argue for *reconceptualising* such concepts (like life course theory, generativity, social capital, temporality and successful ageing). For example, Cronin and King (2014:277) argue “it is not simply that we should apply the idea of social capital to older LGB adults’ lives, but we should use sexuality, and indeed ageing, to reconfigure our understandings of social capital.” Below are some in-depth examples of such analytical engagements, conceptual areas this thesis contributes further critical insights to, grounded in participants’ experiences.

### Queering successful ageing

Both queer theorists and critical scholars from various disciplines investigate notions of success and failure in relation to ageing and old age. For instance, anthropologist Sarah Lamb (2014) identifies and problematises the ‘successful ageing’ discourse in the United States, correlates of which can be found in various OECD countries’ ageing policies (including Australia, the United Kingdom and New Zealand) such as ‘ageing well’, or ‘active’, ‘healthy’, ‘productive’ or ‘positive ageing’ (Davey and Glasgow 2006:25). Lamb’s (2014) discourse analysis in North America (consisting of



academic, popular, and public health texts, media images and websites) illustrates how ‘successful ageing’ is informed by Eurocentric/Western and cosmopolitan biomedical understandings of self, personhood and health, where health is “a personal social-ethical imperative” (Lamb 2014: 43).

This conception of health reflects a prevailing neoliberal ideology, which places “increasing stress on [taking] personal responsibility for one’s own health” (Lamb 2014:43). As Sandberg (2008) describes it, successful or positive ageing connotes “remaining active, autonomous and responsible as well as mature” (134). This sense of moral obligation or responsibility to be healthy or ageing *well* stems partly from the idea that “if healthy, fit, active older persons can take care of themselves ... then they maintain themselves as self-reliant individuals rather than burdens” (Lamb 2014:43). Such a sensibility is problematic because it can stigmatise those who *are* un-well, considered unhealthy, or just unable to participate in positive ageing activities for socioeconomic and other reasons (Lamb 2014:49). As Sandberg (2008) notes, “the shaping of some older persons as successful is done in relation to those who fail...” (124).

Moreover, how successful ageing is represented and put into practice (through policy, programmes, images etc.) is communicated through subjective mediations where social inequalities and norms come into play. Consequently, we must be critical of whose identities are imaged, what language is being used, and question how affordable, or accessible timewise, the related initiatives or programmes are. For example, both Fabbre (2014) in the US, and Hughes (2006:57) in Australia question whether successful ageing discourse actually “reflect[s] the diversity of older people’s relationships and sexualities,” or if it simply portrays heteronormative and ‘white’ lives as examples of positive ageing. In their overview of social research into ‘gay and lesbian’ ageing, de Vries and Blando (2004) problematise objective definitions of success since they are always “bound in a particular historical and cultural period in a particular gender and class context, without proper recognition of the social construction” (18). Successful ageing discourse is thus another area where various structural inequalities operate intersectionally (along lines of class, sexuality, race and ability, for instance), influencing who can actually access narrowly defined notions of ‘success’ in later life (Sandberg 2008:125).

Despite all this, Lamb's (2014) research with older people in both North America and Northern India, revealed participants *did* find meaning in successful ageing and found healthy-ageing policies and initiatives beneficial. Yet, they were also critical of the discourse for not including or accepting the reality of "mortality and decline" (Lamb 2014:4). So rather than just dismissing the normative successful ageing model, Lamb suggests it can be made "more productive, helpful, realistic and perhaps even inspiring" by acknowledging "meaningful decline as a valid dimension of aging and personhood" (Lamb 2014: 49, 51). Similar arguments exist in lesbian/gay studies regarding queer identities in age-focused texts. For instance, in Krainitzki's (2015) study of 'old' lesbian women's representation in cinema, she calls for the inclusion of 'successful frailty' narratives. Likewise, Van Wagene, Driskell and Bradford's (2013) study of older 'LGBT' adults calls for 'coping' to be included under the framework of success and suggest the successful ageing model be considered as a continuum: from "ailing", to "working at it", to "surviving and thriving" (Van Wagene et al. 2013:1).

A more complex angle is offered by Hughes (2006), Siverskog (2015) and Sandberg (2008) who argue that because queer theory (grounded in the experiences of queer lives [Sandberg 2008:125]) embraces notions of shame, failure and the abject, it provides an avenue for finding empowerment and meaning in ambiguous, 'failing' identities – including old and queer bodies. This perspective is useful for addressing heteronormative constructions of 'failure' in old age, and although the notion of queer failure suggests a "theoretical rejection of positive aging discourses" (Sandberg 2008:125) rather than adjustment, it shares an interesting parallel with Lamb's concept of "meaningful decline" (2014). Both 'meaningful decline' and 'queer failure' create space for re-imagining what 'ageing well' means subjectively, making room for change and challenging ageism (Sandberg 2008).

Fabbre (2014) and Siverskog (2015) also exemplify how a queer analytic helps to deconstruct the success/failure dichotomy in ageing discourse. In the United States, Fabbre (2014:2) interviewed 22 'male-to-female-identified' people (50 years+) for their perspectives on success and well-being in relation to their pursuit or consideration of transitioning in later life. Fabbre (2014) found her participants established "unconventional paths to wellness" and placed value on expressing "a sense of authenticity before death", even if this meant giving up various social connections and economic capital from previous heteronormative 'successes' (Fabbre 2014:6). Thus,

Fabbre's participants reconceptualise success in later life by setting their own expectations for themselves and "renegotiat[ing] the context in which they are able to access an experience of 'success'" (2014:7). Similarly, Siverskog (2015) recorded six life-narratives from older transgender individuals in Sweden using both queer and feminist theory as analytical frameworks. She found that binary understandings of success and failure did not work for participants negotiating tensions between being intelligible as a subject and striving to "change the conditions that regulate *how* you become intelligible" (Siverskog 2015:11, my emphasis). For instance, some participants placed high importance at successfully 'passing' as the gender one identifies with. For others, however, to be misidentified as male or female was not a failure but a *successful* disruption "of gender categories emanating from a binary gender model" (Siverskog 2015:10).

Siverskog's participants also explained that ageing bodies could shift from failures to successes and vice versa in ways that disrupted normative understandings of 'linear gender'. For instance, being unable to menstruate can feel like a failure for some trans women, but this 'failure' becomes normal in older age (Siverskog 2015:11). On the other hand, expressing a female gender can become harder in old age because for some, ageing is experienced as an increasing androgynous embodiment with new social rules and expectations of gendered, or sexual behaviour. For instance, Sandberg (2008) argues that older men and women who show sexual desire are often disciplined by society, evident through the existence of metaphors and tropes such as the female 'cougar' or the 'dirty old man'. In this way, older bodies that suggest an active sexuality or, for example, "express femininity connected to a younger age" are perceived as failures according to ideal/normative standards (Siverskog 2015:12). All these theoretical critiques of successful ageing were relevant to my own analytical approach in constructing this thesis since, as I mentioned earlier, lesbian and queer women in New Zealand face similar discourses on ageing (positive/healthy ageing) alongside gendered, heteronormative expectations of how older women should 'be'. Against this backdrop, it is important to bring participants' own embodied knowledge and (re)conceptualisations of ageing, and 'ageing well' to the fore.

## Temporality

Another salient, conceptual theme to this thesis from the queer theory and ageing studies literature is temporality, or the various ways people conceptualise, experience, and work with or against time. Ethnographer George Paul Meiu (2015) borrows Nancy Munn's definition of temporality as "an embodied symbolic process unfolding in practice, through which people imagine themselves to inhabit a present in relation to various kinds of pasts and futures" (Munn 1992:115-116 in Meiu 2015:475). Like 'embodiment', a focus on temporality offers a way to bridge subjective experiences of age, sexuality and gender in relation to social structures of power, political economies and inequalities (Meiu 2015). For instance, both anthropologists and queer theorists point out that 'normative' representations of the life course in ageing studies portray individuals achieving certain milestones or rites of passage that occur at 'appropriate' chronological ages, accompanied by developmental expectations around social and emotional maturation (Halberstam 2005; Vesperi 1985:26). As Maria Vesperi comments in her ethnography of older people in St. Petersburg, Florida, people in the United States (and in other anglophone, settler societies) are taught "[f]rom childhood ... to assess personal progress in any domain with reference to an abstract, temporal dimension" (1985:26). But, as Sandberg (2008) observes, connecting back to the theme of 'success versus failure', "[a]djusting to one's age is also about adjusting to *heteronormative* modes of temporality, and those who can or do not are [considered] failures in relation to age and gender performativity" (Sandberg 2008:128, my emphasis).

As Baars (2007) posits, chronological time "has been institutionalized to measure and coordinate processes and actions all over the world", including processes that oversee vital experiences of life, reproduction and death (Baars 2007:2). In this regard, chronological time – that is "continuous, linear, and cumulative" (Vesperi 1985:6) – is a technology of Foucault's 'biopower' and impacts both the structuring of our everyday lives, and our ageing subjectivities as well (Rabinow and Rose 2006). For instance,

categories of people with certain ages can be implemented in policies regarding ... specific forms of care or housing for 'the aged' and thus

contribute to a reality which forces aging people to fit in, because there are no other options offered.

(Baars 2007:2)

Elizabeth Freeman (2010), engages with two useful analytical concepts for identifying such hegemonic renderings of time. One is 'chrononormativity', which examines "the use of time to organize individual human bodies towards maximum productivity", the other (she borrows from Dana Luciano) is 'chronobiopolitics', which highlights "the sexual arrangement of the time of life" of entire populations (Freeman 2010:3).

Queer theory is particularly fruitful in illustrating how chrononormativity marginalises or disenfranchises non-heteronormative or non-cisgender experiences of temporality and is effective at "dethroning reproduction as the core metaphor of time and futurity" in Western/European nation-states (Binnie and Klesse 2013:582). A prominent theorist in this field is Judith (or Jack) Halberstam (2005) who identifies three chrononormative frameworks centred on reproduction: *family time* (or "the normative scheduling of daily life...that accompanies the practice of child rearing"), *repro-time* (the "scheduling" of coupledness/marriage and organisation of the life course according to women's "biological clocks"), and *time of inheritance* (or the way in which the redistribution of wealth, social capital and morals is assumed to be "passed through family ties from one generation to the next") (Halberstam 2005:5). Those who find themselves outside of these frameworks, "unscripted by the convention of family, inheritance and child-rearing" experience what Halberstam calls 'queer time' (2005:2). Comparatively, Edelman (2004) refers to the temporality of a heteronormative life course as the "familiar familial narrativity of reproductive futurism" (17). The term 'reproductive futurism' refers to the pervasive symbol of the child found at the crux of political discourse, i.e., if you are not on the side of the children and dedicated to a reproductive future, then you must be against the children – an immoral person who threatens the social order (Edelman 2004:2).

Both Edelman (2005) and Halberstam (2005) acknowledge that obviously not *all* queer people live radically different lifestyles, just as not *all* heterosexual people have equal access to normative life course markers rigidly structured around reproduction. As Binnie and Klesse add (2013:582) people, regardless of sexuality, can experience

stigma, or feel shame for not following normative, reproductive life course expectations: from those who experience infertility to people who simply do not want children, marriage, or to 'settle down'. Thus, heteronormative ideals surrounding the life course can impact both queer and non-queer lives in similar ways, leading Halberstam to call for a deconstruction of the binary between queer subcultures and the 'mainstream' (Halberstam 2005:10). Detaching "queer" from sexual identification allows its use in reference "to non-normative logics and organizations of community, sexual identity, embodiment, and activity in space and time" (Halberstam 2005:6). Meiu (2015:491) for instance identifies a 'queering' of temporality by young Samburu men (Beach-Boys) in Northern Kenya who invert and transform "the ideal ritual time of age grades" by using their "ethno-erotic capital" to gain wealth and status usually associated with older men (Big-Men). This research exemplifies how queer frameworks can offer productive insight into the interconnections of "age, temporality, sexuality and ... global economy" (Meiu 2015:474).

Meiu's (2015) study is an example of productive engagements of queer theory in anthropology and vice versa. For instance, a queer standpoint helps social anthropologists avoid reproducing heteronormative bias in their ethnography, traces of which can still be found in a 2012 introductory book to cultural anthropology by Peoples and Bailey. In explaining the 'life course', they state how "[a]s children mature, they pass through various stages in life: They move temporally through infancy to childhood, reach puberty, get married, eventually *must become* parents and – hopefully – grow old" (Peoples and Bailey 2012:215, my emphasis). Not only is this imperative language heteronormative, it also portrays a unilinear/unidirectional sense of time, which is often merged conceptually with evolutionary progress (Boellstorff 2007b). For instance, Peoples and Bailey (2012) state: "[p]rogress through these life phases brings new roles, privileges, and responsibilities..." (Peoples and Bailey 2012:215, my emphasis). Boellstorff (2007b) borrows Foucault's concept of 'evolutive' time to refer to this unilinear, progress-orientated characteristic of temporality in Western/European societies (Foucault 1977, cited in Boellstorff 2007b:231). This concept of 'progress' is also morally-laden. For instance, if proceeding through certain life stages marks personal and social progress into successful 'adulthood' and later, successful retirement or grandparenthood, it explains why those who do not conform to this trajectory in a 'timely' manner can be perceived as temporal deviants or failures.

Just as queer theory helps broaden anthropological inquiry, contemporary anthropologists, feminists and cross-cultural gerontologists have helped to temper queer theory's elitist tones, androcentrism, and Eurocentric underpinnings. Indeed Halberstam (2005) argues the need to focus on the relationship between "subcultural producers and queer cultural theorists", especially because the latter tend to overlook "lesbian subcultures and subcultures of colour" (165). A further critique by Boellstorff (2007b) is that many of queer theory's 'alternative' temporalities share the same horizons/conventions as a Eurocentric "straight time". For instance, he argues that Halberstam's (2005) and Edelman's (2004) alternative temporalities connote a 'slowing down', 'stopping' or a 'reversal' of a *singular*, evolutive passage of time (Boellstorff 2007b). Meanwhile, anthropological researchers illustrate that *multiple* temporalities exist, both on social and individual levels (Frederiksen and Dalsgard 2014). This opens up theoretical space to analyse how different temporalities interact with each other as Boellstorff does in his discussion of "a queer time of coincidence ... a queer time in which time falls rather than passes, a queer meantime that embraces contamination and imbrication" of more than one temporal pattern (2007b:228).

Moreover, a unilinear, causal and progressivist perception of time has complex repercussions. As Binnie and Klesse (2013) reveal, progressivist temporal/age metaphors are sometimes utilised by LGBTQ activists to delineate national/cultural and generational differences. For instance, in Binnie and Klesse's study, young Polish activists were infantilised by the older Western-European activists who saw not just their physical ages but their geographically contingent position in LGBTQ politics as 'younger' (2013:587). In fact, some queer theorists tend to brush over "the *spatially* contingent nature of age, generation and temporality in relation to sexual politics", which is important considering "generational narratives are simultaneously bound up with questions of national identity" and other local identity constructions (Binnie and Klesse 2013:584).

This is particularly important in settler/colonial nations like New Zealand where colonial discourses have attempted to justify imperialism by using unilinear narratives of 'progress' and bringing civilization to the 'backward' indigenous peoples. As Alison J. Laurie (2003) points out in her doctoral thesis, colonisation lead to a *regression* in the status of women in Aotearoa New Zealand. When the Treaty of Waitangi was signed in 1840, Māori women had much more equality with Māori men than British women

had at the time (Laurie 2003:125). Thus, when British law became New Zealand law with the passing of the English Laws Act in 1858, it significantly “eroded women’s rights” (Laurie 2003:128). Moreover, scholars such as Ngahuia Te Awekotuku (2005) and Elizabeth Kerekere provide a growing body of research demonstrating – through oral history and analysis of Māori “mōteatea, waiata, karakia and whakairo (traditional chants, songs, incantations and carvings)” – that their “tūpuna [ancestors] who had fluid genders or sexuality were accepted within their whānau [family/extended family group] long before Pākehā (New Zealanders of European descent) came to Aotearoa” (Kerekere 2017a: 8). As Kerekere points out, examples of same-sex intimacies and desire among Māori people were “erased, deliberately not translated or recorded” (2017a: 10). With all this in mind, it is important to note that Māori people have their own temporal narrative of sexual politics in New Zealand that encompasses colonialism. Thus, while Pākehā activists may frame homosexual liberation and later gains in human rights legislations (such as equal marriage in 2013) as a sequential narrative of progress, for indigenous people in New Zealand the same events could be framed as a non-linear narrative of return, revitalisation or restoration (I revisit this theme in Chapter Six).

So far, I have explored ethnographies of ageing and embodiment, which do not include analyses of queer sexualities; and queer theory in ageing studies, which can tend towards Eurocentrism. To balance this, I return briefly now to anthropology which highlights the importance of locality and situatedness when analysing sexualities, although, as I reveal, the topic of sexuality or desire in later life is under-explored ethnographically. Locales, however, are an important context to my own thesis.

## **Queer Sexualities in Anthropology**

Anthropologists such as Weston (1993:348), Boellstorff (2007a:25) and Graham (2014) explore what a queer anthropology might look like, the similarities and differences between anthropology and queer theory and/or methodology, and which aspects of anthropology could already be considered ‘queer’. Queer anthropology is not necessarily an anthropology of ‘queer’ identities but rather, as Elliston (2002) summarises, of “the ways in which sexuality, gender, power, and culture are produced and brought into relationship” (290). One commonality between anthropology, queer



theory (and also feminism) is the focus on the relationship between sexuality and gender. Both Weston (1993) and Boellstorff (2007a) stress the analytical thread in anthropology that sees sexuality and gender as co-constitutive, and David Valentine's (2002, 2007) ethnographic inquiries into the identity category 'transgender' in the US renews attention to the very separation of sex and gender in the first place. Valentine (2002) problematises how this conceptual separation is seen as 'progressive', belittling those who do *not* separate sex and gender when defining themselves. His exploration of the use of the categories 'sex' and 'gender' in identity and personhood highlights the complex interweaving of privilege, race, class and education, and the power dynamics involved when categories like 'transgender' become institutionalised.

Blackwood (2002) records the 1970s and 80s as foundational "for studies of sexuality both in feminist theory and in the anthropology of homosexuality" in the US (69). She identifies two key models in this era: a masculinist model "based on men's sexual practices"; and a radical feminist model, which "asserted that sexuality was a male-defined institution" (2002:69). At the time, "male homosexuality [was] the standard" resulting in a "cataloguing [of] the ways in which women were the same or different than men in their homosexual practices" (Blackwood 2002:79). Eventually, once feminist anthropology rose to the fore, two characteristic lines of thought emerged in gay and lesbian anthropology: scholars of gay men's sexuality tended to concentrate on sexual behaviour and scholars of lesbian sexuality looked more closely at identity and consequence, with sexual behaviour taking a back seat (Lewin 2002). In this study, I pay attention to what participants brought up in conversation, which sometimes included both sexual behaviour and identity.

Blackwood and Wieringa (1999a; 1999b) edit a collection of ethnographic work specifically on *Female Desires: Same Sex Relations and Transgender Practices Across Cultures*. They purposefully provide case studies on "same-sex desires, experiences, and lifestyles of women outside the 'West'" (Blackwood and Wieringa 1999b: ix). There are no contributions that address ageing or older age, but a notable theme from this collection informing my analysis was the effect of colonial encounters on past and current "representations of and possibilities for women's sexuality", and how "emerging states have used attacks on lesbian/gay or transgender individuals to project an ideal national identity" (Blackwood and Wieringa 1999b: xi). In fact, a growing pool of anthropological and human geography literature focuses on how situated expressions

and narratives of gender and/or sexual identities are linked to broader social processes such as globalisation, and conceptions of place and space such as the 'nation' (Boellstorff 2007a: 23; Valentine 2000; Browne and Ferreira 2015:4). As Boellstorff (2007a) notes, "national imaginaries constitute a key spatial scale through which apparently delocalized conceptions of sexuality become reworked in specific cultural contexts" (22).

A good example of this (although outside the discipline of anthropology) is Brady's (2010:4) study of the success of the 'Topp Twins' in New Zealand, asking just how the political, "yodelling lesbian twins" became seen as 'Kiwi' icons, representing 'New Zealandness'. By analysing their documentary, *The Topp Twins: Untouchable Girls* (Pooley 2009), Brady posits that the lesbian comedy-duo's gender performativity and humour – their portrayal of a uniquely New Zealand masculinity and knowledge of country-life – are seen as 'authentic'. For example, when portraying the characters 'Ken and Ken' "[i]t is precisely because they are read as 'true blue' boys, produced so clearly from a place of affection and knowledge, that they are in turn accepted within those contexts routinely deployed as a 'test' of authentic masculinity – the rural...and the rugby field" (Brady 2010:7). Yet, Brady's study is one of only a few published, cultural analyses on lesbian women in New Zealand. Similarly, although anthropological research focusing on local emergences and expressions of queer identities is burgeoning, in Boellstorff's (2007:20,21) review, he found cause to state that "few ethnographic monographs on female nonnormative sexuality have appeared", which is "cause for concern". Especially since, at least 14 years earlier, Weston (1993:345) and numerous others have noted this gap, particularly in countries *outside* of the US.

Having explained some of the key conceptual elements and foundational literature of this thesis, I turn now to the overseas, multidisciplinary literature which resonated most with my research question and analytical style. It was necessary to rely on international literature (particularly from the United States, Canada, the United Kingdom and Australia) because, at the time of writing, there was little New Zealand-based, qualitative literature focusing specifically on lesbian and queer women's impressions of ageing and old age in a holistic manner. The work reviewed is limited to those published in the English language.

## Older Lesbians in Ethnographic/Qualitative Research Overseas

Elizabeth Kennedy and Madeline Davis' (1993) *Boots of Leather, Slippers of Gold* is a significant culmination of 14 years of research, beginning in 1978, on the lives and oral histories of older "working-class lesbians of the 1940s and 1950s" who frequented bars and house parties in Buffalo, New York (1). They spoke to 45 people and their general criteria for participants/narrators included having "participated in a lesbian community prior to 1970" (xvi). Although they spoke to older lesbian women (some of whom reflect on experiences of being old, including changes in their sexual drive) ageing was sub-theme for Kennedy and Davis, not a foundational framework. One of the primary motivations for their project was to "create and index an archive of oral-history tapes, written interviews, and relevant supplementary materials" in order to then "give this history back to the community from which it derives" (xvi). What they achieved in the process was a thorough documentation of community creation by working class lesbians who "not only supported one another for survival in an extremely negative...environment, but also...helped to change social life and morals in the U.S." (Kennedy and Davis 1993:1).

Kennedy and Davis (1993:24) do, however, outline the biases of their research including: overrepresentation of white, butch, working-class lesbians who valued community participation. Indeed, those who did not find value in community were unlikely to participate, as was exemplified by a woman replying, "...what community?" when approached by the researchers (Kennedy and Davis 1993:24). However, the authors' aim was not to extrapolate specific life-stories into grand truths of lesbian communities but to add new perspectives and challenge existing knowledge and stereotypes. They do not take for granted the concept of 'community' but question the blurred boundaries of this construction throughout the book (1993:3). Their focus on 'community' was based on their initial "assumption that community is key to the development of twentieth-century lesbian identity and consciousness" in the United States – one that was formed through a shared culture of "survival and resistance under difficult conditions" (Kennedy and Davis 1993:2).

This notion is observed amongst several of the authors reviewed below, such as Traies (2016:231) whose older lesbian participants in the UK felt a connection to each other despite their diverse life trajectories and intersectional identities; "this sense of

community, which can transcend other differences, comes from the lived experience of social stigma: it is the solidarity of an oppressed group who have shared stories of discrimination and survival.” However, as Kennedy (2002:102) writes years after her work with Davis, we need to continually question whether community is “integral to the construction of gay and lesbian identity and in what ways it is an imagined construction that offers a repressive master narrative.” They conclude that the concept of community is appropriate only in some contexts (i.e., when describing the formulation “of a new social grouping”) and very inappropriate in others (Kennedy and Davis 1993:2). Imagining a homogenous lesbian community brushes over those who are excluded, ignores distinctive subcultures and diverse lesbian embodiments, and skips over the possibility of belonging to multiple communities. Thus, Kennedy and Davis found themselves delineating between the “fluid” and the “persistent” members of the lesbian community to account for its complex dynamics and changeable membership (1993:386).

This observation prompted reflection on my own research and lay at the heart of a notable difference between participants. For several of the lesbian and/or queer women with whom I spoke, their level of connection to a specifically lesbian community changed over time and a few had *never* sought a specifically lesbian social group or community. However, there were some lesbian-identifying women who remembered with nostalgia the lesbian social groups, or lesbian-separatist groups/communities they visited or participated in, particularly in the 70s and 80s. Kennedy (2002:102) suggests memory and nostalgia play a significant role in community formation, and in Chapter Five I allude to how different memories and varying levels of nostalgia made things difficult when it came to imagining a lesbian retirement community in New Zealand.

Reviewers Weston (1993) and Bunzl (1995) esteem Davis and Kennedy (1993) for challenging stereotypical representations of the pre-stonewall generation of lesbians as ‘invisible’, medicalised, and closeted. Indeed, Davis and Kennedy critique ageist images of butch- or femme-presenting women as “low-life societal discards and pathetic imitators of heterosexuality” that medical, lesbian-feminist and popular discourses have frequently produced of this generation (1993:1-2). In answer, their ethnography emphasised narrators’ ‘lesbian agency’; “they were the proud carriers of a self-affirming message of lesbian visibility in the midst of a homophobic society” (Bunzl 1995:123)

and “created at times *highly visible* and flourishing communities where they could live and celebrate their sexual identities long before Stonewall” (Bunzl 1995:122, my emphasis). Alison Laurie (2003) has hinted at similar differences in lesbian visibility according to class in New Zealand, with middle-class lesbian women having less access to public spaces than working-class women pre-1970s (Laurie 2003:150).

Overall, Kennedy and Davis offer insight into numerous complexities of lesbian identity formation in Buffalo, such as the blurring of their public and private spheres and how forming a visible community and lesbian consciousness provided a space creating relationships of intimacy (1993:5). They also explore the significant role of gender performativity in the creation of a lesbian community, noting that “butch-fem roles were the key structure for organizing against heterosexual dominance”, helping women to “carve out a public world of their own” (6). They linked larger socio-economic changes of the time (post-World War II) with the emergence of “enduring patterns of public sociability” for working-class lesbians, which upper and middle-class lesbians struggled to access (Bunzl 1995:127). Additionally, Kennedy and Davis (1993:276) identified ways in which lesbians understood/practiced relationships – such as the system of ‘serial monogamy’, an “alternative system of emotional bonding,” moving away from the “stereotyped assumptions about failure or immaturity” of lesbian relationships (Kennedy and Davis 1993:276).

Some of these themes are revisited by Claassen’s (2005) *Whistling Women: A study of the Lives of Older Lesbians*, which is based on the life narratives of 44 lesbians aged between 62 and 82 years of age in the United States. Purposefully moving away from Kennedy and Davis’ working-class focus, the majority of Claassen’s population are of upper/middle socioeconomic levels, and again, the majority are Caucasian. Consistent with other large-scale, qualitative research on lesbians and the life-course, Claassen (2005) organises her book according to common life course themes: personal backgrounds, ‘marriage and family’, ‘lesbian relationships’, politics, ‘work and money’. I found the last four chapters of her book of particular interest. Here, in contrast to Kennedy and Davis’ (1993), Claassen’s narrators “hadn’t participated in any form of political activity related to homosexual liberation or rights. Many of them had never belonged to any gay organization or been to any gay events...had never contributed to a gay candidate’s campaign”, nor gave any sign “that indicated they identified with a national gay liberation or gay rights movement” (245). However, she saw their very

insistence on pursuing relationships with women as ‘always already’ political in a past climate of such high stigma, and with economic and social capital at stake. Clunis et al. (2005) substantiated this in their own research, stating “[t]he very act of finding each other – loving each other, meeting together when it was illegal to do so – was, intentionally or not, a powerful political step” (175).

Furthermore, unlike Kennedy and Davis’ (1993) participants, Claassen’s (2005) interviewees’ sense of community was not ‘place-based’. Rather, they felt “connected to a national sense of numbers, a national community with few actual places, and more *spaces*”, such as “the Gay Olympics”, “Gay Pride parades” and media presence of ‘out’ gay celebrities (Claassen 2005:250, my emphasis). This brings to mind Olasik’s (2015) discussion of Anderson’s (1983/2006) ‘imagined communities’ overlapping with ‘communities without propinquity’ (Melvin Webber 1964 in Olasik 2015), where a sense of community is dynamic, dispersed and based on shared choices, activities or beliefs rather than as a result of any “accident of place” (Valentine 2001:118 cited in Olasik 2015:204). Finally, Claassen (2005:268) reflected on her assumption that differences in birth years would create “significant differences...between narrators”, and how she accordingly “divided them into two age cohorts” initially. By the end of her research, however, she found there were more similarities than differences between the cohorts. Traies (2016), and Westwood (2016) come to similar conclusions, highlighting how the *timing* of important social events in the life trajectory (such as when lesbian women decided to ‘come out’ and whether lesbian women had previously been married, or had children) forged important similarities between women despite being born years apart.

Indeed, ‘age at coming out’ has been identified widely as a significant indicator of wellbeing for lesbians in later life, including Rosenfeld (1999 – as cited by Hughes and Kentlyn 2015:69), and Clunis et al. (2005). For instance, Clunis et al. (2005) interviewed 62 ‘lesbian elders’ from Oregon, California and Washington and divided those in their mid-50s to mid-60s into two categories: those who were aware of their lesbian identities early-on in their lives, and those who were not aware of their sexual orientation till much later. The former, depending on their level of self-acceptance either lived “double lives” (straight at work, lesbian after-hours), or repressed their desires completely, resulting in poor mental/emotional health, often turning to drugs, alcohol or attempting suicide (Clunis et al. 2005:166-167). The latter, having come out at a time of greater

tolerance found a lot of support (previously unavailable) in the new social milieu of the late 60s and 70s, many seeking community with other middle-aged and older lesbians. Thus Clunis et al. (2005) provided recommendations on how to best support older lesbians with varying backgrounds and level of disclosure, both within and outside the lesbian/gay 'community'. Similar to gerontological research on lesbian and gay lives, they suggested: older lesbian involvement in both "development and delivery" of policies and services to bring a better "understanding and respect of [elder lesbians'] lives and choices"; educating health professionals on the diversity of older lesbians' experiences; ensuring language used in healthcare settings is welcoming, "respectful and inclusive"; offering legal advice on how to secure rights over assets as well as partner recognition "at the time of their deaths" regardless of marital status (2005:170-172).

Clunis et al. (2005) also call on lesbian communities to receive training on how to counter ageism and recommend "[m]ultigenerational connections" to empower "a community that has long been denied its history" (174). They indicate that younger lesbians will benefit from the history and advice of older generations and that older lesbians will benefit from a sense of generativity from passing down their knowledge. In fact, the majority of older women reported they "had never had an opportunity to voice themselves publicly or simply to talk about their lives" in the way this book encouraged (174). This helped justify my own research and inspired an interest in knowledge exchange (a theme also explored by Kennedy and Davis [1993]), but I would argue that knowledge can be passed 'up' and 'sideways', not just 'down', as I explore in Chapter Three.

Like Claassen, Clunis et al. (2005:1,2) struggled to find participants and used snowball sampling despite its limitations (bias towards similar class, age and ethnicity of the initial respondents). The majority were 'white', with only three participants of either Latin, African American or Native American ethnicity (Clunis et al. 2005: 59). They suggested older women's general mistrust of institutional representatives (due to past stigma and discriminatory experiences) was a key factor, with many participants "adamant that they would never reveal their lesbianism", participating only with guaranteed anonymity and a desire for generativity, i.e., wanting to help build a better future for younger lesbians (173). New Zealand researchers featuring lesbian women have also struggled to reach participants, with Welch, Collings and Howden-Chapman

(2000) asking publications such as “The Country Lesbian” to distribute their mental health survey to their subscribers in order to reach older and rural-based respondents (57).

Another key study is Traies’ (2016) book *The Lives of Older Lesbians* (2016), which she based on her 2014 doctoral study of lesbians over 60 in the UK. Using mixed-methods (34 life history interviews, two initial focus-groups, a wide-reaching questionnaire, and analysis of some participants’ autobiographical writing) Traies sampled around 400 lesbians between the ages of 60 and 90 (the most lesbians in a single study in either the UK or the US at the time of publication [2016:19]). The largest age-group of her survey respondents were lesbians in their 60s and, again, white women made up the majority at 93 percent, keeping in mind “86 percent of the UK’s whole population were white” in 2011 (Traies 2016:25). Traies comments that this “skew” towards white women in her own and other white scholars’ research on older lesbian women is, “as Bakshi points out, that ‘as a person of colour, giving my story to be “processed” and “consumed” by a white researcher uncomfortably reproduces the dynamics of colonialism’” (Bakshi and Traies 2011 in Traies 2016:25).

Also using a life course perspective, she hoped to paint a picture of what life was like for her lesbian respondents “at the beginning of the 21<sup>st</sup> century” and how their pasts influenced both the present and their future anticipations (Traies 2016:30-31). Her quantitative measures covered several spheres of life (such as class, health, religion, ethnicity and education) and her qualitative methods explored identity and community formation more deeply (Traies 2016). Both Clunis et al. (2005) and Traies (2016) spoke of their survey respondents’ health and wellbeing, with Clunis et al. (2005) reporting 58 of 62 women reported ‘excellent’ or ‘good’ health, leaving only four with ‘poor’ or ‘fair’ health (192). Likewise, Traies’ respondents reported positively with 77 percent in “good or excellent” health, and 23 percent in “fair or poor” health (2016:23). While not specifically deconstructed, the concept of what ‘wellbeing’ or ‘health’ meant to participants is connoted in discussions of strengths and resiliency, and in their expressions of the importance of ‘spirituality’, independence, or ‘finding meaning in life’ (Clunis et al. 2005). Traies does, however, provide a cautionary note arguing that it is usually the most disenfranchised women whose lives appear in research and the groups that are ‘managing’, or ‘coping’ are often left to do so instead of encouraging changes to the broader systems that force older lesbians to *have* to be resilient or learn



to cope (Traies 2014:228). Much of Traies' (2016) findings align with the above literature. Certainly, one of her main conclusions is by now familiar: older lesbians share common ageing experiences (loneliness, isolation, and "dislik[ing] the prospect of living in a residential care home" [Traies 2016:216]) with the larger population, but lesbians', and other sexual and gender minorities' difficulties are compounded due to past or more recent experiences of discrimination and heteronormativity.

Sue Westwood's (2016:53) book *Ageing, Gender and Sexuality* was published in the same year as Traies', and similar to my own work, she speaks of the "temporal complexities of LGBNL<sup>6</sup> identity development". She argues that available 'cohort models' fail to capture this complexity and so formulates her own to better organise her findings, which "involves five different types of identity/performance narratives: 'Out early'; 'Breaking Out'; 'Finding Out'; 'Late Performance'; 'Lesbian by Choice...'" (Westwood 2016:54). Each of these five cohorts give emphasis to the divergent ways her participants came to understand their identities over time. Westwood (2016:60) is quick to note that any grouping of participants comes with "the risk of homogenization", but argues these groupings gave her a useful framework to better understand (like Traies) how participants' pasts shaped their current subjectivities, their attitudes and experiences of ageing and old age. When quoting a participant, Westwood places the name, age, and cohort in brackets to further contextualise their vignettes. Moreover, she provides a full list of participants' "Cohort allocations" in Appendix 4 of her book, accompanied by short narrative profiles (Westwood 2016:172). While the lesbian and queer women I spoke to were similarly diverse in how they came to understand their sexual and gender identities, I did not divide them categorically in this way, as they did not always use their 'coming out' narratives to organise the retelling of their life stories. Although Westwood does not concentrate specifically on lesbian and queer women alone, she makes sure to highlight the gendered differences between her population groups.

What most of these ethnographic and narrative-based works have in common is their discussion of lesbian identity and community formation and problematising the homogenisation of older lesbian's experiences. Other themes in these qualitative or mixed methods accounts substantiate Weston (1993) and Boellstorff's (2007a) reviews

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<sup>6</sup> Westwood uses this acronym to stand for Lesbian, Gay, Bisexual, No-Label (2016).

such as: the deconstruction of the label 'lesbian', the tension between fluid concepts of sexuality/gender versus essentialist identity narratives and how this impacts community consciousness. The importance of a life course perspective is also apparent; all writers necessitate an understanding of participants' social, cultural and historical backgrounds to better understand how earlier experiences and timing of their coming out narratives "exerted a powerful influence through the lives" of subjects (Clunis et al. 2005:168), and as Westwood adds, how this shapes their ageing subjectivities (2016). They also make sure, however, to accentuate the individual strengths and agency of their participants to change their circumstances, take control of their lives, seek help, or demonstrate resourcefulness and resilience in their old age by "cultivating rich sources of support, strengthening their own internal resources, and finding a larger meaning in life" (Clunis et al. 2005:172). Yet, they are also mindful of those who are still struggling, those who have ended their lives, and those still repressing their desires out of fear and simply *not* 'coping' in their old age, and who need support and outreach (Clunis et al. 2005).

## **New Zealand Literature**

While there is little published in New Zealand specifically concerning lesbian or queer women's experiences or conceptualisations of ageing and old age, scholarship on the inequities experienced by rainbow groups (across age cohorts) – in health, housing, and other social services – is increasing. Research focusing on inequalities in old age/aged care specifically, however, is largely survey-based/quantitative in style, or in the realm of public health, community-led research reports, or nursing/medical journals. Such research is largely driven by a need to provide statistical evidence of population numbers in New Zealand, since data on *individual* sexual and gender diversity has not been included in the national censuses.

Some of this research dates from past attempts at law reform, others from recent initiatives for inclusion of queer issues in future public health/social welfare research. For instance, Jenny Rankine and contributor Jenny Holdt prepared a report on 'The Great Late Lesbian and Bisexual Women's Discrimination Survey' in 1992, where 261 respondents across New Zealand (20 to 59 years of age), completed questionnaires on "coming out, experiences of harassment and violence, discrimination in employment,

housing, health, education, services, religion and parenting” (Rankine 1997:3). Their findings provided tangible evidence of wide-spread homophobic discrimination in support for sexual orientation to be included in the Human Rights Act 1977. This was achieved in 1993, yet institutional discrimination is still encountered by lesbians and bisexual women of all ages including in employment (Raven, 2001; Giddings and Pringle, 2011) and healthcare (Saphira and Glover 2001).

Much later, Rankine (2008) prepared another report, this time for submission to the Auckland Council on the needs of the city’s local queer communities, based on a larger needs-assessment study. This research held 20 in-depth interviews with lesbian, gay, bisexual, takatāpui and transgender (LGBTT) people and collected data from 134 survey respondents. They found a strong need for “safe, non-judgemental and alcohol-free social spaces where isolated LGBTT people can meet others and interact with their communities” (Rankine 2008:4). The most vulnerable are identified as those who are ‘coming out’, regardless of age (Rankine 2008: 4). They include a small section on older LGBTT members. Here one participant states, “We will have a whole generation of older lesbians with very few services.... Grey Power and Age Concern and those groups don’t see us and don’t want to see us; we’re invisible to them” (Rankine 2008:31). Other participants were concerned about the lack of family support of older LGBTT people (Rankine 2008:31).

Recently, on behalf of the Auckland District Health Board, Stevens (2013) put together a report on the Public health needs of ‘Rainbow’ communities in New Zealand, instigated by the *LGBTTI Well-Being and Suicide Symposium* held earlier that same year. In brief, this report argues for the New Zealand health system to “develop cultural competency in working with Rainbow communities to help alleviate the effects of minority stress and provide the healthcare that all New Zealand citizens are entitled to” (Stevens 2013:8). They also include a section on “Health over the Life Course”, pointing to the different challenges, and lack of research on different age cohorts in the queer or rainbow community in New Zealand (Stevens 2013:23-26).

Others explore the need to provide broad, demographic information on New Zealand’s queer communities, calling for questions on sexual orientation to be included in New Zealand’s national census (Pega, Gray, Veale, Binson and Sell 2013; Henrickson, Neville, Jordan, and Donaghey 2007). These authors note the benefits, the

difficulties, and the questions this data would raise: how does one measure sexual identity, especially when it is considered a fluid, unstable aspect of identity? Where does one draw the line on the State's access to our 'private lives'? How reliable will the data be? Will people choose to disclose this information? Prue Hyman (2005) questions the accuracy of existing demographics of same-sex couples – the gender of New Zealand 'couples' is the only section of past censuses where one can glean data on queer population numbers. She also asks whether collecting this data is even desirable – will higher visibility mean extra surveillance?

According to Pega et al. (2013), the benefits would outweigh the difficulties and they propose a working model “for the collection of official sexual orientation data in New Zealand” to help health institutions respond to the “health disparities experienced by sexual minority populations...” (1). Henrickson et al. (2007) also recommends the census include sexual identity questions, a conclusion drawn from *Lavender Islands: Portrait of the Whole Family* – the “first national strengths-based study of lesbian, gay, and bisexual (LGB) people in New Zealand” (223). Conducted in 2004, *Lavender Islands* (LI) found the LGB community to be “robust, highly educated, relatively high-income, and politically active” (223). But, to improve the utility of the data, the authors want other data suitable for comparison such as a census question specifically on sexual orientation, a similar study to the LI for heterosexuals, or a future replication of the LI study.

Stemming from this project, Neville and Henrickson (2010) had 2269 respondents complete a questionnaire focusing on their retirement accommodation plans – a subject they call 'Lavender Retirement'. Most respondents preferred to live their later years in either their own home, or their partner's or family's homes. However, if they could not live independently, the majority preferred an LGB retirement community over a mixed one. The average age of respondents was 38.5 years of age, with slightly more men (54.5%, n= 1221) than women (45.2%, n =1001). Unsurprisingly, 47.9% respondents were from the largest New Zealand city, Auckland, which lends weight to my inclusion of South Island participants from Dunedin. A key reason behind the need for queer-friendly aged care, they argue, is that “[d]espite an apparent acceptance of LGB people in recent times, there remains a continuing and underlying stigma associated with living a non-heterosexual lifestyle”, with heteronormativity permeating aged care services in New Zealand as overseas (Neville and Henrickson 2010:588). Neville, Adams,

Bellamy, Boyd and George's (2015) focus group study on the attitudes towards lesbian, gay and bisexual residents of aged-care staff (n =47) from seven different residential facilities produced troubling results. They found clear evidence of homophobia and discrimination, concluding that aged care residential facilities in New Zealand are not prepared for providing 'culturally appropriate' care to the ageing queer population (Neville et al. 2015).

Concerning a critical lens on cosmopolitan biomedicine and lesbian wellbeing, O'Neill, Hamer, and Dixon (2013) published a paper on the health care experiences of New Zealand lesbian women, finding that lesbian-led families and households are increasing in number but that healthcare professionals "still appear to lack knowledge and awareness" of lesbian-specific health care needs (220). Similarly, Welch et al. (2000:256) conducted a General Health Questionnaire (GHQ-28) in New Zealand and found that "lesbians may be more vulnerable to common mental illnesses", and that almost 30 per cent of their total survey respondents (n=561) had experienced "'lesbian-unfriendly' treatment" from mental health professionals in the past (Welch et al. 2000:259).

Overall, these quantitative and public health studies show "ontological and cultural heterosexism persist..." in New Zealand legal and health institutions, as well as society at large (Goodwin, Lyons, Stephens 2014:813). Substantiating this are scholars who utilise discourse/discursive analysis for revealing the multifarious ways in which heterosexism and/or heteronormativity has been historically shaped and (re)produced in New Zealand. This is illustrated through analyses of various media/texts including, for example: 1940s sex instruction literature (Brickell 2005); twentieth century newspapers (Laurie 2003; Glamuzina 2005); media coverage of Pride events (Brickell 2000), or mainstream press coverage of the Civil Union debate (Goodwin, Lyons, and Stephens 2014). Thus, a detailed picture emerges of how homosexuality and gender transgressing individuals have captured the New Zealand public imagination over time – from pathological monsters to risky identities. Moreover, some of these reports and articles on public health research in New Zealand is helpful for inquiring into how diverse identities are being incorporated into New Zealand cosmopolitan biomedicine – terms such as 'cultural safety', 'cultural competency', and 'rainbow community', are three interesting examples (Stevens 2013; Cramer, Barrett, Latham and Whyte 2015; Neville et al. 2015). I discuss these in detail in Chapter Six of this thesis.

Available literature in New Zealand on lesbians and queer women over 50 is often history-focused, with the aim of preserving a lesbian cultural history, and creating archival material. Alison Laurie documents what life was like for lesbian women pre-1970s (2003) and Julie Glamuzina (1993) explores and records lesbian activism during 1962-1985, encompassing the homosexual law reform. I relied a lot on Laurie's work to understand some of the restrictions and social context of the lives of the eldest lesbian and queer women I interviewed. Not only did Laurie conduct archival research – drawing on both published and unpublished sources, but she analysed oral history interviews with eight narrators.

Much of Laurie's (2003) attention is devoted to recording how information about lesbians or 'same-sex' desire was shared between women pre-1970, something Kennedy and Davis (1993) also explored in Buffalo particularly during the 1950s. This inspired my own attention to patterns of knowledge exchange between my interlocutors. Laurie's work is also vital for understanding how New Zealand public discourses were impacted by overseas opinions, morals, legislation, and medical knowledge. As I mentioned earlier, British law was transposed to New Zealand in 1858, which included legislation regarding homosexuality. Thus, as Laurie points out, just like in Britain, lesbians were not directly acknowledged by the law until the 1961 Crimes Act, which criminalised women over 21 if they assaulted girls under 16 (Laurie 2003:63). As Laurie (2003) and Glamuzina (2005) point out, however, lesbians and queer women were constricted by many other forms of power, such as media portrayals of murderous or monstrous lesbians and the medicalisation of 'unruly' or 'oversexed' women in general.

A large amount of research on lesbian and queer women feature young or middle-age cohorts, concerned with evincing discrimination at school or work, health disparities, social inequality, identity formation, and experience of motherhood. Gunn and Surtees (2009) for example, examined how lesbians and gay men create and maintain families in New Zealand. They found that lesbians and gay men are raising their children beyond narrow definitions of the nuclear family, and that New Zealand's social policies and legal structures need to "catch-up with the realities of multi-parenting family models" (2009:42). As Wills (2007) argued, "state law in general usually lags behind actual family practices" (122). Yoka Neuman (2005), who is also a participant in this thesis, provides a fascinating window into the long battle of convincing judges

and the public in New Zealand that “lesbians can be mothers too”, something she first had to acknowledge for herself.

Another growing area of research focuses on the cultural history and experiences of diverse sexual orientations and gender identities among Māori – the indigenous people of Aotearoa, New Zealand (Te Awekotuku 2005; Aspin and Hutchings 2007; Kerekere 2017b). The revitalisation of the term ‘takatāpui’ among Māori lesbian, gay, bisexual and transgender people, is often traced back to the work of Ngahuia Te Awekotuku (followed later by Lee Smith as acknowledged by Kerekere 2017b:17). Te Awekotuku is notable for both her publications and activism. She is widely cited for her development of a Māori standpoint in relation to “the nature of desire in the precontact Māori world”, where same-sex intimacies and practices were understood under cultural frameworks starkly different to “imported Western ideas of sex and gender” (Te Awekotuku 2001:2; 2005). Her research also contains autobiographical insight into her experiences of navigating multiple identity frameworks; of being Māori, feminist, and lesbian and the tensions and challenges these monikers have presented over her life.

Murray (2003) also discusses takatāpui, examining the relationship between sexuality, language and indigeneity in Aotearoa, New Zealand. He introduces ‘takatāpui’ as

a term that communicates more than just sexual identity and indigeneity; it is also/always a political statement when it occurs in public (English) discourse as it conveys information about the current status and import of te reo [the Māori language] in Aotearoa in relation to English, which simultaneously conveys a political message about Māori cultural identity in relation to Anglo/Pākehā cultural identity.

(Murray 2003: 241)

His writing provokes important questions about identity and cultural authenticity for tangata whenua (people of the land/indigenous people) in postcolonial New Zealand and, as Murray (2003) notes, just like ‘queer’ or ‘lesbian’, the term does not appeal to all gay or lesbian Māori. Henrickson (2006) also explores the limitations of applying Eurocentric categories of sexuality and gender on to diverse cultures or ethnicities while offering statistical comparisons between Māori and tauīwi (non-Māori) men and women. Drawing from the data of Lavender Islands, Henrickson (2006)

suggests complex differences exist between how Māori and tauīwi understand sexuality and gender in relation to overall identity or selfhood and encourages further research in this area (259). Others such as Elleray (2004) and Erai (2004) explore specifically wahine takatāpui (Māori lesbian) identities in a post-colonial context and what is at stake by claiming these identities for oneself in various contexts.

In 2015 and 2017, Kerekere created two accessible resources on takatāpui identity in the form of supportive, educational booklets, available both online and in hardcopy for distribution in health and various community centres. The first was in collaboration with Tīwhanawhana Trust and the Mental Health Foundation of New Zealand entitled *Takatāpui: Part of the Whānau* (2015). The second, published two years later in collaboration with Tīwhanawhana Trust and RainbowYOUTH, is called *Growing up takatāpui: Whānau Journeys* (Kerekere 2017a). Both were connected to national suicide prevention strategies focusing particularly on takatāpui rangatahi (young people/youth) wellbeing. They provide personal stories, historical origins of takatāpui, the impact of colonisation, and how takatāpui identity is understood today. They also emphasise the role of whānau (family/extended family) in takatāpui lives, offering ways whānau can express their support.

Meanwhile, Kerekere was also working on her doctorate (2017b), which she identifies as “the first study on takatāpui identity and well-being” (5). Drawing on Kaupapa Māori methodology and theory (which is strength-based) Kerekere weaves together a “Whāriki Takatāpui; a woven mat which lays the foundation for future research and advocacy” (Kerekere 2017b:5). Like my own project, Kerekere’s study involves intergenerational voices; her participants range from 17 to 68 years in age. She used both oral history interviews and semi-structured interviews, speaking to 27 people all together over four years, including those who identify as takatāpui, as well as the “whānau members of the takatāpui rangatahi (young people) interviewed” (Kerekere 2017b). While two kuia (female elders) are included in her research, her focus is on the emergence of takatāpui identity, not so much their perceptions of old age or ageing. She does, however, highlight the vitality, or importance of intergenerational knowledge exchange and respect, which is embedded in the very definition of takatāpui she puts forward (based on her extensive experience working with takatāpui youth):



Takatāpui is an umbrella term that embraces all Māori with diverse gender identities, sexualities, and sex characteristics including whakawāhine [trans women], tangata ira tāne [trans men], lesbian, gay, bisexual, trans, intersex and queer. Takatāpui identity is related to whakapapa<sup>7</sup>, mana, and inclusion. It emphasises Māori cultural and spiritual identity as equal to – or more important than – gender identity, sexuality or having diverse sex characteristics. Being takatāpui offers membership of a culturally-based national movement that honours our ancestors, respects our elders, works closely with our peers and looks after our young people.

(Kerekere 2015; 2016, cited in Kerekere 2017b:25)

This body of New Zealand-based literature provides a strong, contextual base for my own research to unfold, a summary of which I provide by chapter in the following section.

## Chapter Overview

Each chapter is a hybrid of results and analysis (a mixture of lesbian and queer women’s voices interwoven with literature all the way through), tipping near the end towards deeper analytical engagement with the frameworks of cultural competency, and Cultural Safety (as discussed by Irihapeti Ramsden [2002]). Chapter Two concerns methods and methodological challenges, contextualising the research and introducing the lesbian and queer women who shared their knowledge in this thesis. Chapter Three explores how these women’s understandings of ageing and the life course are impacted by intergenerational encounters, unpacking the notion of wisdom, the importance of role models, and their thoughts on knowledge exchange. Chapter Four brings the body and social identity to the fore as interviewees impart what ageing *feels* like to them. In Chapter Five, participants describe the heteronormative hiccups and hangovers they have endured in medical (and other) institutional settings in Aotearoa New Zealand (and overseas for some). This is followed by the story of the Lesbian Elders Village and some of the challenges the members faced when working to make this dream a reality.

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<sup>7</sup> Whakapapa, as Kerekere (2017) explains “is generally translated as ‘genealogy’” but it also “literally means to place layers. Reclaiming whakapapa often means uncovering those layers to trace back into the past” (46).

Drawing this chapter to a close are participants' thoughts on learning how to leave the world.

Chapter Six is a transitory chapter, more discussion-focused than the previous three. Here I examine attempts to enact change in the health and/or aged care sectors overseas and in New Zealand. I ask if cultural competency frameworks are the answer for improving care towards rainbow/queer people and suggest returning to Ramsden's (2002) writing on Cultural Safety to remind us to ask what lies at the heart of good care. Ramsden's work lays important foundations for the kind of knowledge projects needed to identify pathways for change in New Zealand policy on ageing and health care practices, which will directly impact the lives of participants, and perhaps my own. Her writing has already informed international thinking on current ideas such as 'cultural humility' (Baker and Beagan 2014). As some participants express, and as stated by Papps and Ramsden (1996) more than twenty years ago, we need to be *regardful* of difference, not brush over it – something that is becoming ever more pressing with New Zealand's ageing population's increasing diversity (Office for Senior Citizens 2018). Chapter Seven delves deeper into discussions of ageing embodiments, asking if Sharon Kaufman's (1986) classic text on 'agelessness' holds relevance for participants in this thesis. It is also where I bring the over-arching narrative of this thesis to bear, the need to make space for women, in all their diversity, to share their knowledge of ageing (the good things, and the scary) with each other – this amid the cacophony of discourses that seem determined to define what ageing means for them, without them. Finally, in Chapter Eight, my conclusion outlines some of the limitations and strengths of this thesis, as well as the possible knowledge projects this thesis could lead to next.

## Chapter Two:

### Encounters in the realm of the ‘Never Quite...’

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#### Fieldnotes 2015:

“What’re you studying?”

“I’m studying queer women and ageing in New Zealand”, I said.

“Career women?”

“No, queer women”.

“Oh. Wait, what do you mean by queer?”

“Ah... you know, like lesbians, bisexuals...”

“Oh.”

(Silence ensues...)

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During my first two years as an undergraduate, in the footsteps of students before me, I went through a significant time of learning and *un*learning, a re-orientation on many levels. One of which was my sexuality – finally glimpsing answers to questions I had carried with me for years. Why, as a child in the 90s, had I known all about gay men, but did not know lesbians existed? Why, in my late-teenage years, did a GP assume I was saving myself for marriage when I told her I was not sexually active with men? In 2015 (the year I began my thesis) I still paused or lowered my voice every time I said the word ‘lesbian’. How was I meant to interview lesbian and queer women on their thoughts and experiences of ageing when I could not even *say* the word properly? Writing up my research proposal, I realised this vocal hitch was transferrable to ink – I could not name my subject.

I knew sexual identities and their labels could shift over time – having jumped from using the word gay, to queer, to lesbian since I first tried to articulate my own

sexuality to others. I knew women ‘came out’ at very different points in their lives, from before puberty, to much later in life – after marriage and children for some. Then there are women who used to identify as lesbian, bisexual or queer in the past, but no longer. How was I to capture these complexities in a tidy manner for an ethics application form, or when searching for participants?

Maree<sup>8</sup> told me she had a family friend who might agree to an interview. Excited, I asked her to pass on my details. A couple of weeks later, Maree got back to me saying her friend thought she was unsuitable for my project.

“Really? Why’s that?”

“Well, she said that she doesn’t identify that way anymore.”

(Fieldnotes 2015)

My interest in cross-generational understandings of ageing, old age, and the life course added another layer of complexity when choosing nomenclature. Obviously, the terms I was familiar with for sexuality and gender were, as Weston (2009) points out, culturally and temporally bounded, and were not always in common use. As I was later told by a lesbian participant, she had come across older women in her nursing practice who “...you may think that they’re a lesbian couple”, but do not describe themselves as such, calling themselves: ‘flatmates’, ‘friends’, ‘sisters’, or ‘cousins’ – “And they know that you know, but it’s...it’s unspoken, it doesn’t need to be spoken.”

After my ethics application was approved (under the Reference Number 16/022) and after completing the Māori Research Consultation process, I decided to keep my participant criteria as general as I could feasibly manage, allowing participants to self-select. Regarding sexual/gender identity, I wanted to include people who, borrowing the concept from anthropologist Tom Boellstorff, ‘surfing the binarisms’ of male/female, heterosexual/homosexual (2010). In the participant-information and consent forms I summarised these parameters with the working-phrase: “lesbian, bisexual and queer\* women”. The asterisk directed readers to a general definition of ‘queer’ as a reclaimed word, and its common usage as an umbrella term for a non-exclusive list of diverse sexual and gender identities. I made it clear in these forms that, when introducing

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<sup>8</sup> Pseudonym.

individual participants in-text, I would use the identity category/ies and gender pronouns disclosed to me in person. I would also note, at the end of every interview, the labels participants did *not* want to be associated with on an individual basis.

In hindsight, there were major consequences to this decision. As one participant made clear early on, 'queer' still had strong negative connotations of being 'unusual', 'weird', or 'not-right' and thus may have turned some potential participants away. Some anthropologists avoid the term 'queer' for similar reasons, questioning its relevance and inclusivity, while others find it useful – a difference, Boellstorff (2007) suggests, partly explained by "...generational approaches to academic disciplinarity and the politics of recognition in the American academy and the wider world" (19). Among participants in this study, however, generation was *not* a reliable predictor for acceptance of the word 'queer'.

Others are wary of the word 'queer' because it "lumps together women and men, thereby passing over the experiences of women" (Boellstorff 2007:19). I combined the term 'queer' with 'women' to invite participants of non-heteronormative genders and sexual identities (such as trans-identifying lesbians), but in a way which still names the feminine, or female-bodied experience as a category significantly and historically oppressed by patriarchy. Boellstorff (2007) argues that despite its critics, using 'queer' as an umbrella term in theoretical writing is still useful, especially since feminists and people of colour are reclaiming 'queer' for themselves, reducing the white-washing, androcentric handhold over the term (Boellstorff 2007:18).

Another unintentional effect was that the order of 'lesbian, bisexual and queer' may have been read as an 'order of priority', with lesbians being first and foremost. The fact that these terms are Eurocentric is another major limitation. I had included takatāpui among a mix of English, Māori, and Samoan terms for gender and sexuality identities under the queer asterisk. Again, this can be read as an order of priority, privileging Pākehā subjectivities first, relegating 'other' identities to small print. I believe that, had I advertised for a range of identities separately, and in different languages, this would have led to a wider representation of the various sexuality/gender identities in New Zealand, and a very different thesis. This would also, however, have created expectations of multilingual interviews, which I could not have delivered alone. Despite its inclusion in my working definition, I now leave out the category 'bisexual' when

discussing participants since none of the 32 people I spoke to wanted to be referred to in the research as such.<sup>9</sup>

As Tom Boellstorff (2007) and Kath Weston (1993; 1998) articulate, the more research that is conducted into gender and sexuality and other identity categories, the more difficult it becomes to write about them. Anthropologists studying gender and sexuality cross-culturally have recorded multifarious femininities and masculinities, which problematised the concept of a stable existence of just ‘men’ or just ‘women’. This in turn worries corresponding categories of sexuality and ideas of a ‘gay/lesbian community’ that assume gender and sexuality to be stable and binary (Weston 1993:346). For instance, Kennedy and Davis observed a shift in the organising principles of lesbian identities in Buffalo, US, towards the end of the 1950s from “gender inversion” to same-sex attraction, or defining identity by ‘object’ of orientation (Kennedy and Davis 1993:368).

Such methodological uncertainty is expressed in the title of Kath Weston’s article (2009) *On Never Knowing, Quite, Who Is a Lesbian*. Here she writes of the common strategies used by researchers to navigate the slippery topic of sexual identity, trying to decide ‘who counts’ as a lesbian. I was amused (and embarrassed) to find my thought processes, methodological dilemmas and decisions described and critiqued step by step – as PhD students have noted before me, often the most beneficial literature is found at the *end* of the thesis journey.

Blackwood and Wieringa (1999a; 1999b), Blackwood (2002:70), Traies (2016) and Browne and Ferreira (2015) deconstruct the term ‘lesbian’ by identifying its Eurocentricity, implied fixity of the category woman, and its subsuming of non-binary genders. In the face of such critiques, a common strategy is providing a working definition. Alison, J. Laurie (2003), in her thesis on pre-1970s lesbians in New Zealand, writes of the challenge in deciding who to include or exclude when writing ‘lesbian’ history. She uses the word ‘lesbian’ broadly (alternating it with the phrase ‘leading lesbian lives’) to include romantic friendships between women “within the range of lesbian lives and experiences and regards ‘proof’ of genital sex as an unworkable

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<sup>9</sup> This may in part be due to my sampling technique, and partly due to biphobia prevalent in New Zealand – see Mary McAllum (2017) for more discussion on bisexual erasure and invisibility in a New Zealand context. One participant had described herself as bisexual at first, but asked to be referred to as queer in the research.

requirement” (Laurie 2003:33). She also includes pre-1970s cross-dressers under the lesbian umbrella. Similarly, Kennedy and Davis (1993:6) “use the term ‘lesbian’ to refer to all women in the twentieth century who pursued sexual relationships with other women” – even if participants rarely used the term themselves, preferring different terms in different periods of their lives. Trying to use the right terms for the right period, for each narrator made their work too confusing; they were torn between clarity, and better representing their “narrators’ consciousness” (Kennedy and Davis 1993:7). As a compromise, they dedicate an entire chapter to the discussion of identity and “ask the reader to keep this problem in mind” when they read their book (Kennedy and Davis 1993:7).

Weston critiques the use of working definitions as still somewhat arbitrary and that they tend to be ethnocentric or riddled with omissions. Allowing participants to ‘self-identify’ also leaves unturned ethnocentric notions of ontology (Weston 2009:141). The Western European understanding of the ‘self’ as individual and body-bound is left unquestioned – what about considering “the collective contribution to anyone’s ‘self-definition’?” (Weston 2009:141-142). She critiques such strategies as creating the “ever-vanishing lesbian” and suggests that, instead of “lamenting the limitations” of categorical definitions, we should adjust our perspective on ‘limits’ (Weston 2009:138, 139). Just as a person might never quite know who is queer, lesbian, or gay etc., the ethnographer can never quite be rid of uncertainty, but in letting exactitudes go, identity labels become ‘categories of convenience’, or ‘place-holders’; useful for “cultivating an understanding of the place momentarily held open for meanings to take shape, transform, come and go” (Weston 2009:145). Hence, I use the phrase ‘lesbian and queer women’ when referring to all participants collectively, with the knowledge that both words contain varying journeys of arrival and expression for each person. When discussing stories of individual women, I use the terms they favoured for themselves during the interview.

Despite the methodological frustrations these “terminological debates” cause, they allow for theoretical improvements in anthropology as it leads to a focus on the cross-overs and multifaceted aspects of identity, i.e., how sexuality is “constituted in more complex ways that refract sexuality in through classifications of age, kinship etc.” (Weston 1993: 348, 349). For instance, anthropologists – aware of lay and academic debates over conceiving sexuality as an essential identity, or primarily as a practice –

have grown cautious not to assume “the infusion of sexuality into total personhood” (Weston 1993:347; Hughes and Kentlyn 2015). They often investigate instead “the part that categorization plays in the negotiation of power” (Weston 1993: 349). Rather than focusing on what categories are ‘accurate’, attention is paid to how subjects themselves are using, manipulating, adopting, and challenging these categories. Now ethnographers acknowledge that it is “the people who constitute themselves through and *counter* to available cultural categories” that have the most at stake “in the outcome of conflicts over terminology” (Weston 1993, 349-350, my emphasis). In this thesis, I apply the same logic of inquiry into participants’ use of the category ‘old’.

Regarding age criteria, I initially wanted to include participants 20 years and up. Inspired by Sarah Lamb (2000:43), the wide age-range allowed me to ‘enter the field’ without a pre-defined category for ‘old’ – curious as to how interviewees of different ages engaged with the concept. But after a pilot study (consisting of six participants) and consultation with my supervisors, I changed this to 40 years and above. This took into consideration the time and funding constraints of a PhD while still allowing for critical reflection on the overreliance on chronological time in age-focused research (Baars 2007), and my interest in intergenerational interaction. While I had been confident in finding participants in their 20s and 30s, finding people beyond these age groups was another matter. In particular, I anticipated those lesbian or queer women in New Zealand growing up before and during the homosexual liberation, were adept at keeping a low profile, and potentially mistrustful of institutional research – with both homosexuality and women’s sexuality in general having long been subjugated to medicalisation, and disciplinary forces (Laurie 2003). Furthermore, international literature (largely from the United Kingdom, the United States and Canada) warned ‘older’ lesbian or queer cohorts were hard to locate, especially those in the over 70 category, or those considered ‘old-old’ (Averett and Jenkins 2012:555). In my own sampling, those over 80 were smallest in number (n= 2 or 6.25%). Averett, Robinson, Jenkins and Yoon (2014) in the United States cite two large-scale literature reviews of empirical articles in lesbian gerontology by Averett and Jenkins (2012) and Gabbay and Wahler (2002). These two reviews found that scholars publishing between 1979 and 2010 inclusive, repeatedly described difficulties in their sampling process, including gaining initial access to their populations of interest (Averett et al. 2014:350-351). I expected similar difficulties here, as Laurie’s (2003) thesis indicates lesbian women in



New Zealand (pre-1970) were masters of discretion, a skill which some may utilise in older age.

Without knowing exactly who my participants were, or where to find them, I used what Boellstorff calls a “situated methodology” (after Donna Harraway 1988, in Boellstorff 2010). This is where the qualitative research direction and decisions are flexible, able to adapt to unpredictable circumstances and unfolding ideas. It makes use of a “triangulation” between method, data, and theory, where each informs the other, evolving together throughout the research process (Boellstorff 2010:216). It is not an unfamiliar characteristic of contemporary anthropological research, as ethnographers do not set out to control all the variables in a research environment but allow serendipitous encounters to guide the research. A situated methodology sits well with Norman Blaikie’s definition of an ‘abductive research strategy’, where the researcher takes on the “role of the learner and seeks to be educated by the people being studied” on how they understand and think about their lifeworlds (2010:77). Sometimes, this calls for a re-articulation of the original research question, or a fine-tuning of the parameters, as things progress in a creative manner (Blaikie 2010).

Despite the methodology’s situatedness, it was guided by an ethnographic intent and elements of grounded theory. Anthropologist Raymond Madden (2010:6) describes ethnography as “a storied reality” whose validity “comes from active ethnographic engagement.” Being ethnographic is about being with people in a way that places their perspectives at the forefront of the research process, to bring their stories into conversation with each other, the ethnographer, other academics and theories, and with history. The aim is to contribute to ongoing dialogue on “what it means to be human in particular social and cultural contexts” (Madden 2010:17). There is an ongoing narrative compulsion; “an embedded question (or series of questions) that impel the ethnographer towards resolution” (Madden 2010:39). After each interview I would go home and write a descriptive narrative of the interaction and some of these notes, alongside interview transcripts, form part of the ‘data’ I analyse.

A significant challenge in adopting an emergent methodology is translating the research process into a body of writing that reveals its contingent style. After hours of ordering, and re-ordering, I have chosen to organise this chapter by fieldwork location rather than by a chronological ordering of the fieldwork tasks. The writing process also

brings to the fore an acknowledgement of a degree of conflict in the representational forms of the knowledge being discussed. For instance, despite leaning towards a queer ethos that troubles dichotomies, unravels categorical boundaries, and revels in the instability and fluidity of identity, I am tasked with condensing individual participants' identities – in all their complexity – in ways that seem to undermine a queer phenomenology. For instance, I was reluctant to present social markers of participants in the form of a table – yet, certain identity qualifiers, specific social localities and circumstances need to be communicated, deadlines met, word-counts managed. Compromises (I have found) must be made in any attempt to translate lived experiences into a monograph.

Originally, I intended to limit my study to the South Island alone (See Figure 1). Dunedin city (5<sup>th</sup> in city population size, with 2.8% of New Zealand's total population) was a good starting place, as it offered the opportunity to sample from a range of lifestyles – geographically speaking. It contains a main urban centre, as well as many semi-urban, and rural areas within the city's limits including outer suburbs that feel more like townships (like Waikouaiti and Karitane). The city also held personal meaning to me – it was, after all, the first place I lived 'out of the closet', and I was driven to find out more about its queer history in the process of research. I was surprised to hear during a pilot interview with a lesbian in her 30s that Dunedin had, at one stage, been 'the place to be' for lesbians in the South Island. According to Lou [30s], the 'scene' was so good it played a major role in her decision to move to the city. I found this hard to imagine as in my experience the 'scene' was limited to a couple of parties per university semester, and during summer the majority of students left for warmer climes, taking with them what felt like all the city's queer population – but I digress.

Over three years, most interviews were conducted in Dunedin, but I was inevitably led north to Auckland where I conducted three specialised interviews on the Lesbian Elders Village, and one on the Silver Rainbow programme, which I introduce below. I also attended both Auckland and Wellington's 2017 Pride Festivals and conducted further interviews with lesbian and queer women living in the coastal town of Paekākāriki. I turn now to a more detailed discussion of fieldwork in each of these geographic locations.



*Figure 1: Map of Aotearoa New Zealand Identifying Key Fieldwork Locations. Source: Les O'Neill, 2019.*

## **Dunedin**

Between May 2016 and September 2017, I had the privilege of listening, recording, and transcribing open-ended, semi-structured interviews with 18 lesbian or queer self-identifying women in Dunedin City. The telling of these stories took place in multiple sites – in cafés, living-rooms, libraries, empty seminar-rooms, or staffrooms. The questions allowed participants to engage with narrative, drawing on life experiences, as well as future anticipations, hopes, and fears around ageing and old age.

The questions were thematic, broadly covering temporality, embodiment, sexuality/gender, intergenerational encounters, health care and notions of wellbeing.

The interviews were usually one to two hours, with some exceptions. The longest took about three hours in total, conducted over two days. Women sometimes brought up stories and memories that were not specifically to do with ageing and sexuality, and I wanted to allow these recollections to be fully told for potential archival use, which sometimes required extra time. Klinger (2005:73, 74) encourages anthropologists to work with community archival groups noting how even though mainstream and state-funded libraries formally collect queer literature, acts of vandalism and censorship still occur. As Kennedy (2002), Klinger (2005), and Robertson (2005:5) argue, lesbians' lives are historically hard to trace, and an effort should be made to use and contribute to lesbian archival resources.

I used two techniques to find participants. First (and most effective) was purposive snowball sampling, which involves reaching out to existing contact points to find populations who are “dispersed”, “elusive” or for research that involves “sensitive” topics (Lindlof and Taylor 2002:122, 124). This meant talking to people I knew in Dunedin from various social circles – from dance classes to university-based queer social groups – and giving them a digital or hard copy of my participant-information and consent forms to pass on to others. Subsequently, the first responses were from three students in their 20s whom I knew personally, and through *their* connections, received interest from queer women and lesbians in their 30s and 40s too, but still no-one older than 46. These first six respondents (four of which requested anonymity) formed my pilot study, which proved crucial for improving interview questions and furthered my interest in intergenerational encounters.

There was a lag in responses after my last pilot interview, but unbeknownst to me, while transcribing and analysing the pilot interviews, the snowball worked its magic. I began receiving emails left, right and centre – several of which were worded with enthusiasm and interest. I realised that it was incorrect to generalise ‘older’ lesbian and queer women as ‘hard to find’, as the lesbian and queer women I met, particularly those with feminist and activist backgrounds, were very happy to spread the word amongst each other. They provided several reasons for participating, including furthering/encouraging research in an area they were concerned or interested about,

contributing towards better aged care in the future, and for the opportunity to help a younger woman conduct research – to name a few.

Table 1: Demographics of Pilot Interviews

Ethnicity	N.	Sexuality/Gender Terms Provided in Interview	N.	Decade	N.	Pronouns	N.
New Zealand European/Pākehā	1	Queer	2	20s	3	She/Her	4
New Zealand European/New Zealander	2	Lesbian <i>and</i> non-binary/gender fluid, or non-cisgender	2	30s	1	They/Them	2
Kiwi/Filipino	1	Lesbian/Queer	1	40s	2		
Australian (not Pākehā)	1	Gay	1				
White/Pākehā	1						

Second, I published an advertisement in the local community paper, *The Star*, in June 2016. This was much less effective, with only four responses. Interestingly these women were not (to my knowledge) acquainted with the women from the snowball sample. Unexpectedly, I also received calls from gay, or questioning men who, although they did not meet participant criteria, wondered if I would still like to interview them. Unfortunately, due to time constraints and limited resources, I had to decline. I did ask for their contact details should they be interested in future research projects, and agreed to meet one man for an informal, unrecorded interview. He brought with him a printed copy of the exemplary interview questions I had sent him via email, and I was surprised to find typed responses under each. The enthusiasm and brief life-stories shared with me in person, or on the phone, suggested these men were eager to discuss ageing, and indicated a need for both research on ageing and social support for gay men, 40+ in the Dunedin area.

I also received two calls from queer women who were assigned male at birth. Both sounded extremely nervous on the phone. After a very short exchange, one changed her mind and hung up. The second called me during another participants' interview, and I told her I would return her call. I rang several times and left a voice-message, but never heard back. Again, this indicates a strong need for funded support for transgender, or non-cisgender people over 40 in the South Island. Any research should be conducted with great care and sensitivity for maintaining anonymity, with perhaps the option of

talking to researchers of various age and gender identities. I sensed my own younger age, gender, and perhaps my immediate unavailability, had been dissuasive.

A final aid for finding participants was Dunedin's small population size (about 120,000 according to Stats NZ 2019b) allowing serendipity to unfold in fortuitous ways. The eldest participant – Yoka [80s], whom I had heard much about – happened to be at a café during my interview with Michelle [40s], who stopped the conversation to introduce me to her. This small size also proved an ethical dilemma. Due to the prominence of the University of Otago in Dunedin, residents are accustomed to being approached for research, or seeing advertisements for various studies in the local newspapers. Pleasance [60s] told me I was the *third* person to have interviewed her from the university. “You’re all coming to us to say, ‘tell us your stories!’ [laughter]. So that’s wonderful, because you know, we have got lots of them!”

When I visited Yoka she told me, in exasperated tones, that she was expecting another student (not a lesbian) from the sciences, to conduct a final interview with her shortly. I said to her, “Gosh, you're a popular person to be interviewed!” and she answered, “oh, unfortunately I seem to be accessible.” Despite the way she laughed this off, I felt guilty at being one of the many researchers knocking at her door. She reassured me, however, that she was happy to help, and that I must join her at one of the lesbian dinners she attended every month at a restaurant in town. Yoka was the second person to invite me to this monthly dinner-group for lesbian women over 45. I accepted her invitation after asking the group's administrator to notify other members of my visit a month in advance. When I arrived, I was encouraged to pass a small notebook around and gained four more interviewees.

Eleven out of 18 women in Dunedin asked for anonymity. I gave these women pseudonyms, but as a second layer of assurance, I do not provide anyone's names alongside their ethnicity, or sexual identity (See Table 2). Nor do I provide an exact age, but their decade. All non-pilot interviewees used she/her pronouns. Some women were born in Dunedin, others had migrated to the city from other cities or towns across New Zealand, and a few were born overseas. I did not make ethnicity a criterion for participants but allowed women to describe their ethnicity in their own words to indicate the complexity of these categories. Most Dunedin participants identified as Pākehā [9] or variations thereof. This is likely a reflection of the Eurocentric language

in my advertising, my own Pākehā identity and the snowball sampling technique, which is critiqued for its tendency to attract participants of similar demographics. Another contributing factor is the high percentage of the city’s population being European – 88.3% according to New Zealand Statistics (Stats NZ 2019b). Two did not specify an ethnicity but had come to New Zealand from the Netherlands and England. One participant identified as Pākehā and Māori – from the iwi (tribe) Ngāti Ranginui. Another identified as Pākehā and ‘Pacific’, her grandmother being from Samoa.

*Table 2: Demographics of Dunedin Participants*

<b>Ethnicity</b>	<b>N.</b>	<b>Sexuality/Gender Terms Provided in Interview</b>	<b>N.</b>	<b>Decade</b>	<b>N.</b>
Pākehā	9	Lesbian or Dyke	13	40s	4
Pākehā/New Zealander	1	Lesbian or Gay	3	50s	2
Pākehā/European	1	No Label	1	60s	4
European/New Zealander	1	Transgender/Lesbian	1	70s	6
Pākehā/Māori	1			80s	1
European/Samoan	1			Unspecified	1
New Zealander	1				
American/European	1				
Unspecified	2				

Through the course of the interview, women would refer to themselves using sexual identity labels, sometimes with more than one. Only nearing the end of interviews did I prompt them directly, asking which labels they would prefer when individually referred to in the thesis. Their responses were not always succinct, and frequently led to a discussion on identity categories using caveats, contradictory statements, or sharing a list of terms used over their life course. For instance, Liz [70s] came out to her parents as ‘camp’ initially, then ‘dyke’ became fashionable until ‘lesbian’ took over. “Words in and out [...], I don’t know what the words are now, what are they?”

Out of the 18 women in Dunedin, most held tertiary-level qualifications and there was a large range of employment areas including (but not limited to): nursing, midwifery, teaching/lecturing, librarianship, counselling, management, and science. Less than half were not formally employed/retired, however, these women were all very involved in volunteer work or hobbies: from pride committees and buddy programmes to environmental groups, administrating/organisational work and artwork. The majority were located in main urban areas/suburbs. All still lived at home (their own,

or a long-term rental), some on their own, some with a partner, a partner and children, or single but with children from a previous relationship. Only one woman related having experience of in-home aged care during recovery from a serious injury. There was also a range in socioeconomic levels – but unfortunately, I cannot speak with any accuracy as this data was gathered inconsistently.

Piecing together the path of the snowball (either by asking participants directly or finding out by accident) gave me important insight into participants' connectivity and geographical proximity to each other. For instance, when interviewing Beth [60s] at home, we were interrupted by a land-line call from Kate [60s], a woman I had interviewed earlier that month. Beth described 'pockets' of lesbian and queer women in Dunedin, virtually connected through email-lists and phone calls, in addition to various activity groups. Another aspect of lesbian and queer women's connectivity played out on a national level, evident in participants' references to the 'grapevine', sharing gossip on the more 'high-profile' lesbians of New Zealand, asking me if I had met certain lesbian women in other parts of the country, sometimes asking after their relationship status.

Such patterns of connection reflect studies in lesbian geographies, based in the UK and the United States, conducted in the early- to mid- 1990s. Gill Valentine summarises this work, indicating "lesbian neighbourhoods often have a quasi-underground character which makes them less visible than the gay men's scene bars to those not in the know" (2000:3). This is why, just like the new arrival to a city, the researcher is best able to find lesbian neighbourhoods by "word of mouth" (Valentine 2000:3). When invited to their homes, I gained a sense of how close participants were to each other geographically. For instance, there were two suburbs I noticed myself returning to, lending weight to Valentine's observation that "lesbians do create spatially concentrated communities", but that they form "clusters of lesbian households [...] rather than commercial bars and institutions" (2000:3).

Since participants were spread out across different neighbourhoods, I had to rethink the more familiar hallmarks of anthropological enquiry. This involved adjusting methods for modern research settings requiring stricter time limits, and a poststructural, queer ethos that deconstructs concepts such as: the culturally, temporally, and spatially bounded 'field'; 'fieldwork'; 'participant-observation'; and the 'insider/outsider'



dichotomy. I needed to find ways to spend time with participants outside of the interview to allow for observation of intergenerational encounters, and opportunities to see how age is conceptualised in everyday social interactions, both within and outside queer social circles, or events. I had no idea, however, when or what this might involve until they presented themselves in a patchwork-like manner characteristic of research styles such as: “ethnographic sociology” (Madden 2010:80), ethnography ‘at home’, ‘urban ethnography’, or ‘multi-sited ethnography’.

Paul Atkinson (1992) argues that the ‘field’ “is produced (not discovered) through the social transactions engaged in by the ethnographer”, their reading and writing (9). This is *not* to say, “there are no social beings or social acts independent of our observation”, rather, that the field’s boundaries are created by the ethnographer (Atkinson 1992:9). In other words, the ‘field’ is continually constructed throughout the research process, as both Rooke (2010) and Madden (2010) substantiate. For example, Dunedin’s small size meant that I kept meeting the women I interviewed in other contexts, in a new yoga class for example, or a women’s march, supermarkets, a poetry night, concerts, etc. Some participants invited me to groups or activities they organised or attended. In this way, I ended up joining a lesbian bookclub, a walking group, and sat on the Pride Committee for Dunedin from 2017-2018. All these activities continue to be part of my life even as I write, but they also presented opportunities to further contextualise my research. The topic of ageing would invariably come up during casual discussions in an unstructured manner – sometimes *because* of my presence. At times it became hard to separate the ‘field’ from my personal life. I navigated this by only writing down the things I believed valuable for the research, and always in retrospect. Afterward, I would return to these notes and screen them before inclusion, considering the impact of each narrative on the people they involved. A strong ethical guide and filter for both my writing style and content was imagining how participants would feel reading my work. I also knew I would continue to cross paths with Dunedin participants after the thesis, and the majority of participants requested a copy of the analysis of their data.

Some examples of a modified form of participant-observation/fieldwork that informed my writing and analysis occurred just before, during, and after the formal interview. From the nine interviews conducted in Dunedin women’s homes, I gleaned small insights that were not explicitly discussed. During a tour of the house, or while

waiting for a cup of tea, I would catch glimpses of material objects that signified women's lesbian, and feminist identities, such as their collections of books, DVDs, music, and art. I recognised many lesbian/lesbian-related titles and authors (like Sarah Waters, Alice Walker, Radclyffe Hall, Virginia Woolf, and biographies of Katherine Mansfield); saw the album covers of predominantly female-vocalists; spotted images of feminist or lesbian icons like Frida Kahlo; and admired many women-centred artworks including sculptures and paintings 'of women by women', including lesbian artists.

Sometimes participants pointed out these specific lesbian or feminist material culture and literature, like Moya [70s] who – after her interview – pulled out her favourite lesbian books and authors. Or Yoka [80s], who showed me her bedroom wall where a lifetime of activism glinted on an impressive collection of badges pinned to a belt. The badges had symbols and slogans advocating for homosexual rights, women's rights, anti-violence campaigns, lesbian identity, and more. She also took out a colourful vest from her wardrobe that was similarly covered with badges. One woman's fridge door had images displaying her lesbian identity alongside photos of important people in her life. There were magnets including lesbian or feminist slogans and jokes like: "Absolutely Positively Lesbian"; "I don't even think straight" and "Well behaved women rarely make history". One magnet had a logo of a past Dunedin Pride event she had attended, another featured the Charlotte Museum Trust's (n.d.) logo. There was also a newspaper clipping featuring an older woman dancer with the caption, "It's never too late...".

This brings me to the 'data' I gained tacitly of women's experience of older embodiments. For instance, although the older women in this study told me, in general terms, about the small adjustments they made to continue to live independently in older age, they did not always go into detail. However, upon visiting one participant on two occasions, I saw for myself that she was an artful conductor of her own support-structures, physically and socially. She asked for help when she needed it, and I found myself being temporarily incorporated into her moving nexus of support:

I arranged to meet her at 3pm in the afternoon, after her exercise class. She offered me a cup of tea after exchanging some initial pleasantries on the weather, family, the lesbian dinner group. "Oh, there is another meeting on the 18th", she said, gesturing to her calendar pinned

up on her noticeboard in her little kitchen. She asked me if I could re-pin this calendar a bit higher up on the noticeboard because she couldn't quite reach. When she finished making tea. I took the cup from her in the kitchen rather than staying seated because I had seen how she used the backs and arms of furniture with her hands, propelling herself from one to the next, from her kitchen to her chair, without her walking-aid. I realised her lounge was actually an artfully arranged space; the many furnishings acting like stepping-stones.

(Fieldnotes 2016)

Such observations are but small glimpses into each woman's complex life; their homes contained many other personal objects and expressions reflecting different aspects of their social identity and background. Yet, because of my specific research interest, these were the things I noticed, or were brought to my attention by participants. This illustrates Rooke's (2010:30) description of the field as a co-construction between the researcher and the people they engage with, or "a spatial, temporal and sensory capsule", which the ethnographer revisits throughout their project (if 'leaving' is even possible).

Between interviews, I used Nvivo – a database programme used by qualitative researchers – to aid my thematic analysis of participants' transcripts and fieldnotes. This involved 'coding', a technique used in grounded theory discussed by Strauss and Corbin (1990) and Charmaz (2006). Coding requires a close reading of the transcripts where the major ideas being explored by participants in their discussions and narratives are noted by the analyst who asks: what social commentaries are being made? What social phenomena are being described, explained, or experienced? Then comes a process where the analyst describes the phenomena in an abstract way, identifying themes that allow for comparison with other transcripts. For instance, one of the first codes I used was 'Strategies of Adjustment to Older Age'. This allowed me to compare some of the changes in everyday practices that are instigated by changing bodily capacities.

It is important to recognise both the iterative nature of such work, and the need for adaptability as initial categories may need adjusting according to new ideas, or emerging insights through ongoing contextualisation. There are also different levels at which one can code, i.e., word-by-word, line-by-line, paragraphs, or perhaps incident-

to-incident depending on the kind of text the researcher is working with (Charmaz 2006; Strauss and Corbin 1990). I did not want to pick apart the original narratives so much that participants' original stories and idiosyncrasies were lost, so I usually coded transcripts at the level of paragraphs, or cohesive narratives – little stories within the big. I also did not want to stray too far from the language and original ideas of the women I spoke to, so I tried to name codes using participants' own words, which is called 'in-vivo' coding (Charmaz 2006:55). For example, one participant used the phrase, "the body lets you know" when describing what ageing felt like. I turned this into an overarching code for all participants somatic descriptions of ageing (see Figure 2 for an example of how this code, and others came together conceptually to form Chapter Four of this thesis, and Figure 3 for a wider conceptual overview).

A challenge when coding is to avoid applying theoretical concepts (absorbed from the literature) immediately to the data. For instance, I was tempted to code participants' stories of knowledge-exchange as examples of 'prefigurative' or 'co-figurative' knowledge transmission – terms used by Margaret Mead (1970). Doing so, however, would strip the relevant stories of local flavour; their specific context and significance. It is inevitable that the researcher's epistemological background and interests will shape the codes that are chosen, but this can be tempered by a continual re-reading and reflexivity, a constant return to the concepts engaged with by participants. In this way, they are not parsed into theoretical strands, but recognised as social commentators, and insightful observers of their own experiences.

## **Auckland, Wellington, and the Kāpiti Coast**

My first trip to Auckland in July 2016 was a reconnaissance of sorts. A friend had given me the contact details for Helen [50s], an ex-member of the Lesbian Elders' Village (LEV). The trip was pivotal as Helen agreed to a formal interview at a later date and helped me to get in touch with two other ex-members – Ricky [50s] and Bella [70s]. Helen [50s] also told me about the Silver Rainbow – an educational resource and needs-analysis programme designed to train aged care providers in New Zealand on LGBTI (Lesbian, Gay, Bisexual, Transgender, Intersex) identities, and how to be inclusive or 'rainbow friendly' in their care (Kāhui Tū Kaha, n.d.).

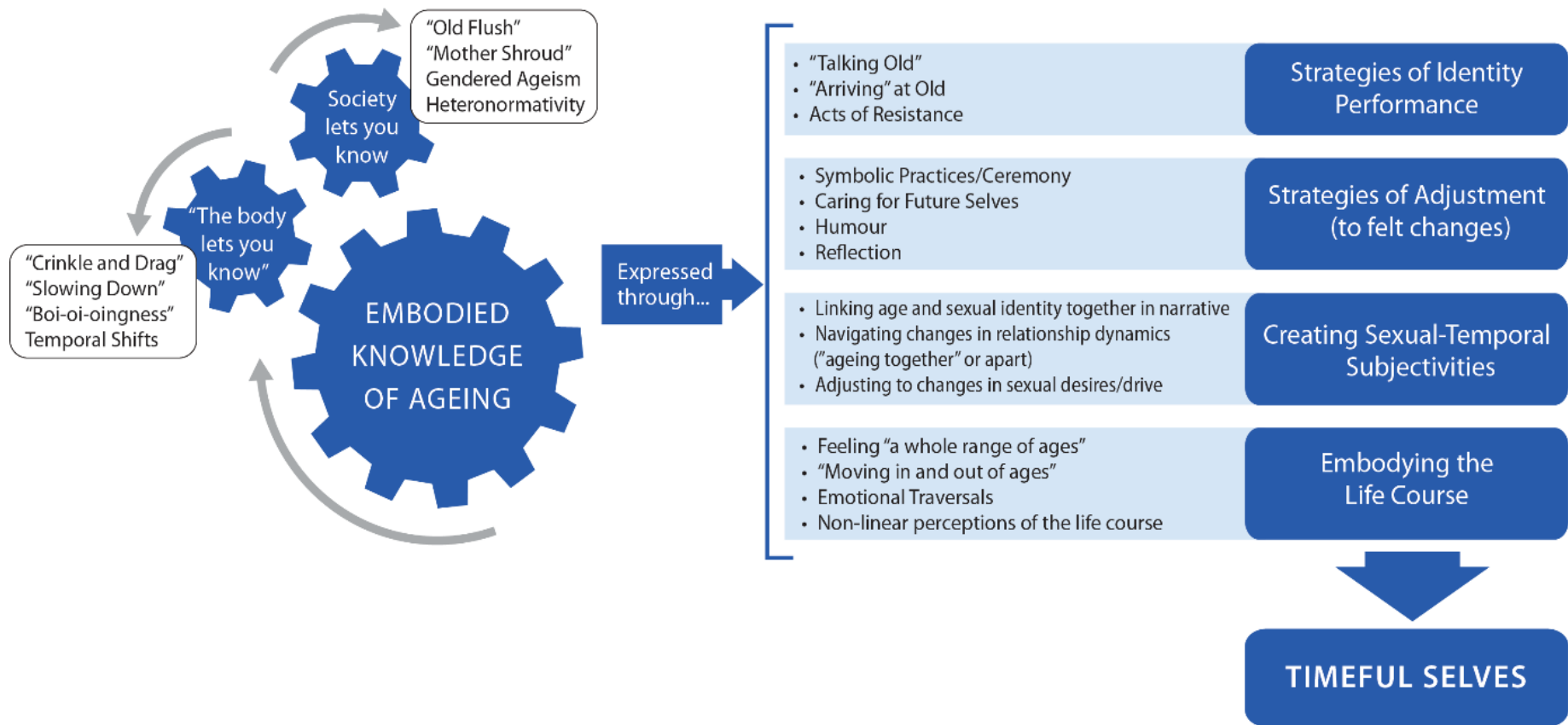


Figure 2: Example of How Coding Leads to Interconnected Concepts – Illustrating the grounding of Chapter Four and its connection to Chapter Seven: Timeful Selves. Source: Created by author 2019, edited by Les O’Neill. [Phrases in quotation marks indicate ‘in-vivo’ codes, which borrow participants’ words directly.]

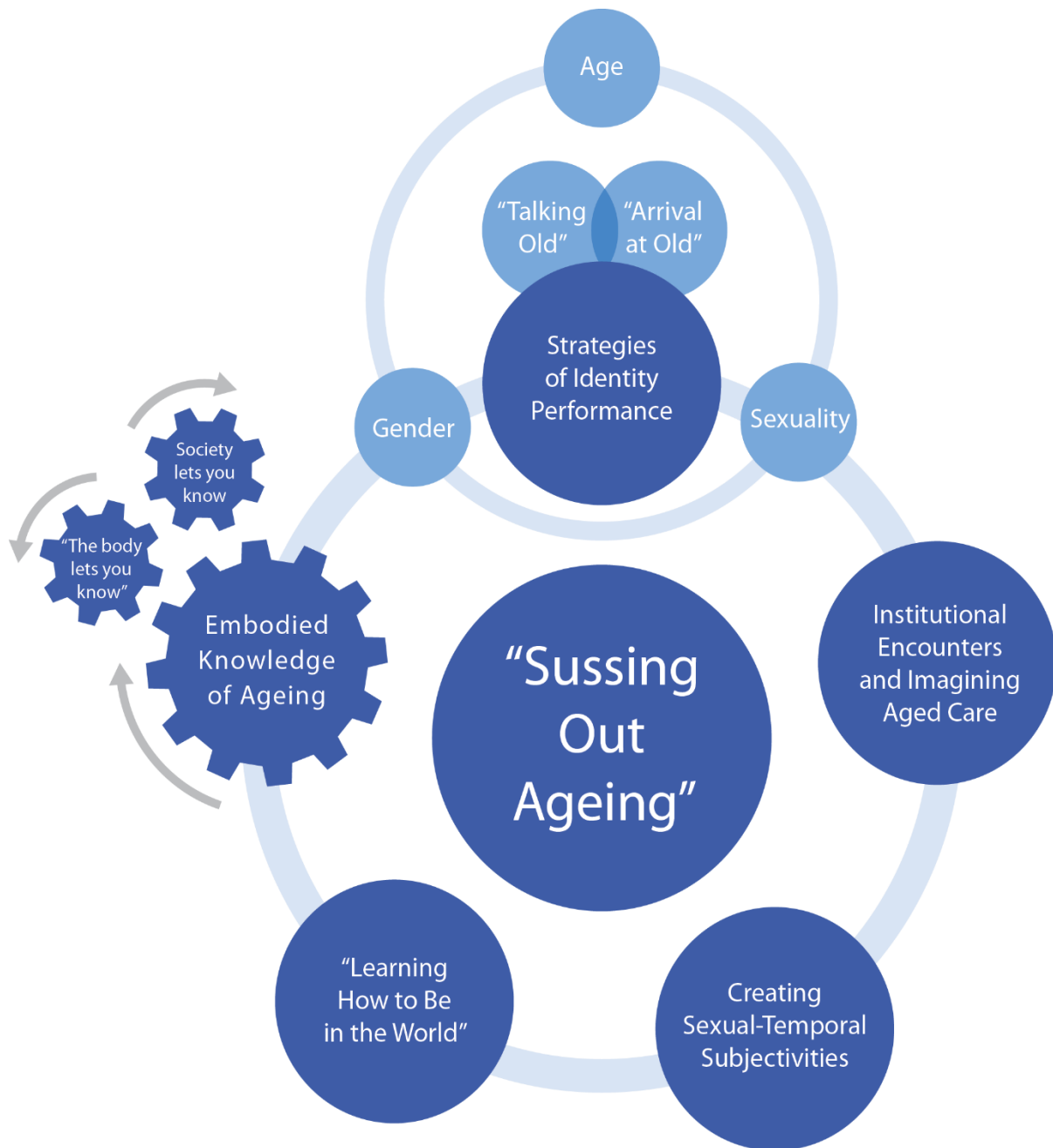


Figure 3: Conceptual Overview – Exemplifying Some of the Key Themes of this Thesis. Source: Created by author 2019, edited by Les O’Neill. [Phrases in quotation marks indicate ‘in-vivo’ codes, which borrow participants’ words directly.]

Silver Rainbow is headed by Julie Watson [50s], also based in Auckland City, under the ‘Rainbow Services’ provided by Kāhui Tū Kaha – a not-for-profit organisation and charitable trust, formally known as Affinity Services (Kāhui Tū Kaha, n.d.). Julie also agreed to an interview on my return to Auckland in 2017. The interviews conducted with these women were not the same in style as those I conducted with Dunedin residents, focusing instead on the origin of LEV and the Silver Rainbow. All four women, however, began discussing personal life stories, and had wider reflections and anticipations to share on ageing that proved important for triangulating the experiences and stories of Dunedin women. Thus, all four Auckland women were given the same participant-information and consent forms as Dunedin participants, and agreed to have their interviews recorded, transcribed and analysed (their demographics are displayed in Table 3 below, together with one Wellington participant).

*Table 3: Demographics of Auckland and Wellington Participants*

<b>Ethnicity</b>	<b>N.</b>	<b>Sexuality/Gender Terms Provided in Interview</b>	<b>N.</b>	<b>Decade</b>	<b>N.</b>
Pākehā	2	Lesbian or Dyke	3	50s	3
European/New Zealander	1	Pansexual	1	60s	1
European	1	Out	1	70s	1
Pākehā/Jewish	1				

This second trip was timed so I could attend events at the 2017 Auckland and Wellington Pride Festivals, which provided vital examples of intergenerational connections and/or tensions between queer identifying women. These observational moments helped ground the knowledge shared with me during interviews around the country, furthering insights into how differences in identity politics are entwined with ageing discourses. According to 2013 national census<sup>10</sup> (Stats NZ 2019a), New Zealand’s most populated city is Auckland with 33.4% of the country’s total population, so statistically speaking it’s more likely to have a higher population of queer identifying citizens. In Neville and Henrickson’s (2010) nation-wide questionnaire on ‘LGB’ retirement plans, 47.9% respondents were from Auckland. Despite Wellington, New Zealand’s capital city, only having the third-highest population (4.5%), it is popularly known as a liberal city, with a strong history of gay and lesbian activism, and a higher public/visible queer presence compared with other cities (Stats NZ 2019c). For

<sup>10</sup> The 2018 census results were not yet available/published at the time of writing.

instance, the Wellington Council installed traffic lights that replaced the green figure of a walking man with the profile of Carmen Rupe “a transgender entertainer, brothel keeper, anti-discrimination and HIV AIDS activist” (Ngā Taonga Sound & Vision, 2016a). They are also planning a rainbow pedestrian crossing in the central city in 2018. In both cities I tried to attend as many events as I could that involved lesbian and queer women (from “Dykes on Bikes” to “Dykes on Mics”). In Wellington I interviewed one woman who had co-written a play with a lesbian friend about lesbian women in a resthome – she gave me a copy of the script to keep.

During my stay in Wellington, serendipity lent her hand again. Through attending a lesbian author’s book-launch at Wellington’s Lesbian Library run by LILAC (Lesbian Information, Library and Archive Centre), I met a couple who told me of a strong lesbian presence along the Kāpiti coast, and that if I was ever in the vicinity, to visit them there. They were just two of several people who had mentioned a well-connected group of older lesbian women living up there, especially the “village” of Paekākāriki. Another couple offered to drive me up there to see a film screening of the documentary *Thin Edge of the Wedge – Homosexual Law Reform in Aotearoa New Zealand (1985-1986)* (Ngā Taonga Sound & Vision 2016b). On the way to Paekākāriki, stuck in traffic, they told me how the village’s lesbian population was so well-known there was a running joke concerning a certain building technique for wooden walls and the insinuation of cunnilingus!

After the movie I had a chance to speak with a local woman there who confirmed that yes, there was a “bunch of lesbians here, actually” (Fieldnotes 2017). When I asked her how this happened, she suggested it was a kind of serial migration to the coast from Wellington City – “I don’t know, we probably just all followed each other, really” (Fieldnotes 2017). Whereas LEV had consisted of women from various locales (within or just outside Auckland) organising a retirement village from scratch, Paekākāriki offered a chance to speak to lesbian and queer women who were already proximate to each other. A network of cross-generational women emerging organically rather than through a specific project.

I was not sure how I would be received, however, and did not have the budget to stay there for more than a night or two. Yet, through sheer happenstance, I was put in touch with a woman who lived in Paekākāriki by a flatmate of my Wellington hosts.



Over pizza I explained my research project to her. She became a gatekeeper of sorts, asking me detailed questions about my research. She invited me to stay at her place in the village for as long as I needed and hosted a potluck dinner for me, inviting along women she thought might be interested. Over the next week I had nine more interviews to transcribe, all conducted at each person’s home (owned or rented), and all within easy walking distance, the sound of the ocean in the background.

Just as I did in Dunedin, I spoke to women across the decades, 40s-80s. There was a little more variance in socio-economic background here than in Dunedin, but again, the information was gathered inconsistently and cannot be reported on in detail. Three women lived with their partners, five alone, and one with flatmates. There is no retirement village or rest home in Paekākāriki but nearly all women spoke of visiting people in rest-homes further up the coast.

*Table 4: Demographics of Paekākāriki Participants*

<b>Ethnicity</b>	<b>N.</b>	<b>Sexuality/Gender Terms Provided in Interview</b>	<b>N.</b>	<b>Decade</b>	<b>N.</b>
Pākehā	4	Lesbian or Dyke	5	40s	1
Pākehā/New Zealander	3	Lesbian relationship	1	50s	1
Pākehā/Jewish	1	Not attached to labels	2	60s	4
European	1	Queer	1	70s	2
				80s	1

While in the Kāpiti district, I took up the offer of the lesbian couple I had met at LILAC, and they gave me a tour around the upper coastal towns of Ōtaki and Waikanae. They even drove me to see the new retirement home being built in Waikanae, and about the recent development of a new motorway – both of which caused some controversy among local residents. Not only did this give me further background knowledge to the type of social networking among lesbian and queer women along this coastal stretch, but proffered insights into how geographical location played a part in these women’s anticipations of ageing, creating different challenges and opportunities for ‘ageing in place’.

## **Reflexivity: Insider, outsider, inside-out?**

Since the reflexive turn in anthropology, ethnographers are unlikely to adopt the omnipresent, realist voice that hides the embodied presence of the researcher. As Emerson, Fretz and Shaw (1995:3) explain, anthropologists have long moved away from trying to appear like ‘a fly on the wall’, writing instead in a style that reveals their subjective presence among participants, open with their motivations, influences and relationships of power that inevitably emerge in ethnography. Barbara Myerhoff (1979) found, in writing her ethnography, that she could not keep herself out of the narrative without warping the conversations, and the meanings relayed by participants in those moments.

...it became clear that what was written was from my eyes, with my personality, biases, history, and sensibility, and it seemed dishonest to exclude that, thereby giving an impression of greater objectivity and authority than I believed in.

(Myerhoff 1979: 30)

One of the most immediate influences I had on the research findings was through my wording of interview questions. For instance, I sometimes prompted women to imagine or conceptualise ageing differently than they usually would, such as when I asked Michelle [40s] if she ever pictured herself in older age, as other participants had described to me. She replied, “I don’t, but I’ll make up one now.” Or, when I asked Julie [50s] if she ever found herself engaging with the concept of ‘milestones’ – “I mean, I think about it now, but I haven’t really thought about it until you just asked me the question.” I did not want to flavour the questions too much with my own terminology and ideas, but I had to be careful not to go too far the other way: “I don’t know what that question means! It’s too general...”. Additionally, a question that prompted deeply insightful narratives from one person, could prove completely non-sensical for others. Thus, it was all about listening and adjusting as I went.

The practice of reflexivity, recognising the ongoing “...influence of the ethnographer on research and representation” is also part of a validation process – an expectation in most qualitative methodologies (Madden 2010:23; Corbin and Strauss 2008:31). However, the level and style of reflexivity varies. Madden borrows Marcus’ (1998 in Madden 2010:21) identification of four common forms of reflexivity in the

social sciences. There is the “basic” form, where the ethnographer provides an introspective account of their personal journey during the research process. Madden argues this form does not tell us enough about the experiences and lifeworld of the participants (Madden 2010:21). Second, is ‘sociological reflexivity’, which renders reflexivity as a ‘tool’ of the ethnographer, to ease the tension between subjectivity and objectivity (Madden 2010: 22). The third and fourth forms (‘anthropological’, and ‘feminist reflexivity’), fall under what Madden (2010:22) calls a “personal-political reflexivity”, where the politics of positionality is given centre-stage, a style I favour. This deconstructs and removes the anthropological narrative trope/myth of ‘discovery’ as well as emphasising the “partiality” of all accounts of reality (Madden 2010:22).

For instance, I found, as Myerhoff (1979:29) did, that “[t]he amount and variety of information accumulated in a field study is overwhelming,” and to include everything one witnesses is an impossible task. The reality presented is but one interpretation of women’s stories – choices are constantly made on what to include or exclude. The memories and narratives shared by participants are windows into rich worlds, and which stories get told and recorded are influenced by numerous factors – from how a participant was feeling, how *I* was feeling, how questions were phrased, forgetting to turn on the voice-recorder, or things beyond either of our control. The flow of the interview, for instance, could be interrupted by a granddaughter visiting after school, someone’s partner popping into the kitchen, or a stranger. Hence, participants sometimes forgot or withheld the information they were about to share:

A man sits down at the table extremely close to our own. We both glance over. “Should we just take a break for just a minute?” Natalie [40s] asks.

(Fieldnotes 2016)

And just as the researcher struggles to capture the detailed complexity of the knowledge they are presented with, women sometimes found it hard to articulate their experiences ‘on the spot’. As Beth [60s] put it, “I don’t know how to sum that up in a neat little sentence, and I don’t know if you can”.

Madden’s preferred use of reflexivity is a combination of sociological, anthropological and feminist reflexivity, which for him overlap and integrate throughout the entire research process. It is not a stand-alone method or tool to pick up

and later drop, rather it becomes part of how an anthropologist practices *being* ethnographic (2010:24). Yet, Madden seems more conservative than others when it comes to including the ethnographer's autobiographical reflections in the final text. For instance, Chesney (2001:131, as cited by Corbin and Strauss 2008:31) posits that such reflections do not have to be over-riding, or "in competition" with those of participants, but "a nurturing bed to place the research finding in and as part of the transparency of the research process."

Rooke (2010), and Corbin and Strauss (2008:11) have argued that reflexivity should also reveal how the research process impacts the ethnographer. Rendering participants' subjectivities open to discursive deconstruction and placing their understandings of personhood under analysis, is a process saturated with unequal power dynamics between the researcher and the researched. Often, ethnographers portray their subjects' selves as open to multiple interpretations while protecting and portraying their own sense of self as intact and stable in their resulting texts (Rooke 2010). As part of her 'queering' of ethnography, Rooke (2010) advocates the inclusion of reflexive moments where the ethnographer's sense of self is destabilised, revealed to be "contingent, plural and shifting" (Rooke 2010:38). Not only does this help level out the playing-field between participants and researcher but reveals the ethnographer as a "theoretically maneuvering self" (Rooke 2010:38).

On this note, I recognise immediate attempts/techniques of validation in my writing thus far. I felt compelled to 'come out' to my readers through snippets of fieldnotes and use a first-person voice. Do my reflexive attempts at situating myself as having "partial insider status" (Nash 2010:136) with participants lend my writing authenticity, or a firmer moral/ethical ground for conducting research with lesbian and queer women? There is no simple answer. As Weston (1998), Nash (2010), and Gorman-Murray, Johnston and Waitt (2010) suggest, the insider/outsider dichotomy is a false one.

On one hand, Weston argues that anthropologists who conduct queer ethnographies are problematically construed as 'Native Ethnographers' where "...the aspiring anthropologist who is known to be "that way" finds herself reduced to her sexuality" (1998:194-195). Suggesting the ethnographer has an "insider" status contributes to the homogenisation of queer people, as if lesbian or queer communities

are cohesive entities without tensions or internal politics (Weston 1998). On the other hand, my lesbian identity *did* help establish initial rapport (not necessarily trust), and my queer social connections (developed over five years of living in Dunedin) helped me find participants. I realised that my identity as lesbian or queer was being assumed by most participants, as I did not specify my identity in participant-information and consent forms or advertisements. Furthermore, those who were unsure would check just before, or during the interviews. This was done through casually asking after my own coming-out story, or by slipping in questions for me like, “are you out to your parents?”, or “did you come out very young?”

Queer, feminist and postmodern anthropologists apply a critical lens to dualistic pairings in the language of ethnographic methodology, such as insider/outsider; emic/etic, subject/object, yet they do not dismiss them completely. For instance, Nash (2010:138) indicates their usefulness as tools for reflexive thinking on positionality and identifying the presence or absence of “shared systems of meaning in knowledge production” between the researcher and participants. As an example of the fluidity between insider and outsider status, Nash (2010:138) describes how at first – as a lesbian scholar researching experiences of transmen – her “...insider status was initially reasonably secure; having a shared experience of a particular form of ‘lesbian’ life, both literally and materially, in 1970s and 1980s Toronto.” Yet once participants began sharing “their experiences of living their lives as men”, she no longer felt herself an ‘insider’ (Nash 2010:138). Gorman-Murray et al. (2010:104), in their research on sexual identity in New Zealand, propose “we are all *simultaneously* insider and outsider”, as does Weston (1998:196) who suggests viewing the ‘Native Ethnographer’ as “a hybrid who collapses the Subject/Object distinction”.

Of note, the tension I felt in navigating the constructions of insider/outsider was magnified during the ethnographic interview. As once relayed to me by Fitzgerald (2016, personal communication) the interviewer must ‘split their mind in two’: as one-half attends to the nuances, cues, and art of conversation as it unfolds, while the other takes critical note of the content covered, gently keeping the conversation on track with analytic intent. Participants were also likely to be in two minds – switching between the role of kindly host (sharing narratives in a friendly, conversational manner) and the wary interlocutor, filtering their narratives as they glanced at the dictaphone, remembering the potential permanency of their words. This was most notable when

participants took control over what was to be recorded: “Turn that off!” she signalled, waving at the dictaphone on the arm rest as she went to answer the landline. “Yes of course, sorry!” (Fieldnotes 2016).

In fact, the dictaphone, is an important symbol of power that cannot be taken lightly. For instance, at one point during an interview, I had pushed the voice-recorder closer to the participant’s side of the coffee table, worried her voice was being drowned out by the music in the café. Now and then, she seemed to toy with it, but was in fact pushing it back towards me incrementally. It was not until she suddenly pushed it all the way to my side, and began asking me the same questions, that I realised how uncomfortable she had been.

Amanda Grenier (2007), in her article evaluating the benefits and challenges of *Intergenerational Research Encounters*, also argues for a more fluid understanding of the ‘insider/outsider dichotomy’, this time in social and critical gerontology. In fact, I found that having participants from across different age groups produces research with an almost built-in queerness about it, propelling the author towards reflexivity. For instance, it draws immediate attention to the temporal scaffolding used in the construction of a text. For example, participants themselves remarked on the arbitrariness of chronological age when the interview fell close to a participant’s birthday:

**Ella:** Oh, and what is your age?

**Interviewee:** Ah, 75. Oh no! It's not! It's not 75 for two weeks, I'm 74. [Laughter]. So, you can put me down as either.

I was highly aware during writing, that interviewees were by then two to three years older than when I first met them – explicitly reminding me of the temporal boundaries of the interview, and the constructed ‘present’ portrayed in my writing. For instance, I present the age of participants at the time they were interviewed in brackets next to their name – what effect does this have on the reader’s interpretation of the participant’s thoughts and expressions? In a way, placing someone’s age next to their name allows readers to compare participants’ statements with their own knowledge of age-norms. Part of me wanted to leave interviewees’ chronological age out of my writing, to resist a convention that lends itself well to chrononormativity or chronobiopolitics, as

discussed in Chapter One (Freeman 2010:3). I decided to keep their ages in, however, as many powerful aspects of lesbian and queer women's stories are in direct resistance to the age norms associated with their chronological age. Leaving out their age would undermine these experiences and lend weight to the concept of 'agelessness', which I also critique in Chapter Seven.

Grenier argues that researchers need to be critically aware of how age and generation is used in their work, what power relationships exist, and how this all shapes the research, right from the beginning (2007). Certainly, if I had a partial insider status in terms of sexuality or gender, I am consistently a partial *outsider* in terms of age/generation. I, too, am ageing, but have lived less years than my interlocutors. At the time of interviewing, there was a 14-year difference between the youngest participant and I, 62 years between the eldest. Did participants feel they could tell me more or less because of our age difference? As Grenier argues, it is not the "actual age or generational divides that impact the research process, but the ways in which individuals *perform* age and interact based on age-based assumptions and/or social-cultural norms" (Grenier 2007:719, my emphasis). In fact, my own age (like my sexuality) was sometimes brought up in the interview, or revealed itself in amusing ways:

**Ella [20s]:** What's a sanatorium?

**Liz [70s]:** Right... gosh, you are young aren't you [laughter]?

Sorry Ella.

Additionally, having discussed gendered age-stereotypes during the interview, participants would later pull me up, or themselves, for performing what we had just critiqued. For instance, after Liz's [70s] formal interview was over, we chatted about the university and the state of some of the streets where students were living, which were...

...currently strewn with broken glass and other evidence of drunken revelry. I sighed and said flippantly, "I just don't know why they behave like that sometimes," at which point Liz clapped her hands and laughed saying, "Got you! I've caught you! You have to be careful; you were going to say something about the 'young people'!" Still laughing,

she tells me that when I get to her age, I'll be the old woman who says: "Young people these days!" Liz takes on a caricature, shoulders hunched over, finger wagging at me.

(Fieldnotes 2016)

The irony that I was participating in age performativity and actively creating a form of cross-generational encounter between lesbian and queer women – one of the social phenomena under inquiry – was not lost on me. For instance, I sometimes found myself adopting the role of 'younger lesbian seeking knowledge'. For example, when Sam [60s] spoke about insecurities and self-doubt in her later years, and I commented – "You mean that doesn't stop?" We both laughed, and she performed the complementary role of 'older lesbian speaking from experience'. At times, women also asked me questions that placed me in a representative role for the 'younger generation', such as: 'what are the terms used these days?' or 'how easy is it to meet other lesbians now?' Before answering, I would hasten to clarify my personal experience as non-representative, which reminded me to check against overgeneralising participants' experiences in the same way. I also got the sense that a couple of participants thought it strange, but hopeful, that someone my age was interested in the topic of ageing.

The ease with which participants talked about their sexuality, particularly when it came to sex and intimacy, also varied greatly between participants. I felt that age difference played a role in the level of openness on this topic. My questions did not directly ask for a discussion on sexual intimacy but were open enough to allow women to bring this up on their own, if they wished. Occasionally, they tested the water, seeing how I responded to them talking about sex, some would begin, but change their minds, others were delightfully frank. I also suspected some stories were filtered due to perceived generational differences in identity politics. Several women made it a point to say they were okay with being grouped under 'queer' if it was being used in a generalising way – even though they would never use it to describe themselves on an individual basis. Indeed, questions to do with intergenerational encounters between participants and younger, queer-identifying women would sometimes lead to a discussion on transpolitics and stories of conflict occurring around exclusion/inclusion of trans or non-ciswomen in lesbian or 'women-only' spaces. Sometimes I sensed participants carefully steering the conversation away from this topic; others were open



on their position in the matter but did not ask after my own, and a couple of women *were* curious about my thoughts and ideas around this issue ‘as a young person’.

Finally, the greater the age difference between myself and participants, the more meaningful the generation gap seemed to become, shaping our interactions. For instance, those in their 70s and older sometimes saw our encounter as a chance to pass on lesbian and/or feminist material culture to someone younger who would find it meaningful. Upon my visit to Yoka’s [80s] house, for example, she insisted I take with me to photocopy some original posters, newspaper clippings, and pamphlets from her activist work during the 70s and 80s – many of which she had already given copies of to the Hocken Library in Dunedin. She also gave me a clip-on earring she had made from Fimo, of two interlocked “Venus emblems”, which symbolises lesbianism (see Zimmerman 2010:748). Likewise, Jo [70s] gave me one of her labrys earrings to keep (see Figure 4), and upon a visit to the Charlotte Museum, I was given a stack of spare



*Figure 4: Earrings from Jo and Yoka. Source: Photo taken by author, 2016.*

CIRCLE Magazines – the first lesbian-feminist magazine circulated in New Zealand. It ran between 1973 and 1986, published by the Sisters for Homophile Equality, or SHE (Laurie 2011). I was just as excited to receive these small gifts, as they were to impart

them, finding a new sense of importance in my work. All of these examples serve to highlight the ways in which the interviews were themselves *co*-constructed sites of cross-generational knowledge exchange, often with interesting power dynamics I never *quite* anticipated.

Now that I have set out some of the key practical and methodological considerations that I encountered during the research process, the next chapter begins a series of five chapters that convey my results, analysis and discussion of these encounters.

## Chapter Three:

# Learning (and unlearning) how to be in our world/s

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**Alice [70s]:** I mean we didn't get on that well, but my mother was... I learnt a lot from her about being in the garden, about baking, about all of those household things that she was good at. I had to unlearn some stuff [laughter].

My grandma... I suppose I do think back on them. Now that I'm getting old, I often wonder how it really was for my grandma, because she wanted to tell me all these stories, you know, over, and over again, and I got bored. I should've been writing them down. Work-wise, I did have some great role models. There was a matron at Queen Mary where I worked when I was a charge-midwife and she was brilliant. You know, she was old-school, old-style, single woman, who could relate very well to mothers and their babies, and gave me a free hand, and encouraged me; she was marvellous. And also, I had a charge-nurse up at the hospice who I liked and admired and who really supported her staff. [...] I've got friends that I learn a lot from too, you know? And we talk about... ageing, and dying, but not that much.

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The driving question for this chapter asks, in what ways are lesbian and queer women's conceptualisations and understandings of ageing and the life course shaped through their encounters with people meaningfully older than themselves? It opens with a discussion on individual participants' level of comfort in claiming increased wisdom with older age, or being seen as figures of guidance, from which stems a second question – what happens when knowledge exchange is viewed through the lens of 'care', or as an *act* of care? Following this I share participants' recollections and descriptions of role models, or people they admire/d (past and present) and the significant impressions they have made, or continue to make, on participants' lives. I focus on how these encounters

offered new ways of imagining future selves as women, as lesbian/queer women, and as always ageing. Emerging from these stories, and through a serendipitous unfolding of an intergenerational empowerment narrative, insight is gained into the way ‘coming out’ stories play a significant role in how lesbian and queer women offer each other hope, and temporally engage with identity formation; their subjectivities entangled in political commitments to collective and individual futures.

In 1970, anthropologist Margaret Mead offered a typology for patterns of societal knowledge transfer including: *c*ofigurative (knowledge transferred between people of similar age), *p*ostfigurative (older to younger) and *p*refigurative (younger to older). Mead (1970) suggested there was overlap between these different modes of teaching and learning, that cofigurative learning, for instance, existed in predominantly postfigurative societies, and that traces of each are found throughout history. Later, Mead’s daughter, Catherine Bateson (2013) developed this typology, suggesting people live in *m*ultifigurative societies, where knowledge transfer occurs across all three modes simultaneously.

...an ethnographic description of the role of elders necessarily deals with the transmission of knowledge between generations, but the accumulation of knowledge and integration of new ideas into a culture involves movement in more than one direction as older adults both teach and continue to learn and adapt to times of change.

(Bateson 2013:26)

Originally, I intended to focus only on intergenerational encounters, however, participants deftly wove stories of older ‘role models’ alongside interactions with a variety of people over a lifetime, both inter- and *i*ntragenerationally: from older women in their family, friends and colleagues, to actresses, historical figures, nieces and nephews. Taken together, their stories revealed a rich milieu of multifigurative knowledge exchange (à la Bateson 2013) stretching beyond the parameters of sexual orientation, which they wove into narratives of both ageing and “learning how to be in the world”.

This last phrase surfaced multiple times in women’s conversations with slight variation; the words “in the world” were especially frequent, as participants reiterated their presence in a particular time and place. In Kaufman’s (1986) book, *The Ageless Self*,

she interviewed 70-year-old Martha in the US, who used similar vocabulary. When asked by Kaufman what she shared at the moment of interview with memories of her five-year old self, Martha said she had “the same ‘sense of identity’ over her lifetime, which she describe[d] in terms of her ‘decisiveness’ and her ‘*manner of being at home in the world*’” (1986:12 my emphasis). In contrast to Martha, participants in this thesis did not evoke this feeling as a constant, but something they had had to learn over time, an ongoing project. In many ways, feeling at home in the world is a privilege because certain embodiments are made unwelcome through embedded, societal power relations – structural racism in postcolonial New Zealand for instance, or physical infrastructures designed only for normatively able-bodies. Thus, multfigurative knowledge exchange between lesbian and queer women involved learning how to navigate politically fraught embodiments, finding self-worth, and how to survive emotional upheavals when one’s identity is stigmatised.

### **Older and Wiser?**

My interest in intergenerational encounters emerged during pilot interviews, when two women spoke about social expectations placed on older women. The first respondent, Jessie [20s], critiqued how people “always view this older female figure as someone who can give you ‘guidance’ [...]. Regardless of their age, if they’re at least ten years older than you they can give you guidance”. Observing her older relatives and friends, she thought they were under pressure to appear secure in their identity and position in their life course and were not seen as “people who are going through their own ageing transitions.”

Later, Gabby [20s] discussed the significance of a lesbian friend about ten years her senior. She described approaching her for her emotional knowledge, i.e., seeking reassurance that her reactions and emotions to situations were valid and ‘normal’.

I always think they should be [figures of guidance]. If you’re older, you should look after the younger ones. And... share with them what you know. Just to, help them out? Like, not really guide them but, give them a heads-up? [...] Like a mentoring thing, you know?

Embedded in Gabby's statement is the idea of responsibility, or duty surrounding postfigurative acts of knowledge exchange. I asked older interviewees what they thought of Jessie's and Gabby's ideas, and was intrigued by the varying, and contrasting responses and conversations this elicited. "I don't know we should be", said Sam [60s]. "You know, I'd like to think, yeah, if a young person wanted guidance [...] that, you know, we can mentor, and share experiences and stuff like that, but we don't necessarily have it any... any smarter than younger people today, really."

Like Sam [60s], most women in this study were hesitant to claim wisdom, or the status of a guidance figure, questioning the relationship between chronological age and accumulated knowledge. Michelle [40s], for instance, explained: "I'm not really caught up on... on age. You know, assuming that a 20-year-old knows less than a 50-year-old and that kind of thing, so yeah, I think learning is life-long and... being surrounded by all age groups is really healthy." Seven others (from their 40s – 70s) agreed with Kate's general feeling [60s]: "Err... guidance? I don't know. I think we're all who we are, we make our own mistakes."

In fact, Jo [70s], Michelle [40s], and Kasey [50s] found it was the things they learned *from* younger generations or the people they mentored, that made intergenerational encounters so important and enjoyable, highlighting examples of prefigurative knowledge exchange. "Young people are just kind of amazing", Michelle said. She loved their creativity, how they challenged her with new perspectives, and taught her about social media: "I learn things everyday about [small laugh] about what's going on in the world." Likewise, Kasey espoused that being with young people "expands your worldview", keeps you "well-rounded", and "keeps your empathy gene high". Jo [70s] framed her 12 years of mentoring for a queer youth support group in Christchurch before moving to Dunedin, as "a wonderful opportunity". It allowed her "to be working and thinking through younger minds and seeing their views of the world and their vulnerabilities...".

Sylvia [70s], Annabel [80s] and Barbara [70s] suggested 'having experience' was different to 'having wisdom', and shared similar thoughts to Moya [70s] who said:

we may have learned a few things, but I think it's a big danger to be passing out bits of wisdom that you think about the world. [...] The age doesn't matter too much, and being wise... no, no, no; there's

some very silly, old people. [Shared laughter]. I might be one. I wouldn't take any notice of them or look to them for advice.

In fact, when I asked Barbara [late 70s] if she would consider herself as having wisdom, she said laughing, “Probably a bit early”. After talking about what she *had* learned over the years, Barbara concluded that “different people have wisdom in different aspects of life”. Annabel [80s] thought “older women, hetties or lezzies<sup>11</sup>,” had a lot of experience, but wisdom is “a funny old-fashioned word – isn't it?” Prue [70s] was also reluctant to relate wisdom with older age. She said wryly:

God knows, I'm not particularly wise. I think we get more and more muddled as we get older. Especially if you've been like I have, as a left, green, lesbian-feminist economist, who's been banging her head against brick walls for 40, 50 years, and things have gone backwards rather than forwards in some respects...

Both Jo [70s] and Holly [40s] felt one had to *earn* one's role as mentor, or be considered wise:

**Ella [20s]:** So, some of my participants have suggested that older women should be seen as figures of guidance, would you agree with that?

**Holly [40s]:** That depends on the woman! [...] I don't think age alone can bestow that. I think that's something that comes, normally, reasonably unintentionally. I think that if it's intentional it becomes... perhaps not as valuable, or a bit more... false, or perhaps more preachy [...]. It definitely depends on the person.

Her suggestion that a ‘guidance’ role be accompanied by a humble disposition, hints at the internalisation of New Zealanders’ ‘Tall Poppy Syndrome’. As Suchitra Mouly and Sankaran explain: “To *tall poppy* is to cut an apparently successful person down to size. *Tall poppy syndrome* (TPS) refers to the tall poppying of tall poppies” (2002:37). Finding a lack of research into the origin of TPS in New Zealand, Suchitra Mouly and Sankaran suggest Miriam Dixons’ investigations of TPS in Australia are

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<sup>11</sup> Colloquialisms for heterosexuals and lesbians.

applicable, i.e., that Australians' and New Zealanders' TPS stems from being colonial/settler societies (Dixon 1990 cited in Suchitra Mouly and Sankaran 2002). Dixon argues that TPS comes from "a kind of cultural imprinting effect" from an environment of envy that developed "early and deep in colonial beginnings" (Dixon 1990:23 in Suchitra Mouly and Sankaran 2002:37). In the Otago Daily Times, Jodyanne Kirkwood was interviewed on her doctoral research into how TPS impacts New Zealand entrepreneurs (Rae 2015). She suggested: "TPS is seen as a nuisance but many of the roots behind TPS are actually what we love about New Zealand – its egalitarian culture" (Kirkwood in Rae 2015). Even Prue [70s], an accomplished academic and writer, felt a bit 'sheepish' at her own book-launch recently when they treated her like "an older, wiser, woman – a little bit", praising her work: "I'm not immune, I'm not totally without vanity. You like feeling that things that you do are worthwhile, and that people appreciate them."

Margaret Cruickshank (2013:46) offers further explanation of participants' ambivalent relationship with 'wisdom'. In her book, *Learning to Be Old*, Cruickshank discusses how the role of the 'wise elder' (for white, European Americans in a technological society) has nearly disappeared, and that while older generations still impart knowledge, "life experience" does not translate to a romanticised understanding of wisdom, or "provide a widely-sanctioned guide role" (2013:46-47). Yet the discourse of 'wise elders' and their roles in guidance/knowledge transmission persists as a familiar discourse in New Zealand. In 2010, a report by the Families Commission explored the *Pleasures and Pressures of Being a Grandparent in New Zealand* and the changing roles of grandparents in families. The researchers spoke to grandparents from five different ethnic groups (European, Māori, Cook Islands and Korean) using a multi-method approach including: focus groups, consultations, and a telephone survey which reached 1,178 grandparents across the country. They found respondents across these ethnic groups "spoke about the responsibility they felt to pass on skills, knowledge, and wisdom" to younger generations, and highlight how for "...Māori, Pacific and Korean grandparents, this frequently involved teaching cultural practices and beliefs, and teaching grandchildren a language other than English" (Families Commission 2010:38).

Among Māori grandparents, there was a much stronger sense of responsibility and social pressure towards ensuring Māori cultural knowledge is passed down the generations to their mokopuna (grandchildren/descendants). This is especially



important, the researchers assert, in New Zealand's postcolonial context where customary channels of teaching and learning were challenged by changing family structures due to "urbanization and emigration" for instance, and a history of Western European imperialism (Families Commission 2010:142). As Mason Durie (2003:75) writes in broad terms:

Despite several generations of western influence, Māori society generally retains a positive view towards ageing and older people, affording them status and at the same time expecting them to fulfil certain defined roles on behalf of the whānau (family) and hapū (tribe and community).

Representations of 'wise elder archetypes' and 'postfigurative knowledge transfer' also appear in popular media outside of New Zealand. For instance, Edmondson and Fairhurst (2014), analysed every-day representations of older people in two calendars, one from Ireland and one from the UK, identifying a wisdom discourse utilised in their images and accompanying text. They found the calendars offered "diverse positions on how older people ought to be seen", including "what older people can be expected to convey to each other and to other generations" (2014:170). Interestingly, the concept of wisdom in the Manchester calendar (both deliberately and implicitly) was not presented as a "capacity" of older people, or a resource for other generations, but "a significant spiritual aim for older people's own life development" (Edmondson and Fairhurst 2014:170).

Although familiar, the 'wise elder' discourse is not straight-forward or left uncontested. Just as participants have argued thus far, both Durie (2003) and Cruickshank (2013) remind readers that older age does not guarantee wisdom. Durie (2003:76) explains that, although the mana (standing or authority) of contemporary iwi (tribes/people) "relates more to the visible presence and authority of its elders than to the vigorous activities of its younger members", the spiritual leadership and various other roles of kaumātua (older people/elders) are not fixed to chronological age and "[o]ccasionally a young adult with exceptional skills will join those of advancing years" (Durie 2003:77).

In the US, Cruickshank argues that when older women are depicted as wise, it is often done by women who wish to counter ageist, gendered discourses (2013:194). For instance, the image of the 'Crone' "...attracts young and middle-aged feminists because

it conveys power and pride”, but Cruikshank suggest this simply swaps one stereotype (the “ugly, withered old woman”) with another (Cruikshank 2013:193,194). Both “still assume that chronology confers fixed meanings” however, and again, Cruikshank argues this says more about the need of younger women to “project onto an old woman [their] wish that she be rebellious”, romanticising wisdom, perhaps, to feel better about their own ageing (Cruikshank 2003:197, 198). Cruickshank then cites a film featuring older women exploring their experiences of ageing in La Jolla. Contrary to the film’s portrayal of these women as guidance figures, it was not something the women themselves found meaningful (Cruikshank 2003<sup>12</sup>:198). “Declaring women over fifty wise and powerful simply by virtue of their age obscures their individuality; it is a way of not seeing them”, Cruikshank argues (2013:194). Thus, researchers need to ask, when wisdom discourses are used, whom do they serve?

Take, for instance, the language used in New Zealand’s Positive Ageing Strategy (PAS) and the 2014 Report on the Positive Ageing Strategy (Dalziel 2001; Office for Senior Citizens 2015). Unlike the Manchester calendar in Edmondson and Fairhurst’s study (2014), both texts *do* portray older people as having a capacity for wisdom, linking postfigurative knowledge transmission with a moral imperative to ‘contribute’ to society for the benefit of future generations. For example, the PAS suggests that “[s]ociety as a whole has a lot to gain” from a positive ageing ethos, including having a “healthy, happy, and confident ageing population” which “contributes a wealth of expertise and skills to the community and the workforce, places less demand on social services, and provides positive role models for younger generations” (Dalziel 2001:11). In the 2014 Report on the PAS, ‘Goal Eight: Positive Attitudes’ involves creating “an ageing society in which older people can continue to participate, and to which they can contribute their time, energy, experience and wisdom...” (Office for Senior Citizens 2015:34). The report also quotes New Zealand’s 1997 Prime Minister (the Rt. Hon. Jim Bolger) in his Positive Ageing report for Government:

We want a society free of prejudice and discrimination against older people that captures the wisdom and experience that only age can bring and uses this rich resource to build stronger communities in the future.

(Office for Senior Citizens 2015:5)

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<sup>12</sup> This vignette is omitted from Cruikshank’s 2013 edition of the book.

Only a few participants agreed with the underlying moral imperative in such a broad sense (more women agreed to the idea of contributing their knowledge when applied to specific *types* of knowledge to be shared, but more on this later). When I asked Sandra [50s], for instance, if older women should be seen as figures of guidance, she responded:

Yes, I do agree with that. I think that there is something about having lived a bit and kind of worked some stuff out that is really valuable. And certainly, if we look back generationally, our elder women were valued for [...] their accumulated knowledge [...] and I think that's one of the things that we've lost.

I think we hit a certain age – not quite sure what that certain age is – and then.... [...] I think it's probably related to working; if you are seen to be contributing to society in the way that society values its economics, then you have worth, and your opinion maybe matters. Can matter. More so than when you're not.

Sandra's agreement ends with a political awareness of how capitalist, patriarchal societies imbue different bodies of knowledge with greater or lesser value along lines of gender. She alludes to how women's 'accumulated' knowledge is not directly monetised, and is thus undervalued, pointing to how the confluence of age and gender, as markers of difference, situate women's knowledge increasingly outside of immediate monetary worth. Even the choice of word 'accumulated' (used by several participants) evokes a passive relationship to knowledge in comparison to words like 'obtained', 'sought', or 'gained'. Sandra's [50s] comments suggest that women's knowledge and the concept of 'wisdom' occupy a different moral economy to 'expertise' for instance, outside the purview of 'professional' knowledge. This signals a need for critical awareness in how ageing policies value the knowledge of 'older people', particularly when framed as a *free* resource, encouraging voluntary work. It also highlights the importance of continuing to explore how women's knowledge is held, gained, shared and valued on an individual level, against a backdrop of ageing discourses informed by neoliberal socioeconomics in New Zealand.

Liz [70s] also agreed with the idea of older women being figures of guidance, relating how she was often a sounding-board for others (in both education and work

institutions). However, her experiences reveal inconsistencies within ageing norms by simultaneously strengthening *and* undermining the stereotype of strictly 'older' women being purveyors of wisdom or advice holders. For instance, she described being given a nickname at school, one usually reserved for older women (a gendered kinship term that evokes a certain dynamic of care), which implied that people came to see Liz to talk and share their secrets, wishes, aspirations, joys, sorrows and family-feuds. It was not just the capacity of her offering wisdom, or "just sensible, good advice", but the capacity to listen that led to her nickname. Thus, it is here we begin to see how participants intertwined narratives of knowledge exchange with an ethic of care through explanations of *how* they share their knowledge.

## **Knowledge and Care**

The first day I interviewed Yoka [80s], her granddaughter was also present. When I asked her if older women should be seen as guidance figures she disagreed:

**Yoka:** No! I don't. I think that ah, experiences are there to be shared. But that's all. Certainly not. I would never think of telling anybody how to do things. Do I? [She asks her granddaughter, listening nearby].

**Granddaughter:** No. But, advice is...

**Yoka:** ...is welcome.

**Granddaughter:** ...because you have so much more life experience than I do. Completely. And you know so much more about the world. So, it is good to get advice.

**Yoka:** Yeah, yeah. And I'm always happy to give it as well. But, only on the basis of sharing, strictly on the basis of sharing. Not on the basis of 'I know better'.

Later, Yoka added: "It's sharing much more than telling [...] because everybody has their own special knowledge that they want to share as well." This idea of 'sharing not telling' captured the perspectives of eight other women regarding knowledge exchange, including Alice [70s]. Although she thought being a figure of guidance was

important for older women, Alice was careful to explain what that would entail, suggesting the capacity for wisdom is not inherently acquired in old age, but a capacity *exercised* in older age:

I think in a way, that's our role, because – not that we're all 'old and wise' – but that we've got... time, maybe, to listen and guide. And I have some nieces, three nieces that I keep in touch with a bit. And I don't think I guide, I just sort of [...] enjoy them.

Similar to Liz [70s], Jan [60s] and Emma [70s] linked guidance to offering a listening ear. Jan has often told women in the process of coming out, at any age, that if they needed to talk, her door was always open – adding in afterthought: “And certainly not be telling them what to do.” Emma felt that everyone had their own path to walk and would make their own mistakes but having someone to listen to those mistakes makes all the difference. Just like Jan, she added: “you can't *tell* people... I've learnt that! [laughter]”. Jo [70s] also felt guidance was important “...if we've had the experience that fits what's being sought” but added the now familiar caveat: “[...] without telling them what to do.”

Four others highlighted the importance of storytelling. For instance, Jenny [60s] felt everyone had a responsibility to help others, regardless of age – but that “[a]ll you can do is tell a story, and who they are inside will decide to either follow it, listen to it, or change it...”. Moya [70s] and Emma [70s] described feeling a responsibility to change the narratives available for younger generations, rather than a responsibility to ‘guide’ them per se. As Emma expressed, “I was certainly very good at teaching, but who you were [lesbian] never came up. And it didn't have to [...]. But I realised, in not coming up, you weren't helping the next generation behind you.”

When I visited Christchurch for a workshop on the Silver Rainbow in 2016, I met Ari<sup>13</sup>, a former member of the support group for queer youth that Jo used to mentor. When he found out I knew Jo, he told me everyone at the group had really loved her: “We called her Granny-Jo.” (Fieldnotes 2016). When Jo [70s] reflected on her time with them, she shared a narrative that revealed her subjectivity as ‘old’ in a light-hearted way.

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<sup>13</sup> Pseudonym.

Her story exemplifies how one's chronological age *can* become meaningful in intergenerational knowledge exchange:

**Jo [70s]:** [...] every now and again I'd say to them, "I think I better stop this work; you don't need an old girl like me", and they'd say, "No, no! You stay with us." And I mean, that was right down to, you know, 14-year-olds, [...] and I think there was something about being so far outside of their age-group; I wasn't in anyway participating in their social scene [...] so they could come and talk to me and they'd know that it was going to stay with me, and I was not going to [...] share it, or make any judgement [...]. And, I went to two queer youth hui [gathering or meeting] at their request.

Sometimes Jo [70s] felt a bit self-conscious of her age (and tell-tale white hair) at these youth-orientated events, sure that people were looking at her and thinking "what's she doing here?". Jo thus introduced herself saying: "Oh, well, I'm the blonde!" Through Jo's humour and embodied performance of 'being old', queer youth felt they could trust Jo as a responsible person to confide in, based on cultural expectations of an older woman's sociality. Jo made clear that although she felt privileged to find herself in "a position where some younger lesbians have seen me [as a role model]", what she offered queer youth was helpful for people her own age as well, because people coming out later in life are looking for role models too.

I end this section with another, more nuanced example of setting the concept of knowledge exchange within a wider context of care. Sandra [50s] was brought up Catholic and our discussion of guidance and role models brought back memories of the nuns she had known as a child. There were two nuns in particular whom she had "loved, really". They had encouraged her and were simply "there" for her. Sandra then recalled for me the story of Saint Therese of Lisieux. Although she could not remember the whole story, it was what the young Therese had promised to do after her death that remained with Sandra for years to come: "[S]he vowed to, when she died, to send roses down from heaven". For Sandra, the roses symbolised Saint Therese's "own way of knowing, and her own determination to share her knowledge, and to pass it on beyond what's seemingly possible." This, for me, grounds the broader scope of this thesis; the myriad ways women pass on the knowledge they believe worthwhile when it comes to

forming ageing subjectivities – knowledge of how to be a mortal of this world, and a desire for this knowledge to be shared, and to outlive them, framed as an act of care.

Reminiscent of Saint Therese, Sandra [50s], expressed a desire to pass on knowledge about the physical changes she was experiencing, telling me she had not *really* known how ageing would feel, and wanted to let younger people “know properly” what it was like:

I wish there was a way I could, I don't know... impart wisdom?!  
[She starts laughing]. Or knowledge, or... *something*; that's not just saying, 'oh you know, you need to be careful of blah-di-blah,' or 'you need to do this-or-that', but actually 'this is a real thing'. You know? And, when I notice my body change, I *know* it's a real thing.

“No one taught us how to be old, dear.”

Inspired by Sandra's [50s] description, I began asking other women about the importance of sharing experiences of ageing, and ageing bodies. Participants in Dunedin and Paekākāriki were generally split between two camps: those who believed older women should be open about their ageing experiences – that a ‘heads-up’ on bodily changes would be a caring thing to do; and those who saw it as unhelpful – that younger people should not have to think about ageing.

Alice [70s] was of the former opinion, bringing back the theme of moral obligation when she suggested older people, regardless of gender or sexual orientation, had a role to play “in showing what it's like to be old to the younger generation.”

[...] So, I think as we age, we can be, *should* be, really open about how it feels... what it is, you know? [...] We have a responsibility to say, actually, this is the way it is, it's great most days, or, it's shit, or whatever.

For those who agreed with Alice, it was not easy to articulate what they wanted younger people to know, exactly. For Kasey [50s] and Rhonda [60s], it was an urge to tell younger female relatives (daughters or nieces) to celebrate, love and “enjoy [their] glorious bodies” before the process of senescence *really* kicked in. “[A]fter 55 it just

begins...” said Rhonda [60s], “the connective tissues go” she sighed, lifting up her arm and waving it in demonstration: “it’s cellulite and it’s all hanging down, and it’s scary”. Rhonda’s nieces had expressed insecurity over their body images, and having felt the same way at their age, she decided to stop hiding her older body and let out her “...old-bugger arms! I mean, why do we have to cover them up? Fuck's sake. [...] [I]f they're not out there, then people don't know that that's what happens when you get older. And so, I think there is a certain responsibility in that way, as a role model.” Sam [60s] felt somewhat unprepared for some of the bodily changes that came with older age, because although she had witnessed her mother in old age, “she never *said*, and she never *showed*” what it was really like.

Women who disagreed with Alice [70s] and Sandra [50s] implored that the young (including myself) should not have to think about their bodies ageing until it happened, encouraging me during the interview to live ‘in the now’:

**Moya [70s]:** No, no, no! No, no. Be young while you're young, be middle-aged while you're middle-aged. You'll get there, you're gonna get there. Don't worry about it.

Pleasance [60s] actually avoided “spending too much time” with older women, and instead liked to “stick around with the women that are quite a lot younger than me, because it feels... more where I’m at, in terms of my attitude [to ageing]”. Especially since (after making a conscious choice to take up yoga in her 60s<sup>14</sup>) she felt “fitter, and stronger, and more... supple” than she had 14, or 15 years ago. Nicole [40s] doubted younger people would *want* to know about ageing: “I know *I* didn’t listen” she said, “it [was] like, ‘ah, *phht*, old people’ [laughter.]” Sam [60s] felt the same way – she would probably turn blue talking to someone half her age, “trying to tell them, ‘My *God* don't take it for granted... that you can get up and bend down and touch your toes! [...] But it won't matter. So, no, I don't think it would be effective.”

“And the other thing is”, said Sarah [40s] “[...] my experience of ageing is not going to be *your* experience of ageing.” Four others, in their 70s and 80s, had the same

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<sup>14</sup> This decision came after two, life-changing events, specifically, the break-up of a lesbian relationship and her mother’s unexpected death.



opinion; that ageing was a journey, or adventure – different for everyone, “in ways we can’t predict” added Sylvia [70s].

**Sarah [40s]:** I would be worried that I would limit your experience by [...] giving mine as a template. And I think – and this is me personally – but I really dislike sharing things about physicality with people I care about. Like even [my son] when I was very ill last year; [...] it was something I wanted to get through without actually having it impact on him. I mean, I couldn't entirely, but it's very important to me. I want to be strong. [...] Because you can't change it. So, it's like, what are your expectations in doing that?

Prue [70s] was also against the idea of telling younger people about what ageing felt like, at first: “No! Load of rubbish. What for?” she laughed. But she changed tack:

I don't know that I even—. I guess I haven't even analysed what it feels like to grow older, like I say, almost the only thing I can think of is just some slight resentment that [...] I'm not going to go on forever. And so, I wish I could be 20 again, to have 70 years ahead of me, because I like life. But other than that? [...] I'm not terribly introspective about [what it means] to grow older.

She then began to explore some of the differences ageing *has* brought, reflecting on things she had read about women becoming more ‘contented’ with age, that there was less concern with body-image, and less unwelcome attention from men – “mind you, that’s part of being lesbian really [laughter].” She then brought things full circle. “...but I don't think younger women need to be lectured about it, [laughter] they'll discover what it's like for them to get older.”

At this point, I wondered what these women made of me asking them such questions in the first place and became particularly interested in something Pleasance [60s] remembered her mother saying: “No one teaches you how to be old, dear”. For Pleasance, this was an indication that she could make old age her own, carve out her own path. For Sam, the quote resonated differently. Sam and her sister, both in their 60s, had been talking about ageing a lot recently, how there is an ideal of ‘growing old

gracefully', but "we're not sure... how to do it, or if it can be done [small laugh]. So, it's like an interesting new world really."

So far, participants' discussions of sharing knowledge from older to younger has centred on verbal communication, but as some participants noted, "watching" or "seeing" older women in day-to-day life strongly influenced their conceptualisations of 'being old', and their awareness of the changes to come with senescence. For instance, since turning 50, Sandra found that when she sees older women in the street "shuffling" with their walking frames:

...I put myself there now, in a way that I didn't. [...] It's like, that could be me, that could be my future. Whereas, when I was younger, I didn't even *consider* that, I didn't think about that. So, I imagine [...] those possibilities as real possibilities now. Not only possibilities, *probabilities*, actually. Given that my body is already letting me know that it's not like what it used to be [small laugh].

Here we see the theme of possible embodiments emerging, tied in with empathy and acceptance of incumbent changes to an increasingly vulnerable body. Myerhoff (1979:19) suggests there is less "natural attentiveness to and empathy with the elderly [...] because we don't want to recognise the inevitability of our own future decline and dependence". Myerhoff describes this as a "self-fulfilling" circle: we nurture our own ageism because "[o]ur own anxiety about the future is guaranteed by our own behaviour" (Myerhoff 1979:19). Thus, both discussing bodily changes, and increasing opportunities for intergenerational encounters can potentially alter our intersubjective experiences and foster more empathy towards those older than ourselves. Taking this theme of possibility, we enter the next part of this chapter, which focuses on possible selves and hope.

### Imagining the future

Like Sandra [50s], several other participants illustrated how being able to 'watch ageing' in older women helps them to, as Ricky [50s] put it, 'imagine the next step':

I remember when I was in my 20s and a good friend of mine turned 30, which was like a ceiling for me. 30, that's it. You kind of hit

– [She slams the table] – rock bottom! That's it! And she turned 30 and she was still the cool cookie she used to be before, when she was 29, and I thought, “oh, hang on a minute... [laughter]. It's not going to end just because there's a '3'”. And yeah, I think it is important to have contacts and examples of people being in that other age bracket.

Participants who lived (or used to live) close to their family, often referred to their relatives when imagining themselves in old age. Others spoke of women outside of kinship networks as important too in this regard, such as older friends or colleagues. Both Jo [70s] and Sam [60s] described their older sisters as foreshadowing their own futures, which inspired preparatory changes in their own lives, and some participants referred to how long their parents or grandparents lived as an indication of their own life expectancy. Natalie [40s] for example, imagined old age to be “way off in the future” because she has two grandmothers whom she regards as “good role models” for ageing, including one in her 90s who “lives independently and refuses to be an ‘old’ person.” Pleasance [60s] remarked that longevity was in her genes. She described having “a very long horizon”, informing how far ahead she sets her long-term goals. She has “...an ambition, I guess, to live to about – I don't know – 105 or something, maybe 110.”

When I asked Kate [60s] how far ahead she imagines herself, she said because she has lesbian friends in their 70s now, she can imagine that age easily. Her 80s, however, was harder. Not only did her mother pass away in her 80s, but she did not know of any ‘healthy’ women that age either, “...so I can't see that. Isn't that *interesting*? It's only what I've been able to see! [...] So, I can imagine if my friends keep going like that, then I may be able to.” She went on to tell the story of an older woman in her lesbian bookclub who had fallen off a ladder. She ended up with a hip replacement but was soon back to climbing. It was one of the *younger* book club members that expressed concern (a fact Kate found rather amusing):

"You're up a ladder on your own?!" It was like: “Yes. I always have, and I'm not going to stop it!” [Laughs]. [...] She's always done it – why won't she do it now? [...] If anything, [being active in older age is] encouraged and celebrated. Because we can see that that's what is hopeful for us....

Michelle shared a remarkably similar story, with similar enthusiasm:

**Michelle [40s]:** I've got a friend who's 70, she's had a hip replacement and she's just, *man*, she's just awesome! She *just* amazes me. And she's quite a good role model for me because [...] she's just recovered from this hip operation really, really quickly, and now she's walking just like she ever did.

I realised participants were eager to give examples of successful, healing narratives when discussing intergenerational encounters and role models. Embedded within their narratives was a valuing of continuity, from “I always have, and I’m not going to stop it” to “now she’s walking just like she ever did.” The following story also indicates Michelle’s [40s] desire for continuity, this time in her scuba diving practice. She worried her days of scuba diving were growing limited, already feeling the strain in her body faster than ever before. Thus, we can understand Michelle’s excitement when she discovered an old friend of hers still scuba-diving in her mid-70s: “She does it voluntarily, for a dive operation, but she's like the *best* dive guide [...]. She’s awesome! [...] So, I kind of think of that, and think: 'Oh God, I'd *love* to be doing that at that age', yeah”.

While these descriptions of older role models are empowering for participants, it is important to recognise how they can sustain the problematic ‘successful ageing’ discourse identified in Chapter One. As Lamb (2014:50) explains, emerging as “a counter to ageism, the successful ageing movement seems a positive development – offering hopeful, even celebratory images of what maturity can be”. Such discourses, however, make it difficult for people to accept the experience of decline in various capacities as a “meaningful” or “valid dimension of ageing and personhood” (Lamb 2014:50). Certainly, finding ‘good’ role models for ageing that personify successful ageing ideals helped allay some participants’ concerns for their future. Kasey [50s] for instance, suggested that as a society “we deny ageing still” because it’s something we fear, so it is important to let people know “that it's okay to get older, that you still can do things like go tramping, and get fit and healthy, and, your body will still work for you wonderfully, mostly, and you can still take care of it and celebrate it for, for as much as it is.” In a similar vein, Sarah [40s] felt she had a responsibility to “reflect the beauty of life”, and that we should continue to do so “even as an old person, which is why it's really important to me not to get bogged down by the physicality. I want to reflect the beauty of life so that people aren't afraid...”. She broke off before revealing her own

fears: “I would never want someone to think that I was old and decrepit, and that my house smelled funny and [laughs]... you know?” As Dumas and Turner (2006:152) point out, in a society that values ‘productive bodies’, “[t]he loss of physical capital (that is health, strength, bodily appearance)” is linked with a loss of power, and social value – something participants were wary of. Against this backdrop, it makes sense that the hopeful stories of women who are able to retain physical and social capital ‘against the odds’ were shared and celebrated or considered good role models for old age by some participants.

Yet participants’ hopeful narratives of older age contend with other discourses that emerge specifically at the confluence of age and sexuality. When imagining herself entering a rest home, Michelle [40s] worried co-residents or staff would be influenced by the deficit-orientated thinking prevalent in medical and or public health research. She expressed frustration at a particular study reported on television several years ago:

**Michelle [40s]:** ‘...if you're lesbian or gay, you are so-many-times more likely to have experienced abuse’. [...] [A]nd that's a fair study and all the rest of it – but it, it just re-enforces assumptions. So, like, if you're 75 and someone says, "Are you married, and have you got children?" and you go, "No, I'm a lesbian," [...] what are the assumptions that people form? It's all the same crap that there was when I came out when I was 20, you know? That you hate men, and that something terrible has happened to you and you didn't, I don't know, you didn't have a good role model or something [laughs]. All of that stuff [...]. I think that will exist for a long time.

With a little digging, I found the research Michelle [40s] remembered. The following excerpts are the *opening sentences* of two media sources reporting on the study’s findings. On the University of Otago website, it was reported that:

Homosexuals, bisexuals and those who identify as heterosexual but who have had same-sex encounters are more likely to have experienced negative events in childhood, a new University of Otago, Christchurch, study shows.

(University of Otago Media Release 2010: n.p.)

The same research was then reported online in the Otago Daily Times as follows:

New Zealanders who identify themselves as homosexual or bisexual, or who have had a same-sex encounter or relationship, tend to come from more disturbed backgrounds, a University of Otago researcher has found.

(Rudd 2010: n.p.)

The reader must scroll further down the article to find contextualising statements like: “It was important to remember that the majority of people in her study who said they had disturbed backgrounds were *heterosexual* in behaviour and identity,” and that, “there was no way of knowing from her study why there was a link between negative events in childhood and same-sex sexual orientation.” (Rudd 2010, paraphrasing Elizabeth Wells, my emphasis). The original study (Wells, McGee and Beautrais, 2011) had 12,992 respondents, with only 106 self-identifying as homosexual, and 101 as bisexual. As Michelle [40s] argued, however, the sensationalization of the reports on this study have ongoing repercussions for queer-identifying people. Neither media release suggested that past experiences of “negative events<sup>15</sup>” may have been a direct outcome of homophobic discrimination.

Kia (2016) offers the concept of ‘hypervisibility’ when discussing representations of specifically ‘older’ queer identities in neoliberally governed nation-states like New Zealand. Based on Foucault’s notions of biopower – specifically, on the panopticon-inspired understandings of governmentality, discipline and power – ‘hypervisibility’ names the process whereby older queer/trans people are both systematically silenced *and* rendered hypervisible to governmental institutions through practices of “surveillance and control” (Kia 2016:51). The impact of hypervisibility is sharpened by intersecting social markers (class, gender and ethnicity for example) and can be exemplified in the way queer identity categories are used by health and welfare providers as indicators of risk, “on the basis of their distance from non-normative sources of care and support...”, for instance (Kia 2016:52).

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<sup>15</sup> The “adverse events” in focus were: “being badly beaten by a parent or parent-figure, witnessing other violence at home, sexual assault, and rape” and “other adverse events”, including a “life-threatening vehicle accident”; “life-threatening illness”; “a major natural disaster”; or “having someone very close to you die unexpectedly” (Wells et al. 2011:158).

Thus, even though homosexuality is no longer classified as an illness in New Zealand, various media (such as newspapers, media releases of academic studies, and some ageing services websites) use medicalising, risk discourses that bolster deficit-related representations of older lesbian/queer citizens in New Zealand. For instance, the following quotes from the Age Concern website (Age Concern New Zealand 2016) draws from research conducted by Age UK Oxfordshire in 2012 (a charitable organisation) and illustrates the kind of representation hypervisibility can lead to. Under the title *Who is Lonely* is the statement, “The following have been identified as risk factors for loneliness amongst older people” under which is listed the following:

- Low income
- Living alone
- Being over 80
- Being of an ethnic minority
- Being gay or lesbian
- Poor health and disability
- Reduced mobility
- Cognitive and sensory impairment
- Living in a deprived urban, or isolated rural area

(Age Concern 2016: n.p.)

Note, too, that there is no discussion on this webpage how embedded heteronormativity, or structural racism in post-colonial societies have a role to play in creating the disadvantages that accumulate over a life-time (Estes 2001) creating ‘risky identities’ (Kearney and Donovan 2013). The language featured in the above quote (especially the word ‘being’) suggests personal attributes of a person’s identity is what puts people at risk, not the systematic modes of oppression that exist in society (Kumaş-Tan et al. 2007). In other words, it implies “that the problem lies in the disadvantages borne by minority groups – not in the advantages of dominant group membership” (Kumaş-Tan et al. 2007:551).

Therefore, in the context of sexual and gender identity formation, experiences of inter- and intragenerational encounters are important sites for contesting heteronormative and disempowering discourses of ageing and the life course. For Jo, [70s] fighting for lesbian visibility – whether through being an ‘out’ role model or through writing down or sharing her story – is crucial for taking some control over the

lesbian narratives available in the wider world. She worries lesbians are becoming “less visible now” than in the 70s and 80s. Seeing lesbian women carving out a space for themselves, who were ‘ahead’ of participants – either in age, or in terms of meeting life goals that had previously seemed out of reach – offered new possibilities, and hopeful futures. For instance, it was glimpsing two strangers on the street that changed Kate’s [60s] future outlook. She was in her 30s when she saw two ‘old’ lesbians on the street holding hands, and it blew her away. They were probably only in their 60s, Kate laughed, but she thought they were *very* old at the time. Seeing them together felt fantastic: “I loved seeing it from the point of view of *that’s* where I’m going to.”

Natalie [40s] used the phrase ‘peripheral role model’ to describe the woman who altered her imagined future. When she was 16 to 19 (in the 1980s) she dated a boy whose older sister, Meg<sup>16</sup> was a lesbian – “and... I was fascinated by her”. Natalie was invited to Meg’s 21<sup>st</sup> birthday where she overheard Meg and her partner discuss having a child together. Up until then, Natalie had never known lesbians *could* have children:

**Natalie [40s]:** And so that was a real turning point for me. So, my relationship with the boy broke up, and I stayed in touch with her [...]. Because [...] I’d always wanted to have kids, but to have kids I’d have to be straight. So, the fact that there was this lesbian woman talking about kids was revolutionary for me.

On a side-note, imagining the possible selves of younger people also appeared beneficial to participants. Those women who were involved in various youth organisations through work or volunteering found themselves incredibly inspired: there was a sense of joy and a humility in being seen as a role model. Narratives of hope appear again in these encounters, but in a slightly different form. For instance, when I asked Michelle [40s] why she enjoyed working with youth, she explained that it was “the whole idea of possibility, I suppose. You just get the energy, don’t you, in that kind of... yeah, it’s that possibility. And it’s like, wow, what are you going to do in your life?” One of the most rewarding experiences was having a young bisexual woman come out to her, “which was quite unusual where I work”. They had formed a connection through their passion

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<sup>16</sup> Pseudonym



for music, and ever since, the young woman began taking a leadership role in the group, “doing a few bits of waiata [songs] and stuff, and that’s been awesome.”

### **“If You're an Older Lesbian, You’ve had to Learn to Be in the World.”**

In the stories that follow, we begin to see the way in which learning how to be ‘old’ is intermeshed with a life-long project of learning how to be a woman *and* queer or lesbian in the world; an idea encapsulated by Kasey [50s]: “maybe [...] in another decade I might start to feel that... wondering to know how to be as an older woman [...] particularly an older *queer* woman.” Analytically, this involves a zooming out from narratives on individual ageing *bodies*, to narratives of ageing *embodiments* “...thereby giving emphasis to performance and to the body in social practices” (Dumas and Turner 2006: 145).

For women in my study, their knowledge of how to lead lesbian or queer orientated lives *necessarily* incorporated learning outside of more conventional, postfigurative forms of knowledge transmission during the late 1950s onwards. Not only did they learn how to live as women-loving-women, but as women living independently from men, breaking cultural scripts over what kind of lives were possible for women in New Zealand from the mid- to late-20th century. For example, Sandra [50s] and Moya [70s] describe being brought up in a very sectarian manner in small country-towns and clearly remember learning *other* ways to be a woman outside of their religious family cultures. Sandra shares her process of discovery through new forms of technology and information-sharing entering the family-home:

**Sandra [50s]:** Well, I'm one of the baby boomers [...] and I think, strongly influenced [...] by the Women's Liberation movement – so different to my Mum's era – where I knew I had a choice, or I came to know I had a choice. Yeah, it's interesting isn't it, how that... shift in society comes home to you, or something? I don't know how to describe that properly, but I think as a child, seeing people making [...] *very* different decisions, and seeing people show themselves in very different ways to—, to certainly when I was really little [...].

Brought up Catholic in quite a big family, Sandra adds that she had a “very, very narrow view of what life’s about and what’s possible”. Apart from the radio, there were no other chances to learn about other ways of life, “but once television came...” things began to shift<sup>17</sup>.

**Sandra [50s]:** And it’s just... attitudes have changed really, really dramatically. [...] So, I think my generation was exposed to things that previous generations weren't in the same way. And I think [...] in some ways, there's probably many of my generation who 'got with the programme' a lot earlier than I did, because of my quite narrow family situation. But, I think somewhere in my psyche, and that sort of collective consciousness, I knew, somewhere, that I could choose. And at some point, I did, you know, choose a whole range of things. For myself. Including, [...] going with my heart and not just my head and [...] learning... kind of how to trust, trust *myself*. [Pauses]. And seeing yourself reflected out there, actually really assists that.

Sylvia [70s] and Fe [60s] also recalled how lucky they felt to have known women who were leading lives beyond the domestic ‘wife and mother’ scripts they were taught. After having children, Sylvia was so excited to meet women who refused to be relegated to the private sphere: “So I thought, there's life beyond this stage! You know? And you can be an older woman and still... you know, be interesting, and interested in everything!” Fe had three female relatives who were childless and learned from them “about living... in a different way, I suppose.”

Two women whom she met in the mid- to late-1960s (“who I think were *probably* lesbians”) made particularly strong impressions on Fe [60s]. The first was an artist who lived alone and painted Fe (aged 13 or 14), paying her about 20c an hour. Fe recalls how the artist did not do housework like the other women in her world did.

**Fe [60s]:** And the front garden was absolutely beautiful and formal; there was a path with irises and lawn, and walls.... You went through a door to get in. And then there was the house, and the back garden was complete chaos, nothing was ever done to it. And you'd

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<sup>17</sup> Radio began broadcasting in NZ in 1921, television wasn’t introduced until the 1960s (Laurie 2003:121).

sit out on this little deck, and there were all these blackberries and weeds, and trees, and birds.

The contrast between the painter's front and back gardens became symbolic of a woman's hidden creative potential:

I was experiencing someone who was able [...] to fully express those two sides of formality and creativity. You know, firm kind of boundaries, and then no boundaries. And in the house, there was sort of ashtrays and coffee cups, and things. And beautiful colours.... And I'd sit there. [...] I really enjoyed that connection with her. And I've still got one of her paintings she did of me, my parents bought it, and when they died [...] I got to take it.

The second was her widowed music teacher who had two sons and went on sabbatical every seven years with a female professor from Victoria, Wellington. "She had a very special relationship with this woman." Fe [60s] saw her every week for many years:

And she'd show me 'round the garden, and gave me her ginger beer that she made, and biscuits, and I just loved going to see her. And my two sisters (who were kind of more musical) went to the nuns, but I went to Mrs Hughes<sup>18</sup>, and I was very happy with that. And I identified her life as different too, from domesticated females I mean. It was very creative. Even her garden, and... how she was in it.

Fe's [60s] garden imagery is used in a symbolic manner in both narratives, drawing attention to a young Fe's growing understanding of identity performance – of what middle and upper-class women presented of themselves in public in those years, and the rich, colourful worlds that could be expressed in private. Laurie (2003:22) comments that the public/private divide was something the British brought to New Zealand with their "Victorian, middle-class cult of domesticity" along with the split between work and home – women relegated to the home/private sphere, and men to the work/public sphere. The working class, she writes, did not necessarily have as strict a divide; she

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<sup>18</sup> Pseudonym.

argues that different classes have different understandings of privacy and where it can be found (Laurie 2003:22).

### First impressions

Several participants spoke of the importance of role models for imagining their future life course and how they wanted to live – from women who took on a mentorship-type role, to the briefest of encounters, which were nevertheless transformational. What these women had in common were certain qualities of character or demeanours that participants felt drawn to. They described such women as ‘strong’, ‘capable’, ‘staunch’ or ‘independent’ – recalling that most participants lived through (*and* contributed to) women’s liberation (c1950s/60s) and the rise of second-wave feminism that swept through New Zealand in the 1970s and 80s<sup>19</sup>. Seeing women with self-autonomy and authority that could be read through body-language, manner and personality made huge impressions on participants as they were growing up. Take, for instance, Liz’s description of a matron at a Tuberculosis sanatorium in the South Island:

**Liz [70s]:** She was her own person. You know? She had a tremendous sense of humour. I went and stayed with her when I was 12, I suppose, and she was the only person who could plait my hair the same way as my mother could. But I – even at that young age – I sensed that she was... a person who was respected in the world and knew what she was about.

Both Michelle [late 40s] and Beth [early 60s] described their physical education (‘physed’) teachers as being high school role models, similar in demeanour and character to Liz’s matron. At 14 years of age, Beth met her physed teacher in the 1970s. Her teacher was in her late 50’s, nearing retirement and although not physically big, she was vocal “and different from all of the other teachers [...] she just had a whole kind of different aura to her”. She taught Beth it was okay to stand out (for whatever reason), and to stand up, fight, and be proud for who you were.

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<sup>19</sup> These dates are not exact – as Laurie notes, “There are no natural start and end-points for first and second-wave New Zealand feminism” (2003:55).

Michelle [40s] laughed, knowing that lesbians idolising their physed teachers was a stereotype: “...it’s such an old story that it’s probably been a movie!” Michelle’s physed teacher was also lesbian, but Michelle had not known for sure until she met her teacher’s partner in her last year of school when they invited her for dinner one night. It was the early 1980s, so the Homosexual Law Reform Bill was being debated, with homophobic diatribes heard across the country (Ministry for Culture and Heritage 2014b). Even though they never spoke of their lesbian identity, it was comforting for 17-year-old Michelle to just *see* a counter-narrative: her teacher at home, surrounded by a loving and “supportive family”. It brought her reassurance, a sense of “calmness” and hope for her own future, hope for a ‘good old boring life’.

In fact, since the majority of participants’ descriptions of role models took place *before* the Homosexual Law Reform, tacit communication was often the only option for specifically lesbian knowledge exchange. Participants who were young adults during the 60s-80s in New Zealand indicated that non-normative gender performativity was what helped them find or recognise other lesbian women (alongside subtle symbols such as: wearing a ring on one’s pinkie finger, sporting just one earring, or being “a friend of Dorothy”). As Beth [60s] recalls of the 1970s, “there was still a lot of really rigid thinking about what women should and shouldn’t do” regardless of sexuality, thus, although Beth had enjoyed traditionally feminine hobbies such as baking and sewing, the fact that she loved motorbikes and taught herself about engines and how to fix them, led people to accuse her of ‘trying to be like a man’ – “actually, I was trying to be like me.”

Beth reflected more deeply than other participants on the changes she had seen in gender performativity over her lifetime within lesbian communities. She described how lesbian women’s relationships at the end of the 1950s in New Zealand were still a lot more role-based, reminiscent of the 1940s and 50s butch-femme images as discussed by Kennedy and Davis’ (1993) in their ethnography on working-class, lesbian bar communities in the United States.

**Beth [60s]:** So, you had the [fem] girl that still wore the dress, and did the cooking, and the cleaning and la-la-la, and then you had the butch one that wore the trousers, and the shirt, and would hold the door open and drive the car.

Then, according to Beth, with women's liberation leading into the 70s and 80s, the masculine and feminine "started to come together a lot more". Women began wearing jeans and trainers (Levi's, flannel and white T-shirts); "everybody wore those, whether you were a bit more butch-y, or a bit more femme-y – it didn't make any difference," she hesitated, "well, you know, in *my* circles anyway." Beth [60s] started reminiscing over how much easier it was to guess who was lesbian then. She and her friends used to enjoy sitting at a café in town playing 'Spot the dyke'. "There was a way that women walked and held themselves" Beth remarked, "[...] it's just the way they are in the world; being confident and... yeah, it was the confidence, I think. As opposed to being kind of diminutive and always putting yourself second to men, because like, lesbians never did that." Now, however, "there's so many women like that [...] we can't play that game anymore, it doesn't work!"

Without older lesbian role models, or women who could provide the guidance or knowledge they needed, women turned towards each other, exemplifying Mead's (1970) cofigurative knowledge transfer. As Sam [60s] remembers vividly, she and her lesbian friends in the US had to figure out how to live outside of the heteronormative life course narrative for themselves. It was difficult, to say the least:

...in my early years, [I] didn't see any successful [lesbian] role models. Oh my God, we were all floundering around. You know? I had friends who had gotten kicked out of their houses by their parents. [...] No, I think... we all looked to each other, into our group, to kind of work it out.

Emma [70s] reports a similar situation here in New Zealand: "Heterosexual girls had all the positive role models, so any girls that came through my situation had to learn everything on their own, because there were no role models, nothing." Women in this study proved very resourceful in this regard. Many turned to music and literature (largely imported from the UK and the US) for a sense of belonging. One participant, Pleasance [60s], actually set up 'The Women's Place' bookshop in Wellington in 1981 with co-founder Porleen Simmonds (Hansen and Simmonds 1983) and the 'Dunedin Collective for Woman [sic]' opened 'Day Break' in 1977 – the first feminist bookshop in New Zealand (Neuman 1982). Four participants (in their 40s-70s) ran through mental lists of their favourite lesbian musicians – including Melissa Etheridge, K.D. Lang, and

Cris Williamson. Jo [70s] explained their importance to her in the 1970s and 80s, i.e., how their words reached her “when being quite isolated in Westport. You know? They spoke to me of what I felt [...]” Bella [70s] – who came to New Zealand from the United States – described American musician Holly Near as “our great lesbian; she wrote all these songs that we all sang”, such as *Imagine My Surprise* and *There’s Something About the Women*. I admitted to Bella [70s] that the only lesbian musicians I knew from that era were the New Zealand-based Topp Twins. Bella shook her head, saying that all the lesbian and feminist songs she had in the 70s and 80s had given her and other lesbians such strength, uniting them: “and we still have them, you know, but it’s like, somehow, we haven’t passed it down to you”. She sung snippets of her favourites, including *Ode to a Gym Teacher* by Meg Christian:

She was a big tough woman, the first to come along/  
That showed me being female meant you still could be strong/  
And though graduation meant that we had to part/  
She’ll always be a player on the ball-field of my heart!

(Christian, 1974)

Three women identified their partners as their major, or first, source of knowledge on how to lead lesbian lives (with sometimes more than ten years between them). Liz for instance, told me how much her second relationship changed her life:

**Liz [70s]:** ...the first relationship I had was secret, alright? And nobody (apart from my parents apparently) knew. The second relationship, [...] was with a doctor who went on the radio and talked about lesbians, and so I *had* to be out. Now I learnt a lot of... good things, I suppose, from her. About... being out and proud, I suppose. Being proud of my body as well. You know? Not afraid to show it off, in those days, which was quite unusual. And just... you’re your own person. Just because you happen to be a lesbian doesn’t mean to say that you’re a lesser human being. So, I suppose I learnt a lot of things from her. Now, I don’t know where *she* got it from. So... she must have done some soul-searching at some stage, I don’t know. I don’t know how she got to that point. But between us, and that we lived in a flat of four of us, or six of us sometimes, we... supported each other and got through, I suppose.

Liz indicated that lesbian women who found work could afford to live independently from men by living in shared accommodation with other single women, creating sites for support, care, and knowledge exchange. In the early 60s and 70s, discretion was still needed, however, because under section 146 in the Crimes Act 1961 landlords could be criminalised for “Keeping place of resort for homosexual acts” (Ministry of Justice 1961; Laurie 2005). Although this legislation did not specify lesbians, they were worried “this provision would be applied to women as well as men” (Laurie 2003:63). This was later repealed in August 1986 with the Homosexual Law Reform Act.

As several participants described it – particularly those in their 60s and over – realising that their gendered desires as women fell outside of New Zealand society’s accepted female life-narratives, they learnt how to re-emplot themselves into society, so to speak. Part of this ‘re-employment’ involved searching for familiar narrative threads in historical literature, looking for subtle signs in historical archives, in the biographies of historical figures, that indicated a different female embodiment. Did they marry? Did they have ‘intimate’ female friends? Lesbian women worked to collate these historical narratives, alongside later feminist and fictional lesbian writing too, sharing them with each other, creating archives, and living and recording their own “herstories”. As Jo [70s] recalled, she “...became very interested in books with lesbian characters when I was [working] in the high school, I was really trying to... to find them”.

For some participants, the urge to write and record, to pass on their personal knowledge, has not abated but is of continual importance. For instance, as Alice [70s] drove me to a lesbian picnic in 2017, she told me about reading through her old diaries and the challenges of writing a memoir from them. Likewise, Moya [70s] asked me if I could send her my interview questions as a stimulus for writing her own life story. Jo [70s] summarised this sentiment when she stated: “You know, we were trying so hard for women and lesbians to have a stronger place in the world” and, as I got to know Jo and others, I realise they have not stopped. It was important for Jo to keep sharing her pride in her lesbian identity to counter the “very negative things” society occasionally says about, or to lesbians. “I think that’s really important to keep passing on” to show younger women that being lesbian was a very meaningful, and joyful aspect of her life. Freda Stark (1910-1999), interviewed by Laurie (2003:308) made similar comments to this effect – “it annoyed her that people claimed lesbians did not have happy lives, as her life had been very happy, with wonderful love affairs.”



A larger, physical manifestation of this shared desire to pass on a life-time's work of searching for, and collating knowledge on lesbian lives is The Charlotte Museum, in Auckland. It is a space that displays lists of (and tributes to) lesbian authors, poets, artists and musicians, and some originals or copies of their work. Moreover, it is a place where women can donate their individual collections of lesbian material culture and have them displayed together, reflecting their connections to each other from multiple sources. It is a place where the fruits of knowledge exchange, often conducted in secret, can be seen for what it is: a collective effort to form a lesbian cultural heritage. Alison Laurie describes in her own thesis how: “[m]y desire to locate past lesbian lives and experiences is connected to my own earlier search for other lesbians...” (2003:47).

Jo [70s], Moya [70s] and others, cited lesbian literature and music as hugely influential in developing their lesbian identities, an example of how they learned from generations before them indirectly. Representations of lesbian, bisexual and gay women and men was, and still is, a meaningful source of knowledge for Moya, who houses a bookcase stretching wall to wall in her lounge:

**Moya [70s]:** I'm into literature, and I was into lesbian literature, way back. I hope I get a chance to talk about that. And that's how I got to know who I am, through books. So, that helped me a lot – being a reader – because I came across the whole thing as a teenager.

Moya and I had to split the interview into two sessions because of our digressions into literature. On our second meeting, I told Moya about the queer library for students on campus, run by the Otago University Student Support Centre. “Oh, you look for representation too,” she said, “there must be something in that, that search to find yourself reflected out there” (Fieldnotes 2017).

From Moya, I learnt about the lives of early male and female artists and writers overseas who forged spaces for themselves outside of heteronormative coupledness, creating new imaginative landscapes of possibility for their own and other generations to come:

**Moya [70s]:** I really am so grateful to the literature I've read because it dug up Auden and his pals. Isherwood's books are great, and all his gay life, and Virginia Woolf, the story of Vita Sackville-

West, and the great story of the love and relationship between Vita and Violet Trefusis!

Jo told of a similar experience, this time through a long-distance relationship with “a very high-profile lesbian” who gave her lots of lesbian books, music, and updated her on lesbian and women’s events around New Zealand.

**Jo [70s]:** It would have been different for me if I hadn't had her in my life at that time. You don't sort of know what's out there until somebody else, you know, tells you about it.

As I mentioned in the previous chapter, several participants in Dunedin and Paekākāriki referred to these ‘high profile’ lesbians whose status as such is continually sustained through both oral and written methods by other lesbian women. They were described by participants as women who were particularly active in social networking and lobbying for equal rights during the homosexual law reform campaign, daring to be ‘out and proud’. In this way, they are recognised as ‘lesbian icons’ and pioneers for dedicating themselves towards increasing lesbian visibility. Four women (interviewed in Dunedin, Paekākāriki, Auckland and Wellington) were part of this cohort of women who breathed life into this movement, sharing tales of their political commitment to live as openly lesbian, risking everything. As Bella [70s] put it,

...to come out is to know what you’re going to lose before you know what you’re going to get [...] so, it's amazing how many women actually come out and run that risk, you know? Especially if you don’t come out *with* somebody. [Y]ou may not know the specifics, about how it's going to affect you, but you do have the sense that there'll be stigmatization, and de-legitimization. For me, I hadn't realised how bad it was going to affect the children, but I knew that my husband (who saw himself as a feminist) would use that against me, no question, to get custody. And it was only that he self-destructed in some really major ways that he didn't.

## Intergenerational empowerment: A case study

One of these pioneering lesbian women was Yoka Neuman. During my fieldwork in Dunedin, I began hearing about the significant impact she had on several local women's lives through their descriptions and memories of her strong, confident presence and activism. "[...] she was amazing. And she was the first person I met, really, when I came down here", said Sandra [50s]. Beth [60s] also spoke highly of Yoka, telling me that if I wanted to know about role models, I need look no further. "She's just, yeah, one of the staunchest, most amazing women that I've ever met."

In the 70s and early 80s, Yoka was the "Contact Lesbian" for Dunedin, as advertised on the inside cover of the lesbian-feminist CIRCLE Magazine (1982):

One of the aims of CIRCLE is to improve communications between lesbians all over New Zealand. The idea of "Contact Lesbians" is to start meeting the needs of women who live in towns where no lesbian groups exist and also those women who live in large towns, but who don't know where to go about meeting lesbians. A "Contact Lesbian" is a woman who is willing to have her name published here so other lesbians can contact her and lesbians travelling through can talk with a friendly lesbian. CIRCLE is distributed to lesbians in New Zealand and overseas and is also on sale in some bookshops.

Yoka also set up the Lesbian Mothers Defence Fund (LMDF) (see Figure 5) and had been very 'out' and open, supportive and community driven. Sandra [50s] herself had been supported by the LMDF when she faced the courts to fight for custody of her children. A self-described "Woman's Libber", Yoka fought for women's rights and, with the help of other woman's libbers and feminists, began creating safe spaces and organisations for women in Dunedin.

Being a member of the Dunedin Collective for Woman – which, by 1972, was "70-strong" and described by a New Zealand feminist writer "the most stroppest women's liberation groups in the country" (Coney 1998:144) – she was involved with setting up Rape Crisis Dunedin and Women's Refuge Dunedin. She also helped set up the Women's Resource Centre (see Figure 6 and 7), which Sandra [50s] described as a quiet support space upstairs from the Regent Theatre, in the Dunedin Octagon.



*Figure 5: LMDF Pamphlet Cover. Source: Photocopy of Unpublished Pamphlet c1983, provided by Yoka Neuman, 2016. Image resized by Les O'Neill.*

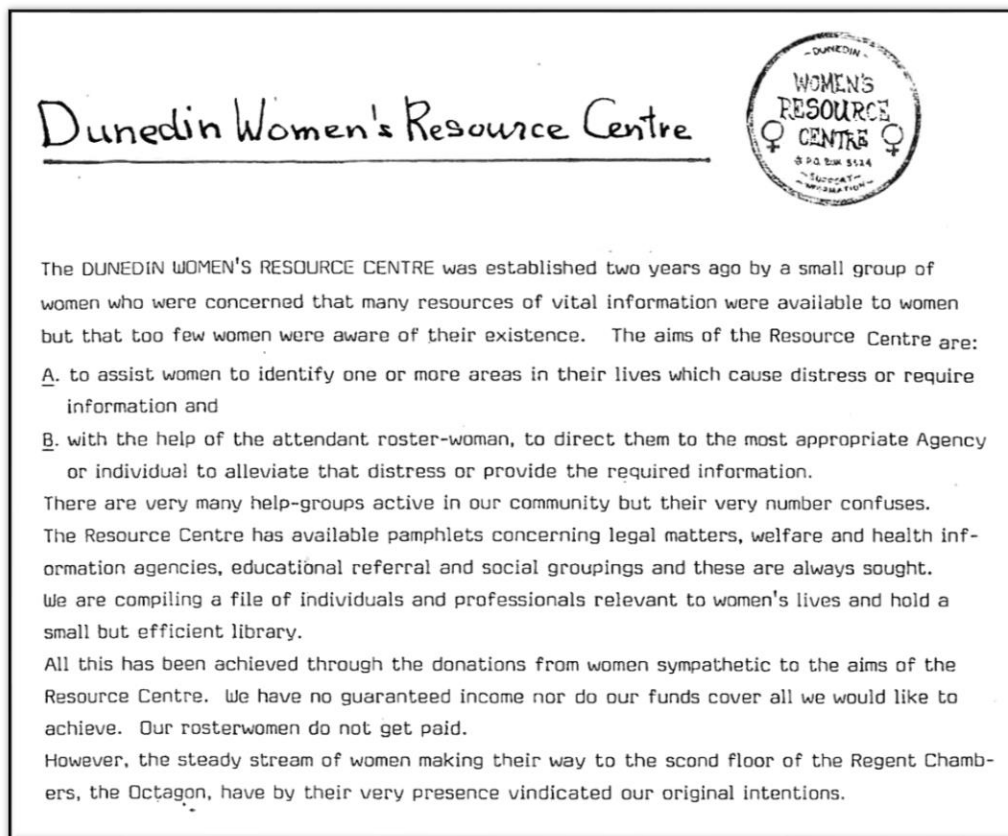


Figure 6: About the Women's Resource Centre. Source: Photocopy provided by Yoka Neuman, 2016. Image resized by Les O'Neill.

WOMEN'S Resource Centre,  
 see us every Wednesday, 2  
 p.m.-5 p.m. (except school  
 holidays). Room 10 second  
 floor, Regent Chambers, P.O.  
 Box 5424. Information and  
 source material available to  
 women who want to make  
 their own choices. Learn  
 more about those choices as  
 they affect yourself, your  
 partner and your children  
 (your legal rights, your equal  
 rights, your own and your  
 children's health, education  
 and freedom from violence),  
 books, referral services. —  
 Strictest confidence assured.

Figure 7: Women's Resource Centre Advertisement. Source: Photocopy provided by Yoka Neuman, 2016. Image resized by Les O'Neill.

One advantage of an intergenerational methodology is that, in interviewing participants spanning several decades, we can begin to see how one person's empowerment, in this case Yoka's [80s], reverberates through time. Alice [70s] was the first interviewee to mention Yoka and the personal influence she had on her life. She remembers being "so knotted" about being a lesbian, that she wrote to a straight friend in England: "I think I might be lesbian". Her friend spoke to two of *her* friends who said Alice should contact Yoka in Dunedin.

Which I did! And she was great. [...]. But she was just so out there and confident [...], she was lovely for me. She introduced me to a group of older lesbians that met up regularly, and I was just terrified actually. I thought they all looked the same. I mean, I was so homophobic. I really struggled with myself. So, she was a good role model....

The story continued when I interviewed Holly (late 40s) who told me about an influential encounter with a lesbian about 27 years older than herself. Holly was studying midwifery in Dunedin and she remembers sitting in a room with all the other students. After completing an introductory group activity, the lecturer of the department made an announcement:

**Holly [40s]:** ...she said, "And I'm a lesbian, so if anyone's sort of questioning, or if you're wondering about how to deal with this sort of thing in your own life, or in other people's lives, you're welcome to come and talk to me." And it was the first time anybody had ever said the word 'lesbian' out loud to me, ever. In that room. And... it was sort of more poignant, because my future partner was *actually in the room*. Not that we knew that at the time [...]. So [...] it was a *really*—. I... I mean even *now* I could—, I feel quite sort of teared up from it, because it was just such a *simple* thing to say. And [voice begins to shake] ...it was really profound. Crikey, it really is—. Sorry about that.

After taking the tissues I handed over, Holly told me more of her story. She survived awful bullying at high school, which ultimately cut short her education, influencing her decision to leave early. She described how the teachers at the time could not support her openly (even though they had wanted to) as they would have risked being seen as

encouraging her lesbian behaviour. After leaving high school, Holly buried her love for women.

Being a lesbian had never been an ‘okay’ thing, and it had never been visible in any of her networks, so it ceased to be in her conscious awareness. Thus, it was a shock to have it suddenly spoken about, “front and centre” as if it was completely normal. Especially when it was phrased as an expectation, no less: “the *expectation* that some people in the room would be like that was just so amazing.”

**Holly [40s]:** Yeah, so when Alice sort of said that, I was married, I had two young children, I hadn't really thought about it [being lesbian] in a long time. I really hadn't. [...]. Yeah, and so to have Alice say that, it was really quite—. I don't know if she knows the impact that it had, but it certainly was quite life-changing for me.

When Holly dropped her lecturer’s name, I realised she was speaking of the same Alice I’d interviewed just six days prior. Upon making the connection, I revisited Alice’s interview to see if she had mentioned this moment – she had. It was incredible to have two perspectives on her decision to be ‘out’ at work:

**Alice [70s]:** Once I decided to be out, you know, I had years of transitioning: "Oh I'm *not* am I?!" *God* that was hard. And then, [...] I got a job lecturing in [midwifery] and I decided, ‘Right! This is it. I'm going to be out from the beginning.’ And after that, I felt safe. Because I wasn't thinking, ‘Oh, I think that midwife is getting at me because she knows I'm a lesbian,’ you know? All of that who-knows-who-doesn't? So, I felt pretty safe since I came out.

This decision not only changed her own life, but Holly’s as well, and Alice remains committed:

And I do make a point of, when the opportunity arises, saying that I am. You know, [...] those groups where you introduce yourselves and say a bit about yourself? Well, I say, I'm lesbian, you know?

Seeing how Yoka [80s] helped Alice [70s], who in turn empowered Holly [40s] illustrates how their identity assertions have ongoing reverberations through the lifeworlds of others, through time, through generations. They have an impact on me, the researcher. As a close friend observed since beginning my research, I have become more confident in my own voice – no longer lowering my voice or catching my breath when I say the word ‘lesbian’.

### ‘Coming out’ as a social palimpsest

Therefore, ‘coming out’ is not just a personal assertion of sexual orientation but a valuable, *embodied* act of knowledge exchange. It is not a ‘one-time’ event, but as participants often remarked, something constantly repeated for new audiences in different contexts. Klein, Holtby, Cook and Travers (2015:298) also complicate the ‘coming out’ narrative. They critique psychology literature, where ‘coming out’ is presented through the lens of “various stage models of LGBTQ identity development”. As Klein et al. (2015:299) and Paula Rust (1993) argue, such models are predominantly linear and unidirectional, failing to capture the much more complex, dynamic, and ongoing identity negotiations that ‘coming out’ involves.

Klein et al. (2005) also critique ‘coming out’ discourse in general, drawing on their qualitative study with 15 queer and trans youth in Ontario, Canada. For instance, coming out has been understood as a form of political activism (something several participants in this study express). In doing so, however, a problematic ‘in/out’ binary can emerge whereby ‘coming out’ is espoused by gay and lesbian collectivities as a ‘moral imperative’, better for one’s own and community wellbeing, and more ‘politically valuable’ (Klein et al. 2005:300, 316). Those who do come out are praised for being role models, and those who do not – for various reasons – are painted as ‘disempowered’, or ‘ashamed’ of their identity, their individual circumstances overlooked (Rasmussen 2004 in Klein et al. 2005:300).

A second critique is that predominant coming out narratives suggest a linear life course with ‘coming out’ as a significant milestone towards forming “a static and coherent final subject” – a concept Klein et al.’s participants contested, and which performative theories of identity construction refute (Butler 1990 cited in Klein et al. 2005:300). Moreover, participants in Klein et al.’s study expressed frustration at the



“heterosexist nature of expectation around coming out”, such as wanting to know exactly *when* they “became queer” or believing that coming out is “an inherent necessity of the queer experience” (2015:314). Rather, queer and trans youth felt coming out is never complete, is not always desirable, and is “complicated by forms of privilege and oppression and by other contextual factors such as levels of social support, financial independence, one’s relationship with one’s family, and one’s geographical location” (Klein et al. 2005:320).

With these critiques in mind, I argue that celebrating those women in my study who were, and still are, political activists in their commitment to lesbian/queer visibility can be done without furthering the problematic ‘in/out’ binary. While some participants certainly spoke of coming out as a moral imperative, they did not shame those who could/would not be ‘as out’. Rather, as I have already suggested, coming out stories involved discourses of knowledge-sharing, guided by an ethic of care towards peers, and future generations. As Annabel [80s] remarked, coming out stories are important to share in case someone feels “shy or strange about being lesbian. It helps you to see that other people have been through it [...] that there are others like you around, so that’s the main thing.” Moreover, women in this study were familiar with the complexities of coming out, having negotiated their visibility as lesbian or queer throughout their lives. As I demonstrate in the chapters to come, this negotiation of visibility as lesbian/queer takes on a new pertinence with older age, when one is perceived as ‘old’.

In order to emphasise the way in which coming out is a vital form of knowledge transmission for generations of lesbian/queer women, I draw on the concept of the palimpsest. The word ‘palimpsest’ primarily refers to a surface used for inscription whereby the original text has been removed or destroyed – traces of which can still be seen beneath a new inscription. It is also used in a general sense as “something reused or altered but still bearing visible traces of its earlier form” (Oxford Living Dictionaries 2019). As Andreas Huyssen (2008:7) exemplifies, the palimpsest is a useful metaphor for connecting materiality and temporality. In his exploration of urban imaginaries – Huyssen (2008:3) argues “[a]ll cities are palimpsests of real and diverse experiences and memories” – the materiality of a city layered with multiple, remembered histories.

As both a cultural narrative and a performative, repeated act, ‘coming out’ can be imagined as a type of *social* palimpsest – a social act of identity assertion performed

by one generation, witnessed and repeated by the next, continually making space for lesbian and other queer subjectivities in everyday life. Just as Weston (2009) suggests the word 'lesbian' can act as a place-holder, so too can the 'coming out' narrative. While the jeopardies of coming out in New Zealand have changed since the decriminalisation of homosexuality, there are still risks involved, and what one stands to lose varies with intersecting aspects of identity such as class, gender, ethnicity, religion, ability, and of course, age. Thus, although political, and moral climates are always changing – and 'coming out' is endlessly idiosyncratic, communicated through changing means (via a Facebook post for instance) – the fact that 'coming out' still has currency for participants in this study, brings to the surface the stubborn, continual hegemony of heteronormative power relations.

As Crawley and Broad (2004:67) argue: “Even though it has so saturated mainstream culture understanding of LGBT lives, we are *not* suggesting the coming-out narrative is a simple blueprint by which LGBT selves are talking into being.” Rather, they present the coming out story as a kind of template that people use to make sense of their lives, while simultaneously acknowledging individual differences – “the modernist coming-out formula” meets “post-modern” subjectivities (2004:67). The 'coming out' narrative will be shaped by varying circumstances, moulded in each retelling by the “interplay” between social structures and individual agency (Crawley and Broad 2004:67).

Finally, the metaphor of the palimpsest is useful for describing the often-transient quality of lesbian sociality. Theirs is not an overtly visible story – not like the “boy-club narratives found everywhere in New Zealand, and in school history classes; the rugby narrative, the conquering male, the liberating, protecting, or territorial male narratives” as Moya [70s] put it – but they can be found everywhere, if you know how to look. As one woman told me, “lesbians leave very little physical trace on the landscape” (Fieldnotes 2016), but if you look carefully, you might find the impressions they leave behind through oral histories, written narratives, songs, and in the lives they touched without knowing. Indeed, as I read the abstract of Alison Laurie's (2003: ii) doctoral thesis on lesbian lives in New Zealand (pre-1970s) I felt some indentations on the paper just underneath the printed text. Angling the page, I saw the impression left behind from a note someone had written. It said: “Thank u Alison xxx”.

## Her Garden and How She Was in It

Learning how to be in the world is an ongoing project for many reasons, from having continually changing bodies, to being exposed to different systems of knowledge, cultures and ways of being over a lifetime. Additionally, some participants expressed having to learn to be in two worlds: the ‘straight’ world, and another un-named world, a private world – and learning how to move between them.

For instance, Emma [70s] felt she survived her childhood by learning how to keep her two worlds separate: becoming very apt at keeping secrets, at hiding her sexuality and love for other women. As she grew older, with wider social acceptance of lesbian identities in New Zealand, and with her own personal research on lesbian and gay history in New Zealand, she feels the two different worlds she used to occupy have finally converged. Indeed, another difference between Kaufman’s (1986) interviewees and participants in this project was the awareness lesbian and queer women expressed of the larger social movements and power relations under which their lives unfolded. Emma, for instance, came to her interview with a yellow, clear-file folder with about 15 pages all typed up of her life narrative. It was filled with references to important New Zealand historical events that shaped the place of lesbian women in society, dating from her childhood in the late 1940s, to the 21<sup>st</sup> Century. She told me how important it was to make sense of her experiences by researching the political context of her life course, the ‘big picture’ she could not access while growing up. Stories like Emma’s informed the naming of this chapter; the use of ‘*world/s*’ in the title reflecting participants’ descriptions of navigating how to be queer or lesbian in a predominantly ‘straight’ world, enmeshed in a wider narrative of how to be continually older in a world they will one day leave, just like everyone else.

When I asked Moya [70s] if she agreed that lesbians have had to ‘learn how to be in the world’, she shook her head: “Oh, I think we all have to learn how to be in the world; male, female, all ages. We are in the world like a *part* of the world [...]” A far-away look appeared in her eyes as she started to tell me about the comings and goings of her garden, how in the spring she had kept a distant eye on a bird’s nest in one of her plum trees. The mother bird came and went every day, until one day, she did not return to her nest:

And there was one egg in it. Only one. And I got very, very concerned about this and I, I see myself as just part of nature. I don't know what she did, she might have gone away and made a nest somewhere else, and laid some more eggs, I hope. But, I don't know, so along with the dead hedgehog, and the missing bird, and the worms in the garden, I'm just one of the things of nature; at this stage, it seems okay to me. I'll die, but there'll be more birds, and hedgehogs, more humans. That's the way we are, we're just here for now. [...] [T]here are many ways of thinking about the world, so that's my way, anyway; a part of nature. And it's... I don't think it's good or bad, it just is. It's the reality. So, it'll be alright, I hope, when the old dying comes, but I'm not thinking about that either.

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To summarise: lesbian and queer women in this study shared narratives of learning and guidance, which reflect Bateson's (2013) description of a multifigurative society. Participants frequently queried the relationship between older age and wisdom, finding role models for 'how to be in the world' across various age groups. As demonstrated, participants transformed conversations of knowledge exchange into narratives of care, predominantly from older to younger, but also between people in their own age cohort.

In this way, participants expressed political commitments to not just their own, but others' possible futures, painting intergenerational encounters as potential sites of empowerment, and the fostering of hope for both individuals and collective futures. This included hopeful narratives of older age, helping participants to visualise alternative futures that counter deficit-based representations of ageing lesbian/queer women. Knowledge exchange was described as egalitarian and tacit – an embodied learning. Just as a sense of a lesbian cultural heritage is created through collating material culture, a sense of embodied, lesbian identity (for some participants) accumulated through a series of encounters with other women.

Having explored some of the methods of knowledge exchange between women – both verbal and tacit – on how to be in the world as desiring, sexual, gendered, and ageing people, Chapter Four looks at the interplay between participants'

phenomenologically and socially acquired knowledge of ageing and old age. In another light, the following chapter is a manifestation of Sandra's [50s] wish to share the realities of ageing, and what it feels like to be 'older'.

# Chapter Four:

## Sussing out ageing

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**Alice [70s]:** When I was in my 50s I wrote an article that was [...] published in the ODT [Otago Daily Times] about ageing – I was very proud of it. But then of course, I realise now [...] I had no *idea* what ageing was about. So, to me it's a whole range of things: about lovely surprises, about how young [...] I can feel inside – a whole range of ages! I can feel anything from four, and needing to have a paddy [tantrum], to say 104, you know? I love that. I'm also aware of the limitations of ageing now; I've had a hip replacement, four months ago. And before that, I was on two crutches and lots of pain relief. So, I'm really looking at the last period of my life. [...] But right now, I've got a great lifestyle, and I can go back to all the walking that I used to do and climbing hills and things. So, I think another delight about being older is it's precious, because... it's not going to last forever. And you're going to get less able. So, it's almost like 'Oo, you've got to do it now, you've got to grab it, and savour it.'

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Women in this study drew on embodied, emotional experiences to share their knowledge of ageing with me, and in the process, provided insight into how such knowledge is gained both phenomenologically and socially. The question behind this chapter is thus two-fold: in what ways are lesbian and queer women's understandings of ageing and conceptualisation of 'old age' informed by phenomenological changes in the body over time, and how are these experiences mediated through social interaction? Capturing participants' thoughts on such matters in a single interview was no easy task; felt changes in embodiment and how this impacts a person's subjectivity can be difficult to articulate, especially when these changes are ongoing. This chapter, therefore, takes a meandering path, shaped through participants' tales of "Sussing out" ageing in various ways, their knowledge being formed and shared through self-reflection and

social interactions with friends, family members, and strangers. Despite a ubiquitous, national ageing discourse of risk and risk management, participants made sense of and coped with changing embodied experiences with poetic creativity, idiosyncratic practices and narratives that played with, or disrupted, linear life course narratives, all while maintaining a strong sense of personal identity.

One of the differences I noticed between participants was that, while some firmly distinguished themselves from the concept of 'old', others had started to try 'old' on for size; attributing changes to their everyday experiences to their ageing bodies and/or maturing selves, deciding how they felt about growing older, their relationship to 'old' as a label, and noticing how others perceived them. "So, I think I started talking 'old' in my 60s but, [70s] for me feels I've arrived at old," said Alice. Others were somewhere in between, not having 'arrived' yet, but boarding a vessel with a one-way ticket: "So, realising as I went into my 60s that that was, 'Ok, *this* is ageing. It is happening'."

Propelling the movement from 'talking about', to 'arriving at' old age, is a shift from socially negotiating 'age as a category of difference' (Cohen 1998: xv) to incorporating old age as a viable and empowering category of identity into one's schema. As Alice stated: "Because I want a bit of 'old' before I go, you know?! [Laughter] Might as well taste it! See what it's like... yeah." Participants illustrated this process as complex (sometimes a dance, at other times, a downright wrestle), full of contradictions and paradox (Slevin 2006: 255), and in an ageist society, a practice requiring agency and effort.

Borrowing Alice's [70s] words – 'Talking Old' – I use them hereafter in a slightly broader sense than Alice intended, to refer to an often discursive-based negotiation of the ambiguity of 'old', which participants explore intersubjectively, and often with humour. As Cathrine Degnen writes in her exploration of narrative constructions of ageing selves, "the self is forged in a dialectical relationship with others" (2007:224). I also found Alice's turn of phrase 'Arriving at Old' useful for referring to moments when participants expressed pride in their age, countering normative assumptions of what 'old' means, and how they should be treated. 'Arriving at old', also includes times when participants acknowledged 'old age' as part of their being, such as Yoka [80s] for instance, who, when I first gave her the participant consent form, read from the title:

“...anticipations and reflections on ageing.” She laughed sharply, and said matter-of-fact, “It’s not an anticipation anymore!”

## **The Body Lets You Know**

In a context where one’s arrival in (or to) ‘old age’ is ambiguous, a strong undercurrent moving the subject through locally expressed states of Talking Old and Arriving at Old are *felt* bodily changes. Participants attributed these to the process of senescence. Ironically, while lesbians (and women in general) report the experience of becoming socially invisible with older age (Fullmer, Shenk, and Eastland 1999; Barker 2004; Copper 2015), individually, the body is portrayed as demanding more attention. Sometimes participants objectify the body or imbue it (through language) with increasing agency; Kate [60s] for example described her body as *letting* her know she is ageing – it is a primary source of knowledge – and Jenny [60s] that her body ‘hated ageing’. Laz, writing on embodiment draws from Connell (1995, in Laz 2003:507) to illustrate how “bodies often seem willful when they behave in ways that occupants cannot predict or control” and are conceptualised as able to “act, to surprise us, to rebel” such as when we are ill, pleased or embarrassed. Selfhood seems split, partly animating an agentive body, partly reacting to the body, the latter self being the part that “must tolerate, withstand, or accommodate these physical contingencies” (Laz 2003:507). Yet, just as they seemed to alienate the body from another, deeper sense of self, some women expressed a growing familiarity with their own corporeality. For instance, Sylvia [70s] commented that, the older we are, the more we know about our own bodies.

During interviews, nearly all participants noted feeling more “aches and pains” than ever before, sharing stories of “little parts of the body not quite working the way they should,” and often with exclamations of incredulity (“and I’m only 50!” and, “Already!”), finding felt changes “a startling revelation!” (Sam [60s]). Others compared current states of embodiment with memories of a younger body-mind, but found articulating some of these changes challenging:

**Sandra [50s]:** I mean I can already feel my body changing. [...]

You hear people saying, once you’re 50, you start to, you know, you [struggles for words], you have to take more *care* of your body [...] you



*can't* take your physicality for granted, and I already can feel— I already *know* that I'm not as [physically] strong as I used to be.

This difficulty lies, partly, in the changes being felt at a level less featured in daily lexicon, such as proprioception (meaning, in general terms, the ability to sense where one's body is in space and time), or sense of kinaesthesia, which is the “general ability to feel the motion of one's own body...” (Potter 2008:449). It was easier for women to describe *when* they noticed such changes. Contextualised with gardening tasks, Sandra [50s] could explain feeling “just a bit more wobbly [...] climbing a ladder and things like that”. She described having less confidence, “diminishing” strength, and an increasing sense of caution. Rhonda's [60s] sense of change in embodiment was also hard to describe, involving a holistic shift in perception conjured by all her senses, “...I think you're in your body in a different way.” She remembers being intuitive, relying on her gut and “tuning in” to herself to know if something was wrong, but when she was diagnosed with cancer, it was a surprise. Now, when she tries to tune in to her body, or meditate, there are no sensations: “Nothing. Nada. And that would never happen when I was young [...].”

In the context of sports or hobbies requiring high levels of fitness, women were quick to comment on reduced stamina, strength, and a slower thermoregulation system. Five women [40s-60s] commented on the speed at which one's body could recover or heal itself after injury, lengthy physical exertions, or illnesses. Rhonda comically encapsulated such embodied descriptions – including having less energy and flexibility – through the sound and imagery of a coiled spring releasing:

**Rhonda [60s]:** Boi-oi-oi-ing! Well, you bounce back? You know? *You* can do that, but as you get older, you don't have the same boi-oi-oi-ingness.

This loss of a spring-like quality was most noticeable in the mornings for Rhonda [60s], Sandra [50s] and Kasey [50s], when they felt “a bit stiff,” and unable “to leap out of bed anymore”. There was, however, variation among women – both in their readiness to attribute bodily changes or ‘dysfunctions’ to ageing, and in their sense of astonishment. For instance, Julie [60s] explained that, although parts of her body were not working so well, she has “always had things that haven't worked well. Because I played a lot of sport, I had problems with my shoulders, and my knees. But, now I have problems with

my back, and my ankles.” Thus, her current aches and pains are framed more like a cumulative continuity than a surprising change. Jenny [60s] shared this perspective with Julie, “The body aches, okay? My body ached when I was a kid.”

This variation might partially be attributed to a conceptual shift: from pathologising aches, pains and changes in various bodily capacities as individual problems (anatomically orientated), to understanding them collectively, connected in some fashion, as signs of getting ‘old’ (physiologically orientated). Such a conceptual shift can be prompted by others:

**Kasey [50s]:** You know, sort of adjusting to, ‘that’s not something wrong, that’s just being in an older body. [...] I used to have a photographic memory and now I don’t, and that’s been really hard. I went off to the doctor and said, “Look, I’m worried about early dementia,” and he said, “No, it’s just your age,” and I thought, ‘Oh my God!’ So, that was pretty hard.

Evident in most interviews was a zooming in and out between a close-up of individual parts of the body (anatomy focused description), and wide-angle descriptions of holistic, complex experiences (quality, sensory, attitudinal and effort-focused descriptions). For example, not all bodily changes were attributed to ageing (weight loss and gain for instance), but the effort required to ‘manage’ these changes was.

One way participants framed holistic change was through the temporal metaphor of ‘slowing down’, a phrase also reported by respondents (aged 50 to 73) in Laz’s US-based study of ageing and embodiment. While not all of Laz’s 15 respondents wanted to slow down, others welcomed a change in pace – a finding reflected in my own research (Laz 2003: 513). For instance, Beth [60s], Alice [70s] and Jan [60s] described their determination to continue their outdoor pursuits by being “just a bit more careful about some things.” Beth [60s] could still envision “rafting down the Wanganui river.” It is all about doing the things you love “in a different way, at a more sedate pace, but you know, you can still *do* them.” Yoka [80s] was familiar with the practical necessity to change her pace:

**Ella:** And is there anything you secretly enjoy about your older years?

**Yoka:** Yeah! I've got a very nice chair! And I'm extremely pleased with it. But, I'm still very much out and about. Just because it's... I like the exercise and so forth, it's so very important – mind you, what is it... I think it's called View Street? The one up to Otago Girls' [High School]? That is definitely *View* Street. I do take a loooong time over that!

At the time, I joked that every person walking up that steep street had to 'slow down', but she mentioned her pace in other contexts. For instance, in her late 80s, although she does not "even *think* of ageing, as such", she no longer "make[s] 'mayo' [mayonnaise] in the *enormous* bulk that [she] used to make it in. But, now it's okay. And slowing down is... just a little bit more of the same, *really*." Beth [60s] talked of slowing down as a new way of life. On a brightly coloured couch – glass of red wine in hand, fire crackling – she explained, "it's not being in such a hurry about things, you know?" She enjoys not having to cram things in anymore, being able to sit and appreciate the goings-on around her: "Yeah, it's that old age [...] thing of taking the time to smell the roses."

Six participants described slowing down as accompanied by a feeling that time moves faster as they age. Kate [60s] remembers her mother commenting on this very phenomenon, and she used to think it was "a load of rubbish. But it does!" Participants' explanations for this varied. Kate suggested it was because the time you imagine you have left to live decreases, imbuing the present with a slight urgency. Liz [70s] reasoned that, because things take longer when you are older, you come to the end of the day realising you have hardly done anything: "You're not 'tchoo, tchoo, tchoo' [fast motion sound-effect], like you are when you're younger," yet you feel exhausted. Alternatively, Jenny [60s], suggests time only seems to go faster if you are "not taking notice of what's happening in [your] day."

Alice [70s], however, remembers her mother speak to the opposite effect, saying, "Oh the evenings are long, dear." Alice used to respond with bewildered exasperation, "[b]ut I kind of know what she means now; you step into another phase." Meanwhile, Annabel [80s] and Hannah [60s] thought ageing involved a simultaneous speeding up *and* slowing down, with Hannah describing an external sense of time as faster than an implied internal sense of time. Annabel suggested time felt slower "because you aren't so agile" and are doing less, but it also gets faster "because I'm getting old so quickly."

A common thread connecting these varied explanations is that changes in physical capacities impact one's sense of time, and when linked to senescence, contribute to an overall sense of transition into a different place in one's own life course. As Degnen (2007) notes, "subjective temporal positioning does appear to shift as people age" (223). Liz [70s], for example, described herself, without hesitation, as being "at the end point," and Alice's [70s] hip replacement and other felt 'limitations' of ageing led her to conceptualise herself as "looking at the last period of [her] life". Similarly, Sam's [60s] lowered capacity for prolonged activities, made her realise: "Oh my God! I guess I am getting older. So, it's just, I've really recognised [...] I'm kind of coming into a new space, a new place in life."

Not all the shifts in temporal orientation, however, were associated with the process of senescence. For some women, encounters with significantly altered embodiments (their own, or those of their lovers, close friends, or family members) propelled an ontological shift, suddenly feeling a closer proximity to death, no matter their age. For some, it was an awareness attained much earlier in life than others, through the death of people they knew, their own near-death experiences, suffering, or a diagnosis of terminal illness. For instance, Sandra [50s] described how working in a hospice changed her temporal orientation. Being confronted with death daily, she could not escape the fragility of life. She is less confident in the future now, focusing instead on the past and present: "the possibility of... a change at any time is, is real. [...] It's almost concrete, you know? And it's not an 'if', really; life will change at some point and I have no idea when that is, it might be tomorrow." Similar shifts in temporal orientation were described by Kasey [50s] and Rhonda [60s] who experienced major changes in their bodies, and sense of wellbeing. Kasey had experienced a serious back injury and she described it as a turning point in her life. Finding herself incapacitated so dramatically inspired her to "reclaim" her life. "The back injury helped me physically redefine who I was, in that I got healthy again, and just realised that life's finite". This also strengthened her self-confidence, to foster an attitude of "take me or leave me, which I'd always struggled with a bit."

Rhonda [60s] felt a similar compulsion to take control of her life (and her death, but more on this in Chapter Five) after being diagnosed and treated for cancer. The diagnosis and her journey of recovery, she explained, gave her a general "boot up the pants". Ever since, she actively cultivates a temporal orientation that is "very much

about the moment”, likening her cancer diagnosis to “the age thing” in that both have made her reflect and think of life as a journey greatly influenced by “what you see in front of you”. Having survived cancer, she now fills her future imaginings with visions of taking a pop-top campervan (named “Slowly-but-Shirley”) around the country, painting, visiting friends, and being ‘in the moment’. Confronted with cancer, Rhonda experienced a process of re-evaluation. The *fact* of death no longer mattered but ensuring a good quality of life *did*: “I thought, well if I die it doesn't really matter, I don't care. But, I'll have a good party, and I'll do myself in. I'm not going to have an ugly death [laughs].” Throughout the interview, I got the sense that she had superimposed this way of thinking on to the meaning of ageing itself; she spoke in a way that suggested her life, from now on, would be her swan song.

The women I talked to were experiencing a very broad range of physical abilities and states of wellbeing or health, with only some of the conditions attributed to chronological age. Nonetheless, I was sometimes taken aback at the abrupt, off-hand, or casual ways in which women referred to chronic pain, serious or terminal illnesses. Women like Moya [70s] and Barbara [70s] were very matter-of-fact about changes in their physical capacities. In Barbara's case, this was a potential loss of vision, while Moya [70s] stated calmly:

I had two good legs, now I've got one and a half [small laugh]. It gets tired and sore if I do too much [...]. It's okay, I just have to live with that, there's nothing I can do about it.

Taken together, their varying descriptions and self-assessments of bodily health highlight the very different predicaments of ageing embodiments that participants were navigating. One woman was to undergo surgery the week following her interview, and two women were experiencing a new lease of life after recently recovering from serious injury or illness. During one interview, my interlocutor lay on a couch propped up with cushions, recovering from a fractured vertebra. I saw her make enormous improvement as we maintained contact over the three years of my research, from using a walker and withstanding excruciating pain, to being able to walk long-distance with her women's walking group. Another participant confided she had a terminal illness and was unsure how much time she had left, two more expressed concern for their memory. Thus, participants' perspectives of ageing, temporality, and ontology were greatly impacted

by where they were placed in their own health trajectories, or healing narratives. Their embodied realities shaped the knowledge, stories and memories shared with me. This is clearly illustrated by Rhonda [60s] after her brush with cancer:

**Ella:** How would you describe where you are in life?

**Rhonda:** Oh. [Pauses]. Mm? Well, it's good you're asking me this question now and not four months ago – now that I'm out of my big, black hole. And a lot of that was to do with ageing, and loss. And sense of self. And grieving. Grieving, you know, 'I'll never do this again, I'll never do that again.' Grieving for a lost life. And opportunities. But now, I kind of feel.... You know, I've got my first *dog*, for fuck's sake, so I've kind of got a full-time job. And because of my mum leaving me some money to allow me some stress-free time [...] I feel, actually, quite positive that I can, again, have a strong sense of self and create the life that I actually want now.

[...]

You would have had *such* a different interview from me if you'd been here six months ago. You'd be like, “Oh my God”, like this: [puts her head in her hands]. You'd probably be crying! [Laughs]. I'd be crying! The dog would be crying! [Laughs]. It's true, though!

Such awareness of ageing, and/or the proximity of death – accompanied by a change in temporal orientation – was expressed through various changes in practice. For some, like Barbara [70s] it was found in simple everyday habits: “I mean one thing about ageing is that people start dying. And so, in the paper, I look at the deaths, but I don't look at the births, and the marriages, and the unions, and so on.” For Sylvia [70s], this was expressed in the sense of not wanting to “waste opportunities.” Nowadays, if there is a performance Sylvia wants to see, she will just *go*. “I don't think, 'oh well I was out *last* night, I better rest', you know?” Similarly, the older Kasey [50s] gets, the more mindful she is of time as a limited resource, leading to better organisation and the writing of schedules:

**Kasey:** I don't waste time any more. Because I've lost friends in my age group, [...] to cancer and accidents and stuff [...]. So, I'm more... more aware of what I'm doing with it.

For others, a growing preoccupation with ageing and mortality, stimulated by current and anticipated body-centred change, provoked a caring sensibility towards an imagined future self. This caring sensibility sometimes involved idiosyncratic undertakings that allowed for a sense of agency in the face of inevitable changes to the body. Such practices, while practical, may also provide a way to emotionally prepare for these anticipated changes. My favourite example of a caring undertaking (and indicative of one woman's understanding of when 'old' begins) features Anna-Maria [50s]. A few years ago, she thought,

...right, well I'll be getting old, I might have arthritis, you just don't know. Because I do have long, bony bones. I'm a bony person. And I do get a bit stiff. And so, I started knitting socks for my old age.

Her plans were spoiled, however, as, after making three pairs out of fine wool,

...they all got fucking munted by moths! And I was so pissed-off, because my plan was, I'd knit a pair of socks so that when I'm old, I'll have this selection of lovely warm socks [laughter], and it never happened [...]. So, I'm going to do it again. And I'll store them in plastics [...] so that the moths won't get them!

She estimated she would start using her socks at 83.

For those with the financial means, pre-emptive adjustments were being considered regarding spending when approaching 65 – the age of eligibility for superannuation in New Zealand. Beth [60s] wanted to work on her house and contents as much as she could – from painting and laying down carpet, to getting a new washing machine and fridge to last her through retirement – telling me that it “feels like it matters. Like it will make a difference.” Holly [40s], Nicole [40s], Julie [60s], and Sam [60s], also described adjustments they made, or have planned for their homes before an anticipated decline in bodily strength, balance and overall mobility. All four were motivated by a heightened awareness of physical change, a desire to “age in place”, and

to maintain a valued independence for as long as possible. One participant, who worked in aged-care, explained that entry into aged care institutions were usually precipitated by a crisis of some kind – like a fractured hip – and she described being “very OSH<sup>20</sup> aware”, going through the house and making a mental list of things to fix. Julie [60s] had started doing the same thing ever since she had slipped and broken her wrist at home one day.

Still others imbued certain practices with a symbolic weight, marking a transition into a different way of life. For example, Alice [70s] had a hip operation and knew she would not be able to continue tramping like she used to. To help adjust to this realization Alice added an element of ceremony to one of her favourite practices:

**Alice [70s]:** I used to *adore* tramping, but then I realised, 'Oh some of these tramps are too hard', so I do them for the last time, you know? And it's like, 'Alright, this will be the last time I do the Kepler.'

Indeed, narratives of symbolic practices shared common threads: they centred on ushering in a change in temporal orientation, and/or letting things go, de-cluttering. For instance, Rhonda [60s] remembered how, after her dad died, and her mum had to move, she and her sisters had taken a number of boxes to the dump, or the second-hand shop.

[W]hen we arrived at Mum's [...], we sat in the middle of the lounge, and we were surrounded by 27 boxes with 'Stuff' written on them. And I'll never forget my mum – she stood in the middle and she said, "What do I need all this stuff for?"

After her cancer diagnosis, Rhonda [60s] found herself experiencing a similar need to rid herself of excess, both in her body and materially:

It's like shedding, like being fit, being as healthy as you can. [...] You've got to shed. Because then you connect more to who you are, it's that freedom, too. [...] I need to clear shit, and get in my studio, and either use it or lose it. Get rid of all my paints. And get rid of all my old cameras and everything, or else I use them, or pass them on.

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<sup>20</sup> Occupational Safety and Health – New Zealanders often pronounce the acronym 'OSH' when referring generally to practices and people concerned with safety.



And just have that sense of space. Because that's one thing, stuff. *Stuff* weighs you down. And the older you get, the more stuff, just because of the time period.

She had been musing about converting an old garage into a shop where she could sell off some of this stuff. She would name the shop *Swan Song*. “Why Swan Song?” I asked. She laughed, explaining how she and her partner have a bad case of “Swan-noma” with a large collection of figures and artworks of swans. I looked around me. Sure enough, her living room contained numerous swan imagery. Plus, she added with a gleam in her eye, there was evidence of female swans partnering for life.

Rhonda [60s] was not the only one to mention this growing need to ‘let things go.’ Barbara [70s], for instance, gestured during our interview to a large, wall-length bookcase in the lounge, noting she wanted to re-read them before giving them away. Similarly, Liz [70s] illustrated how growing older involved a shift in temporal thinking, explaining how she used to be a “future-person” but is now present-oriented. Seeing my uncertainty, she described how in previous years she had thought to herself, “‘Oh, I’ll keep this for when I retire’, or ‘I’ll do this, for when I retire’, or ‘I won’t spend the money now because I want to travel when I retire’, or ‘I’ll scrimp and save for when I’m older’”. Now, however, as one of her dearest friends “delightfully” pointed out to her, she recognises that, “the future is *now*”. This led to a revisiting of all the things Liz [70s] had in her possession, and deciding what to do with them, hence the link to Rhonda’s [60s] ‘shedding’ and Barbara’s [70s] ‘last readings’. Having been “a wee bit of a hoarder”, and an artist, Liz’s home is filled with “really interesting things”, and she looks at them now thinking, “Ok... I might have ten years. When am I going to use this? What did I think I would do with this set of wheels, or this bit of metal, or this... you know? What was I going to do with these tools?”, and “How often have I touched that in the last five years?”

**Ella [20s]:** Yeah, gosh, you've started making me think about all the things I've got at home, thinking, ‘oh yeah, I'm going to do that one day.’

**Liz [70s]:** Exactly. Well ah, that 'one day' is now, for me. [...] And I have to remind myself that now is the time I'm meant to be using

[my studio], and I'm waiting for a cold, miserable day to go in and—  
[laughs]. Lovely days are when I can go out and be in the garden.

Another symbolic practice of letting go, inspired by a shift in temporality, was carried out by Sam [60s]. She had kept a journal for a very long time and, upon turning 60, she decided she would burn them all:

I told my partner, [...] because I had so much I couldn't do it all at once, I said, “this is my goal, this is what I want to do, and this is why: I'm turning 60, let's [...] embrace the future, I want to get rid of these, because in a way, it's like baggage.” It started to feel like baggage.

To really send home how these adjustments, temporal shifts and symbolic practices tie in with ageing and conceptualisation of the life course, I would like to return to Rhonda's [60s] story. Towards the end of the interview, she told me she knew she was arriving at old because she was growing fond of sparrows. A little mortified at her own realization she said: “they're so *inane*, aren't they? They're everywhere, and yet, they're so ‘in the moment’.” Older people love sparrows, she explained, because *both* are living in the moment; older people have slowed down, moving less with age, and are often sitting about in the sun, so the sparrows come to visit. “And there's something *living* and *alive* in the moment that you can watch”. She then revealed this new fondness for sparrows as an agentive practice in self-care: “So, I decided that was what I was going to do, find moments of joy, and focus on those.” Remembering her obsession with swans, I suggested she was moving from the swan to the sparrow: “Yeah! Exactly! Exactly”.

This metaphor of ‘swan to sparrow’ encapsulates how Rhonda [60s] was making sense of the embodied changes she has experienced over time, indicating where she locates herself in her imagined life course. Furthermore, Rhonda's story expresses agency in the context of inevitable change – a narrative that acknowledges the personal losses associated with illness and ageing, but with care, and a touch of hope. In a similar illustration of agency, Jenny [60s] insisted that if circumstances lead to a loss of something that once gave you joy, “you find something to replace that joy you can't get and tell people about the joy that you *used* to have, because you can then re-live it. Whatever it may be.”

## Society Lets You Know

The way one's body visibly changes with time, however, is accompanied by changes in how other people perceive and behave towards you. People categorise each other into sociocultural age-groups, often without knowing your actual chronological age. The women whom I spoke with were no strangers to the age-related assumptions placed upon them by others (and sometimes themselves) and provided many examples of how such assumptions were gendered, or heteronormative. For instance, Kate [60s] found that people at work sometimes thought she could not perform certain tasks because of her age, especially if they concerned computers. Regardless of whether she could or not, Kate argued the presumption was based on her appearance, i.e., her greying hair, or wrinkles. Reminiscent of Westwood's (2016) 'compulsory grandmotherhood', outside of work, strangers or acquaintances assume Kate is a grandmother, "[...] they'll say 'Grandkids?' And then you say 'No', and then they say 'Kids?' 'No.' [small laugh]. So that sort of, just... *presumption* of that's what your life is going to be."

Most women described visible changes; like the skin wrinkling in the neck, and the face "starting to show where it's going to drop", hair losing colour, and "probably losing a little height". I came to reflect on such visible changes in the body as 'the crinkle and drag' of ageing, coined in conversation by Rhonda [60s]. The vignettes below show a range of attitudes and reactions towards these changes, such as: pride, a sense of loss, and at times humour. For example, when I asked Alice [70s] how she would recognise others from her generation, I had meant 'culturally speaking', but she grinned and said:

Well... sometimes they're limping [gales of laughter from us both]. Sometimes they're walking on frames and walking sticks, there's a few walking sticks around. White hair... there's a certain posture? Probably wrinkles, because you can walk behind someone and think that they're very young because they've got a very straight walk. I would say skin-texture, hair colour... clothes sometimes?

Liz [70s] also described a sense of fond camaraderie in recognising those close to her in age. She had been describing how, as soon as your hair goes grey, you become invisible, "but not to the grey-haired people!"

**Liz [70s]:** I am noticing, that amongst retired people, there is a sort of a... a network, an acknowledgement, I suppose. You know, you see a person walking down the water-front there, with grey hair, walking their dog or, [...] just enjoying the sun. And you smile, and you just have that little knowledge of 'yes, you're retired too'. [Laughs a little.] And, it's quite special. Like people that you wouldn't ever have normally smiled at, or spoken to [...], but it's just that sort of, that secret [she whispers]: *you're retired*, or *we're older*, or, *we're the elder-brigade*.

Hughes (2006:57) argues that when “successful and active ageing” discourses celebrate old age, they often celebrate youthful qualities *in* old age: an appraisal of how young one looks, how strong one ‘*still*’ is, one’s apparent agelessness or youthfulness. It is hard to find a language that celebrates ‘oldfulness’, he argues (Hughes 2006). However, some participants do celebrate oldfulness on an individual level or, like Liz [70s], through gaining a sense of collective pride and respect; a connection based on a mutual acknowledgement of “‘well, I know that you've lived that long, too,’ you know? And ‘you've lived life and you've had different experiences to me but, you've lived life that long, and here you are [...] in the world.’” When I asked Liz if she had ever tried concealing her age, she gave an emphatic no, then explained how she had once put coloured streaks in her hair, but when she started going grey she told people, grasping her hair, “I earned every single one of these!”

Liz was not the only one to find meaning in the length of time she has lived. Alice [70s] stated: “I’m proud to say that I’m old. And this is what old looks like, for me, because I’m lucky, and I’m healthy.” Kate [60s] was excited for her 60<sup>th</sup> birthday and told everyone at work. She was surprised when they rushed to tell her she looked much younger, or that they would never have guessed. But, Kate *wanted* to look 60, to show what she had been through. Likewise, Ricky [50s] emphatically declared she was “so glad I am where I am.” There was no way she wanted to be in her 40s again, let alone her 30s, or 20s! “I’ve *gone* through those years. And I’ve managed to get through them. Being as heart-broken as a twenty-year-old? Oh my God. Or a fifteen-year-old! Can you imagine? It’s horrible.”

Yet, participants in their 40s, right through to their early 60s and 70s, still felt self-conscious about these bodily changes, the “wrinkles and the hanging flesh”, and sometimes altered their dress or behaviour to hide them, but not without some reluctance. Five participants wondered if certain clothing or adornments were age-suitable, with Holly [40s] giving voice to the shared fear of being viewed as “Mutton dressed as Lamb.” When I asked her to describe what *was* appropriate for the middle-aged woman, she answered quickly and familiarly, “You wouldn't show as much skin [...], if I [wore] a short skirt, I wouldn't show my legs; I would wear jeans or leggings or something [...]. Some of that is also just who I am; I've always been a wee bit more like that.” When asked about the source of this pressure to look one's age, or successfully pass as younger, Natalie [40s] laughed, noting her kids were “very vocal in what's appropriate and not appropriate for me!” Kasey [50s] and Sandra [50s] saw this “huge” social pressure as a gendered social script, ubiquitous in society but hard to pin down – until traversed.

When Kasey [50s] told me of her recent decision to stop dyeing her hair and wearing make-up, to dress and behave more “authentically” with her short grey hair and multiple ear-piercings, I asked if it was a conscious effort to change her attitude towards ageing:

Yes definitely, [...] because other people viewed it as a negative, "Oh my God, why have you let yourself go grey? You're too young! [...] And people felt very free to tell you that.

She laughed at my surprise at this, and gave me an example of such brazen judgement:

One woman said to me, "Oh my God, you look like one of those alternative-lifestyle lesbians," and I said, "Well that would be great!" And she said, "Pardon?" And my friend [...] said, "Well, she's gay", so she said, "Oh! Well. Oh. That makes sense." [...].

This social attention on women's appearance was familiar territory to most interviewees who remembered struggling with and defying restrictive, gendered dress-codes from a young age. In fact, some participants found their lesbian identity brought to the fore the ways in which wider society homogenised older women in banal ways. Participants shared tales of people attempting to discipline their appearance, and how

knowing what to wear (and what *not* to wear) throughout their lives was a vital strategy of identity practice for making feminist political statements, for example, or expressing their gender, or secretly communicating their lesbian identity with others. Julie [60s], for example, poignantly quotes the first thing her mother said to her when she had ‘come out’ one evening during a party for her younger sister: “Put some lipstick on”.

As a girl, Jan [60s] hated dresses, especially as she had to ride a horse to school from her family’s farm. A pair of golden-coloured corduroy shorts was her favourite item of clothing “and it was devastating when the next summer came around and I couldn't fit into them.” She recalls quickly working out at boarding school that if she lied to the matron about her uniform being altered or washed, she could get away with wearing her gym-frock instead of the regulation dress. Today, when wearing baggier clothes and jeans, Jan [60s] is sometimes challenged when entering a women’s public bathroom, to which she responds: “Is there something the matter with your eyes? And I stick my chest out!”

Alice [70s] recalls coming out as a lesbian in her late 40s and being so excited to wear just one earring, “very proudly – because that was a symbol of being a lesbian in those days [...]” She, Beth [60s] and Jo [70s] cherished their respective lesbian “uniform[s]” in the 80s and early 90s; Alice donning her overalls and Doc-Martins, embracing the “change from the stiletto heels that [she’d] grown up with (it was very exciting)”; Jo describing the thrill “of not conforming with dress expectations [...]. Not feeling you have to dress up and meet heterosexual and particularly *male* expectations of how we should look, with makeup and heels etcetera.” Lesbians, Jo explained, were once identifiable by their short spiky hair, and she sang me a line of a song from the *Broad Street Road Show* written by lesbian and feminist Renée<sup>21</sup>: “In your bush-shirt and sneakers...”, Jo sang, “...and I can't remember anything else, but they always stuck in my head because they described how we dressed to show that we were lesbians.”

Meanwhile, Beth [60s] shared her hope that, as she gets older she will still be wearing her jeans, still keep a pair of boots in her wardrobe, and (she said, laughing) “...still [be] wearing flannel shirts [...] because that was my uniform [...], that's what I grew up with, that's what I wore, and I love it!” Both Beth [60s] and Jo [70s] compared

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<sup>21</sup> Jo told me that Renée – a well-published New Zealand author/playwright – had to fight the authorities for the right to go without a surname.

themselves to other women their age (or even younger), presumably 'straight', who dressed in skirts and pantyhose that made them "*feel* like older women." Indeed, as I got to know Jo over the years, she never wore dresses or skirts, preferring jeans and activist t-shirts, and frequently sporting rainbow socks. With such illustrations in mind, it is no wonder participants were highly attuned to expectations of 'dressing one's age', and the stigma they risked experiencing in defying them.

All women speaking to this issue related the workplace as a context where vigilance over appearance was necessary, gender and age performativity going hand in hand. Both Julie [60s] and Holly [40s] explained that wearing make-up was important for women in their late 40s and 50s because otherwise, "smart, highly motivated, good working women [have] difficulties finding work." She added that being overweight or "not well-preserved" reduced your chances of employment. If going for a job-interview, Holly said she would bleach her moustache and wear a little bit of eyeliner. Likewise, Julie [60s] remembers a friend with grey hair going from interview to interview, but "when she dyed her hair, she got a job."

Most women sensed that sexism and ageism intersected in frustratingly oppressive ways, although not all were able to give specific examples. Kasey [50s], however, was very articulate on the issue, describing how instances of gendered ageism was society's way of letting you know where you were in your gendered life trajectory, and the socio-cultural expectations that accompany that location. She observed this gendered ageism unfold through the knowledge she is asked to utilise at work. For instance, she finds herself being taken "less seriously" in some areas as she gets older, and given more "respect" in others:

...say there's something that needs to be discussed within the department; it's very easy for them to gloss over you, unless it's something to do (interestingly) with how the other *people* are. And then they sort of assume that you have this grandmotherly or motherly role towards them, and they'll come and ask you to solve that. [...] But from a technical, or sort of scientific point of view, yeah, you get overlooked. Definitely.

Kasey [50s] likens this banal incitement toward following a gender- and age-appropriate social script, as being covered with a 'shroud'. She noticed this when she became

pregnant while in the role of Head of Department. Her lab colleagues garbed her in a “mother shroud” and assumed she was “going to just step down”, which she did: “but probably 'cause I felt that I couldn't do anything else.” Now though, Kasey is resolved to shrug-off any more motherly, or grandmotherly shrouds.

Knowing when to *leave* the workplace is another context where social negotiations of chronological age, as a meaningful identity marker, takes place. For instance, Michelle [40s] and Hannah [60s] found being around 60 was acceptable in the workplace if you were *already* employed, but unthinkable when shifting to a new position. A few participants framed a growing self-consciousness of their age at work, with metaphors related to perishable products. Liz [70s], for example, when detailing her transition into retirement, said: “I wasn't sure how I'd know when to retire, but I wanted to retire before my 'use-by date'.”

I was intrigued by how frequently participants recounted their past, or current use of work-place competence to think about and categorise both themselves and others as ‘old’, or of a different generation. For example, as Liz [70s] has already demonstrated, she wanted to leave work before colleagues saw her as “past-it”, which is also the mental state she said she would need to be in before allowing herself to enter an aged care facility. After describing a friend who she thought “needed” to retire, Liz said she, herself, had made *damn* sure “to go out in style”, and had fun doing so. Kate [60s] and Sam [60s] also exemplified this social nexus of age-related identity performance in the workplace through the surprise (and slightly guilty shock) of finding themselves in the position of *being* the person whom younger workers casually thought of as “needing to move on [to retirement]”. As Kate reflected, “it doesn't take that long to change your thoughts; I mean we're only talking [...] seven or eight years ago.... I thought someone who is now 60 shouldn't be here, where now I'd like to stay till 65 if I can!”

Sam [60s] and Barbara [70s] both noted a feeling of being on ‘another side of things’ when observing the general working population. Barbara explained:

I'm just beginning to realise that... public society, if you like, is now made up of people younger than me, people who are holding jobs and so on. And... oh, there's this theory: “you're beginning to get old if policemen look young.” And I've developed it two more stages:



you're old if the prime minister looks young, and you're *really* old if the Pope looks young [laughter].

Hannah [60s] spoke of this as an increasing awareness of a younger generation behind her at work, with values and a confidence she did not share. Sam [60s] felt the issue most keenly in relation to the ageing professionals who provided her with specialist services:

And then I wonder, well, my God, what happens when they retire? I'm still going to need a doctor, and a lawyer, and you get some twelve-year-old who doesn't know you from Adam! How does that work? [...] It just struck me, my doctor said, "Oh, I'm going to cut back to part-time", and I thought, 'Oh my God, what's going to happen?'

At times, the women I spoke to described how realising one was being *seen* as old crept across their consciousness without warning:

**Ella [20s]:** [...] are you aware of what the stereotypes are for your age?

**Moya [70s]:** Oh sure. I can see them in people's eyes, sometimes. And yeah, sometimes I get stereotypical reactions. That's how I know I'm old. Not because *I* think I'm old. But because: 'Oh! They're treating me like an old person'. [...] It just, sometimes it hits you [...]. And I'm only guessing what they're thinking. They might not be thinking it at all.

**Ella:** Is it their tone of voice? Or...

**Moya:** No, [...] it's in me – the recognition. Now, what's in *them*, I can't say. But, something... I'm having a flash of feeling old [she laughs]. Like a hot flush! I'm having an *old* flush! [Laughter from both]. Yeah. [...] Maybe it's a fear: 'Oh God, they're thinking of *me*....'

Moya [70s] then gave an example of an 'old flush' where she had invited two travellers – whom she met at her neighbourhood café – to come up to her home so they could use her Wi-Fi. Moya is an Air-B'n'B host and had an English woman staying at her home at the time. The guest happened to be very good at technology and began helping the

travellers access Moya's internet. A sneaking realization came upon Moya when she noticed "that in the conversation, they tended to talk to [the guest], who was a good deal younger than me, but not a *big* gap. And I was sort of like the *extra* person in the story. I didn't feel left out, I just saw this dynamic, and I do remember doing this to my *own* mother." Sometimes the 'old flush' was created through a sense of well-meaning, such as Prue's [70s] rueful acceptance of a sunflower handed out by the organisers to all women over 70 who competed in a recent triathlon. Up until receiving her sunflower, Prue had considered herself to be just like everybody else doing it.

The tendency to experience the 'old flush' as a self-conscious feeling coming from their own insights or insecurity – rather than overt, or subtle ageism from others – was common among participants. Alice [70s] for example wondered if she was just "prone to paranoia", and Kate [60s] shared how, occasionally,

I can see people looking in restaurants for instance, [...] especially if there's four or six of us sitting around the table, and most of us will be grey-haired and we're having a hilarious time, and we're being noisy? I get a real sense of... you know, "You're *old!* You're not meant to be having fun!" sort of thing. Yeah, you'd just have people looking across saying, "*What?!*" [...] But then, that might be *my* thing, *thinking* that's what's going on, when they might just be thinking, 'oh cool, look at those old ladies having fun'.

What, then, might link experiencing old flushes with a sense of arrival at old age? It was not a natural process for Alice [70s], Moya [70s], Sam [60s] and Ricky [50s], to identify as 'old', or to feel pride in their older age; rather, it took a conscious (and challenging) adjustment of perspective. Moya, for instance, felt as though "middle-age" just went on forever until, recently: "...just within the last twelve months, I've begun to see myself in the 'old-age' category. That's a big shift of thinking [soft laugh]." Furthermore, as the following three women illustrate, such an adjustment is not isolated from the actions and behaviours of others, but a combination of bodily change, social interactions and relationships. Moya [70s], for instance, observed that other people reading her as younger than her actual age created the illusion that she would never get old. Meanwhile, determined to work out, improve her fitness and eat right, Sam [60s]

was feeling good about entering her 60s – until her father died. A few years after his death, Sam no longer felt as “sturdy, or as resilient” as she did the year she turned 60.

I guess, a lot depends on what's going on in your head, but I was determined to embrace it. I'm still thinking, yes, that's the way to look at it. But, it takes more and more work I think, to stay with that.

For Sam [60s], acceptance of ageing was an ambiguous and emotional transition, which involved many facets of her life, from seeing her body change and redefining for herself what it meant to be 60 (literally running to meet her new age head-on), to feeling vulnerable once more upon her father's death.

Ricky's [50s] story also involved a conscious effort to shift her perspective. Approaching her sixties, she noticed colleagues changing their behaviour around her. At first, she was bothered by it, feeling like an outsider, until she realised it was not that they disliked her, rather “there was a respect growing”. They started coming to her for advice, asking about her life's experience:

So, if you then learn to embrace that part, and embrace the [...] *crone* in you [laughter], I guess there's a totally, totally new stage of life that has new, beautiful parts to it that you didn't imagine before. It's being open to it, I guess, that makes a huge difference.

Another common example of gendered-ageism reported in the literature – brought up by Liz [70s] and substantiated in detail by Alice [70s], Julie [60s], Rhonda [60s] and Sam [60s] – is the experience of feeling increasingly invisible with age. Sitting in her armchair in front of the fire, Alice (dressed predominantly in purple) told me how she feels invisible, particularly to men or young people. “I mean, literally, I think people don't sometimes see me; I'm almost walked over.” Just a week before the interview, Alice [70s] was walking on a Dunedin city street when three “suits” came toward her. Although she could have given them way by moving to the left, Alice stood her ground and resisted their claim to the pavement, bumping elbows and shocking them into noticing her. “Now, I think that if I was young, and gorgeous, I wouldn't be treated like that.” Sam [60s] was actually warned of this phenomenon while going through menopause by her doctor, who was a little older than her: ““Oh right, well now you'll

go into the invisible phase.’ And I thought, what are you talking about? And I sort of see what she means now.”

Seven women [50s-70s] specifically remarked on speech-based identity negotiation occurring around the category ‘old’ – providing glimpses into the rather casual, conversational nature of age-related identity performance. They heard people say, “oh you’re too old for that” whether it be dress, activity or behaviour related; Jo’s [70s] eldest daughter, for instance, would (in concern over Jo’s exertions) reprimand her saying “remember your age” – although less so over the last two years since Jo began pulling her up about it. Others focused on their own age-talk. For instance, Alice [70s] found ‘old’ a tricky term because, although she referred to herself as such, she thought we lived in an ageist society and wanted to combat this. “I’m trying to stop saying, “My cousin who’s 95,” because that’s the way we define people. [...] My older sister turned 80 and I said, “Oh well, you’re into the old age” and she said, “Oh no I’m not! I’m not old till I’m 90!”

Another interesting form of agentive, and speech-based negotiation of being ‘old’ is highlighted by Rhonda [60s] and her partner who playfully, but selectively, called themselves “old buggers”; mediating between the ambiguous status of being *older* but not *old*. Rhonda reserved the phrase for parts of her body which she cannot quite control, like when her “old-bugger knees” act up, or when feeling self-conscious about her “old-bugger arms, or old-bugger waist.” Both Alice [70s] and Jo [70s] explored the concept of ‘talking old’ as a change in their own conversational habits, including the kind of catch phrases they found themselves using, like “I remember a time when...”, or when commenting on young peoples’ clothes: “Erm... have you seen the short skirts?” Alice’s insights into her own discourse went deeper, highlighting the performativity of the whole thing. When she told me she was “going off to do a chainsaw course tomorrow”, she paused and said:

But I notice I *talk* about that. It’s almost like [laughter] if I was younger, I would probably just *do* it and not talk about it. But now, for some reason, I’m old, I say [tilting her head side to side] “Oh I’m doing this chainsaw thing.”

Additionally, *not* talking about one’s age is indicative of underlying ageist attitudes. As Kasey [50s] explained, well-meaning conversational habits around age

prevent her from talking more deeply about experiences of ageing. She noticed this particularly if her interlocutor was younger: ““Oh, you're not old””, they say, “and they really downplay any fears you have. Yeah, and I think that you're expected to be okay about it, and it *is* scary. Like dementia, and being frail, it’s something that scares the shit out of me.” Based in Auckland, Ricky [50s] also expressed frustration at the off-hand dismissals of her age and challenged people who said she looked younger than her chronological age, because ‘looking young’ was not something she valued: “No I don't [look young]! Look at my wrinkles, look at my grey hair. I don't! [...]. [I]f you actually *look* at me, you can see my age. So please *look* at me.” Similarly, Alice cannot stand it when people deny her age on her behalf and makes a point of speaking out against both ageist and sexist rhetoric:

**Alice [70s]:** I was called a 'girl' in a restaurant the other night, and I really told him off. [...] Men about my age feel – and I've challenged so many of them – feel that they're paying me a complement by referring to me as a girl, which gets right up my nose. I mean who wants to be a 'girl' anyway? That stuff about sports teams, and they're all 'girls' as well, [...] ageism is all around us. [...] Yeah, there's this age-denial, really.

Finally, how older people are referred to or described in conversation by others is also important. Terms of endearment used for older women are a perfect example, with Fe [60s] making sure to deflect those fired her way: “And I really try, when people call me ‘dear’, to call them 'dear' back.” Kasey [50s] recalled working in a rest home as a student and being appalled at the demeaning way people spoke of the residents, especially during birthday celebrations. She would hear onlookers describe male and female residents as ‘cute’ or ‘quirky’, but *especially* women:

...there she is sitting there in her cardi [cardigan] – blowing out a hundred candles or something – and everyone's going, "Aw, isn't she cute?" [...] No, she's *not*! Have you asked what she thinks about Donald Trump? [...] She probably has quite a good opinion – if you'd sit down and *listen*. You know, don't ask her what her secret to living long is! And don't define her success by how many grandchildren she's got!

Participants are invested in these age-related verbal exchanges and identity performances because they are a vital medium for negotiating and communicating one's social location in the life course – with all the socio-cultural value attached to these life positions at stake. As Kasey [50s] shared, women's increasing invisibility with age occurs in part because "your value as a human changes; you're viewed as having less value, so you become just 'cute' and something that other people care for."

Throughout our lives we learn to discern how our ageing bodies are being read over time and the impact this has on our social value, and power. The following encounter between Liz [70s] and her fridge-technician highlights a moment of age-related dialogue with a stranger, and how Liz effectively flipped the power-dynamic between them. Liz and her partner had purchased a new fridge, but the big, wide door was proving difficult to open, so they called a technician. Having been an industrial designer herself, Liz suggested there was a design flaw, but the male technician would not admit to this:

He made some changes at the back, and I said, "but surely with this fridge you must've had a lot of complaints?" You know, he said: "Mainly from little old ladies." [Pauses]. And the implication was, "Like you". [...] This was a guy in his 50s, you know? And I thought, 'F-you!' Anyway, I said, "Let's see your biceps; are they as big as this one?"

At this point, Liz [70s] rolled up her sleeve and flexed her arm for me; I gaped at her obvious strength. Laughing, Liz concluded her story, telling me her display had had the desired effect. She then commented that she did not usually come across ageism because: "a certain amount is how you are in the world; if you act like a little old lady, then you're treated as a little old lady. If you act like a... *sparky* little old lady, then you'll be treated as a sparky old lady [laughter]."

I realised, then, just how subtle and insidious gendered ageism can be; it embeds itself in our discourse even when we rally against it. As Julia Twigg (2004:63) points out, resistance to ageism, especially gendered ageism, is "itself deeply ambivalent" and there is a difference, she indicates, between "age resistance and age denial". Feminists, Twigg (2004:63) argues, tend "to resist the devaluation of being old while not attempting to deny age as such. But things are not quite that easy." Indeed, Liz [70s]

seems to both resist *and* reiterate the devaluing of “little old ladies”. Although her actions and embodiment break the stereotype of older women being frail or weak, her agency is also expressed through distancing herself from this stereotype (and a certain kind of femininity), by adding an element of ‘spark’. Moreover, her words seem to suggest some women’s embodiments invite, or are responsible for, certain types of gendered ageism directed at older women.

Jan [60s] also distances herself from the concept of old. For instance, she thought “Peter Pan had the right idea”, and resists ageism by insisting that ‘old age’ is not connected to chronological age, and that she keeps herself young by ensuring children are in her life (by running programs for school-kids for instance), engaging in physical activities, and staying connected to the environment – “I didn't even think of myself as old when I was sitting up in my hospital bed after I'd had my hip replaced.” Other participants sometimes used age-infused language uncritically, such as describing aesthetically displeasing clothes as “grandma clothes” or describing someone they remember as being “a funny old bat”. Such comments, however, are often made fondly, and I wonder if it is not a way of familiarising oneself with the concept of ‘old’ before one arrives, waylaying fears or making it okay through humour – laughing at ourselves. In a similar study on ageing and embodiment, Slevin (2006) reports that her respondents’ humour helped to “soften some of the negative notions of growing old, particularly in relation to old women” (Slevin 2006:254, paraphrasing a participant).

## **Sexual-Temporal Selves**

An important, and often overlooked realm of embodied experience in ageing literature is sexuality. Discussing the fluctuations in participants’ desires and need for social intimacy over time reveals how age and sexuality, as categories of difference, intersect for participants in meaningful ways, impacting their life course narratives. My interest in the topic of changing sexual embodiments was first piqued by the casual discursive link between sexuality and chronological time/age established by participants’ introductory statements: from Liz [70s] beginning with, “Right, well, I'm a [age]-year-old dyke, I've been out for... mmm, since I was... about sixteen? So that's a very long time. And I enjoy being a lesbian”; to Sandra [50s] stating, “I have identified as lesbian since I was about 28”.

One of the important themes emerging from interviews was participants' indirect expressions of sexual-temporal selves – moments where their sexual self or sexuality, and sense of a temporality or ageing were linked together. This could involve broad, overarching life-narrative frameworks, or changing, individual, temporal-orientations and the impact this had on current relationships. For instance, participants sometimes 'bookmarked' their lives through narrating important sexual relationships, sexual liberation, or by sharing an over-arching life-story of their evolving sexuality. This was sometimes part of their coming-out story, or prompted by my interview questions, asking if their understanding of sexuality had changed over time, and if they thought it would continue changing.

A key element shaping the responses I received was participants' relationship status. Some women at the time of their interview were single, some recently bereaved. Others were in dedicated partnerships, in a relationship but living in their own homes (referred to by social researchers as "living apart together" [Barusch 2008:174]), and some were married or had been joined in civil unions. This was first raised by Liz [70] and was something I had by-and-large overlooked. After our formal interview, Liz handed me another cup of tea stating she was quite surprised I had not brought up questions regarding relationships and age-gaps. I told her this was an oversight on my behalf, likely influenced by the fact I was currently *very* single. She laughed at this and, nestling herself on her couch just below a window, shared her thoughts on her own relationship – together 29 years.

The problem was, she thought, that as you get older, the age gap between partners [theirs being around 11] requires more consideration. Liz [like Rhonda] envisioned hiring a bus, taking her dog, and traveling around New Zealand – she didn't say what her partner thought about this. Liz explained, "I'm living my future *now*, free," but her partner was not; she was at the height of her career. Liz was retired though, and that meant they had had to talk about things and make certain adjustments. She postulated this would be different for couples entering retirement at the same time, picturing them having to adapt to old age together.

She told me of an older straight couple, both of whom had physical limitations. The husband had a vision impairment, the wife was not very



mobile; mowing the lawn required teamwork. “She would stand at one end of the garden waving her arms so that he knew where to push the lawn mower.” To Liz, this exemplified how ageing as a couple became a co-operative endeavour. She then changed tone; it’s amusing, she thought, that they were both ageing but with herself “out in front”. Laughing, Liz explained that her partner would complain light-heartedly about having to go through all these age-related bodily changes after Liz, because she wouldn’t get any sympathy from her [Liz]. “She’s right”, Liz smiled.

(Fieldnotes 2016)

Hannah [60s] also asked if I would look at “how couples age together”, because it was “another part of the transition” she was currently experiencing. Regardless of couples’ sexual orientation, she said, if one partner retires before the other, they get used to having “free range of the house all day long,” so that by the time the second partner retires, a melding of two different personalities and daily rhythms is required; couples must learn to sync back together; “And in *this* household, it will be pinning [her] down to say, ‘Hey, I’ve got some needs for companionship and cuddling’.”

Those who were not in a relationship at the time of the interview were grappling with quite different challenges. Natalie [40s], Kate [60s], Jo [70s], Beth [60s] and Kasey [50s] discussed the frustrations of being a single lesbian in a society that celebrates and values coupledness, and a tendency to focus on the act of sex itself to define one’s sexual identity. As Kate described it, “I think we disappear, [...] if they can’t think of us having sex, then they can’t think of us as being lesbian. Like I think that’s why I often will push here, just because I’m not in a partner[ship], I am *still* lesbian”.

Indeed, Mary Douglas’ (1966/2003:36) anthropological work on “matter out of place” came to mind when discussing with Kasey the perception of older, single, lesbians’ sexuality, in the sense that their embodied desires are ‘out of place’ in a society ordered by Western European age norms and the heteronormative life course. Kasey [50s] argued that, “defining yourself as a lesbian when you are single suggests that you *have* a sexuality”, that “we’re sexual beings.” Without a partner, however, that lesbian sexuality is not ‘safely’ contextualised by a partner – and people “take pause with that”. Then, when your ageing embodiment is read by your interlocutor as older or ‘old’ – the

response is even more strained because “the older you are, the less people are expected to have *any* kind of sexuality”. Kasey felt that “if you are already in an established relationship,” people can usually figure out your sexual orientation, without an uncomfortable, verbal disclosure, “but if you're single, it's like: ‘you have a sexuality, and you're single, and you're *old!*’”

Nearly all lesbian-identifying women I talked to, however, described their lesbian identity as being a holistic experience, meaning much more than your choice of sexual partner. Prue [70s] summarised these thoughts: “Yeah, I'm absolutely, positively a lesbian, and if I never have another sexual relationship it doesn't make me any less a lesbian, I'm a lesbian until the day I die.” For Prue [70s], Natalie [40s] and Jo [70s], however, this was something that, although seemingly obvious now, was not always so. Jo – sitting on her couch, fire stoked high on a nippy afternoon – transformed into the orator, revealing just how important one’s changing knowledge of sexuality shapes one’s self-knowledge, expressing just how closely bound the political is with the personal, and the ways in which powers of societal legitimation influence our most intimate experiences:

I think I would've thought at 20 that sexuality was about having sex. I'll even change that; I would have thought it was about having sex with a man. My view didn't go beyond that. And... back in the 1950s and 60s, getting married was such an important goal. [...]. It's so sad, because society pressured us at very young ages to think that that was the best thing to go for. I think, particularly since I've come out, I've got a much broader understanding of sexuality and I see it as embracing much more than the physical; of it being a strongly emotional part of my life as well. [...] And I think coming through the [1980s] when HIV/AIDS was first being considered, and all the homophobia that existed out there towards gay men, and the cruel, terrible deaths that they died in those times... you know, you *do* have to think of sexuality, and the act of sex itself, and how might it be. And you have to be open to explore different things.

[...] I grew up in a home with very strange attitudes towards sex [...] and, I had no language for sex; I find it quite difficult even at

this stage of my life sometimes to find the right words – if I'm talking about myself – and that seems very sad too, because it cuts you off from yourself, and cuts us off from being able to explore things fully with partners. [...] But yes, [my sexuality] certainly has changed. And I had to read a lot and think a lot – and working with young people in the community; you had to be ready to answer their questions and help them explore issues. [...] And my views have expanded, and still, at this stage, I wish I could perhaps talk about the ins-and-outs more comfortably with *terms*.

It is a terrible thing to grow up and not have terms for your body, and terms for feelings relating to sex, and sexual feelings in your body, long before you're having a relationship and that. [...] And, you know, I don't think I thought... at 30 or 50, that I would have sexual feelings at 70, but I found that I did [...]. We don't *know* a whole lot about ourselves. I don't know whether your generation knows more about the whole lifespan and how, how it might be?

Several of Jo's [70s] points were echoed in other women's memories, like Yoka [80s], who also touched on the frustrations of not having a language to describe her feelings, telling me that before the women's liberation movement in New Zealand, the idea of women having an active sexual desire was just not discussed. Indeed, for Emma [70s], finding a language to describe her embodied desire was vital for self-understanding: "The things I learned with the woman I met in my 30s, as I said, was the most telling years of finding out who I was." She learned about herself through discovering how to articulate her desires, prompted by her sexual partner commenting, "well unless you *say*...".

As Julie [60s] explained, for many lesbians who discovered their attraction to women, there "wasn't anybody else around to even *think* about that, you know?" Sylvia [70s] also told me that sexuality was not discussed in her schooldays:

**Sylvia [70s]:** We weren't taught anything about sexuality. We were taught about how babies were made. Yeah, yeah, I remember... when I had a friend at secondary school [...] we used to love hugging each other, and sitting on each other's knees, and fooling around and...

the other kids would sort of laugh at us, but I just thought they were inhibited, you know? I just thought probably everyone wanted to do it and I thought nothing of it; I didn't think of it as lesbian behaviour, even if I'd heard of lesbian behaviour, which I don't think I had. The first time I heard about lesbians was... I was working in the nurses' home in the holidays and there was sort of a joke going 'round, and it was: "Do you like having your hot water bottle between your knees at night? That shows you're a lesbian!" And I thought, "Huh?" And I couldn't see how that showed you were a lesbian if you were, because I *did* do that with my hot water bottle. But, I kind of knew, but I still didn't really know about lesbians or what they did or, or, anything. And I... I waited to fall in love and have babies [...], that was the programme that we had.

Barbara [70s] clearly remembered when sexuality seemed to burst on to the scene in England: from the general attitude growing up in the 1940s-50s of "Girls who get into trouble bring great sorrow to their families', so hold it off till you marry"; to a much more public discussion of sexuality, with the publishing of *The Joy of Sex*, and *Lady Chatterley's Lover*, "which gave me a few gapes and so on." For Jenny [60s], the search for a language to express her sexuality was not described as a memory but a *very* present experience. During the lift home after her interview, Jenny tells me that although she was enjoying her current relationship with a woman, she was still searching for the right words to explain her sexuality. Assigned male at birth, she identifies as a lesbian woman and expresses her desire to be made love to *as* a woman, but that trying to articulate this desire was difficult. She asked me if I knew where she could find this out, where to learn the language for her desires. She hoped my being younger meant I would have more knowledge about this, especially since I had computer literacy and the internet at my fingertips, whereas she had a lot of anxiety when it came to accessing technology and found it hard to afford.

Alice [70s] also told me how lucky I was "because all this information's out there, isn't it? And you can locate other people." Finding literature about lesbian sexuality had been so difficult, but so vital. Alice [70s] recalled how in her early twenties, she had travelled through France and bought a book about lesbians called *Twilight Women of the*

*World*<sup>22</sup>, which had been banned in New Zealand. “That felt very radical to me” she said. When I asked her whether she thought that her sexuality would continue to change in her 70s she replied, “My sexuality? For sure, for sure [...], I hope it’s always part of my life.”

Several participants agreed with Jo [70s] that people do not expect older people (especially in their 70s and over) to *want* a sexual relationship. Indeed, sexual development discourses inform our notions of ‘doing age’ correctly, with the biological changes accompanying puberty and menopause informing perceptions of age groups and their sexual drives, such as the prepubescent, the teenager, the menopausal or post-menopausal woman. Over time, the biological development of sexual organs and hormonal changes becomes incorporated into our socio-cultural imagination of the life course, so much so, that several women in their 60s and 70s described feeling sexual passion or desire for intimacy as “feeling young”. As Alice noted in her 70s:

I thought that intimate relationships were past. Because my last relationship – it was 12 years finished, I don't know, ten years ago now – so [...] that was a situation when I felt young. [...] Yes, so that was the ‘falling in love’, and *all* that goes *with* it! I thought I’d’ve outgrown some of that stuff!

Take also Annabel’s [80s] observations of her current relationship. They had only been together for around six years, and they had gotten together when they were

quite old really, and yet we didn't think twice about it. And we behaved like teenagers to begin with, you know [...] [laughter]; [...] we got all excited about things, and held hands, and giggled, and all that, in our 70's! It's a scream, really. Was I in my 70s? Yeah, I was, she was late-60s.

When I told Annabel that some women had found these sexual feelings, desire or passion, surprising, she said they both had as well: “[w]e don't have so much now, but we certainly did in the beginning, all that new thing, you know the excitement, and going to bed together, and all that sort of thing. You know?” Julie [60s] shared a story

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<sup>22</sup> When I visited the Charlotte Museum in Auckland, I found the book Alice had talked about, displayed in a glass case.

of being kissed on the lips by a younger woman, (rather unexpectedly) at an event she had attended a few months back: “I was quite surprised, and I thought, *whoa!* [...]. It was a bit of an emotional thing [...] [Small laugh]. And it was so funny, it was my first time for ages. I thought, *wow!*”

While in Paekākāriki I was told that, regarding sexuality in older age, there were “some wonderful role models in this village.” My conversant said that the women she knew “who were having the most sex were in their 70s. That wasn't out of a very wide sample,” she was quick to say, “but there were two new relationships in this village, of women, couples who were in their 70s”. Smiling, she said that even though she never spoke to them about their sex life, “from the outside they looked very loved-up.” Just how important this kind of “role modelling” is, however, strikes home when you compare this to the discussion I had with a Dunedin woman.

I'll tell you one thing that I find hard. I think that your sexuality, it continues into age, in some ways. And you *know* you're not going to find a partner at 75. That's hard. [...] There's some sort of death that goes on there, and you've sort of got to get to grips with it. That's when the age *does* count. You think, ‘Mm, wouldn't it be nice’. But, yeah, it's not going to happen [she laughs softly].

At the time, I eagerly told her about the women I had only just interviewed who had found such intimacy in their 70s. In my rush, I did not stop to consider how deeply she had worked to relieve herself of this hope until she responded with disbelief:

You're joking [...] At 74? Gosh. That's quite close to my age. Mm, no, I can't see it. But, anyway. That *is* hard, I think. It's kind of a... a mourning, I think [soft laugh]. Anyway, but it's like everything else, you just have to go with the flow.

Returning now to my earlier point – that corporeal changes linked to ageing is meaningfully entwined with sexual and gender identity – I explore here examples of the differences some women in their 40s and 50s felt between their moments of intimacy now, compared to those experienced with younger bodies. Kasey [50s] and Rhonda [60s] for instance, found it hard “adjusting to an older body”. Sarah [40s] thought experiences of sexuality become more “spiritual” with time, moving from those “stages

in life where your body is ruled” by hormonal desires and needs, to a less urgent, less competitive state of being, with relationships being based more on romance than physical attractiveness. She laughed, adding she is not “a nubile 18-year-old anymore; and that in itself has got to shift the experience.” Kasey [50s] however, just a few years older than Sarah, found the importance of physical attractiveness did not significantly diminish over time. With heavy self-criticism, she described the “harsh” way she judged her older body, and how, in worrying so much about the changes in her appearance, she can forget that a lover’s body of similar age will likely mirror such changes. “I’ve had a baby, and I’ve lost weight, and my skin’s not what it was”, but “who cares? I’m still the same person!” Yet, despite herself, she *does* care and “it’s a big adjustment.”

Several women did discuss a lowering of libido, and the reasons for it ranged from a ‘natural’ change in the body, an inevitable biological process, to a combination of physical and psychological changes. For instance, one participant thought a lower sexual drive was connected to changes in how she perceives her body (less “tucked underneath” when getting up) and how she perceives *through* her body. In other words, she feels less “connected” in her embodiment, and her body’s “actual sensitivity” has changed, affecting how she responds to things, hence impacting her experiences of sexuality and sensuality. So, although loving and affectionate with her partner, she found the “actual sexual thing [...] quite amusing. And that is a menopausal thing. But, there is also that lesbian bed-death.”

I had heard of ‘lesbian bed-death’ and asked several participants about it. They were all familiar with the phrase, implying less sex is had the longer lesbians live together. When I asked, tongue-in-cheek, if it was particular to lesbians, Prue [70s] laughed “No!”. She suggested women tagged the word lesbian on the front because in a world that assumes heterosexuality first, “sexuality seems central to being a lesbian.” Prue, Sam [60s] and Barbara [70s] suggested lesbian bed-death, or reduced sexual passion/intensity over time, is a normal part of the trajectory for any committed relationship; couples made accommodations for each other, such as living apart but having occasional nights together, or keeping separate beds.

Two women (in their early 60s) described sexual passion ceasing in their relationship but realised the feelings, or emotions, once related to sexual intimacy – “that feeling of vitality, and aliveness” – could be found in other ways. Thus, you *can*

experience these moments of “joy, or fulfilment, or pleasure, or passion” right into older age. Rhonda [60s] meanwhile, suggested emotional intensity did not belong to the realm of the young, but how often these moments occur, or how long the feelings lasted did lessen with age. Another participant noted that significant feelings of joy ‘these days’ were not necessarily “lesbian moments” but “moments of connectivity”, when taking the time to visit the ocean, enjoying good weather, the company of children, or finding “pleasure in reading books.” She searched for the right words: “It’s a different texture to it.”

Likewise, another described how the *idea* of sex was probably more appealing than the reality now, noting she could sometimes get just as much pleasure having “a wee beautiful swing or something.” Two women mentioned masturbation was always an option too, if you felt like it, but that “it isn’t crucial [...] anymore”. Both Prue [70s] and Sylvia [70s] found that while still a wonderful and enjoyable aspect of partnerships, sex itself had become less central over time. There was much less “angst” surrounding the whole thing for Prue, and both she and Sylvia found affection, cuddles, and intimacy were key for fulfilling relationships. Said Sylvia, “I don’t think I’d have a kind of intellectual relationship where there wasn’t a lot of snuggling, mm. But, everyone’s different like that.”

## **Embodying the Life Course**

Curious about Alice’s [70s] description of ‘feeling young’, I asked her to unpack what this meant. She told me it was hard to define *exactly*, but it was found in emotional intensity, in moments of intimacy, connected to the excitement, surprise, and delight of a new relationship for instance, or the “sort of growing thing you still do.” It was about “seeing things you want to change, and then changing”. Sometimes it involved “a kind of rage”, embodying the four-year-old having a “paddy” (lying on the floor, shouting and kicking – the whole body moving, the feet going) and having “almost a desire to *be* a child”, an urge to cease control over those “intense feelings”. Similarly, Rhonda [60s] and Jenny [60s] likened moments of intense joy and frivolity in later life to being ‘child-like’ or ‘young’. Rhonda [60s] recommended “embracing your inner toddler” as an act of self-care. Others, like Emma [70s] and Julie [60s] thought feeling young was more to



do with a sense of wildness, spontaneity, and freedom – “freedom to think and do as you want, when you want, how you want” (Emma).

Ageing literature since the 1980s – as reported in Featherstone and Hepworth’s much referenced article on the ‘mask of ageing’ – is filled with similar reports: that one’s outer appearance does not match how ‘young’ one feels “beneath” or, “inside” (1989:148, 150). For Jo [70s], this amounts to feeling younger “in [her] head”, and the felt disparity between mind and body gets her into trouble when she forgets “the limitations my body places on me”, clearly a source of frustration: “I don't want to live a cautious life, but I need to be more cautious about some things than I [am].” Similarly, five participants [40s-70s] described age as an attitude or a state of mind. As Jenny [60s] and Pleasance [60s] suggested, people can be ‘old’ at any age. If people ask her age, Jenny replies, “Seven in the head, three in the heart, and my body is whatever it wants to be.” Similarly, Pleasance [60s] described people’s ‘spirits’ as often being “a great deal younger than our bodies.”

When I asked women what ‘feeling young’ actually meant, however, and *when* these moments occurred, I found the ‘mask of ageing’ belied a much more temporally agentive self, offering insight into subtle ontological experiments and explorations, unfolding through quotidian practices. For instance, the reverse also occurs – Alice [70s], Sam [60s] and Jo [70s] described feeling old or *older*, with Jo explaining how she “felt like a 90-year-old” after a back injury in 2001. She remembers being extremely nervous getting back on her feet, afraid of crossing the road and thought, “Is this what old age is going to be like?” Neither Annabel [80s] nor Sylvia [70s] connected to the idea of ‘feeling young’ at all and Jan [60s] – wiry, sun-browned, and full of energy – told me she would *never* describe emotional intensity as ‘feeling young’ because it would imply she is *currently* old, and she has never felt old. I do not mean to suggest here that there is rigid binary between ‘feeling old’ and ‘feeling young’. In fact, Alice [70s] framed ‘feeling young’ in a larger context of “feeling a whole range of ages”, and Moya [70s] saw all age categories as “very flexible”.

As Featherstone and Hepworth explain, the idea that old-age is worn like a mask, or costume, hiding one’s true, youthful (or ‘ageless’) self underneath, is just *one* way individuals seek to “maintain a balance between the external stereotypes of age-appropriate behaviour and the subjective experience of the self” – something which

“requires considerable energy, tenacity and other resources” (Featherstone and Hepworth, 1991:378). Indeed, participants expressed creative agency in their use of the ‘mask of ageing’ phenomenon – as a discursive form of humour, for instance. Liz [70s], while driving me back to the centre city after her interview, said jokingly that she was “...21 with 49 years’ experience!” Amused, I asked her if I could jot this down in my notebook. She said, “Sure, but I don’t really believe it.” She meant it more in a funny way; “I am [in my 70s] after all” (Fieldnotes 2016).

What further intrigued me was how “feeling old”, “like an adult”, or “feeling young” was enmeshed into participants’ corporeal and social engagement with their immediate surroundings. For instance, gardening was when Emma [70s] felt young most often because “you think all your private thoughts” and can “think things through”, visiting all your fond memories. Of course, Emma said, you do this throughout your life, but she thought the practice increased in frequency as you age, for her this started at 60.

Such moments of temporal ventures through one’s memory of the life course, or moments of ‘feeling age’ are what I refer to as emotional traversals<sup>23</sup>, aligning less with the ‘mask of ageing’ and more with Ellen Matlok-Ziemann’s (2014:272) assertion that “age categories such as ‘old’ are fluid, and that a person can embody many different ages.” This suggests a cumulative understanding of an interior ‘self’ that unsettles unidirectional understandings of growth and ageing subjectivities, with emotions stimulating our “moving in and out of ages” (Michelle [40s]). In turning our attention to the idea of embodying the life course, in the sense that we emotionally traverse through time, we make space for considering non-linear conceptualisations of the life course in general. This sits well with Matlok-Ziemann’s (2014:272) conclusion, that a blurring of age categories “invites a re-thinking of Western understandings of age as linear and the questioning of clear age boundaries”.

In Biehl, Good and Kleinman’s book on subjectivity, “Rabinow invites us to consider the contingency of *motion* as a more productive tool than *progress*...” for analysing, among other concepts, “...the mediations of self-formation” (2007:31, my emphasis). This fits with what participants have conveyed; emotions and a subjective

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<sup>23</sup> The word ‘traversals’ is borrowed from Jay L. Lemke’s (2013:88) discussion of Multimedia Discourse Analysis where he distinguishes between ‘Trajectories’ and ‘Traversals’.

sense of temporality are closely connected and meaningful to participants' experiences of ageing, and where they position themselves in their life trajectories. For instance, Sam's [60s] exploration of 'feeling old' touched on the popular image/representation of ageing and growing up as a journey where adulthood and old age are destinations, where you are meant to gain a sense of assuredness, or confidence. But, a feeling of uncertainty has accompanied her throughout her life and (unlike Alice [70s]) she does not "feel any obligation or responsibility to feel like I've arrived." Yet, spurred by an email I had sent her the morning of her interview, she recalled a time when this had changed. When Sam [60s] was in her late 50s, her mother had died,

and she was an incredibly strong woman. And... mature. She was just very... adult. You know? And after she died, for [a few] years, all of a sudden, I felt like I was channelling her, I guess. I felt like such a grown-up, I felt like such an adult, I felt like I'd arrived. I felt very sure of my place, and my... everything. It was incredible. I've never felt like that. I've always felt like an outsider.

Growing up gay in the States, "hiding in the shadows" from an early age, had compounded this outsider feeling, but in that specific moment, she "felt like [she'd] come to the table in the world". This 'tremendous' and 'empowering' sensation made her feel emotionally invincible, but it was not to last. Sam [60s] wondered if it came from her mother, but regardless of its origin, the nice feeling disappeared, leaving her uncertain once again.

Kasey [50s] and Sarah [40s] also resisted conceptualising the life trajectory or self-formation/maturation as progressively linear. Kasey imagined her life course as a tree, with the possibility of branching off in different directions at any stage, in response to outside circumstance you cannot control. For Sarah [40s], life became less linear as you became older because past events could begin to take on new or greater emotional significance with time. Sarah thought her urge to re-evaluate and connect current emotional responses to past events was because she was "more conscious of the fact that things are finite." In other words, "the more aware" she was of her own mortality, the more she understood "life as a sphere as opposed to a line." Emma [70s] and Liz [70s] shared similar experiences. With a mental shift in momentum, Emma went from being "always searching forwards," to looking back at significant, emotional moments

in her life and their formative impact. Liz [70s] too, explained how there comes a time when you realised “life has to end sometime [...]. [W]here you sort of weigh-up what you've done, and where you are in the world, and whether that's okay? A reckoning, I suppose. And I think whether people do that consciously or unconsciously, that's the way it is.”

As participants have expressed in this chapter, ‘sussing out ageing’ is an ongoing, intricate, sense-making activity, whereby changes in the body and changing relationships of power (in various social contexts) compel new behaviours, attitudes and practices. These practices, ranging from subtle changes in habit to deeper shifts in worldview, give insight into participants’ embodied knowledge of ageing and the intimate entanglement between social constructions and phenomenological experience. Having focused on temporality and embodiment at the individual and social level, the following chapter turns attention to participants’ navigations of institutional structures – exploring how identity performance and ‘coming out’ takes on a new importance in the context of health and/or aged care. Indeed, the following three chapters mark a change in tone and content: from delving deeply into participants’ personal conceptualisations, experiences and social meanings (in Chapters Three and Four), towards contextualising the multi-layered, political-economic and value laden environment in which these meanings are created (Chapters Five to Seven).

## Chapter Five:

### Caring about older lesbian lives... and deaths

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**Arafelle Onè:** A ‘normal’ heterosexual person might imagine how it would feel when old and vulnerable to find themselves in a rest home for gay or lesbian people. They would be assumed to be homosexual and all of their experience in life, such as having an opposite sex spouse for many years, would be ignored. If their spouse came to visit they would be thought to be their sister or brother, son or daughter. Everything in this home would reflect the lesbian or homosexual norm, including all music, books, magazines and informational reading, art and stories told between residents and staff. This would be especially distressing if the heterosexual person happened to be suffering from dementia and memory loss. If they decided to try to educate the rest home staff and residents concerning the existence and needs of heterosexual people they would find it to be a hard, time consuming, and isolating task. Where would they start? Perhaps like us they would decide to group together with others with similar orientation and needs to create their own caring place for their old age.

(The Lesbian Elders Village Information Booklet, from the first- and second-page in.)

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Here I explore the kinds of knowledge participants have formed, shared, and embodied when navigating heteronormative institutions of general health and aged care, and for what makes a ‘good death’. Recalling Scheper-Hughes and Lock’s (1987) ‘three body’ framework of embodiment introduced in Chapter One, this chapter and the next move towards a ‘body politic’ analytic, examining the structural/institutional influences shaping participants’ meaning-making, while highlighting individual and collective agency throughout. I begin with a focus on instances of identity assertion that

counter hegemonic readings of participants' social identities in the context of various biomedical health institutions (such as general practices, fertility clinics, specialists, and public hospitals in New Zealand). A selection of stories reveals moments of women teaching health care professionals on how to be inclusive in their care of lesbian or queer women at various ages.

Their experiences (some more recent than others), alongside general observations of rest homes, and values centred on ageing in place, offer insight into why most participants are apprehensive of long-term aged care. I also share the story of the Lesbian Elders Village (Inc.) – a New Zealand case study for how some lesbian women gathered together to imagine and create an alternative to ageing in a 'straight' rest home where they feared their lesbian identities would be lost. This highlights an underlying fear I suspect speaks to people of all sexualities: of having your self-autonomy ignored, of being homogenised as 'the elderly' with all the ageist assumptions and behaviours that accompany the social brandishing of this category.

Not all women talked in-depth about their imagined futures, with several participants steering the interview away from the subject of death and future-care scenarios completely. Other women, however, spoke of death openly and meaningfully, voicing their preferences for leaving the world with such alacrity, I was compelled to write to this subject, curious as to *how* this personal knowledge was formed and incorporated into their lifeworlds.

### **“To Be Seen is Hard Work.”**

All women in this study demonstrated how the knowledge and strategies gained in communicating, hiding or disclosing their sexual, gendered identities throughout their lives is continually useful, if not vital, to them now. For Fe [60s], experiencing “...discrimination as women, and then [...] of sexuality on top of that”, alongside her “feminist perspective”, means she has developed a discerning eye:

...you can look at something like a Morrison's<sup>24</sup>, and you can see where the power is and where the benefits are going, eh? So, I think a power analysis is really helpful, and a lot of lesbians gain a power

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<sup>24</sup> Pseudonym for a nation-wide, aged-care provider with homes in all the major centres in New Zealand.

analysis, don't we? Just by being at that disjunct from the straight world [...]; we get to see it from outside. And I think that's really helpful in terms of ageing. So, then you don't take it personally if someone treats you like an idiot.

Beth [60s] demonstrates a similar intuition, commenting that institutional “social structure[s]” tend to fail at being inclusive with their inbuilt heterosexism<sup>25</sup>. She was quick to say that the people working in these structures were not usually personally biased, “that I’m not saying [...]. But the structure, the structure always is”. Beth’s [60s] and Fe’s [60s] insights suggest an acute awareness of the ways in which health care practitioners are often encouraged in their heteronormativity through the practices, technologies, and bureaucratic procedures of the institutions they work in. Such knowledge is held by respondents in two similar studies, both exploring queer women’s experiences with Western, biomedical health care settings in Canada (Heyes, Dean and Goldman 2016:148; Baker and Beagan 2014).

Baker and Beagan (2014) discuss how queer women’s past experiences of discrimination, alongside a general awareness of institutional heteronormativity, place them at a disadvantage health-wise because, they tend to “evaluate their physicians less on medical expertise and more on perceived authenticity and open-mindedness as a person” (2014:588). Returning to the New Zealand survey introduced in Chapter One (on lesbian and bisexual women’s experiences of discrimination), Rankine (1997) found about a third of lesbians and 16 percent of bisexual respondents hid their sexuality from health services. More than 75 percent of all 261 respondents (229 lesbian, 27 bisexual, and 5 un-labelled) had experienced verbal abuse at least once in their lives, and 31 percent of lesbians, and 42 percent of bisexual women had been threatened with violence (Rankine 1997). This 1992 survey offers a small snapshot into the hostile social milieu for lesbian and bisexual women during this time, especially if they were ‘out’. The survey respondents were 20-59 years of age, which means at the time of my 2016 interviews, these women would be between 44-83 years of age, directly in the age-range of my respondents. It is not surprising, then, that participants were – like the queer women in Baker and Beagan’s study (2014:588) – entering “the clinical encounter not expecting to be understood; aware of the hetero- and gender normativity (and in some

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<sup>25</sup> A remarkably similar quote is given by Traies’ (2016:215) respondent Julia.

cases outright homophobia and transphobia) embedded in the health care system...". The following first-hand accounts shared with me by participants from Auckland, Paekākāriki, Wellington and Dunedin illustrate how encounters with heteronormativity play out in similar patterns across New Zealand cities, and internationally.

The most frequently shared example are the heteronormative, and cis-normative assumptions embedded in 'The Form'. Institutions manage and systematise personal information requiring people to fill out 'Official' forms or document and, from both my interlocutors' and my own personal observations, the form questions are a source of frustration. Holly [40s], gets so annoyed with the Inland Revenue Department (IRD) for not having an option for 'No Title', that she purposely ticks the 'Mr.' option. When an IRD representative calls her and hears her feminine voice, they apologise and ask if she wants to change it to 'Ms.' or 'Mrs.', to which she replies:

**Holly:** "Oh no, I'm 'No Title'."

**IRD:** "Oh, we don't have provision for 'No Title'."

**Holly:** "Oh, well then, I'm Mister. Until you change it, I'm Mister."

Both Jo [70s] and Alice [70s] were exasperated at being called "Mrs." in Dunedin hospital recently, effectively erasing their hard-won independence from men. With equal marriage being relatively new in New Zealand, 'Mrs.' still evokes the presence of a man in one's life. Liz [70], being a health professional once herself, recalls using titles of address for patients "way back in the old days, in the 60's," when it was usual practice to x-ray pregnant women, and twelve- to thirteen-year-old girls. Liz was expected to call them from the waiting-room saying,

'Mrs.' Smith, or 'Mrs.' Brown, because they were pregnant. So that...hangover, that was the norm. [...] So, I think that assumption... some of those assumptions continued on, and are probably still a thread through the whole profession.

Liz's [70s] choice of the word 'hangover' was a useful term for me to categorise all the professional care practices, or speech habits that participants felt were 'outdated'. Another body-centred metaphor, helpful for thinking about participants' encounters



with heteronormative structures, is Natalie's [40s] use of 'hiccup': moments where one's non-heterosexual identity causes a disruption in the usual flow of care or service delivery. Helen [50s], a nurse specialist, substantiated this metaphor in remarking that New Zealand's health system found lesbians hard to deal with because they just "didn't fit". As Natalie's story reveals, participants usually find these hiccups 'awkward', albeit educational for the health care practitioners – and sometimes, they create change.

In 1998, Natalie [40s] and her 'then-partner' wanted to have children together. They moved back to Dunedin from overseas, so they could have the support of Natalie's female relatives. Luckily, another lesbian couple had recently approached the Dunedin hospital for a sperm-donor and fertility treatment, paving the way for Natalie and her partner: "...it was really easy for us because this other couple had just gone through it, so they were the sort of pioneers." This first couple "had a really rough time" and had started a "huge drama" – their case was sent to the Hospital Ethics Committee for debate. Eventually, after compulsory consultations with social workers, the 'pioneering' couple were accepted for treatment and were pregnant by the time Natalie and her partner sought them for advice.

**Natalie [40s]:** We got on to the fertility clinic and yeah, got pregnant about... two years later, I think? And it was all at the end of 2000. [...] [T]he only slight hiccup was that [the professionals] decided that they had to actually – for the sperm donors on the form – put in a separate tick-box to see if they would be ok with donating to a lesbian couple. So that was new. So, we had to wait for them to approach all their donors and get permission back.

Unfortunately, this "narrowed the pool" to just three donors, as "a lot of men weren't okay with that". In the end, they chose the same donor for both their children. In 1999, before she became pregnant, Natalie [40s] had asked the hospital staff about their policies around using the same donor for other lesbian couples, because by then, they knew several other couples who also wanted children and "didn't want this whole group of kids around the same age having the same donor." It was a surprise to Natalie that they had not considered this outcome.

This story offers personal insight into how people just wanting to get on with their lives, become 'pioneers', political activists by default, carving new pathways of

possibility within social systems. It can then come down to individual members of staff within these systems to work with their clients/patients and effect change to best deliver their care. This can lead to improvised changes made on a case-by-case basis before becoming incorporated into formal practice. Such work performed by patients, administrators, and practitioners, through direct encounters, are vital in the creation of small changes in biomedical settings. Just how often social change occurs at an institutional level, instigated from the bottom up, is unclear. There was a very recent example, reported by the *New Zealand Herald* on the 3<sup>rd</sup> of May 2018, of a successful change on an administrative level, initiated from the grassroots. As the article reveals, however, it was not an easy process, and involved a certain amount of serendipity.

For the first time in New Zealand two women can be named on a child's birth certificate as "mother" for children conceived using assisted reproductive techniques. Jess and Stacy [...] complained to the Human Rights Commission after they were unable to both be listed as mums on the birth certificate of their daughter Evie. It was then raised with the Department of Internal Affairs. The lawyer who advocated for the "massive" change said it could affect more than 1000 children.

(New Zealand Herald 2018b: n.p.)

It came as no surprise that the lawyer, Stewart Dalley (who took on the couple's case for free after reading their story in the paper in 2017), was also in a same-sex relationship. It turned out that "Dalley and his partner were the first same-sex de facto couple in New Zealand to jointly adopt" (New Zealand Herald 2018b: n.p.). Just as participants shared with me, it was having to deal with the "official documents" that catalysed the whole thing. Jess is quoted saying she was upset at having to list herself as 'other' on the birth certificate, when all it would take was to "put an 'm' in front of 'other'. It's not difficult" (New Zealand Herald 2018b: n.p.).

One participant experienced in educating professional staff on sexual identities in New Zealand, is Emma [70s]. She told me of a young, female, Muslim doctor she met in Dunedin Hospital in 2010, who asked Emma if her husband was coming in with her. Emma replied, "No, I'm a lesbian." Emma thought, "that would solve it", but the doctor asked to come and speak to her later that night. When she returned, she asked Emma why she 'chose' to be a lesbian.

My answer was simple, I grew up in the 40s and 50s, and who in their right mind would choose to be a lesbian with all the bigotry, discrimination, being isolated, and most of all, living in a world of fear? [...] I was never given a choice, it was always who I was, and I'm certainly that [in my 70s]! [Laughs].

Emma [70s] then asked the doctor if she would 'choose' to be a Muslim in New Zealand in the current climate, with all the reports of Islamophobia: "I don't challenge you, I said. [...] This is who you are, and I respect that, and I accept you for it." At first, the doctor had been "very stand-off-ish, very formal" but after their conversation, she suddenly got up and gave Emma a big hug. On the day Emma was discharged, the doctor came back to thank Emma for sharing her story.

Inevitably, both Natalie's [40s] and Emma's [70s] work is emotionally taxing, and ongoing. There are reverberations, ripples of tension and stress that accompany Natalie's status as a lesbian mother. Her emotional work is repeated whenever her children's parentage becomes a social object around which everyday actions and dialogue form. For instance, she had to manage the reaction of her daughter's Intermediate School's principal who was "completely flummoxed" upon meeting two 'Mums' and kept on asking about 'Dad'. When he realised they were partners, he started referring to Natalie's partner as 'he'. Furthermore, any time Natalie engages with a new network of health practitioners, such as taking the kids to the Urgent Doctors, she fills forms requesting medical history. Since they used an 'unknown donor', however, Natalie does not know this information, and managing staff reactions (such as, "You *must* know something," or "*Every* child has a Dad") is taxing: "every time I'm thrown!" As Kate [60s] and Holly [40s] made clear, 'coming out' is not a one-time event, and being 'out' can feel like another job – something Heyes et al. (2016) also found in their study based in Halifax, Nova Scotia. Drawing from their qualitative study (where they interviewed 19 queer women on their experiences of health care, and 12 primary care nurses), they described patients engaging in emotional work after disclosing their sexual orientation including, "manag[ing] the feelings of the HCP [health care practitioner] to avoid shaming them, to create a teachable moment, or to prevent backlash" (Heyes et al. 2016:150). According to Holly, it is especially burdensome in a hospital system where being "lesbian wives" is considered unusual. When feeling vulnerable and anxious from having to seek care in the first place, educating carers is the last thing she

feels like doing: “I don't want to be a test-case for them [...] It's just frustrating, [...] I don't want to have to deal with it.”

This educative task should not be the responsibility of the patient, but some participants felt a moral obligation to do so – if not for themselves, then for future generations to come – a continuation of their political activism and caring about future lesbian lives. For instance, Emma [70s] and others hoped that by speaking out, eventually lesbians and queer identifying people will no longer have to deal with such situations. In fact, it was not the first time a doctor had asked after Emma's non-existent husband. When she was about 22, in the 1960s, a male doctor requested she bring her husband to their meeting, and when she told him she was not married, he asked after a boyfriend. “And in the end, I sort of had to... had to say I was gay. And he was really nasty. Really. I never went back.” Thirty years ago, Emma would not have had the courage to come out to the hospital doctor, but *now*, she said to me, smiling, “you *have* to speak out. [...] She [the Muslim doctor] was a lovely, lovely person, but if I hadn't spoken to her, would she go on just feeling that people choose?”

Several participants, however – including some of the youngest in this study – were still extremely wary of disclosing their sexual identity to health professionals, recalling their own or others' traumatic experiences and describing a deep distrust of *any* institutional authorities. For instance, Holly [40s] is very cautious of coming out to health care practitioners after being forced to take anti-depressives when she was a teenager. Health care practitioners believed her sexuality was the cause of her depression. According to Holly, at around 15 or 16, she was treated under the DSM-III for Ego Dystonic Homosexuality, or EDH. To be diagnosed with EDH, a person had to meet the following criteria:

(A) The individual complains that a persistent pattern of absent or weak heterosexual arousal significantly interferes with initiating or maintaining wanted heterosexual relationships and (B) There is a sustained pattern of homosexual arousal that the individual explicitly complains is unwanted and a source of distress.

(Smith 1980:119)

This was very similar to the previous edition, DSM-II, where homosexuality was treated under ‘Sexuality Orientation Disturbance’. One's ‘homosexuality’ was treated

“as an illness if an individual with same-sex attractions found them distressing and wanted to change” which, Drescher (2015:571) explains, “legitimized the practice of sexual conversion therapies ... even if homosexuality *per se* was no longer considered an illness”.

**Holly [40s]:** Unfortunately [...] my father was a psychiatrist, and so he thought he was doing the right thing. [...] I was treated with anti-depressants; they're terrible things [...]. Yeah, when he was dying, he apologised and said he really had thought he was doing the right thing for me. That was his thinking, and that was where all the research was, and he had no idea that he had contributed so badly to that experience for me, which was a real shame.

Kasey [50s] remembers not “being honest” with her health professionals: “I used to hide it or avoid it. There was a lot of omission, you know?” She only stopped hiding her identity after lesbians became legally protected in 1993 under the New Zealand Human Rights Act. Although Kasey knows that health care practitioners are not supposed to reveal any prejudice, she sometimes sees them react “viscerally”. Canadian respondents’ narratives in Brotman et al. (2007:497) also suggest that discrimination can be “covert or subtle, thereby making it difficult to identify, address, or respond to.” When health care practitioners do react badly, Kasey tries to see it as the practitioner’s problem, not hers.

Recently, Kasey [50s] disclosed her sexual orientation to a younger registrar in Dunedin hospital, and was surprised at her immediate, and obvious discomfort: “I have this sort of... wrong assumption that anyone younger than me is going to be perfectly okay with it.” This assumption is echoed in a news article – published online by a New Zealand television news channel – with the following headline: *Med Students School Older GPs on LGBT Issues in Bid to Improve Rainbow Community’s Health* (One News 2016). The news presenter, in the original broadcast of this story, said: “The next generation of Kiwi doctors have been passing on the fruits of their modern medical learning to their older peers in Christchurch this week.” Ann Nicholson – one of the members of Q-Topia, a support group for LGBT youth in Canterbury – is interviewed in the One News (2016) clip:

There is an influx of young people who are strong in themselves, who know who they are, who are heading towards these doctors, and the doctors need to, basically, catch up. And I think our doctors are starting to realise that.

Although there is a language of hope and social change here, it is embedded in a hegemonic discourse that suggests progressive, social change lies only in the hands of the younger generations, leaving the tiresome work of multiple, previous generations of queer and lesbian women un-acknowledged.

Participants in this study were picking their battles, they did not always feel up to correcting their health care practitioners. Kasey [50s] for instance began to say that her sexuality was a fact, and if her care changed because of it, “I would... I don’t know what I would do actually. I’d like to say I’d do something about it, but I would probably capitulate and just find someone else.” Moya, [70s] for one, avoids having to worry about these awkward and stressful encounters by seeing a lesbian doctor (found through “the grapevine”); she’s been seeing her now for fourteen years. Alice [70s] also thought having a lesbian doctor would allow her to relax and ask more questions about the effects of her medical procedures. Pushing herself further back into her chair, but with a gleam in her eye, Alice said she had been worried after her hip operation that there would be “certain position[s] that... that they don’t recommend”. She laughed, then said thoughtfully, “Now *that's* a point, you see?” If she had been a *lesbian* doctor, she would have asked her, “Look, this is my normal practice. Um... any ideas?”

I came to realise, however, that for both Alice [70s] and Jo [70s], the consequences of coming out were not their immediate concern. Far more worrying was not having the opportunity to do so at all. When one is read as ‘old’ in a hospital-like setting, asserting one’s lesbian identity takes on a new, urgent significance, i.e., as a form of resistance to being homogenised as ‘elderly’ or ‘old’. For instance, after returning home from her hip operation, Alice [70s] observed that hospitals are environments where you “often don’t have [the] opportunity to declare who you are”, and as Jo [70s] remarked, being unable to “clearly say who you are, and that it be understood” when you are already feeling unwell or injured, “adds another layer of vulnerability”. This reflects Traies’ (2016:224) findings in the UK, whose respondents also feared “that the future will make them more vulnerable to institutional heterosexism”. Alice felt this was

especially true if you were single, and she deliberately lists her lesbian friends as ‘next of kin’ on hospital forms to ensure access to their support.

In October 2016 I witnessed for myself the basis of Alice [70s] and Jo’s [70s] fears, seeing some of the ways (body language, speech, environment) in which ageism, ableism and heteronormativity manifest together in a hospital setting in a disempowering manner. Jo [70s] had injured her knee during a walk that she had organised in Sawyers Bay. Some of the other women and I accompanied her to the emergency department at the Dunedin Public Hospital. Eventually, the others had to go, leaving me alone with Jo. Just as she was called into triage, Jo turned to me and whispered: “You should write this all down.” So, I did:

I was un-prepared for the immediate assumption that I was Jo’s kin, and one with authority over her, at that. When Jo was called, she didn’t notice because they used her last name. “Ellis? Ellis!” Eventually, I worked out who it was they were calling, and from then on, the nurse addressed *me*, telling me to “bring her through”. We were directed to a little treatment room. A nurse dressed in blue came in to question Jo, speaking down at her clipboard. Jo interjects: “Just letting you know, I have a hearing impairment and hearing-aids.” The nurse was annoyed at the interruption – “yup, that’s fine,” yet continued to talk with her head down, so Jo couldn’t see her lips.

Jo wanted to explain that the step she injured herself on was steeper than usual, not just *any* old step, “because the rain must’ve washed the ground out from under it.” But, as she was explaining this, the nurse shot me a ‘here-we-go’ look. I glanced away without responding, frustrated at her silent appeal for validation of her impatience. Once the nurse left, Jo and I shared a look that said, ‘*Good grief!*’ Jo wasn’t at all surprised at the dismissive attitude, telling me how her mother had been hard of hearing and blind for the last years of her life, and how the hospital staff never talked to her mother either. Jo had protested this by keeping her head down, gaze averted.

When the nurse came back, she talked fast... at Jo’s knee. Jo looked at me for help, so I repeated the nurse’s instructions. When left alone

again, Jo said to me: “You’ll have to listen carefully to what they tell me, Ella, so you can tell me later!” Eventually another woman, a doctor this time, came in and called her ‘Mrs. Ellis’ even though – Jo says to me later – “there’s never *been* a Mrs. Ellis.” Jo disclosed her hearing impairment again, and again, the doctor promptly forgot, forcing Jo to constantly ask the doctor to repeat herself. After looking at Jo’s x-rays, poking and prodding, she announced that Jo had probably torn some cartilage, or damaged the bursa, requiring a knee brace and crutches. She assigned the nurse to put on the brace, but the nurse couldn’t get the brace to strap on correctly and acted like Jo’s pain during the procedure was a personal affront. By this stage, Jo and I had lost any confidence in her care ethic. Jo asked in a soft, hesitant voice if the nurse could explain how to put on the brace, so she could do it herself later. The nurse replied like a teacher to an impatient child: “Yes, I’ll do that after I’ve finished!” Jo met my eyes again, in disbelief.

(Fieldnotes 2016)

This experience illustrated to me just how quickly one’s self-autonomy is undermined when regarded as ‘old’. Indeed, multiple aspects of the hospital visit – from a wheelchair operating worse than a shopping-trolley with a sticky wheel, the non-automated restroom doors, to the speech habits of the nurse and doctor – served to compound Jo’s [70s] sense of dependency. And for the women in this project who had cited independence (especially from men) as key for a sense of well-being, entering the hospital can clearly become a demeaning experience.

With this in mind, it is not hard to see how Jo’s [70s] everyday ways of being ‘out’ takes on a new importance in a hospital setting, ensuring her age is not the dominant reading of her person. For instance, Jo often wears one earring in the shape of a labrys. When I asked about it, she told me it was something she has done since the 1980s to find other lesbians. The labrys, or double-bladed axe, is a symbol adopted by lesbian collectives around the world, representing lesbian empowerment (see Figure 8). In Zimmerman’s (2000) encyclopaedia for lesbian histories and culture, it is noted that the labrys has been associated with the Amazons, since “Ancient Greek artwork depicts the Amazons wielding labryses” and that Amazon worship of their Goddess “are believed



to have included lesbian sex” (Zimmerman 2000:478). It also forms the Charlotte Museum’s logo. In a publication produced by the Museum, the labrys was “possibly used by Scythian female warriors and [...] a symbol of Greek and Roman Goddesses Artemis, Gaea, Rhea and Demeter” (Saphira 2008:38). In wearing this symbol, Jo [70s] creates space for serendipitous connections with other queer women in what are otherwise considered ‘straight’ spaces. When she was in hospital in March 2016, “there was a much younger woman in the opposite bed to me, and she'd been in there a day I think, and she said to me, "Is that a labrys in your ear?". She and Jo ended up talking about what it meant (and how to pronounce it) and the younger woman came out to her, telling her about a long relationship she had with a woman. “We had some really interesting discussions over the two days she was there,” Jo laughs.



Figure 6: Collection of Labrys Pendants Displayed at the Charlotte Museum. Source: Photo taken by author, 2017.

Another key instigator for participants' identity assertions in health care settings is the ever-present focus on women's reproductive health. This is accompanied by a heteronormative life course trajectory, which is socially projected on to women. In Halberstam's (2005) discussion of queer and heteronormative temporalities, "the time of reproduction" or "repro-time" refers to the constructed temporality associated with women, thought to be "ruled by a biological clock ... and by strict bourgeois rules of respectability and scheduling for married couples" (2005:5). Of course, as Halberstam argues, even for women who do have children, not all can keep 'repro time', for myriad reasons, yet there remains a prevailing attitude that "the scheduling of repro-time is natural and desirable" (2005:5).

Marcia Inhorn's anthropological research on women's health (2006) supports Halberstam's ideas. Drawing from over 150 ethnographies around the world on women's health, Inhorn posits that "...women are still essentialized as reproducers" in Western biomedical institutions and discourses (350). She concedes that focusing on reproductive health improvement for women is empowering for many, "...given the centrality of reproduction in women's lives and its function as a fundamental source of women's power in many societies around the globe", but other areas of women's health are subsequently overlooked (Inhorn 2006:350). As Baker and Beagan imply, biomedical conceptions and discourses (on women's health for instance) are not constrained inside hospital walls or waiting rooms. Rather, they become entangled in our every-day understandings of gendered bodies, informing wider moral economies in society, so that "...the culture of biomedicine itself must be recognized as playing a key role in the transmission and institutionalisation of stigma, discrimination, and resultant health disparities" (Baker and Beagan 2014:581). Hence, biomedical discourses that substantiate general conceptions of women as wives and mothers, leave women's future potential in other areas under-appreciated and other identities – as is the case for queer women – ignored (Inhorn 2006: 350).

Certainly, Natalie [40s], Beth [60s], and Sam [60s] found themselves repeatedly questioned by health care practitioners – usually when their own, trusted GP was unavailable, or when seeking specialist services – whose professional acumen prioritised a woman's reproductive trajectory. Natalie was always being asked what birth control she uses, and if being x-rayed: "Are you *sure* you're not pregnant?" And it's like '...I'm sure!' [Laughter]." Beth also fired at me the questions she has been asked: "And when

did you last have intercourse?', and 'Are you on the pill?' And it's like [sighs], *every* time, you know?" Such stories are found overseas as well. For instance, Natalie's and Beth's experiences were repeated almost word-for-word by a queer and lesbian-identifying respondent (Camille) in Heyes et al.'s (2016) study. Camille was also being x-rayed when she "...was repeatedly questioned regarding the possibility of her being pregnant. And every time: 'is there any chance that you could be pregnant?'" (Heyes et al. 2016:150-151). Sam's [60s] recollections from the United States (before moving to New Zealand) mirror an encounter I had with my own GP in Auckland in 2009: "they ask you if you're sexually active. [...] And that's a very awkward conversation to have. [...] So that kind of inhibits your truthful, healthcare. You know? I must've lied several times...". According to Helen [50s] (a nurse specialist), the heterosexual, reproductive focus is so routine in New Zealand health care settings and discourse that some lesbian women think they are exempt from women's health initiatives, or that health programmes exclude them. During Helen's [50s] interview, she told me that lesbians, women without children, and post-menopausal women are under-reported in women's health statistics because of the following thought processes:

Going into a pap-smear, lesbian says: "Why do I need a pap-smear? I don't have sex with men." [...] To having a mammogram: "Why do I need a mammogram? I've never breast-fed a baby [...]"  
Or, "I'm passed ovulating."

A further shared impetus for participants, in disclosing their lesbian/queer identities in health care settings, was to ensure their relationships were acknowledged when supporting their loved ones. Four women in this study recounted instances where their relationship status as lover, ex-partner, or spouse was not recognised – until they took matters into their own hands. Prue [70s] remembers when one of her ex-partners was first diagnosed with cancer in Wellington in the late 80s or early 90s. Prue listed herself as 'partner' on a form, "and they change[d] it to 'friend' or something, and I made an issue of that, [...] but I don't think that would happen today [small laugh]." Holly's [40s] more recent experience, however, suggests that mis-reading lesbian relationships, even if unintentionally, is a particularly stubborn hangover in hospital settings. When Holly's wife was hospitalised in Dunedin, post 2013, they encountered issues being accepted as a couple. Their relationship was "questioned by every single person that came in" and they had to constantly say, "actually, she's my wife."

Sometimes Holly would be asked to leave, mistaken for a “support person”. This is not to say non-relatives should always be asked to leave, either. Prue’s ex-partner was diagnosed with cancer again, 15 years later, and although Prue was in another relationship by that time, she supported her “right through until she died in 2007” – an example of a caring relationship falling outside of the nuclear family structure.

In the early 2000s, Pleasance’s [60s] partner Jane was also diagnosed with terminal cancer, but the already demanding situation was amplified by the abrupt and distressing bed-side manner of the registrar, whom both Jane and Pleasance felt to be

very homophobically driven. Later, the same doctor rang Jane at home, after we’d laid a complaint. And there [Jane] was, [...] getting ready for chemo, lying on a bed, but talking very strongly, and persuasively, and vehemently back to [the doctor]. We later heard from other circles around us, like a lesbian nurse in Oncology, that he actually got terrified every time we went in; he’d make sure he was nowhere near us – that stropky couple, you know? But I think he would’ve got a big lesson too, on a number of counts. But still, not the kind of thing you want to be going through.

Participants clearly have a cumulative body of knowledge, in a sense, their own acquired acumen for how to manage heteronormative or homophobic practitioner-client interactions. But, as participants have repeatedly indicated, it is draining, emotional work, and knowing this work will continue right into old age is daunting. It was exactly these kinds of experiences that instigated the formation of the Lesbian Elders’ Village (already briefly referred to), which was a charitable society that tried to create a place where lesbian women could age together, without having to repeatedly validate their identity as lesbians. In the following section, I discuss the LEV in much more detail.

## **The Lesbian Elders Village**

In Auckland I was lucky enough to meet and interview three ex-members of the Lesbian Elders Village (Inc.). They each shared with me a story of how they became involved in the project. Helen [50s] first heard about it in her early 50s at an information

stall at the Big Gay Out (BGO) – an annual event at Auckland’s Pride Festival. Due to her nursing experience and seeing “older people coming to terms with growing older”, the idea of living together with “like-minded people, like-minded sexual identity” appealed to Helen: “the concept was very, very close to my heart”. She told me it was all started by Arafelle Onè whose experiences caring for her lesbian partner in a dementia unit, and all the isolation and struggle she felt, moved her to action. According to Bella [70s] – joining LEV after reading about it in Lesbian News Aotearoa (LNA)<sup>26</sup> – Arafelle had to place her partner in “totally straight” care and went through hell and back when health care practitioners and her partners’ family refused to acknowledge their relationship. After her partner died, Arafelle sought to raise awareness of lesbian experiences of dementia, long-term care, and hospitalization in New Zealand. She worked hard at making LEV a registered, incorporated society and, in 2009, LEV (Inc) obtained charitable status.

Ricky [50s] had always dreamt of a lesbian rest home and was fast to join Arafelle after listening to her speak at one of the Auckland meetings – she estimated about thirty women were in attendance. Using the “local network” Arafelle travelled to Christchurch, Wellington and Auckland asking women if they “were interested in a project for older women, older lesbians to have something like a retirement home”. Before Arafelle, Ricky and her friends had only “jokingly” talked about a lesbian-only retirement home, something other lesbians in this study also described talking about with friends up and down the country. I would tell participants about the LEV to prompt a conversation on lesbian or queer women rest-homes, and they often replied (eight in Dunedin and six in Paekākāriki) saying their friends had talked about it, but never moved beyond laughing about “an old-dykes home.” Based in Dunedin, Sandra [50s] doubted it would ever happen, but it had been an on-going ‘we should’ conversation. Fe [60s] and a friend of hers actually wrote a play about the idea called *Bee and Ant in the Moira Shearer*.

At the start, it had not been clear what form the LEV would take, or how it would work, but Arafelle had a general vision that (it turned out) many other women shared. For instance, Bella [70s] thought LEV appealed to her and her friends because, in their

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<sup>26</sup> An online, national newsletter that used to send monthly updates on “news, profiles, photos and opinions of interest to lesbians and queer women” (Lesbian News Aotearoa 2018). In 2019, they announced they were disbanding.

early 70s, they were getting to an age where illness and death were revealing more institutional settings of discrimination. They were very familiar with stories of women being kept away from their partners in care or denied entry to funerals. As Bella put it, LEV was attractive because it spoke to their collective fear of loss. She told me lesbians have worried about loss for years – fear of losing children, assets, careers, family etcetera – and that, at least in a lesbian elders’ village, your identity as a lesbian would be safe.

Similar visions to LEV were observed in the US by Kennedy and Davis (1993:276) who found “many narrators spontaneously mentioned the dream of creating an old-age home for lesbians” – and this despite some narrators not having seen each other for years (or without *ever* having spoken to each other about it). Likewise, 23 years later, one of Traies’ (2016: 220) lesbian participants in the UK stated: “People have been talking about it for years, haven’t they? And nobody so far seems to have cracked it.” Kennedy and Davis interpreted this shared desire as being connected, partly, to narrators’ previous practices of “serial monogamy” (and wanting to ensure that, should this not be possible in old age, that they would have alternative lesbian support) and partly to recreate a space reminiscent of their early experiences of bar life motivated by the “possibility of socializing with others – until the end of their lives” (1993:276). However, as Laurie (2003:168) notes, lesbian bar life was nowhere near as prominent in New Zealand pre-1970s<sup>27</sup> and, as lesbian-identifying participants in this chapter reveal, their desire for a lesbian rest home involved a range of motivations: from countering a fear of future loneliness and protecting their sense of personhood and lesbian identity, to avoiding the emotional labour associated with heteronormative encounters in a medicalised setting (to name a few). One of Traies’ (2016:221) interviewees (Marion) took things a step further by trying to actually “create older lesbian accommodation.” Marion and several others purchased a large property to renovate, finding an architect to redesign the house into “22 one-bedroom flats” (2016:221). Yet, even with “initial support from the local council, the impediments were too great and ultimately they failed to get the necessary funding”; they capitulated though and “divided the existing house into four flats for themselves, joking that, ‘if we

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<sup>27</sup> One of the reasons for this, as Laurie (2003) notes, were the restrictive alcohol licensing laws. Before 1967, women’s access to public bars was highly regulated: barmaids were banned after 1910 (Laurie 2003:161) and in 1895 and 1910 it was legislated that Māori women could not be served alcohol in hotels – some bars did not serve Māori women right up until the 1960s (Laurie 2003:161). Women found other ways to meet of course, from women’s-only clubs and friendship circles, to sport teams and coffee bars (Laurie 2003:168).

live long enough, we're going to end up as the original project anyway'" (Traies 2016:221).

Unfortunately, the Lesbian Elders Village also did not come to fruition, and the three ex-members discussed with me the kinds of challenges LEV faced during its existence. Despite speaking at many rainbow groups in Auckland, including the Auckland Lesbian Business-women's Association (ALBA), and holding a stall at every BGO, a key challenge was gaining more *committed* members. "In the beginning we had women from Gisborne and Waiheke come along to the meetings. Yeah, the initial meetings were quite large, there was a lot of interest, but it dropped off quite quickly" (Ricky [50s]). A core group of around seven to eight women remained, and they "engaged with people", "went out into the community" and "were really proactive", but to no great effect. Another hurdle was women had come to LEV "with very different ideas", values and priorities. Both Liz [70] and Beth [60] quipped that lesbians have quite strong opinions about how things should run and are never afraid to say so – there were bound to be a few "disagreements". Indeed, there were ongoing debates including: whether they should be buying land and building from scratch or buying a pre-existing building; being eco-friendly or using the most affordable material; being separatist or allowing male family members and children to live there too; being intergenerational or having some age-restrictions; and living in Auckland city, or choosing a more peaceful, rural location. Further issues on inclusivity ran along lines of ethnicity and gender identity, with Bella [70s] commenting that LEV did not have Māori consultation on the design, and she foresaw contestation around the inclusion of transgender women had LEV continued – "but we never got that far."

In the end, those committed members of LEV settled for somewhere within the Auckland boundaries, so they would fall under the Auckland District Health Board and have access to good public transport. The eventual consensus was for the site to be intergenerational, and they began promoting LEV to women "in the second half of their life", although they would have welcomed women in their 30s too:

**Ricky [50s]:** We were really interested in having an age range as large as possible so the younger ones, or the more healthy ones, could support the ones that need help. And [...] we still think that it's

very important to build up those kinds of networks while you're not  
needy and have them working by the time you actually need them [...].

Five other women in this study voiced their dislike of rest homes in general because of the age segregation and wished New Zealand had intergenerational rest homes. LEV's final design had mixed-aged lesbians living in the outer area of the village – owning their own individual homes with some communal facilities like a garden and swimming pond – with the option of “progressing on to residential care” located at the centre. It was reminiscent, in style, of lesbian and feminist intentional communities that some participants had visited or stayed at in the late twentieth century. Ricky suspected, however, that the title (Lesbian Elders) deterred some would-be younger members. When they tried to recruit younger women at the BGO, a common response was: “Do I *look* like I've retired?” – they just did not want to think about getting older and needing help one day, said Ricky [50s].

According to Bella [70s] and Helen [50s], such differences in priorities and values were *not* the main reason for LEV's collapse. After all, they were all “looking for the same thing” – a safe place to be themselves in older age – and this kept them negotiating through various points of difference, discussing the advantages and disadvantages of each design; “we *did* a lot talking, we did a lot of discussing options” and had “merged” most of their ideas together. The key issue, as with Traies' (2016) example, was always funding. The final straw, Ricky [50s] explained, was the financial commitment needed for “setting up the legal structure for the whole thing.” They could not apply for a loan towards this either, because it was not clear who would repay it, “and that's when it all kind of collapsed.” She expressed frustration at hearing discourses on “empower[ing] the community to do things for themselves” when there were so many bureaucratic structures and financial blocks in place that “are just so hard to get through.”

Their financial struggle was partly due to the state of New Zealand's housing market. In a 2018 government report (and abundantly discussed in the media) the Minister for Housing and Urban Development (Hon. Phil Twyford) describes the existence of a “housing crisis”, with homeownership “at a 60-year low”, fewer state-owned houses, “rapidly rising house prices and skyrocketing rents” (in Johnson, Howden-Chapman and Eaquib 2018:2). The report goes on to say that, over the last 25 years, homeownership has become impossible “for most working families” (Johnson et



al. 2018:13). Thus, buying land without extra funding, especially in Auckland, was out of the question for LEV (Inc). With the Topp Twins as their patrons, LEV's committee appealed to several foundations and businesses without success. They even sent a hopeful letter to celebrity Ellen DeGeneres, but never heard back.

Additionally, all three women felt that socio-economic differences created the biggest disparity between women. Bella [70s] explained that many interested lesbians did not have disposable incomes, and if they *did*, it was usually "tied up in whatever house [they were] living in." Helen [50s] agreed, telling me it was New Zealand's 'culture' of homeownership that made it difficult to find members willing to sell their houses to establish LEV: "we love to buy our own homes, whereas in Europe, most people don't [...] they live in apartments and pay rent". Helen's [50s] observation is echoed in a report on 'older homeowners' in New Zealand, prepared for the Ministry of Social Development. In the 2006 report, policy analyst Judith Davey includes the "strong culture of homeownership" (where buying a home "remains an aspiration and a sense of pride for most people") as one of the reasons why "the majority of older people are still likely to own their homes" (Davey 2006:22). The 2018 New Zealand housing report also refers to this so-called 'culture' of homeownership, referring to it as part of the fast-fading 'Kiwi Dream' (Johnson et al. 2018:13). For some of the eldest lesbian women in this study, however, the impetus to live in their own home may have been shaped by much more than wanting to achieve the Kiwi Dream. As Laurie (2003) writes of lesbian experiences pre-1970s, being able to afford to live independently in your own house was key for allowing women to live lesbian-orientated lives without the scrutiny of family, or landlords.

Furthermore, those lesbian women who presently owned their homes were probably very aware of the current value of their asset, which may have further explained some of their reluctance in letting this capital go – especially if they have children to whom they wished to leave their property. As Bella [70s] explained, "if you have children, you're usually... you're wanting to leave some money to them and things, so the whole thing of inheritance...". Apparently, those leading the Lesbian Elders Village project had worked at "something very sophisticated, which I could never explain to you [...] where [the village] would be a non-profit, like, it wouldn't be on the market. And so then, what were you going to leave for your kids? And those with children were also less likely to commit money to building a village." Thus, another

hinderance towards actualising LEV is that not all lesbian women interested in the project were 'leaping the intergenerational contract' as Waite (1995) would put it.

In other words, lesbian women have different levels of accessibility to Halberstam's (2005) 'time of inheritance' with different social and financial capital and commitments. Indeed, as Westwood (2016) argues, although some 'LGBNL' people in the UK create 'families of choice' (where friends and ex-lovers form a non-biological kinship), "[o]lder LGBNL people's kinship networks complicate and at times contradict, 'family of choice' discourse..." (Westwood 2016:90). For example, despite the closeness of friendships and the many parallels they have with traditional notions and obligations of kinship, Westwood found there to be "a surprising disconnect between friendship and property in the disposal of assets in older LGBNL individuals' Wills, with many single individuals, ... showing a strong sense of duty and responsibility towards biological family, complicating both families of choice and personal community narratives" (Westwood 2016: 90). She argues "LGBNL kinship composition is shaped by cohort, gender and intergenerationality, and that it is far more diverse and involving blended families [biological and non-biological kin] than previous researchers have proposed" (Westwood 2016:90).

When I asked participants in Paekākāriki, Wellington, and Dunedin if they would have liked to have seen something like LEV established, there were mixed responses, reflecting the same areas of debate described by the ex-LEV members, particularly around boundaries of exclusion/inclusion. For instance, Sylvia [70s] and five others were worried a lesbian rest home would have a separatist vibe (from the lesbian-feminist ideologies of the 70s and 80s) and would not want to live there if that was the case. Both Yoka [80s] and Sandra [50s] for instance, wanted to be somewhere where their children could reach them and feel welcome. Although there was a lot of enthusiasm for the idea of a lesbian-only rest home, just how many women supported the idea of LEV was difficult to quantify. They were often ambiguous about their preferences, changing their minds several times during the interview, and listing exceptions, which suggests they were simply thinking aloud. Out of those participants who thought LEV sounded appealing, the majority also liked the sound of a *women's*-only rest home, or a mixed queer rest home – the important thing being that staff and residents were either queer-identifying themselves, or 'queer-friendly'. Sylvia [70s] for one, made the comment (half in jest) that it was more important "...to be amongst *women* than to be among lesbian[s]

only, because you can always convert them [laughter].” She also did not mind the thought of “[...] a few old codgers playing bowls around me, not a problem”. I can say, however, that only seven out of 32 participants were okay with the idea of living in a ‘straight’, for-profit, ‘mainstream’ rest home. Moya [70s] was one of these seven. Speaking from her experience as an ex-nun, she thought it best not to “segregate ourselves” at all: “Segregation is not good for anybody. It's not good for us, and it's not good for them [heterosexuals]. We need to be right under their noses, in their face.” So, although LEV sounded “cosy” to Moya, she thought she could probably find other lesbian women in *any* care home if she really wanted to.

Both Holly [40s] and Kasey [50s] imagined going into “aged care or accessing the social services for older people” would mean “much more contact with the health sector”, and thus more awkward encounters. Add to this the “infirmness of getting older” (Holly), and it is hard to imagine keeping up all the emotional and mental labour of identity assertion – dealing with all the institutional hangovers and hiccups. Sam [60s] and Michelle [40s] were strongly deterred from entering long-term residential care for similar reasons. Both imagined it would be like starting “all over again” – being among a whole lot of strangers, unsure of their acceptance of homosexuality, trying to find other lesbians, using all the same secret codes they had used as younger adults; furtively asking residents if they were “friends of Dorothy” for instance. Sam’s [60s] exasperation came through clearly: “What? You have to do that when you’re 80? *Again?* I can't picture it, I don't want to go through that again”. For Michelle [40s], rest homes were like “the whole heterosexist world, really, encapsulated in a little village [small laugh].” Even if rest homes had policies of inclusiveness, and aged care staff were ‘rainbow friendly’ – it did not mean you could change the attitudes of other residents – “if they make homophobic comments [...] would that be addressed by a staff member?” Jo [70s] asked. Others had visited relatives and friends in rest homes and were appalled at the assumptions of staff that everyone in their care was heterosexual, and one couple observed that “the men were treated like princes” (Fieldnotes 2017), the women *not* so much. Five women mentioned they were worried that aged care staff were often recent migrants to New Zealand, whose home countries did not have the same equal rights for queer people as New Zealand, or whom had strong religious faiths. They were concerned that they would not understand ‘Kiwi culture’ and hold homophobic views.

Such concerns, in addition to direct discrimination, are reflected in overseas, cross-generational studies of lesbian, gay, bisexual and transgender people who are not currently in long-term aged-care facilities. For instance, Traies (2016); Stein, Beckerman, and Sherman (2010); Brotman et al. (2007) and Johnson et al. (2005) (studies based in the UK, New York and New Jersey, Canada, and Washington State respectively) all report that fear of *anticipated* discrimination in later life (in rest-homes and/or general health providers) is just as important to acknowledge as *reported* instances, emphasising the need for major reform in the training of health professionals. Just as my own research infers, Brotman et al. (2007:497) found that the anticipated discrimination of care recipients

was largely based upon previous negative encounters in the health care system as experienced by gay and lesbian seniors in their younger years, but also included such realities as hearing stories of discrimination from others or experiencing discrimination in other contexts (such as family, school, or workplace settings)....

Part of this anticipated heteronormativity in rest homes and retirement villages was based on the kinds of imagery used in advertising these institutions. As Sylvia [70s] commented,

if you see a retirement village or rest home ads, they're always a heterosexual couple and a grandchild [...] smiling, you know? Whereas the reality is, it's more a group of women having fun together. Or grumping at each other, whatever.

Sylvia's observations are reflected in a study in 2008 by Phillips and Marks, who analysed prevalent discourses in "the aged care industry" in Victoria, Australia. Nine aged care facilities' advertising brochures and were then selected randomly from a total of thirty (collected from thirty different facilities in Geelong) and then presented for discussion with a focus group of six lesbian-identifying women aged 45-69. Phillips and Marks found that "[c]ouples depicted in the visual texts were always heterosexual, no brochure made any mention at all of recognising alternative sexualities" (2008:193). In Dunedin (at the time of writing) there were 26 certified rest homes listed under the Southern District Health Board. Browsing through the websites of 22 of these (not all of them had their own websites), I found a similar lack of representation of sexual or

gender diversity. For instance, in the online brochure of Greenhill<sup>28</sup> Village in Mosgiel – a somewhat detached Dunedin suburb separated from the central city by hills – *all* images of intimate couples were heterosexual, and white.

For those participants in their 60s and 70s who had rallied together to fight so hard to be *openly* lesbian during the 70s and 80s – it was a sense of irrelevance, and loss of their lesbian identity that was feared upon entering long-term care facilities in older age, or with illnesses like dementia:

**Jo [70s]:** I think I would be really afraid of my identity as a lesbian being lost to me. If I lost my language, if I lost my sense of self – inside I will still be a lesbian. I want other people to be aware of that as well.

This fear of losing their lesbian identity was part of some participants' more generalised expectation that individual personhood, regardless of how you identified, would be lost in a rest home through a process of homogenisation – just as Jo's [70s] experience at Dunedin Hospital illustrated. Yoka [80s] captured this matter-of-factly: "Well, unfortunately, in a rest home, you get invisible. You do. You're just one of a number of people [...]." Participants who spoke to this trepidation used similar evocative verbs such as being: "*subsumed* with the vast majority of heterosexuals", "*plonked* with the old women", or "*lumped* back into the straight world" (my emphasis).

This sentiment was taken further by some women, whose use of imagery when describing rest homes evoked institutional de-humanization and/or incarceration, mental distress, confinement, and death. For instance, Sylvia [70s] – whose home was lovingly decorated with beautiful artwork and, before her interview, had hosted a delicious lunch – alluded to the residents of rest homes North of Paekākāriki as "eat[ing] pap" and "being farmed out there". Fe [60s], after visiting villages and rest homes in the Wellington region said to her children, "well, I think they are concentration camps really." Jenny [60s], who had visited a rest home in Dunedin on her birthday "couldn't get out of that place quick enough", and came away feeling sad and depressed, determined not to ever let herself "be stuck in some room". She added, "I'll die within a week or two. I'm sorry. I'll probably turn into a vegetable because of that sadness. I

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<sup>28</sup> Pseudonym

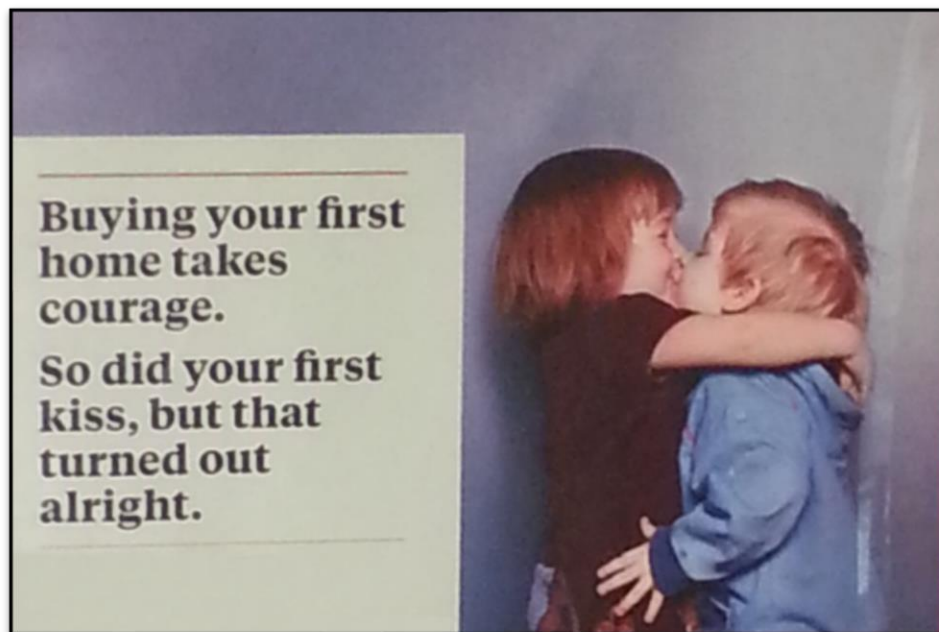
don't want that sadness. I'm too... *alive* to do that." Others thought they'd turn "crazy", be driven "nuts" and found the whole concept "horrific".

Participants raised other general concerns over rest homes including unaffordability of retirement villages and the underpayment of nurses and general care givers (who, in Rhonda's [60s] words, "get paid doodley-shit" and whose working conditions led to mental, physical, emotional, and spiritual "burn-out"). Others described witnessing un-checked racist comments/behaviour among residential care-staff and easily imagined such prejudices extending to homophobia. Others problematised the ethics behind big, 'for-profit', aged care companies ("it's just a big money-making venture"), and pointed out that the non-profit alternatives were predominantly affiliated with a religious faith – and "who wants to get stuck in a Baptist retirement village?" Other reasons participants gave for their fearful aversions to rest homes point to their impressions of them as dis-orientating on several levels, from their confusing spatial design, to losing one's sense of self and belonging. Rhonda [60s], for example, remembers getting lost in the rest home she worked in as a registered nurse, "so how the hell is someone, a resident (never mind someone with dementia) meant to find their way around?" She used to help residents when they first arrived – "poor darlings, trying to get some sense of place, wandering around" – by describing specific objects, telling them to "turn right at the Poppy painting", for instance.

Bella [70s] and Fe [60s] commented on the lack of privacy and spaces for intimacy in rest homes, exemplifying how the desexualising of older bodies is structurally maintained. Bella asked me if I had "ever seen these places", exclaiming "[t]hey only have single beds!" and because they do not 'honour' privacy, Fe thinks rest homes are just "very bad at sexuality" in general; "And old people can fall in love with each other, and sleep together, and masturbate, you know? Whatever! They... they need to be able to lock the door." Several of Helen's [50s] work-stories confirmed these observations. She told me how any couple can struggle with intimacy in rest homes where "what's yours is mine, and what's mine is yours", and "people just open up the doors". In her experience, care staff do not know how to behave when confronted with the sexuality of their care recipients: "I recall some care-givers tittering over – and I would titter as well – one of the residents who had a vibrator. But it's wrong! We shouldn't be doing that." She was positive, however, that there was a growing sensitivity at work, with more queer-identifying staff and, since her colleagues were aware of her own lesbian

identity, gay and lesbian patients would often be placed under her care: “I do gay, lesbian and HIV,” she told me.

It is important to remember that, alongside these varied, valid reasons for participants’ reluctance to enter rest homes, larger discourses are also at play. One of which Helen [50s] has already touched on – the culture of homeownership. This ideal is partially enforced by life course discourses that imply buying one’s “first” home is a milestone towards successful adulthood, and successful families. Indeed, Penney observes this as one of the cultural imperatives behind ‘ageing in place’ in the US (2013:114). A perfect local example can be found in a New Zealand bank’s advertisement, which I walked past everyday on the way to university. The picture (see Figure 9) consisted of two toddlers (male and female) kissing. The caption stated:



*Figure 7: Cropped Photo of Home Loan Advertisement Outside a Bank in Dunedin. Source: Photo taken by author, 2017. Image resized, and branding removed by Les. O’Neill.*

“Buying your first home takes courage. So did your first kiss, but that turned out alright.” Not only does this advertisement frame the concept of buying ‘one’s first home’ as a milestone, but the use of two children kissing each other is a heteronormative evocation representing another popularised milestone – ‘one’s first kiss’.

A second discourse that complements ideals of homeownership (tied into narratives of successful adulthood in New Zealand) is that of ‘ageing in place’ – a discourse prevalent in New Zealand and other OECD countries’ government policies

for managing an ageing population (Davey 2006:1; Coleman, Kearns and Wiles 2016; Penney 2013). For instance, according to Hillcoat-Nallétamby and Ogg (2014:1772), ageing in place policies are utilised in the United Kingdom, based on “a robust body of evidence suggesting that the older we become, the more likely we are to be satisfied with the various dimensions of our residential environment”, with multidisciplinary studies presenting varied and “widely recognised explanations for this apparent desire to stay put”. These ranged from older people having built (over their lives) emotional connections to their place of residence, to having a wider sense of belonging and familiarity with their surroundings (Hillcoat-Nallétamby and Ogg 2014:1772).

With a critical approach to such policies informing aged care in Wales, Hillcoat-Nallétamby and Ogg (2014) remind us that political economic shifts also inform ‘ageing in place’ policies. For instance, since c1990s the UK saw “a progressive shift towards community-based delivery of long-term care services designed to meet personal, nursing and domestic support needs” (Hillcoat-Nallétamby and Ogg 2014:1773). While this shift was inspired by an initial need to reduce the increasing costs of such social services, funding continued to be an issue and resulted in a growing reliance placed on “informal care” to buffer these costs (Hillcoat-Nallétamby and Ogg 2014:1774). Indeed, Penney (2013:114) cites “both humanistic and economic concerns” as contributing to the development of ‘ageing in place’ discourse in the US, during the 1980s. Humanistic reasons included the belief that ageing in place offered less disruption in people’s lives, with advocates expressing concerns over age-segregation, and that ageing in place allowed for better integration with the community, prolonged independence, and a better quality of life overall (Penney 2013:114). Economically speaking, rising health costs “and the expense of handling aging issues within facility-based medical models” were factors in a shift towards deinstitutionalisation; it was thought community and home-based aged-care would be “more cost-efficient” (Penney 2013:114).

Returning to New Zealand, while ageing in place may be personally meaningful, it is important to contextualise its development, remembering that this country experienced an extraordinary economic shift during the 1980s. This decade saw the implementation of neoliberal economics at full throttle, which dismantled much of New Zealand’s former welfare system. As Jane Kelsey (1995) notes, dramatic changes in state expenditure resulted in “[i]nstitutions for the mentally ill, elderly and young clos[ing] their doors in the name of community care” where women, Māori iwi (tribes)



and whānau (family/extended family), churches and charities, were expected to fill the hole left “by the government’s withdrawal from social and income support” (Kelsey 1995:5). A similar pattern occurred in Australia (Waite 1995). Thus ‘ageing in place’ falls in line with Western neoliberal, capitalist values such as “self-reliance, independence, [and] individual responsibility” (Davey and Glasgow 2006:22).

These values inform OECD countries’ strategies for managing the rising cost of an ageing population, such as the promotion of ‘productive’ and/or ‘positive’ ageing, which “sees older people as a resource and emphasises the importance of their ongoing participation in society” (Davey and Glasgow 2006:22). As Penney notes, ‘ageing in place’ policies grew in prevalence in the US alongside “positive development theories of aging” (2013:114). Indeed, elements of productive ageing and ageing in place can be found in New Zealand’s Positive Ageing Strategy, which lists helping older people age in place as one of ten goals outlined in the strategy (Dalziel 2001:21; Davey and Glasgow 2006:22). It recommends the development of services that would allow more people to live independently in their own communities/neighbourhoods for longer, to ensure they “feel safe and secure” and improve social policies that would make this an accessible option (Dalziel 2001:22).

The phrase ‘ageing in place’ has also made its way into everyday use, even the LEV booklet mentioned that “ageing in place” was desirable, but difficult for those lesbians who do not have children or close family to care for them. For participants to even share their preferences on rest homes, I often had to preface the question with: “If you absolutely *had* to...”, or “If, in a worst-case scenario...”. These caveats are reflected in Neville and Henrickson’s (2010) quantitative survey on ‘Lavender Retirement’, introduced in Chapter One. Out of the 2269 responses, older lesbians, gay men and bisexual identifying New Zealanders had “a strong preference [...] for an LGB-friendly facility *should a person be unable to manage to live independently on their own*” (Neville and Henrickson 2010:591, my emphasis).

Staying in one’s own home over moving to institutional care is a desire queer-identifying people likely share with some ‘straight’ people in New Zealand. As Davey (2006: iii,14) found from interviewing a sample of 30 homeowners (aged 60 plus), they seemed to “represent a common New Zealand ethos of independence and capacity, linked to homeownership as an aspiration and the habit of a lifetime” with the majority

having a “desire to remain living in the community, in independent housing, but of a type that is easy to manage in later life”. It is important to note, however, that Davey’s study involved limited sampling i.e., the face-to-face interviews were restricted to the North Island, conducted by Davey and a colleague in the Wellington, Hutt Valley and Kāpiti/Horowhenua regions only; and the majority of interviewees had “average or above income levels” and “no record was kept of ethnicity” (2006:3)<sup>29</sup>. Nevertheless, what struck me from Davey’s report was that, like interviewees in this study, Davey’s participants also described *dying* in their own home. Davey (2006:12) included the following quotes from her respondents when asked about how long they envisioned staying in their homes:

Till I die, I hope, I would not mind dying in my garden (Fleur).

I would like to think I can see out my days here (Sheila).

For ever, I would hate to move (Peter).

Likewise, returning to my own research, five women were particularly clear that dying in their own home was how they envisioned their end-of-life. Sylvia [70s] said she “intended” to stay in Paekākāriki as long as she could, “to go on living healthily until I die – and just not wake up one day. That’s my plan. Mm.” Three women hinted they knew, deep down, they might not ultimately have a choice, but in their everyday attitudes and conceptualisations of the future, they refused to think of a rest home as a possibility, they had “a determination not to”. Jan [60s], for instance, told me her parents and brother had all had heart-attacks, and she hoped that was how she would go too, before entering a rest home.

**Jan [60s]:** I don't have rest home in my picture. At all. [...] I have the picture in my mind of my mate who's 93 and she's still living on her own and in her own home, so that's my picture.

Sam [60s] told me in no uncertain terms, that her “goal” was to be in her house “until I die”, and both she and Jenny [60s] said they would contemplate suicide before going into a regular, heteronormative rest home. Rhonda [60s] was especially explicit, stating:

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<sup>29</sup> Davey did not ask participants about their sexual orientation either, so I do not know if all of Davey’s participants were ‘straight’; 12/30 were single men or women living alone.

There's no way in hell that I'm going into anything like a Morrison<sup>30</sup>. I'd rather slit my throat and die bleeding on the street. Or run in front of a truck. It was alright for my mothers' generation. It is not alright for me.

This statement was confronting for me with its violent imagery; I was not used to hearing people speak so openly and calmly about suicide in this manner. I was also intrigued by her use of generation as a reason for her avid dislike of rest homes, but she did not elaborate on this, turning instead to a story of her mother whom, despite her dementia, remained in her two-bedroom, Morrison Village apartment without moving to hospital-level care. Rhonda [60s] said this was because her mother wanted to go out feet-first, “and she did go out feet-first, because I was pulling it.”

I was interested to find that, despite their damning descriptions of rest homes, some participants actually had optimistic observations or fond memories associated with these places. For instance, although she described them as concentration camps, Fe [60s] told me she has had quite good “models of how to... live in that environment, in a positive way.” There was her grandmother who lived till she was 93 and, from eight or nine right through to her mid-teens, Fe and her sisters were tasked with visiting her: “And I *loved* going to see her. She always had sweeties, and she would tell lots of stories, and she had little songs, she was great fun. And she never, ever complained about it, ever.” Fe remembers a table full of potted cacti, and her grandmother pointing out to her which ones were in flower; “she maintained an active role in gardening.”

Rhonda [60s], despite her vivid description of how she would avoid ‘a Morrison’, reflected on the positive aspects of her mother’s experiences there. For instance, she told me her mother’s apartment had an adjoining atrium where people on her floor could socialise and that “they do develop family” in these places, looking-out for each other. Similarly, Nicole [40s] was familiar with her aunt’s positive experiences in a “brand new, huge facility”, also on the Kāpiti Coast, where she could afford her own serviced flat. According to Nicole, her aunt loves it there, taking Tango classes and “having a ball! It’s like, we *can* keep partying”, she laughed. The whole facility was “really cool”, her aunt’s personal flat was “fully equipped” and there were plenty of accessible communal spaces such as bars, cafés, recreation areas, and gyms for residents to

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<sup>30</sup> Pseudonym

frequent. Hospital-level care and live-in nurses were also available “upstairs” so that “you can just move over there when you get too old”.

Yet, despite the optimism in this narrative, Nicole [40s] did not envision herself there: “Cotton-tops they call them. You know? Old people... cotton-tops? It's like full of conservative cotton-tops. [...] It's a bit scary up there.” She would rather have her family take care of her at home. At the time of her interview, Nicole did not have a partner or children herself, but “that's what these three are for”, she said, nodding towards some shakily drawn pictures displayed on her kitchen wall. Her sibling's children gave them to her. “And my brother's 11 years younger, *he* can look after me”, she laughed. Another, final comment about her aunt's rest home stood out to me: “It's got everything, so you can start here...,” Nicole said, hitting the table with the side of her hand, “...and work your way to death!” she added, sweeping her hand away. “*Most* comfortably. And I think she pays good money for it!” Behind the myriad reasons participants voiced for avoiding rest homes – from dealing with homophobia to losing their identity as lesbian or queer women – was a deeper contemplation on whether they were places that allowed for a ‘good’ death, or for learning how to leave the world, and this forms the next section of this chapter.

## **Learning How to Leave the World**

During the 10<sup>th</sup> Biennial conference of the *Association for Anthropology, Gerontology, and the Life Course* Interest Group (AAGE<sup>31</sup>), Heekyoung Kim (2017) spoke of her research in Nagano, Japan. There she studied older adults' early, preparatory practices for their own death (*shukatsu*), including the creation of Ending Notes (*endingu noto*). Much more than a will, Ending Notes become a kind of living document, from instructions on how her participants wished their funeral arrangements to be carried out, to personal messages for people to read after their death. Kim (2017) found that Ending Notes changed over time, becoming a kind of living document, a diary full of “life evidences”. For instance, one older woman's list of people to invite to her funeral kept changing over the years. Kim concluded that her participants' Ending Notes spoke to the concept that their imagined/anticipated death is not a single scene, or an event,

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<sup>31</sup> A branch of the American Anthropology Association (AAA).

“but a social project to be carried out with the help of family and others” (Kim 2017). Writing their Ending Notes helped older adults work through the tension between their imagined, ideal deaths and indications of what their actual death circumstances may be. These observations are helpful for comparing the ways lesbian women spoke about their foreseeable futures, including how they envisioned leaving the world, looking deeper into why some participants wanted not only to age, but ‘die in place’, as well. As Barbara [70s] noted, “the big uncertainty is never knowing when you’re going to die”, and women in this study contend with this uncertainty in different ways. Having choice over when and how they died was important for some women to ensure a dignified death. For instance, Jenny [60s] spoke of “dying earlier” if she had to, to avoid entering a New Zealand rest home – “And give me a cyanide pill so I can die with grace...”, or better yet, she said, “I want to have a heart-attack while rolling down the hill naked. [...] Riding a horse, or falling asleep: ‘You there? Jenny, you there?’ Gone. With a smile on my face.”

During her time as a nurse, Rhonda [60s] witnessed many births and deaths and found them to be similar in that they could be truly “amazing” moments, or “just bullshit, really ugly.” She told me about the first death she ever witnessed as a junior nurse, in the 1970s. An older woman had cancer and was being nursed at home, but she was adamant not to die there. One day she said, “I’m going to die, take me to hospital.” Her family took her in, and she said, “okay, now say goodbye to me.” She kissed each one on the cheek and told them to go home because she did not want them to be responsible for dealing with her body. After she sent them home, she asked the charge-nurse – “‘Sister’, in those days” – to sit beside her, and she died within half an hour. Rhonda helped to lay out her body and thought to herself, “well, if one person can do that... so styley!” Rhonda felt the older woman had *chosen* to die like that and she had chosen to die in a hospital; “some people can do that.” Since then, however, Rhonda thought supporting people to die at *home* has been her most rewarding work. She told me people were unaware they “have a choice about death”, and she was optimistic that people could “have a good passage”. Rhonda [60s] said she was not afraid of death itself, it is the *how* that worried her, she does not want “a long, slow death”. Likewise, after witnessing her parents suffer through their final years Sam [60s] said, “I’m not really scared of dying, I’m scared of *not* dying. Of just existing... and not dying, *that* scares me.”

Other participants did not dwell on the particularities of their death. Rather, these women talked of their lives in an evaluative way, speaking of their present, and/or their near-futures, almost as part of a larger social project where ageing and dying well is inseparable from *living* well. One way of expressing this was through weaving their individual life narratives into a larger world-narrative. For instance, Anna-Maria [50s] initially reflected on what would make a good death by describing the end of life of a close artist friend and mentor whom she described as being lucky enough to live in his home, just being himself, until two or three months before he died. Later, however, Anna-Maria broadened her line of thinking saying:

I just think that I'm a little person in a great big world, that's how I think of myself. And it would be nice for me to feel like, if I was to die tomorrow, at least I planted a whole lot of trees. Or, had an impact with nature in a positive manner.

Anna-Maria returned to this philosophy several times in her interview, adding that the world would continue without her, “night follows day, and there’s nothing you can do about it.” She tries to take the opportunities she is given, and to give back in some way, such as caring for the environment. She recently gave this worldview expression on a ceramic plate where she painted herself in the middle of an island looking up at a comet shooting overhead. To her, this image captured her childlike wonderment at the world, and the humbleness she has tried to keep, which she believes is key to a good life. Four others also spoke of wanting to leave the world knowing they had done something worthwhile for future generations to come: “Well, I like to think I can lie straight in my coffin” said Jan [60s] (or at least lie ‘lesbian-with-good-conscience’ as the case may be). Pleasance [60s] told me that ever since her 50s, she began living her life with a new sense of awareness and responsibility for the choices she makes, what she *says*, and how she *is* in the world. The story of how she came to this orientation in life offers a slightly different perspective to the conversation on living and dying well.

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Pleasance [60s] (nicknamed P by her friends) was hard to schedule an interview with as she was so busy with work, social events, hobbies, and creative projects. We eventually found a good time, and it was seated at her living-room table that I learned about Jane Khull, the woman Pleasance loved dearly. Pleasance was in her 50s when

Jane died from cancer, and she told me that their journey together through Jane's diagnosis, treatment and end-of-life was full of learning, it changed how she understood the relationship between life, death and – in effect – ageing: "Because Jane died wisely. Jane had a good death, which was amazing to be part of, to witness." Pleasance calls this formative time her "wisdom years".

During Jane's treatments, they decided to hold twice-weekly G-n-T's "to support P" and their lesbian friends would come and visit regularly (even though Jane could not partake of the gin and tonics herself). Of course, her friends were full of questions about how her treatments were going, but Jane "dispensed of that quite quickly" and turned the focus on to the lives of her friends:

"Well, here I am..." and, "...yes, chemo's coming up next week, but what about you? What's going on in your life?" [...] And there was one friend that had come to visit – who'd been adopted, like Jane had been – and she was feeling quite bitter about it, but there was a chance she had to contact her birth mother, and Jane said, "Just go and do it, you know?" It was just... everything was very sharp and clear for her, and she spoke from that place, that perspective – using her wit and intelligence too. And, so, that's the perspective she gave me.

I think we can... I think we end up [tears form but do not spill], I think we end up creating how our death will be by how we live. And I was really privileged to see that while living alongside Jane for those last, almost three years. And just seeing how she changed things in herself, in her mentality, in her attitude. Because she wanted to live everyday as if it was really special, particularly with me, and our friends. So, that's how she lived. And we all saw that... felt it in her.

Caring for Jane, seeing more friends and relatives die, and having survived her own near-death experiences at a young age, Pleasance [60s] was highly aware that death could occur at any time, and that ageing was, in fact, a privilege. Hence, she felt it was important to be prepared for death at any point. For Pleasance, this meant fostering a sense of purpose, "living it as fully as possible – and in the *present* moment", or by staying "connected to life and people, having meaning in your life, and continuing to

allow yourself to be moved by things that happen.” She then described to me two recent role models of hers in this regard.

One was an older woman in her 90s in New York who loved going to Art Openings and Exhibitions and died doing what she loved. “She was like this iconic, well known New York figure – famous in the art world,” and one visit to an art opening turned out to be her last. “And I thought, *wow!* Well, *how* amazing is that? [...] Now *that's* how I want to go out!”. Her other role model was her Aunty Esther, who died 25 days into her 100<sup>th</sup> year from a chest infection. According to Pleasance, “it was like she’d decided she’d had enough. So, for the last fortnight of her life, after declaring she was ‘ready to go’, she’d wake every morning and say, ‘Oh I’m still here’. I think that’s wonderful. Being that open to dying, and that ready for it, in your 100th year!”

Sarah [40s] shared similar views to Pleasance [60s]. On one of those beautiful, Dunedin gems of a day, when the sky seems impossibly blue, Sarah and I sat outside the Botanic Garden’s café. Sipping our drinks, I asked her how she thought about older age: “I think it's just preparation for death. Yeah, if it's a transition, it's to the... you know, the end of the physical existence, and I don't know what my beliefs are post that.” Earlier in her interview, when we were discussing role models and dispositions, Sarah told me she admired people who seemed to “move through the world with ease”. Some people appear to have gone through a process of “making-peace with the world; that it is what it is” – a perspective Sarah hoped to develop and something she believed is *visibly* evident, expressed somehow in bodily comportment. She revisited this idea later, telling me that what she *really* wanted her life to be about – “particularly with ageing”, and something she “should have done by now” – was to immerse herself “in the experience of *living*, in whatever form that takes, at any given time”. For Sarah, this involves fostering a loving, caring orientation towards others: “I feel like we have this flame within us, and we can use it, and grow it, and it can extend, and everything that we do is touched by that. That's what I want.”

In reflection, Pleasance’s [60s] and Sarah’s [40s] thoughts illustrate how notions of “ageing well” is entangled with their larger worldviews of living and dying well. At times, participants expressed this through an ethic of care or curiosity for ‘the world’ they would leave behind, evident in their various references to a world trajectory extending beyond their own. This is playfully evident in Prue’s comment that the only



thing she resented about being in her 70s was knowing she had “at best” another “30 years or less” and, like her mother, she could not “bear to think of the world going on [without knowing] what was happening in it! [Laughter].” She added later, “It’s a good reason not to die.” Yoka [80s] commiserated, stating that despite her age, she has never lost her interest in life: “That would be impossible, absolutely impossible, for me. I’m still sad if I miss out on the paper, oddly enough. I mean, *really!*”

### **“Where do all the Old Lesbians Go?”**

“That could be a song!” Michelle [40s] laughed. We were seated at the Botanic Garden café – inside this time, as it was one of those ‘fresh’ Dunedin days that reminds residents just how close the southern city is to the Antarctic. We had finished her formal interview and I was telling her about the Lesbian Elders Village. Earlier that year (2016) I had found the LEV website and was reading about their group philosophy, skimming through the minutes of their meetings, only to find their records had stopped around 2013 and that LEV had officially disbanded. This is when Michelle posed the question that is the title for this section of the chapter.

Later the following year (2017) I was dismayed to find that the LEV website itself had been deleted, signalling an end to the project LEV members had worked so hard towards. To my surprise, however, Helen [50s], Ricky [50s] and Bella [70s] did not see the LEV project as having truly ended. Nor did they see it as a failure. All three women made important friendships through working alongside each other. As Helen commented, “it was a fantastic experience because we used to meet socially quite a lot, you know, just to dream and fantasise.” And even when LEV formally dissolved, the core members kept in touch:

**Bella [70s]:** ...the nice thing that happened was that we all decided that we liked meeting together and so if we ditched the agenda, we would not have to fight, and [...] realised we'd formed... like a virtual community in some ways, even though that wasn't something we were looking to do, we had! [...] And so, it was successful, we just didn't get a tangible, physical house.

Bella thought LEV had attracted and resonated the most with immigrant lesbians because of this networking element. She remembers at least four German women, and a lot of English and Australian migrants, “but mostly not Kiwis at all”. This was not quite the case for Ricky, however. She and her partner had migrated from Germany, but they did so in 2003 and had time to form a new network of lesbian friends before joining LEV. Thus, although she agreed that LEV was key for “relationship work”, she differentiated between two different types: “building” relationships for recent migrant lesbian women, and “maintaining” relationships for local lesbians, and less-recent migrant lesbians. Ricky also suggested that lesbians and immigrants (regardless of orientation) shared a common reliance on friendship rather than family networks as they aged, “and I guess that’s a pretty important point with New Zealand being a land with a lot of immigrants.”

Moreover, at the time of writing, the LEV Facebook page still existed (with posts from 2009 – 2017). Scrolling down their page I could see how it served as an important place for information-sharing around alternative possibilities for aged care. There were links to examples of intentional communities emerging in different countries (some reflecting similar ideals to a Lesbian Elders Village, such as the new “co-housing community for retired women” in the UK (Fraser 2017); international articles on local legislation being introduced protecting the rights of older queer people; reports of queer support and advocacy groups from around the world; and updates on which rest homes/aged care services in New Zealand have received Silver Rainbow accreditation (something I explain further in the following chapter).

In fact, it seemed older age and end-of-life events were bringing lesbian women together again in a bitter-sweet manner, sparking familiar networking activities reminiscent of the late 70s and 80s, and even early 90s. Participants like Pleasance (who had been very involved in various lesbian collectives, activist groups, sport groups, and social scenes) described an eventual loosening of the tight-knit groups over the years since they were first brought together in their fight for the homosexual law reform. Back then, as Pleasance [60s] described it, “we were right on the edge – we’d just do stuff, which I think is characteristic of New Zealand – something about the smallness of this country that means we can influence across a wide range, quite quickly and easily.” Lesbians still got together occasionally – whether it be a monthly lesbian dinner, bookclub, writing or singing group – but it was not *quite* like it used to be.

During a return visit to the Charlotte Museum in Auckland, I met a woman there who thought there was less need for a community now than when she was a young adult. She thought there was perhaps more discrimination back then, hence a greater need to come together to form supportive groups. Now, she thought, young adults and middle-aged women have more heterosexual friends than lesbian friends and were much more likely to mix and mingle with each other (an observation also made by lesbians in Traies' [2015:42] UK study). Well, they had more heterosexual friends than *she'd* ever had, anyway.

**Pleasance [60s]:** But, what's also happening as we get older, what I'm aware of, is some of the main places where some of that [kind of] networking will be [is] at funerals. [...] And, that's pretty sad.

She told me how 2014 was a particularly hard year with three funerals held for three New Zealand, lesbian icons: Porleen Simmonds (Pleasance's business partner), Caterina De Nave (an early icon for women in New Zealand media), and Pat Rosier (author and long-term Broadsheet editor) whose death had rocked the lesbian network along the Kāpiti Coast, and Wellington City). All three were remembered for their feminism, political activism, and significant contributions to various lesbian communities.

The fierce commitment to each other between those lesbian women, whose social connections reached between cities (particularly in the North Island), was poignantly evident in several interviews, and it was hard not to include all their stories here. Pleasance [60s] and Ricky [50s], for example, spoke of lesbians gathering in force again to care for women who had been diagnosed with severe or terminal illnesses, and to support their partners. They would carry out simple, but meaningful tasks like "going shopping, taking some cooked dinner for them, mowing the lawns, whatever, to help them", and just *being* there (Ricky). According to Pleasance, during her last three years together with Jane (in Auckland), old lesbian friends and ex-lovers would drive (some all the way from Wellington) to offer their "*phenomenal*, phenomenal lesbian support", forming what Pleasance [60s] fondly calls "the Lesbian Clan". She coins this phrase in a book she recently contributed to, *The Accidental Carer* (Capper 2017). It was also clear from my fieldwork visits to the Charlotte Museum, listening to community podcasts, and reading LNA over my three years of research, that "lesbians of a certain age" in

New Zealand were coming together to create spaces, events and collate objects of remembrance with each other (Lesbian News Aotearoa 2018). For example, LNA often wrote small vignettes, a gesture of acknowledgement, for lesbian women (usually local, but occasionally from overseas) who had recently passed away. Other lesbians nominated people considered lesbian ‘icons’ or ‘stalwarts’, for posthumous acknowledgement of their activism, at events like the *Rainbow Pride Community Honours 2015* held in Wellington. Finally, spending time with participants outside of interviews, I would hear time and again of the funerals they had recently attended for lesbian women, even if they had not been particularly close.

As my volunteer guide (a tall woman with shortly cropped, white hair) started showing me around the ground floor of the Charlotte Museum, we walked past a purple stand proudly displaying images of two older women. It was a little commemoration for both lesbians who had recently passed away. My guide saw me pause in front of it and came to stand next to me: “We seem to be falling off the perch,” she sighed.

(Fieldnotes 2017)

Overall, this chapter has illustrated how participants’ experiences of institutional heteronormativity and ageism in various health care contexts has contributed to participants’ apprehensive conceptualisations of ageing in residential aged care. This in turn mobilised some women towards creating an alternative – the Lesbian Elders Village – a manifestation of their continual agency. Although the village itself did not eventuate, their coming together to imagine something different was productive in unexpected ways – queering the dichotomy of success and failure. I ended with some women’s conceptualisations of their end of life and what makes a good death, which, I argue, hints at a deeper incentive behind LEV; it was a place they imagined would allow a better end of life than inside a heteronormative aged care home or hospital.

There is a need, then, to explore recent research into residential aged care in New Zealand, to further contextualise and validate the concerns participants have raised so far. Chapter Six begins this task, while also investigating possible avenues for change. It is an intermediary chapter; a transitional point in this thesis from an emphasis on results, to an emphasis on discussion.

## Chapter Six:

### “It matters to me.”

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**Jo [70s]:** I thought it was very interesting when [...] the nurse-assessor, and then the nurse from the care-giver organisation [came in]. Both of them asked me if I had any cultural requirements and I said: "Well, you need to know that I'm a lesbian, and I prefer not to have a male caregiver." And the response from the nurse assessor [...] was: "Oh, oh, that doesn't matter." And, I said, "Well it matters to me, you know. It's important to me that I tell you that *now*. I don't want to experience someone's homophobia towards me when I'm having to be showered and... you know, other personal things done." So, there was no acknowledgement or acceptance. I wasn't asking for any special things, just acknowledgement that I am, who I am. And, I think in hospital too, that there's not always the acknowledgement that there's some level of difference.

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Following on from Chapter Five's exploration of heteronormativity in biomedical institutions, I discuss some of the ways various agents in Aotearoa New Zealand and overseas are attempting to improve health and aged care services for 'rainbow' groups both in general, and for those needing aged care specifically. An underlying question throughout is, who is empowered to create social change in this area – is it all bottom-up, top-down, or a messy in-between? In the first section, 'Learning How to Count', I examine the tension experienced by participants who tend toward discretion concerning their lesbian or queer identities, but who also value the importance of collective visibility. How is this tension connected to debates occurring at a national (and international) level, and what value do quantitative methodologies hold for those who usually critique 'countable' categories?

In the succeeding sections, I discuss the complexities and challenges involved in the push (both internationally and locally) to include gender diversity and sexual orientation under cultural competency/safety frameworks in various health services including, more recently, in the aged care sector. After reviewing some recent critiques of 'cultural competency' in international literature, I turn instead to Irihapeti Ramsden's original work on *Kawa Whakaruruhau/Cultural Safety*, demonstrating its continual importance in New Zealand for addressing power inequities between patients and providers, and thus its relevance for improving the experiences of lesbian and queer women in health, and aged care (Papps and Ramsden 1996; Ramsden 2000; Richardson and MacGibbon 2010; Wepa 2015). As outlined by the Office for Seniors (2018), New Zealand's ageing population is increasingly diverse, and concepts that encourage reflexive thinking and identifying hegemonic norms (including heteronormativity) is vital if we are to create an aged care sector that is accessible for all.

Cultural Safety was born from the need to address the health inequalities experienced by Māori people due to ongoing institutional racism since New Zealand's colonisation by the British; it is a reminder that the Crown has an obligation under *Te Tiriti o Waitangi/The Treaty of Waitangi* to ensure Māori people have equal access to health care. Over the years, however, the careful, critical knowledge grounding Ramsden's work is in danger of being diluted, subsumed under a wave of cultural competency discourse in the health sector, or re-packaged under a new name. In an attempt to counter this, I trace the genealogy of Cultural Safety, acknowledging the wider socio-historic processes that propelled its implementation into New Zealand's nursing curriculum. This serves two key purposes in this thesis. First, understanding the roots of Cultural Safety (and the basis for its critical examination of knowledge and power in the context of biomedical health care) will help strengthen community- or academic-based research groups in their advocacy for better health and aged care for rainbow identities in a New Zealand context. Secondly, it reinforces my commitment to bring forth the voices of women (in all their diversity) in knowledge-production, which is so often overridden by broader, homogenising discourses, undervalued, or forgotten.

On a final note, the majority of New Zealand literature cited in this chapter comes from nursing journals/publications. This is because Ramsden's knowledge project was largely inspired by her own background in nursing and because she saw

registered nurses as being on the ‘front-line’ – the first people potential patients usually encounter when accessing health care. It was also professionals from the regulatory authority for nurses, the Nursing Council of New Zealand (NCNZ), who helped fight for and implement Cultural Safety within the nursing education curriculum, and it is often Nursing academics and practitioners who continue to develop and apply the concept. Thus, although my discussions focus on nurses, it is important to keep in mind that the matters raised are applicable to those working in other roles in the health/aged care services such as cleaners, doctors, health assistants/carers, receptionists, managers and other allied health professionals. This is especially important to consider in the current climate where there is a shortage of Registered Nurses across New Zealand, and in aged care particularly.

## **Learning How to Count**

A key issue identified by Kath Browne (2010) in creating social change at the policy level for queer populations in democratic nation-states, is their visibility and thus their ‘knowability’ by governments managing populations and allocating resources. This section explores the notion of being ‘counted’ (in both senses of the word). As Browne purports, there is a paradox in the post-modern, deconstructive politics of queer thinking on identity and self-definition, and the push for social change through insisting modernist categories of sexual/gender identities be counted in government data collection tools (such as the census). Similarly, King and Cronin (2010:87) observe that, despite well-developed social-constructivist theorising on sexuality, recent literature on older queer lives “intended for policy makers and practitioners perpetuates a view of identity, of the subject, as fixed, stable and by implication, essential.”

As I expressed in Chapter Two, naming the group of people being researched is a complicated, power-infused process. Participants in this study expressed many differences in their understandings of ‘lesbian’ or ‘queer’ as an identity category. This was most evident when participants reflected on visibility as lesbian and queer women now, and in an imagined older age, and how much importance they placed on being ‘out and proud’. As described in Chapter Three, during women’s liberation and gay liberation in New Zealand, a growing number of women dedicated themselves towards increasing lesbian visibility, particularly from the 70s through to the 80s and early 90s.

Several participants in this study were actively involved in these movements: they shared tales of their political escapades and remain proudly committed to feminism and lesbian visibility today. Others, however, found themselves torn between disclosing their lesbian or queer identity, and wanting to just ‘get on’ with their lives.

Sandra [50s], was the first to describe feeling both invisible and super-visible, alongside a tension between wanting to be acknowledged by others as lesbian, seen and represented in law, versus not wanting to be a spectacle. It caused her “a bit of a dilemma” because “if you're not seen then you don't exist in people's minds, yet, to be seen is hard work.” She told me how much she admired those lesbian women her age and over who still have the energy to be politically active regarding policy change and to fight for greater acknowledgement. But she’s “done” with that now: “It’s a lot of energy, and its energy that you can't spend elsewhere. Yeah. Just kind of getting on and living and breathing, in and out.” When I mentioned to her that the Positive Ageing Strategy in New Zealand (Dalziel 2001) discussed ‘diversity’ but did not discuss sexuality or queer identities and experiences, she was not surprised: “Well, it's typical. I mean that's how it is with most things. [...] It's like any minority groups are an afterthought,” that is, until their rights come up in public debate and national media as a, “politically hot-potato.”

Holly [40s] and Michelle [40s] also directly commented on this tension. For example, Holly knew that if lesbians and queer people were invisible, “then there are no services, and there [is] no support, and there's no planning.” She went into some depth around this topic stating:

The balance between invisibility and visibility varies for people. I know that some people are adamant about being out, and how important that is [...] because we're creating [...] systems and visibility for people coming behind us... but having been the victim of discrimination, I'm reasonably careful about how ‘out’ I am.

Holly’s [40s] experiences of homophobia from a young age have instilled a tendency towards discretion; “Like, I don't want to have to wave it around; it's nobody's business, but my own.” She also felt that different aspects of her life were invisible in different contexts, not just her sexuality, e.g., being a mother, or being employed part-time. After further reflection, she said: “I suppose I want more *community* visibility, without



necessarily having to have *individual* visibility”. Michelle [40s] also felt “a bit over” having to come out to everyone she meets because although her lesbian identity is “incredibly important”, to her it is just “one aspect of a person.” Yet, she does not want this aspect completely ignored either. These individually felt tensions over visibility/invisibility are intricately connected to the debates over queer visibility playing out on an institutional level. ‘Learning how to count’ is not just about governmental institutions learning how to tally queer populations: queer people on an individual and collective level are also learning how to be recognised as sexual citizens, negotiating with or contesting governmental bodies on *how* to be counted. Indeed, critical discussion of governmental counting methods and visibility is not new in New Zealand. In 1984, Marilyn Waring’s book *Counting for Nothing* was published, where she highlighted the patriarchal values embedded in the way New Zealand and other countries collected data and calculated their Gross Domestic Product (GDP), guided by “the United Nations System of National Accounts (UNSNA)” (Waring 2018:1). Her book “exposed the invisibility of women’s work in our measure of national progress”, which ignores the fact that without women, without their labour (in both senses of the word), the economy could not function (Waring 2018: iv). As she reiterates in her latest book, *Still Counting* (2018), “it’s a self-fulfilling prophecy that if your activities are not included in the dominant data set for decision-making, you won’t greatly influence economic policy – even if those activities form the largest sector in the economy” (Waring 2018:11).

According to philosopher Ian Hacking (2007b), ‘counting’ is a key practice in ‘making up people’, and as Browne explains, “[c]ensus data and government collection tools create rather than simply record, calculate or measure, thus moulding collective identities such that social power relations can be created and played out through the production of government data” (2010:234). Inspired by Foucault and Goffman, Hacking puts forward the philosophy of dynamic nominalism, which explores “how names interact with the named” (Hacking 2007a:294). He argues that authorities, or bureaucrats do not simply recognise a new form of identity that needs to be measured, rather “our classifications and the classified emerge hand-in-hand, each egging the other on”, so-to-speak (Hacking 2004:280). This involves what Hacking calls the ‘looping effect’ – whereby the categorised are “altered” by the very course of categorization, but

who can “also change in ways that causes systems of classification be modified in turn” (Hacking 2004:279). Difficulties arise, for instance, when regulatory technologies of biopower try to count those who challenge the long-held assumptions on the stability of other ‘countable’ categories, e.g., by problematising the assumed dualisms embedded in ethnocentric categories of sexuality and gender, which are usually presented as binary, and static.

A window into the messy inner workings of the looping effect is offered by the Statistics Department of New Zealand (Stats NZ) and its decision in 2017 to exclude questions on sexual orientation and gender diversity in the 2018 national census. Stats NZ argued that preliminary testing of such questions indicated “concerns around the likely data quality” (Stats NZ 2017a:41). An issue cited for gender diversity questions was that, due to the complexity of gender identity, both in its fluidity over time and variability in expression, it was “difficult to create a question that captures all these aspects” (Stats NZ 2017a:42). Browne (2010:236) illustrates that the UK Office for National Statistics (ONS) went through a similar process in 2006, when they recommended leaving out a sexuality question in the 2011 national census. They cited similar issues of ‘messiness’, or areas needing further consideration including: “a plethora of identity categories used, the convoluted and sometimes absent links between sexual identity, desire and behaviour, the place of those who are celibate in categorisations and the place of ‘other’ as an option in tick box sexual identity questions” (Browne 2010:239).

After Stats NZ made their announcements there was backlash from queer activists. Various social media and online news websites featured headlines such as: *LGBT community slams Statistics New Zealand’s ‘gross incompetence’* (Newshub 2018) *LGBTI will still be marginalised on 2018 Census* (RadioLIVE 2018), and *LGBTI people will still be invisible on next NZ census* (Cooke 2018). Local human rights activist Aych McArdle is quoted saying “If you don’t count someone, you are almost saying they don’t count” (Newshub 2018; RadioLIVE 2018). Writing for the news website *Stuff*, Cooke (2018: n.p.) reports “LGBTI activists have long complained about the omission, saying their community is under-researched and as a result funding for rainbow programmes is difficult to allocate.” New Zealand’s District Health Boards (DHBs – of which there are currently 20) are the entities “responsible for planning, funding and ensuring the provision of health and disability services to a geographically defined

population” (Quin 2009: n.p.). The Ministry of Health (MoH), in turn, is responsible for providing government funding to DHBs, and allocates this funding using a “population-based formula, which consider[s] the socio-economic status, ethnicity and age of their populations” based on demographic data – primarily from the national census (Bryder 2018: n.p.). Thus, if funding is to be allocated specifically for queer citizens by the DHBs, they need to be included in the census. As Waring (2018) has already revealed, however, New Zealand’s data collection decisions (including census questions) are influenced by international economic frameworks. For instance, the New Zealand Treasury announced in 2017 that it would use the Organisation for Economic Cooperation and Development (OECD) ‘indicator set’ for “updating the Living Standards Framework (LSF) so that it would, [Treasury] claimed, measure intergenerational wellbeing” (Waring 2018: iii). This prompted Waring to revisit her earlier critiques of the economic theory used by the OECD and to argue that the New Zealand government is overly influenced by a compulsion to produce internationally comparable data instead of focusing on “[o]ur own granular data” for local policy decisions (2018:34). As the title of her fifth chapter states, this is ‘Aotearoa, not Europe’ and good policy decisions (especially when it comes to intergenerational wellbeing) need to be guided by *New Zealand-specific* values and concerns (Waring 2018:30).

Certainly, there are gaps in accessible ‘granular data’ on the wellbeing of queer people in New Zealand, but sensing and experiencing the results of this gap, people have been working together to produce this missing knowledge, from the ground up. For instance, despite the complexities involved in counting fluid, intersectional identities, a team of academics, researchers, and postgraduate students – working alongside a community advisory group – took matters into their own hands in support of Aotearoa New Zealand’s ‘trans and non-binary’ population. With the help of New Zealand’s Mental Health Foundation, and the New Zealand Human Rights Commission, they developed an anonymous, community-led survey to collect information about this population. Indeed, researching in the UK, Traies remarks that “[i]n the absence of official data about LGBT older adults, research about them is often conducted (and funded) by community organisations”, or through communities in partnership with academics (2016:11). Topically, this New Zealand community-led survey released online in 2018, is called *Counting Ourselves*, since “[o]ur communities are often left out of surveys” and “the only statistics we have are limited to certain groups,

such as people at high school” (Counting Ourselves 2018: n.p.). Funded by the Health Research Council and the Rule Foundation, and hosted by Waikato University, the project aims to

...collect information that can improve the lives of trans and non-binary people in Aotearoa. The more people who answer, the stronger evidence we have to push for change. The greater diversity of people who answer, the more we can say about the health needs of people in different parts of the country, at all stages of their life, and for all our identities and communities.

(Counting Ourselves 2018: n.p.)

As of the 30<sup>th</sup> of August, according to their website, over 900 surveys had been submitted since June 2018, including respondents in their 80s and 90s (Counting Ourselves 2018).

The above justifications for census inclusion mirror those put forward by ‘LGB’ activists regarding the 2006 UK census. As Browne reports, UK activists

...contended that baseline data for LGB populations was necessary in order to ensure the ‘proper’ allocation of resources, to aid service provision and monitoring, to develop appropriate policies and to provide, in the words of the UK Office for National Statistics, “reliable and comprehensive information about the LGB community”.

(ONS 2006, in Browne 2010:245)

Fredriksen-Goldsen and Kim (2015: 465-466) are also critical of national health or population-based surveys leaving out questions on sexual orientation in the United States. They argue that “the field of LGB adult health, especially among older adults is stymied by the lack of pertinent data collected” and that ‘systematic health disparities’ of LGB adults could be improved if only ‘quality data’ could be obtained (Fredriksen-Goldsen and Kim 2015:465). What all these arguments have in common, as Browne observes, is an expression of hope for social change in that, if there is proof of a ‘magic number’ of queer citizens, then health care and other service providers can be held accountable to be queer ‘inclusive’, rather than having to rely on “individual complaints to pass through judiciaries” from the bottom-up (Browne 2010:245).

This hope is tempered somewhat by scholars such as Hyman (2001), Kia (2016), and Browne (2010) who warn of the drawbacks of hypervisibility and state-surveillance for queer citizens, including the use of risk-discourse/deficit-based representations of queer populations, and the homogenisation of differences within the broader, ethnocentric categories of ‘lesbian’, ‘gay’, ‘bisexual’, and ‘transgender’ categories. As Browne points out, drawing particularly on the work of Lisa Duggan (2002 in Browne 2010:235), census data can ‘straighten’ up, or uncritically normalise queer lives through creating discourses “such as the ‘pink pound’, the ‘educated gay’ and other classed, racialised and gendered assertions”, which legitimise only certain *kinds* of queer identities. This creates a “hierarchy of sexualities, identities, and lifestyles with an idealised and sanctified form of heterosexuality at the apex (i.e. one that centres on heterosexual monogamous marriage and reproduction)”, followed by those non-heterosexual citizens whose lives closely follow this socially approved life course as much as they can – and on the bottom rung, those who lead anti-normative, anti-assimilating, queer lives (Hughes 2006:55).

A justification for excluding sexual orientation questions by Stats NZ (2017a:41) was that, based on their trials, “the non-heterosexual populations were smaller than the number of respondents who did not answer the question or indicated they preferred not to answer it”. Again, Traies (2016:4) reports a similar occurrence in the UK where twice as many respondents refused to answer the 2011 UK Integrated Household Survey’s question on sexual identity than those who *did* identify themselves as gay, lesbian or bisexual, which was only 1.5 percent. Traies believes this to be much lower than the actual proportion. Nevertheless, this suggests there may still be some hesitation by non-heterosexual respondents in answering sexual-orientation questions by the state in the UK and New Zealand – something Prue Hyman reflected on around 17 years ago. Writing from a feminist economist perspective, Hyman explains that diverse sexuality and gender categories were not usually employed by New Zealand governments statistics department at the time, “nor is it clear that we *want* to be visible in official statistics” (2001:120, my emphasis). She argued that, on the one hand, “Visibility and factual information can indeed be used against us”, such as allowing the state to “[intrude] in to the nature of relationships” (Hyman 2001:120). On the other, the absence of ‘official’ statistics means reports of homophobic discrimination can be refuted, “and the need for policies to reduce it discounted” (Hyman 2001:120). Browne

(2010:247) also warns that the push to be counted in a national census could backfire with the possibility of an ‘undercount’ (as some queer people are worried about privacy or are not satisfied by the tick-box options).

Women in this thesis who expressed a critical awareness of the power dynamics of the census collection brought my attention to other forms of ‘backfire’. A few were critical of the idea of ‘progress’ in terms of queer rights, describing how rendering oneself visible to those in power (through the census, activism, or being named in research) in the 21st Century, still involves risk for all non-heterosexual, non-cisgender and non-Pākehā New Zealanders. For instance, Sandra [50s] was “acutely aware” that when there are major challenges or disruptions in the world “and people are really [...] struggling to survive, then there can be backlashes. And minority groups are... a target. I don’t worry about that too much, but it is in my conscious awareness that at any time, if there was a major world crisis, that we... we could be in the firing line. It’s possible.” This awareness among other participants was evident in the way the majority requested anonymity, and in their knowledge that being able to live to ‘a ripe old age’ as lesbian or queer women was both a privilege and a mark of survival – not something to take for granted. Similarly, in Traies’ (2016) UK study, “several women declined to be interviewed on the grounds that, even though things seem relatively safe now, there could at any moment be a backlash in social attitudes, so it would be unwise to become visible” (Traies 2016:181).

This message struck home for me particularly on June 12<sup>th</sup>, 2016 when a gay nightclub in Florida, US was attacked in a mass shooting – 49 people were killed. Queer organisations in New Zealand held various events to collectively mourn and acknowledge their deaths. And again, in April 2017, when reports of a gay pogrom in Chechnya emerged (Rainsford 2017). Back at home, when I attended the ‘Samesame But Different LGBTQI Writers Festival’ during Auckland Pride 2017, Professor Ngahuia Te Awekotuku commented that people seemed to think progress is ongoing but fail to “talk about the retreats” (Fieldnotes 2017). She reminded the predominantly white audience that progress for some did not mean progress for all, drawing attention to the way queer people of colour in New Zealand faced inequalities at the intersections of ethnicity, class, and sexual or gender identity – often experiencing physical violence that middle-class, white, queer New Zealanders were more likely to be protected from through their class and ethnic privilege. Substantiating Te Awekotuku’s insights, one of

Traies' (2016) participants illustrates the need to remember the "intersectional dimensions of both visibility and prejudice", describing how her partner, while 'invisible' as a lesbian most of the time, suffered prejudice and discrimination from being visible as "Black, and obese" (2016:192). Additionally, whereas many women in Traies' (2016:182) study "occupied a carefully negotiated position somewhere between 'in the closet' and 'out', which they found the most comfortable and emotionally healthy for them", others in her study, especially those lesbian women who were more masculine or 'butch' did not get a choice over their visibility (Traies 2016:189). Indeed, Fredriksen-Goldsen and Kim (2015:476) recommend that any future research into improving survey response patterns in relation to sexual orientation must take into consideration intersectionality.

Another example of census data backfiring is having your identity group's statistics couched in disempowering, deficit-based language. At the end of every interview, I gave participants the option to share some demographic details. One queer participant identified as both Māori and Pākehā New Zealander, but when I asked her what ethnicity she identified as, she said:

Well, I am part Māori. And proud of that. But, I hate that being used as a statistic, because I've been raised very white. And so, I feel like often I don't – especially if it's forms – I tend not to use it because I'm dyslexic, I have issues with alcohol... and I don't want that to be used as a 'Māori' statistic. Because I've not been raised Māori, and so it's just taking a number that's not right. So, it's kind of *proudly* identifying with that, but not wanting it used as a number.

She did not want her dyslexia to be used to fuel the social perception that "...Māoris can't read. It's like, no, I'm *white* where that's concerned. It's all white. Yeah, so it's one I've struggled with a lot when it comes to filling out forms." Upon her request, I counted her in my demographic section in Chapter Two as Pākehā New Zealander only.

Browne (2010) concludes her evaluative analysis on quantitative methodologies by arguing that researchers must focus on both the "normalising impulses" at the state policy level, *and* on the ways in which legitimization can bring positive outcomes. For instance, she points to the possibility that queer understandings of identity (de)construction are finally being heard by people in governmental bodies who, in trying

to count queer identities, are having to hold conversations on the nuances, and messiness of social identities and the role policies play in perpetuating inequalities (Browne 2010).

Browne also reminds readers that “[r]ecognizing the continued privileging of ‘heterosexual’ is key to grasping how creating and ticking the lesbian/gay/bisexual box can be a political act queering what was once, by default, a heterosexual tool with associated citizenship status” (2010:248). With Browne’s last comment and Hacking’s looping-effect in mind, I argue here that lesbian and queer women’s identity assertions in biomedical contexts, as discussed in Chapter Five, are also political acts, continuing to “change the knowledge” of health care authorities, to “adjust what is ‘true’ of them” from the bottom-up (Hacking 2004:290). And, as we have seen, what might be considered ‘true’ varied between participants in this study. I direct the discussion now towards the attempts to challenge heteronormativity within health and age care settings through another avenue, i.e., using cultural competency/safety frameworks for educating health/aged care practitioners about sexual and gender diversity – keeping an eye out for examples of the ‘normalising impulses’ of which Browne (2010) has warned.

### **Cultural Competency: Incorporating queer/rainbow identities**

In general, in the medical/health professions, cultural competency refers to the area of skills health care practitioners must acquire to deliver care that is inclusive and respectful of patients’ diverse cultural backgrounds and differences. According to Baker and Beagan (2014:578), ‘culture’, in cultural competency, broadly encompasses various “minority patient populations” – from those based on ethnicity/race to sexual orientation and gender identity. In the medical context, undergoing cultural competency training means “developing a greater sensitivity to culture in general, and a deeper understanding of particular cultural groups and their values, norms, social practice, health beliefs, and health practices...” (578).

Its proliferation in medical community discourses is evinced by its presence in policy, expressed in various organisations’ “overall vision[s]”, or offered in guidelines for clinical practice “in terms of patient-provider interaction, patient assessment, and clinical environment” (Baker and Beagan 2014:579). Thus, cultural competency has



emerged as one of the key paradigms through which medical and other social service organisations and professionals are being lobbied (by academics, local organisations, and community activists) to address queer populations' health disparities and improve the accessibility of these services for queer people. This is evident in a number of recent articles in the US (Hardacker et al. 2014; Porter and Krinsky 2014; Moone et al. 2014) and in New Zealand. Stevens (2013:8), for instance, reports:

New Zealand's health system needs to develop cultural competency in working with Rainbow communities to help alleviate the effects of minority stress and provide the healthcare that all New Zealand citizens are entitled to.

In New Zealand, terms such as 'Rainbow Competency' or 'Rainbow Cultural Competency' are increasing in use (Ara Taiohi 2018; Stevens 2013).

Several women in this thesis did indeed describe their lesbian identity as like having a distinct kind of culture from 'straight' women. Some participants struggled to articulate exactly what this culture looked like or consisted of. One participant called it "that lesbian connection", but Kasey [50s] captured things best when she described how lesbians just "get it". They get the 'lifestyle' she said, and the need to be 'women-focussed', they get your sense of humour and, most importantly, they get what it's like to be prejudiced against, or seen as 'other'. She recalls one of her straight friends telling her that lesbians "think differently. And she didn't mean it in any kind of offensive way, but we have a different cultural frame of reference – for want of a better word".

Ahmed's (2006) phenomenological delve into the 'orientation' in 'sexual orientation' offers an intriguing starting point for a deeper understanding of how and why a lesbian orientation is experienced as a kind of 'culture'. Straddling both bodily- and socially-constituting aspects of belonging, she explores how 'orientation' shapes our very embodiment. Being lesbian, Ahmed suggests (2006:553), involves having different orientations towards certain 'objects' – both physical and ideal, i.e., "objects of thought, feeling, and judgment, and objects in the sense of aims, aspirations, and objectives". She considers how being orientated through desire towards other women brings feelings of disorientation and a need to *re-orientate* in a social world that is spatially and temporally created for 'heterosexual bodies' (Ahmed 2006:563). Thus, to assert one's sexual orientation as lesbian impacts "what we can do, where we can go, how we are

perceived, and so on” (563), and brings us into contact with others similarly orientated, who have put in the same work “to inhabit a lesbian body; the act of tending toward other women has to be repeated, often in the face of hostility and discrimination, to gather such tendencies into a sustainable form” (Ahmed 2006:564). In such ways, lesbians can feel like they have their own culture in that they follow “different lines of connection, association, and even exchange” (and this is without going into notions of subcultures and class, ethnic and age differences). So much so, Ahmed likens the experience of ‘becoming’ lesbian to entering a new world (2006:564).

The inclusion of sexuality/gender identity under the ‘cultural competency’ umbrella has met with some critique, however. In anthropology, ‘culture’ is understood as both a physically manifesting and socially shared system of meanings and symbols, continually created through engaging with other people; “an ongoing process that influences how people understand and engage in their world” (Baker and Beagan 2014:581). Hence, Baker and Beagan argue that ‘cultural competence’ fails to capture this complexity, the concept suggests health care practitioners can become experts of another’s culture, as if someone’s culture is a static, cohesive and ultimately learnable object (2014:581). They also argue that the term ‘culture’ homogenises the spectrum of identities under the queer umbrella “whose identities are also inflected by race, class, a gender, and ethnicity” (2014:594) – or as Ahmed would put it, multiple ‘social orientations’ (2006:547). This issue has been raised by community-led research from Ara Taiohi (2015:11) who call for “Intersectional Cultural Competency” in the New Zealand support sector for rainbow ‘youth’. The Australian National LGBTI Aged and Aged Care strategy (which I revisit later) also makes sure to highlight the intersectional experiences of this population but call it ‘diversity within diversity’ (Department of Health and Ageing 2012:5).

Earlier, Kumaş-Tan et al. (2007) analysed evaluation criteria or other measures of cultural competency training models in biomedical health care institutions from around the world. They found these measures presented cultural *in*competence as the individual practitioner’s failing to engage with the cultural “Other”. This entailed focusing on a practitioner’s attitudes and exposure to different cultural groups without considering how practitioners actually *applied* their ‘cultural competency’ training in practice (Kumaş-Tan et al. 2007:548). As a result, health care practitioners could finish their education not knowing “how to use such knowledge, or they may not think or

choose to use it in practice, for any number of reasons, possibly including ingrained habits, the expectation to conform to standard health care procedure, time pressures, lack of confidence, or directives from superiors" (Kumaş-Tan et al. 2007:552). Moreover, their findings show how the culture of the practitioner in such models is often 'unmarked' (i.e., presumed 'white', and the cultural norm) while the patient (as the target object of cultural competency practice) is presented as having a static 'Other' culture (Kumaş-Tan et al. 2007).

Baker and Beagan (2014) interviewed 38 'LGBTQ' women (23-73 years of age) about their experiences of health care, and 24 physicians about their experiences treating LGBTQ patients in Halifax and Vancouver, Canada. From their qualitative analysis of these interviews, they found 'cultural competency' training sometimes hindered good care. For instance, despite encompassing sexual-orientation under 'culture', in practice, ethnicity was still thought of as the 'default'. Thus, sexual orientation is still not usually discussed in the clinical setting because it is not seen as relevant to physical understandings of health (Baker and Beagan 2014:580). In fact, they found LGBTQ women's health care practitioners thought it was best practice to remain 'neutral', to *not* use labels or treat their LGBTQ patients any different to their heterosexual ones. They often strove "to avoid making any generalizations based on a patient's social, cultural, or racial differences [...] to not even see these differences at all" (Baker and Beagan 2014:592).

These findings are substantiated by Robertson's (2017) small-scale ethnographic research conducted in a medical school in South Texas, US. Robertson spoke to 11 'LGBQ'-identifying medical professionals (or medical professionals in training) about how their sexual/gender identity impacted both their everyday lives and their medical practice. Like Baker and Beagan (2014), Robertson identifies that even queer-identifying medical practitioners/students found themselves disregarding their own, and their patients' sexual-orientations in the context of care delivery. Robertson (2017) calls this phenomenon the "irrelevance narrative" and illustrates how 'hidden curriculums' in medical training modules instil in health care practitioners a 'heteronormative gaze', *despite* their own queer identities.

Baker and Beagan (2014) discuss the drawbacks of this 'irrelevant narrative' or 'neutral' stance. They argue that 'not seeing' difference ignores "the impact of

generalized social patterns on patients' health, and den[ies] the effects of shared experiences that arise from historical and contemporary power relations" (Baker and Beagan 2014:592). It also reinforces heteronormativity by closing opportunities for learning about what good care means to queer-identifying people, and it does not communicate to these patients that the health care setting is a 'safe place' to disclose one's queer gender or sexual orientation.

Substantiating Baker and Beagan's (2014) critiques is Jo's [70s] quote at the beginning of this chapter, expressing her un-ease at the seeming irrelevance of her lesbian identity when asked by her nurse-assessors if she had any 'cultural requirements'. I asked her to elaborate on what good care would look like, and she explained that health care practitioners and aged care workers tend not to understand *why* Jo 'comes out' to them, wishing they had given her the opportunity to talk about her identity: "they need to be sensitive: well this person *wants* to tell me a bit more, this person doesn't want to tell me, just as *anyone* across the community". If they only asked, they would better understand that for Jo, being lesbian impacted her whole life, her way of thinking, her attitudes – and she simply wanted to be given the opportunity to explain that. "And maybe some people wouldn't be comfortable, but I think [...] we need to be given that opportunity."

Baker and Beagan (2014:586) argue that being neutral also leaves unchallenged the heteronormative assumptions held by individual practitioners, and as participants in this thesis have discovered repeatedly, it puts the onus of education onto patients' shoulders. If health care practitioners do not ask about sexual-orientation or gender diversity, it is a lot harder for people to come out if they want to – for instance, having to be brave enough to interrupt the routine flow of the patient-practitioner encounter. There is a difference between having to continually correct health care practitioners' care delivery or assumptions and being invited to communicate what good or safe care means to you from the outset. The former requires resisting predetermined norms, the latter is a collaborative exchange of knowledge.

As Robertson (2017), Baker and Beagan (2014), and Kumaş-Tan et al. (2007) argue in their respective studies, the issues during patient-practitioner encounters are part of a wider systematic failure to assess the heteronormativity, ethnocentrism and other hegemonic forms of knowledge and oppression (such as structural racism, ageism,

and ableism) found at the structural level of biomedical health care institutions, and wider society. Baker and Beagan (2014) thus offer *cultural humility* as an alternative approach to cultural competence. Having cultural humility as a health care practitioner would involve

understanding [their] own beliefs and assumptions, examining where they come from, and how they contribute to maintaining systems of inequality. This would necessitate recognition of heteronormativity and gender normativity and consciously working to counter the accompanying assumptions, making space to acknowledge and make visible LGBTQ presence in health care.

(Baker and Beagan 2014:595)

In participants' accounts in Chapter Five, their health care practitioners' method of learning cultural competency was learning 'on the job' when participants' social identities did not fit with existing protocols and practices, causing hiccups in care delivery on various levels. Cultural humility, Baker and Beagan (2014:594) suggest, would be centred "not on learning *about*, but learning *with*—through collaborating with LGBTQ patients and asking the right questions".

This is important given that sexual orientation is not always in the foreground of one's sense of identity as it is for Jo, nor is it understood or experienced in the same way by everyone (as related by Traies [2016], and Westwood [2016] in Chapter One). In Chapter Two, Helen [50s] shared how, in her nursing practice, she had come across older women whom she would have assumed to be a lesbian couple, but who did not recognise the term for themselves; they did not conceive their intimate relationships with other woman as an 'identity' but a private, intimate practice. She explained that good care in this instance would be to maintain their discretion, not to name their relationship or insist on calling them lesbian. Contrast this with Rhonda [60s] who told me being a lesbian is part of who you are, and that having this aspect of yourself ignored by others would be like "not putting pictures of your kids up on your wall". Furthermore, while Emma [70s] described to her doctor that being lesbian was *not* a choice, Bella [70s] told me that identifying as lesbian was one of the best choices she has ever made. Other aspects of identity – such as one's ethnicity, or spiritual beliefs – may play a more important role in a patients' understanding of health and good care,

even if they also happened to be lesbian; or all three aspects might be equally important or inseparable. As Stevens writes in the Rainbow Health report commissioned by the Auckland District Health Board:

Some people who use aged care services will wish to do so without ever being public about this aspect of their life, and others will insist that this is a central part of who they are that must be acknowledged and included in their care. Transgender and intersex people may be placed in a position where they have no choice but to be public about this aspect of their lives.

(Stevens 2013:26, reporting on the Auckland LGBTTI Well-Being and Suicide Symposium in 2013)

Thus, cultural humility could be more conducive for learning what is important for *each* patient, creating space for the recognition of intersectional identities, or the multiple ‘cultures’ a person might belong to, in health care settings. As Traies (2016:9) points out, the challenge facing aged care and health providers is to develop a practice that acknowledges the possibility of lesbian and other rainbow identities, and create spaces that allow them to flourish, whether or not they choose to ‘come out’.

## **The Story of Cultural Safety**

It is important to note, however, that these critiques of cultural competency mirror those made previously by Irihapeti Ramsden in the 1980s, leading to the concept of ‘Kawa Whakaruruhau or Cultural Safety’ (Ramsden 1996). In fact, although Ramsden is not cited by Baker and Beagan (2014) the similarity between cultural humility and Cultural Safety was so striking that I decided to investigate the intellectual lineage of their 2014 paper. It was not long until Ramsden’s influence on their thinking became apparent. For instance, Baker and Beagan (2014:581) cite Laurence J. Kirmayer, who discusses cultural competency training and a cultural safety ethos in Psychiatry. In turn, Kirmayer (2013:366) draws on Brascoupé and Waters’ (2009:6) article on the applications of New Zealand’s Cultural Safety model in Canada, and its potential for improving the health of “Aboriginal people and the wellness of Aboriginal communities”.

Indeed, since Cultural Safety stemmed from the growing recognition in the late 20th century of the detrimental effects British rule had (and continues to have) on Māori people's health – not least through structural racism and poverty (Ramsden 2015) – it is no wonder that her work resonates in Canada, which also experienced colonisation by the British. Colonialism replaced the “holistic Polynesian model of health” with a Western-European reductionist health model, and many Māori people were deterred from accessing medical health care by a combination of factors including financial barriers and distrust, stemming from racist attitudes of many Pākehā health care practitioners at the time (Ramsden 1996: 9-10; Papps and Ramsden 1996). There was also a push in the 1980s to recruit and retain Māori nurses (Nursing Council of New Zealand 2011:6), many of whom experienced racism from their Pākehā colleagues (Way 1996:12). As Ramsden (2000:8) reflects, “[r]acism is part of the framework of every society” and it is important that nurses learn how to recognise it on a structural level both within nursing environments and the wider world. Given the power dynamics at play here, and the danger of Ramsden's (hard-won) contribution to this field becoming erased in recent international literature, I take a moment here to acknowledge the story of Cultural Safety's origins before detailing its key principles and relevance to this study.

The creation of Cultural Safety was, Ramsden (2000) describes, a collective endeavour; she worked with many Māori nurses, students, educators and researchers in a series of hui (meetings/gatherings) and discussions in the late 1980s, including Hui Waimanawa in 1988<sup>32</sup>. As Bellamy and Gott assert (2013:27), Cultural Safety has since become a nationally recognised health and social care framework in New Zealand, “fundamental to philosophies of care for over three decades now.” In 1992, Cultural Safety was made a formal requirement in nursing and midwifery education courses throughout New Zealand by the Nursing Council of New Zealand (Papps and Ramsden 1996:492). Appointed to the Department of Education in 1987, Ramsden was integral to this process, drawing on her anthropological education, nurse training, and teaching

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<sup>32</sup> It was a Māori first-year nursing student from Christchurch Polytechnic who came up with the term ‘Cultural Safety’. During the hui she rose and said, “You people talk about legal safety, ethical safety, safety in clinical practice and a safe knowledge base, but what about Cultural Safety?” (in Ramsden 2002:1). The name ‘Kawa Whakaruruhau’ was gifted later by Irihapeti Ramsden's grandfather Te Uri o Te Pani Manawatu Te Ra (Ramsden 2000:4) and supported by her whānau (family/extended family) and kaumātua (elders) from her hapū (sub-tribe).

experience, to "help co-ordinate curriculum development and course content in all the polytechnics at a national level" (Ramsden 2015:12). It is important to note here the legislation that enabled this process. Firstly, the Nurses Act of 1977 gave the NCNZ the authority to set and monitor nursing and midwifery standards for the competent care of New Zealand's public (Papps and Ramsden 1996:491). Secondly, the "Treaty of Waitangi Act 1975 and its 1985 amendment requires statutory bodies and government departments to conduct their activities in a manner consistent with the Treaty" (Papps and Ramsden 1996:492). This amendment had important consequences, including clearing the way for a Standing Committee on Māori Health 1987 to recommend that "the Treaty of Waitangi be regarded as a foundation for good health" (Ramsden 2015:10).

The Treaty – of which there were two versions, one written in English, the other in te reo Māori – was first signed in 1840 by Māori iwi (tribe) leaders and the British colonisers and "guarantee[d] that the indigenous people (the tangata whenua) would have certain rights" (Papps and Ramsden 1996:491). This included guaranteeing "...Māori the same rights and privileges as British subjects enjoyed in 1840" (Ramsden 2015:7). Amid ongoing controversy and debate over "the meanings and interpretation of the different texts in Māori and in English", the New Zealand government eventually recognised the Treaty of Waitangi as the country's founding document. One of the goals of government, in its commitment to the Treaty, is to improve the status of Māori health. To this day Crown entities/agencies are expected to demonstrate their observance of the principles of the Treaty. This can be seen, for example, in the MoH developing He Korowai Oranga (the Māori Health Strategy) to "achieve the best health outcomes for Māori" (Ministry of Health 2018) and the Nursing Council, who clearly lay out their obligations both to explicitly address Māori Health, and to the Treaty in their Guidelines (Nursing Council of New Zealand 2011).

Despite the Treaty, much of an ill-informed (Pākehā) New Zealand public resisted the implementation of Cultural Safety. After the first cohort of nursing students were assessed on Cultural Safety in 1992, there was an adverse, strongly conservative reaction to the new curriculum, which played out on (if it was not incited by) national media (Papps and Ramsden 1996:494). Papps and Ramsden offer some examples and a critical analysis of the media furore (1996:491), but suffice it to say, doubts were raised



“in the minds of the public and politicians about the quality of nursing education and the role of the NCNZ in ensuring appropriate standards in nursing education pre-registration courses”. So much so, in 1995 the New Zealand Parliament felt it necessary to prepare a Select Committee to investigate the nursing curriculum’s Cultural Safety module (Papps and Ramsden 1996:491). NCNZ was “called to account”, but amid the controversy the Council conducted an independent review of the curriculum across the 15 polytechnics teaching Cultural Safety at the time and provided the Select Committee with their findings (Papps and Ramsden 1996:495). In general, their report reflected the value of Cultural Safety in Nursing education and the inquiry was eventually called off. Media interest faded, Ramsden notes wryly, once professional support was expressed (Ramsden 2000:7).

During her teaching, Ramsden had been frustrated by the nursing curriculum, which presented ‘culture’ through the lens of multiculturalism and transcultural nursing practices (Ramsden 2015). Transcultural nursing (a model developed by American nurse Madeleine Leininger in the early 1990s) implied “that to work effectively with clients of other cultures it is necessary to include ethnospecific knowledge” (Papps and Ramsden 1996:495). Ramsden explains that, in a New Zealand context with the Treaty of Waitangi, to teach non-Māori nurses to become experts on Māori language (te reo) and practices/customs (tikanga) would be “an extension of the colonial process since the tangata whenua [indigenous people] often do not have that information”, given the colonial stymieing of Māori cultural expression during the height of colonisation – such as the suppression of the Māori language in schools around the early 1900s’ (Papps and Ramsden 1996:494; Higgins and Keane 2013).

Multiculturalism and Transcultural Nursing also portrayed the notion of culture as demarcating the ‘exotic other’, which encouraged the equation of ‘culture’ to ‘ethnicity’, and a ‘cultural checklist’ approach to nursing where “heavily stereotyped cultures were able to be predicted by nurses leading to insight on the part of the nurse and conformity and compliance on the part of the patient...” (Ramsden 2015:10). So, from the beginning, Ramsden and supporting contemporaries urged a reconceptualisation:

The term culture is used in its broadest sense within the concept of cultural safety and incorporates many elements, such as a particular way of

living in the world, attitudes, behaviours, links and relationships with others. The nursing literature in New Zealand does not confine cultural values to the concept of ethnicity.

(Papps and Ramsden 1996:493)

Both Multiculturalism and Transcultural Nursing were substantiated by the legacy of Florence Nightingale in nursing ideology, which was imported to New Zealand by the British (Papps and Ramsden 1996; Richardson and MacGibbon 2010:57). Thus, Ramsden wanted to shift the discourse in nursing education away from the "Florence Nightingale oath, which stated that people should be nursed 'regardless' of colour or creed" towards a new ideal: "to care for people '*regardful*' of those things which make them unique" (Papps and Ramsden 1996:493, my emphasis). This idea is echoed in Baker and Beagan's (2014), Kumaş-Tan et al.'s (2007) and Robertson's (2017) critiques of health care practitioner neutrality, and irrelevance narratives.

Ramsden argues that the dyadic practitioner-patient interaction is always a bicultural encounter, i.e., that of the patient and the practitioner, reminding the nurse that they were never neutral but brought their own worldviews, "assumptions and stereotypical attitudes" to the nursing interaction, which could impact their care delivery and jeopardise the safety of their patients (Papps and Ramsden 1996:493). Thus, it was vital to teach nurses about the history of New Zealand's colonisation by the British and the ongoing impact this has on Māori people so that nurses would "not...blame the victims of historical and social processes for their current plight" (Papps and Ramsden 1996:493). In this way, Cultural Safety specifically draws attention to the need for nurses to undergo a process of cultural defamiliarization, based on the underlying assertion that: "[a] nurse who can understand his or her own culture and the theory of power relations can be culturally safe in any context" (Nursing Council of New Zealand 2011:7).

The nurse delivering the nursing service will have undertaken a process of reflection on his or her own cultural identity and will recognise the impact that his or her personal culture has on his or her professional practice. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and well being of an individual.

(Nursing Council of New Zealand 2011:7)

Thus, alongside its consciousness-raising ethos, it is Cultural Safety's broad understanding of 'culture', and emphasis on empowering the patient that makes it relevant for lesbian and queer women in aged care. Indeed, the most recent definition of culture within the NCNZ (2011:7) guidelines for Cultural Safety is as follows:

Culture includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability.

By this definition then, Cultural Safety education of nursing staff should, ideally, prepare them to address the fears and care needs of lesbian and queer women in this study. It is an ideal pathway for teaching those who traditionally hold "the power to define norms" (Ramsden 2002:116) about heteronormativity, and the history of oppression and medicalisation of homosexuality, bisexuality and gender diverse people. But, as participants (in recent encounters with health care practitioners, or through observations of rest homes); academics (Neville et al. 2015:75); and community/non-governmental advocacy groups (Stevens 2013; Ara Taiohi 2015) observe, this is not happening as much as it should. Although participants in this study were not living in long term residential facilities, their varying expressions of fear, or avid dislike of these institutions suggests they perceive them as 'culturally unsafe' spaces.

With this in mind, the following section discusses some of the challenges in making both health and aged care facilities culturally safe for lesbian and queer identities, and by implication, for all people "who have difference to protect from the powerful" (Ramsden 2000:10). I start with Ramsden's main concern over the translation of Cultural Safety into institutional practice.

## **Applications and Challenges**

One of the key challenges Ramsden was met with (after the public backlash) was protecting the social justice ethos of Cultural Safety amid other popular terms circulating the medical professions in the 90s and early 2000s. In New Zealand both 'cultural competency' and 'cultural safety' are used, sometimes interchangeably, which can cause some confusion. Take for instance, the Rainbow Health report, (Stevens 2013) which uses not only "culturally safe", and "cultural competency" but "culturally sensitive", and "culturally appropriate" as well, without explaining the differences

between them. In contrast, Ramsden's thesis (2002:117) carefully differentiated Cultural Safety from 'cultural awareness' (being able to recognise difference) and 'cultural sensitivity' (understanding "the legitimacy of difference" and beginning a process of self-reflection), stating that these terms were "not interchangeable". Rather, cultural awareness and cultural sensitivity are set out as "a step-wise progression" towards Cultural Safety, where patients are ultimately supported to define what a "safe service" means to them (Ramsden 2002:117).

Early on, in an address at the Australia and New Zealand Boards and Council Conference, Mason Durie (2001:2) pointed to what he saw as an important difference between the two: "cultural safety centres on the experience of the patient, or client, while cultural competence focuses on the capacity of the health worker to improve health status by integrating culture into the clinical context." He suggests that an over-arching aim for cultural competence, should be "to maximise gains from a health intervention where the parties are from different cultures" (Durie 2001:2). In the same paper, Durie offers an explanation as to why, unlike the NCNZ, the Medical Council<sup>33</sup> of New Zealand decided to go with 'cultural competence' over cultural safety. In short, after the public backlash, Cultural Safety was associated with a discourse of 'Political Correctness gone mad' (Durie 2001:2). Thus, Durie proposed reconceptualising cultural competence through a medical framework to ensure that it is "clearly based on health objectives rather than political imperatives" because "the more cultural competence is perceived as a non-medical issue, the less it is likely to be integrated into practice" (Durie 2001:13).

Not long after Durie's presentation, the Health Practitioners Competence Act 2003 was passed, which required "regulatory authorities to 'set standards of clinical competence, cultural competence, and ethical conduct to be observed by health practitioners of the profession'", (s 188 (i) of the Act 2003, in Vernon and Papps 2015:52). However, this may have created more confusion as it does *not* provide a clear definition of cultural competence (Vernon and Papps 2015:58). As a result, "each regulatory authority in New Zealand has interpreted this in a different way and each has developed its own guidelines and/or statements about cultural competence" (Vernon and Papps 2015:58). For instance, some health institutions define cultural

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<sup>33</sup> The regulatory body overseeing the registration of doctors in New Zealand.

competency in a way that mirrors Cultural Safety (e.g., the Occupational Therapy Board of New Zealand); others use 'cultural competency' to *assess* Cultural Safety (e.g., the NCNZ); and others define 'cultural competency' in their own words, revealing a mixture of both Transcultural Nursing and Cultural Safety ideology (such as the Physiotherapy Board and the Medical Council of New Zealand) (Vernon and Papps 2015:59).

This has played a large part in why Ramsden's careful work, informed by personal experience, critical theory, feminism, neo-colonial and emancipatory educational theory continues to risk being subsumed by multiculturalist ideology. Below I detail further obstacles to Cultural Safety, this time from the position of the Registered Nurse.

### Health care services

Care delivery is impacted by forces outside of any nurse's control, such as conflicting demands with other forms of biomedical training and discourses, and tensions between Cultural Safety principles and other ethical orientations within institutions (Richardson and MacGibbon 2010:61). For instance, Richardson and MacGibbon (2010:64) argue that "cultural safety currently operates at the margins of other more powerful discourses, and that the ability of nurses to change the power relationships within hospital settings is tenuous". Their findings are based on data from Richardson's doctoral thesis on *Cultural Safety in Nursing Education and Practice in Aotearoa New Zealand*, where she interviewed 16 registered nurses on how they applied Cultural Safety in everyday practice. One such competing discourse (already mentioned by Ramsden) is the "Florence Nightingale discourse", which values discipline, order, "environmental control, and the primacy of medical knowledge" (Richardson and MacGibbon 2010:56). According to the nurses interviewed, going against the grain to deliver culturally safe care could "bring downfall, reprimand or labelling" (58), thus the authors argue that biomedical discourses still prioritise "the knowledge of the medical staff, and left little time for nurses to create relationship with those in their care" (Richardson and MacGibbon 2010:61).

Rosenfeld and Gallagher (2002) identify another discursive biomedical practice that may challenge a nurse's Cultural Safety ethos, i.e. 'life coursing'. Life coursing

describes the way in which medical health care practitioners are trained to interpret patients “qualities, actions, and states by reference to their location in the life course” – a life course that is predominantly Western European/American, and heteronormative (2002:363). Put another way, life coursing is

a sense-making activity which categorizes others' actions by comparing them to the idealized and practical actions of others in the same "point" in the life course, and by interpreting them by reference to the typified future their life course location indicates.

(Rosenfeld and Gallagher 2002:364)

Life coursing behaviour is also practiced in everyday life outside of medical institutions, such as “the person who declares a teenager’s extreme political position to be a function of her immaturity”, or “the elderly person increasing her activity [who is] seen as flying in the face of the ‘natural’ tendency of elders to ‘slow down’” (Rosenfeld and Gallagher 2002:365). In clinical contexts, the practice of life coursing is complemented by the ways in which medical research tends “to examine the medical experiences of children, middle-aged adults, and elders separately...” (Rosenfeld and Gallagher 2002:384). While this allows for richer detail on the needs of each age group physiologically speaking, the downside is that a patient’s generic age group (and associated cultural assumptions attached to this) is a central focus, hiding important variations in social and historical experiences and backgrounds (2002:384). Medical practitioners’ focus on women’s reproductive health (as discussed in Chapter Five), and assumptions of decreased sexual activity in older women post-menopause, for instance, can also be connected to ‘life coursing’ practices. Such examples illustrate just how much a woman’s experience of ageing and the life course can be shaped by subtle and not-so-subtle processes of medicalisation – and how a culturally safe care ethic is hampered by ingrained biomedical perspectives of the ‘normative’, gendered, life course.

Another obstacle to practicing Cultural Safety as a nurse is the wider climate of the institution and problems at the managerial or governance levels. As Richardson and MacGibbon point out, time restraints and a low nurse-patient ratio can pressure nurses to adopt a mechanical approach to their practice (2010). Recalling Jo’s [70s] experience in the Dunedin Hospital, it is important to note that the nurse’s inability to create a culturally safe interaction with Jo may have been heightened by systemic factors such

as low funding, and a high workload. Dunedin Hospital, at least, has suffered from lack of funding at multiple levels; the board members and the chairman of the Southern District Health Board were sacked on the 17th of June 2015 due to financial mismanagement. According to one report, the predicted deficits for the following year exceeded \$30 million (Telfer 2015). In the most recent New Zealand Nurses Organisation (NZNO) biennial employment survey of its nursing membership, of which 739 nurses responded, a decrease in nursing morale was reported: “along with specific concerns about staffing levels, workload and pay, and a loss of confidence in health sector leadership” (Walker 2017:6).

Participants in this study were not blind to these systemic issues. For instance, five participants mentioned they would not trust the public health system in New Zealand to deliver good care in older age because it was perpetually short of staff, time, and facilities in addition to being heteronormative. “No, I only trust one person; myself. I have to look after myself”, said Moya [70s]. She believed the National government (who was serving its third consecutive term in government at the time of interview) was underfunding the public health system: “I mean, of course there's loads of good people in the community, nurses and medics and everything are good people, but the [National] government is not.” Sarah [40s] linked a perceived instability of the public health system to Western biomedicine’s epistemological grounding – “you cannot create a thing of beauty and wholeness, out of something that is broken and tired. And I think it's broken and tired.” She felt “the focus is all wrong. It's just the way we do medicine... it's... you know, you present, you diagnose, you fix that.” To her, she explained, “health is not wellness” and hospitals in New Zealand focus only on health – they treat the ‘obvious things’ and “don't have much to do with wellness, if they did, you'd have nice food. Wholesome, nourishing. You'd have yoga, and mindfulness, and all sorts of things; not the chapel! [Laughs]. You know?” And when it comes to Cultural Safety (as defined by the NCNZ) being practiced in residential aged care, there are yet more obstacles to consider.

### Residential aged care

Currently, the older demographic of Aotearoa New Zealand is predominantly ‘European’, but in the years to come this is expected to change “with the number of

people aged over 65 years set to increase in all ethnic groups”, as well as a higher ethnic diversity in general “due to a slow population growth for the ‘European or Other’ group and high levels of natural increase and migration for other ethnic groups” (Stats NZ 2017b: n.p.) Moreover, as noted by Neville et al. (2015), New Zealand’s ageing population will likely see an increase of queer citizens in aged care as well. Thus, the need to ensure Cultural Safety is effectively practiced in the aged care sector is becoming increasingly important. Yet, because of how aged care facilities are run in New Zealand, this is easier said than done.

Like New Zealand in general, the aged care sector has been shaped by neoliberal ideologies at a governance level. To understand the complications, I turn to Woods, Phibbs and Severinsen’s (2017) recent article on the state of New Zealand’s aged residential care (ARC), which suggests that the socio-political tensions surrounding aged care in this country leaves no room for a general ethic of care, let alone Cultural Safety, to flourish. Drawing on various reports on the aged care sector in New Zealand (since the political reform of the welfare state during the 1980s), Woods et al. (2017) paint a grim picture.

Like Richardson and MacGibbon (2010), Woods et al. (2017:371) acknowledge that a local aged care institution’s “overall ethical climate” is linked to “wider regulatory and market climates” and with the introduction of neoliberalism during the Rogernomics<sup>34</sup> era, there was a shift from “small-scale private, or large non-profit ARC providers” towards “corporate, ‘for-profit’ facilities” (2017:367). This involved “privatisation, deregulation, decentralisation and cuts to social and health spending”, ultimately contracting out aged care services on the basis that this would improve efficiency, accountability and increase choice for consumers of aged care (Woods et al. 2017: 370, 372). During the certification of ARC providers in 2002, previous legislative requirements (including “minimum staff-resident ratios and regulations”) were removed (Woods et al. 2017:372). This means that each ARC provider can set their own staff-resident ratio, and although auditing procedures are in place “the majority of care staff (i.e. around 90 percent) is unregulated” (2017:372). As Neville et al. (2015:74) explain, this means that aged care workers or health care assistants (who make up about

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<sup>34</sup> The name given to the neoliberal economic reform in New Zealand, named after the Prime Minister at the time, Roger Douglas, in the 1980s.



53 percent of the ARC workforce in New Zealand) *do not have to undergo the same Cultural Safety training as Registered Nurses do*, nor are they covered by the same legislation.

In the guidelines provided by the NCNZ they suggest that to be deemed ‘culturally competent’, a nurse must “practice in a manner that the health consumer determines as being *culturally safe*, and to demonstrate ability to apply the principles of the Treaty of Waitangi/Te Tiriti O Waitangi to nursing practice” (Nursing Council of New Zealand 2011:4, my emphasis). Nurses working in different sectors however, are also meant to work under other legislation frameworks, including the ‘Code of Health & Disability Services Consumers Rights 1996’ and the ‘Health & Disability Services Standards 2008<sup>35</sup>’, which gives aged care residents the right to live in a “culturally safe environment” (Neville et al. 2015; Clendon 2011:2).

Yet as Neville et al. (2015) note, in practice, Cultural Safety does not seem to be working when it comes to caring for queer residents. What is more, Registered Nurses in the ARC sector have the *added* responsibility of overseeing aged-care workers, and although the latter “are the group who provide the majority of care to older people” it is the Registered Nurses who are tasked with ensuring the care delivered to residents is ‘culturally safe’ (Neville et al. 2015: 74,75). A major shortfall in assigning Registered Nurses this duty, is that under a high workload and restrictive time pressures, it is unlikely that monitoring care workers’ Cultural Safety practices will be a priority. And as recent news articles by the New Zealand Herald (2018a) and INsite Magazine (2018) suggest, the aged care sector is currently in ‘crisis’. Simon Wallace, the CEO of the New Zealand Age Care Association, is quoted as saying that August 2018 “hit a record 10 per cent vacancies...with 500 out of nearly 5000 registered nursing positions empty. That has accelerated and is simply not sustainable” (New Zealand Herald 2018a).

Responsibility for rest home auditing and certification lie with the Ministry of Health (MoH), who use Designated Auditing Agencies (DAA) to carry out their audits. District Health Boards (DHBs) are also required by law to monitor the ARC facilities they have contracts with (Controller and Auditor-General 2009:5,6). In 2009, the Controller and Auditor-General (2009:5), reported that, although the MoH is starting to identify areas in need of improvement and how to address certification problems,

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<sup>35</sup> The NZS 8134.0:2008 Health and Disability Services (General) Standards, definition of cultural safety is in fact very similar to that of the Nursing Council of New Zealand (Standards New Zealand 2008: see page 30).

overall, DAA auditing “has been inconsistent and sometimes of poor quality”. Discouragingly, 65 percent of DHBs in New Zealand at the time thought the certification process was unreliable (2009:7).

Audits of rest homes can never eliminate the risk of poor care. Audits can only establish whether, at a particular point in time, rest homes have the systems and processes in place to minimise that risk.

(Controller and Auditor-General 2009:5)

A follow up report by the Controller and Auditor General noted the MoH had made improvements over the three years to the quality of the auditing and certification processes. However, “the effect that these improvements have had on the quality of care delivered to rest home residents is less certain” (Controller and Auditor General 2012:33).

In general, Woods et al. (2017:375) critique this method of governmentality, suggesting that distanced, “bureaucratic surveillance and control of service providers” does not adequately assess the everyday quality of care. They assert that standardised audits and spot-checks encourage conformity and “an implied punitive threat” (375), which (again) focuses on *individual* accountability rather than systemic failure; and “[a]n ethic of care cannot thrive where individuals working in rest homes are blamed for situations often the result of several factors, many outside their control, or in a climate where the aims of a for-profit business and the aims of a care-based service cannot be reconciled” (Woods et al. 2017:377). In 2011, the Controller and Auditor General turned her attention to ‘home-based support services for older people’ and found them to be adequate, with no apparent “widespread problems” (Controller and Auditor-General 2011:3). She is cautious of this outcome, however, due to the lack of a “mandatory standard for home-support service providers” pointing out that “DHBs do not have a consistent and robust approach to managing quality” (Controller and Auditor-General 2011: 3).

Thus, the quality of Cultural Safety praxis in the aged care sector (as experienced by particular cultural groups) is unlikely to be addressed/measured directly in the ARC auditing processes (unless a specific complaint is made through the appropriate channels). An alternative approach could be, as Cramer et al. (2015) suggest, ensuring organisational staff of aged care providers understand the concept of Cultural Safety,

and take leadership in demonstrating the organisations' commitment to its key tenets. In this way, “[o]rganisational leadership can provide the bridge between staff education and the delivery of culturally safe services” (Crameri et al. 2015:24).

An example of a local, non-governmental initiative taking cultural competency/safety matters into their own hands is the New Zealand Silver Rainbow Programme. Currently directed by Julie Watson (under the Rainbow Services branch of Kāhui Tū Kaha), the programme builds off the Silver Rainbow Resource Kit produced by the School of Nursing at Auckland University (The University of Auckland 2014). The initial research group was led by Dr. Garry Bellamy (INsite Magazine 2014) and their Resource Kit was made freely available online in 2013, followed by hard copies in 2014, allowing aged care practitioners and/or managers to access the resource for free:

This kit will help staff manage bullying and clarifies that it is their responsibility to ensure that if they witness this behaviour they must take action to ensure vulnerable residents are protected and allowed to live free from discrimination” [project manager Claire Mooney] says.

(The University of Auckland 2013)

The Kit includes “a printed sample of the education resources and a DVD with ... two training scenario case studies that can be picked up by the care home educators and utilised according to their training schedules” (INsite Magazine 2014). The original research was funded by the Rule Foundation (a charitable trust in New Zealand supporting LGBTI wellbeing and visibility), which gave around \$60,000 to the project over four years (Park 2015). Originally, the Resource Kit only focused on educating aged care workers on the experiences/circumstances of older lesbian, bisexual and gay people in New Zealand. According to two participants who followed its development, the CEO of Affinity Services offered to take up the Silver Rainbow project and hold workshops nation-wide as there was concern that the implementation of the Resource Kit relied solely on the initiative of individuals in the aged care sector, and that the Kit could easily just sit in someone’s drawer, forgotten.

Since then, Julie Watson has developed the content covered in the Silver Rainbow programme by adding the stories, experiences, and concerns of older intersex, and transgender people to the education material. For instance, she explains how

intersex and transgender people may enter a rest home worried about intimate bodily care because of the adverse reactions aged care workers might have if they come across genitalia that they are not expecting, and/or are neither normatively 'male' or 'female'. This is a fear shared by transgender participants in Siverskog's (2015) research in Sweden. As Siverskog (2015:14) explains, when receiving aged care "it is not always possible to choose who will be in one's home or close to one's body", and Julie wants aged care workers to be able to recognise that care recipients who are transgender or intersex, "probably had a lifetime of hard stuff, and maybe they need a little bit [of] extra tenderness...".

When I interviewed Julie in early 2017, she had been running the revised programme for less than a year. The programme consists now of two parts, and once a facility has completed them both, they are awarded with the 'Silver Rainbow Seal'. Upon receiving the Seal, they can use the logo in their marketing on websites such as Eldernet.co.nz, or AgedAdvisor.co.nz, websites which provide comparative information on aged residential care facilities and retirement villages. The first part of the programme involves a three-hour interactive workshop which covers the considerations aged care workers should make when caring for queer residents. This involves watching two DVDs where volunteers who identify as lesbian, gay, bi, transgender, queer and intersex, introduce themselves and discuss their fears of entering aged care. Julie also encourages discussions around various important topics:

**Julie:** So, first of all, they have to know about the whole spectrum of the rainbow. They have to know what intersex is. I have had so many people, trained medical practitioners, say, "I've never heard of that term." A woman who managed a large [aged care] institution told me that she googled [intersex] after I'd spoken with her about coming. [...] The concept of being gender-neutral, [or] gender queer... that just does not enter peoples' minds at all. [...] They can't understand it, and its way more threatening to people than anything else. They just don't get it. And so, to be an elderly person in that place... [shudders].

The second part is a needs-analysis in terms of how to be a 'rainbow-friendly' space, which involves "a stock-take" of a facility. This can include reviewing their

policies (ensuring rainbow identities are recognised/discussed on a policy level), assessing rainbow representation in the facilities' advertising material and websites, and "taking a tour of their facility" to see if they have rainbow 'cultural material'. For instance, "What do the pictures on the wall look like? [...]What's in their lending library, what films do they show? Is there any signalling to say to rainbow people, 'We welcome you here, we know about you?'" As Watson explained to me, following the original Kit, she uses a cultural safety discourse to frame her workshop content (how explicitly this follows Ramsden's original Cultural Safety ethos was not discussed).

Yet getting the 'people at the top' to take responsibility for Cultural Safety is easier said than done. As Julie Watson disclosed, the uptake of Silver Rainbow trainings by ARC providers is not as high as she had hoped; privately owned aged care facilities are under no obligation to participate in the Silver Rainbow workshops, and upon contacting various facilities nation-wide, she has met with disinterest. In 2016 the Dunedin branch of Age Concern was very engaged with the idea and offered to host an information workshop for Julie Watson. However, despite several people saying they would attend, no one turned up. "See, Dunedin is the same as anywhere, they have a lot of aged care facilities run by chains [...], but they're not interested; they have their own educator. I've had them say things to me like: 'We never pay for education', or 'My sister's a lesbian, we don't need this education'". Watson expressed doubt that these facilities' in-house educators would have the depth of knowledge or experience required for 'rainbow competency' training. Certainly, when Ramsden (2000) was developing Cultural Safety, she was insistent that those who taught the curriculum would be appropriately qualified to do so.

Australia is also improving aged care services specifically for 'LGBTI' citizens, but unlike in New Zealand so far, their government has actively lent its support. The Australian Department of Health and Ageing released a 'National LGBTI Ageing and Aged Care Strategy' in 2012 (National LGBTI Health Alliance 2017b), amending the Australian Aged Care Act 1997 "to afford older LGBTI people 'special needs group' status" (Cramer et al. 2015:21). This strategy also led to Australia's own Silver Rainbow project, run by an NGO called the National LGBTI Health Alliance (the Alliance), and funded by the Australian Government Department of Health (National LGBTI Health Alliance 2017a). Like Julie Watson, they provide training on sexuality and gender diversity in the aged care sector and advocate for the well-being of older

LGBTI citizens (National LGBTI Health Alliance 2017a). The Australian Silver Rainbow negotiated with the New Zealand group to use the same name, and according to the Alliance, “a Memorandum of Understanding between the Alliance and Silver Rainbow NZ” was created, clarifying a shared commitment to “work together for the advancement of the interests of older LGBTI people...” (National LGBTI Health Alliance 2015).

## Going Forward

In reflection, I argue along with Ara Taiohi (2015) that the progress made by queer advocacy groups, and individual patient-to-practitioner knowledge exchange in everyday health encounters, can only go so far. Joining Neville et al. (2015), I believe that to create a Culturally Safe environment for ‘rainbow’ residents in existing aged care facilities, changes at an institutional level need to occur – especially concerning the regulation of privately-owned residential care facilities. As indicated by Neville et al. (2015), and Richardson and MacGibbon (2010), registered nurses in aged care should not be the only ones trained in Cultural Safety. Rather, *every* staff member (from care-worker to managerial staff) should be exposed to the same processes of critical self-reflection outlined by Ramsden, along with an examination of the intersectional power relationships at play in their institution (Ramsden 2002, cited in Richardson and MacGibbon 2010). How to work towards such change is the next question. New Zealand has multiple, interested stakeholders, community-led organisations, and academics already working in this area who would more than likely be willing to collaborate with the government to work towards something similar to the National LGBTI Ageing and Aged Care Strategy in Australia.

Encouragingly, under the new Labour-led coalition government, opportunities to make a difference in this area are close at hand. On the 6<sup>th</sup> of April 2018, the government announced it was planning on creating a new Positive Ageing Strategy. In the document calling for public submissions, they finally acknowledge that people with diverse sexual orientations and gender diversity have been an overlooked demographic (Office for Seniors 2018:19)<sup>36</sup>. Having the new Positive Ageing Strategy acknowledge

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<sup>36</sup> As of November 2019 (after the submission of this thesis) the government released Better Later Life (The Office for Seniors 2019), which supersedes the Positive Ageing Strategy (Dalziel 2001). For the first time,

'rainbow' groups will be a significant step in the right direction, but it would be strengthened if accompanied by a dedication towards making the aged care sector 'Culturally Safe'<sup>37</sup>. New Zealand clearly has a comprehensive pedagogy developed through nursing education – Cultural Safety – that could be better supported to improve the quality of aged care for all cultural groups. Cramer et al. (2015) has already recognised the adaptability of NCNZ's (2011) Cultural Safety 'framework' for improving aged care experiences and accessibility for older LGBTI people in Australia, outlining some direct applications.

As this thesis has shown so far, however, it is important that the Positive Ageing strategy acknowledges the intersectional nature of oppression as well. Indeed, it is important to consider Hughes (2006), Baker and Beagan (2014) and Traies' (2016) contention that simply 'adding' identity groups to be addressed under a generic umbrella of cultural competency/safety is an inadequate response to eliminating health inequalities in health and aged care. For one, it "ignores the ways that power relations and social divisions interact to affect the lives of individuals" and in doing so, hides other forms of difference (Traies 2016:14). Anthropologist Mark Graham (2014:14) cautions queer theorists against 'complicity' with neoliberalism in this regard, as "liberal capitalism ... is relatively sympathetic to the demands for recognition and inclusion in identity politics." He encourages training a critical eye on the "political and economic contexts" within which queer advocacy occurs. Ultimately, health and aged care services need to acknowledge "collective difference and the legacy of [a cultural group's] history while retaining this focus on the individuality of experience" (Traies 2016:235).

These concerns resonate with Ramsden's apprehension that Cultural Safety was vulnerable to re-definition and thus dilution of its social justice ethos and the reasons why it was needed in the first place (especially after the media controversy in New Zealand in the early 90s): "My observation has been that the position of cultural safety

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gender and sexuality is mentioned in an ageing-focused strategy under the umbrella of 'diversity'. Under the larger goal of "Enhancing opportunities for participation and social connection" it lists the importance of "Recognising and responding to diversity" including "cultural, sexual and language differences" (The Office for Seniors 2019:34; 41). However, the HAS (Associate Minister of Health 2016) has not yet been updated, and alongside the New Zealand Disability Strategy 2016, they are still the primary documents for "...set[ting] the health priorities for people as they age" in New Zealand (The Office for Seniors 2019:28).

<sup>37</sup> The Better Later Life Strategy does not specifically address 'Cultural Safety', it lists the need for "Culturally appropriate" services (and housing, see pg.33 of the strategy) for Kaumātua and other "cultural groups" (The Office for Seniors 2019:29).

is constantly being redefined to meet educational rather than service needs" (Ramsden 2000:11). She was worried that Cultural Safety would become amalgamated with a generic understanding of cultural awareness, diversity, competency and sensitivity, which tend towards multiculturalist interpretations and attitudes to culture once more (Ramsden 2000; 2002). So much so, she called for a separate paper on Māori Health to be available in the nursing education curriculum to cover education on the Treaty, and colonialism's impact on Māori health specifically (Ramsden 2000:9).

Nevertheless, Cultural Safety, as Ramsden envisioned it, is well-suited for acknowledging interlocking systems of oppression and plural identities. This is due to its broad understanding of culture, and its framing of every patient-practitioner encounter as a bicultural, dyadic relationship. The emphasis is not on the care giver anticipating the needs of their patient but listening to what matters to each individual and letting the patient define what safe care is for them, decreasing the tendency to homogenise various 'other' cultural groups. Furthermore, it cannot be divorced from its original motivation – health inequities experienced by Māori since colonisation – and thus lends a strong platform for reminding health and aged care providers of their obligations to the Treaty. As Stevens (2013:15) summarises in the Rainbow Health report:

The intersections of ethnicity, gender and sexuality are complex, especially when the effects of colonisation are added. Through breaches of the Treaty of Waitangi by the State, tangata takatāpui [takatāpui people] have lost a world that viewed them as part of the normal range of human expression, a world and a culture that had an established and respected place for them.

Identifying and addressing the specific public health needs of tangata takatāpui is a duty of the Government in fulfilment of its Treaty obligations, especially in line with Article Three, guaranteeing the same rights and privileges to Māori as to British subjects.

As I have argued, this is becoming increasingly important given the growing diversity of New Zealand's ageing population, something the new government recognises (Office for Seniors 2018). However, it is important that advocacy groups who wish to work with the government towards better health or aged care services on behalf of any marginalised group in New Zealand (and internationally) not make casual use of the



term Cultural Safety, and if they do adopt the term they should take heed of its historical context and the ethos of its originators under the leadership of Irihapeti Ramsden.

An important link can be made between Ramsden's insistence that care recipients be empowered to define what Culturally Safe care means to them, and participants' expressions in Chapter Three when they spoke of *how* knowledge is shared, which is highly important if we are to learn from each other about ageing, old age, and the life course. Participants were blurring the lines between knowledge and care – indeed, what happens if we view knowledge sharing as an act of care in itself, or 'caring as relating' as María Puig de la Bellacasa (2012) suggests? The following chapters take these ideas further, connecting participants' impressions and insights on ageing and old age with the formative literature of this thesis.

## Chapter Seven:

### Timeful selves

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**Kasey [50s]:** I'm content, but I'm aware that, you know, the majority of my life has been lived now [...]. So, ageing for me has been a blessing because I think, the person I am now, it would have taken 'til now to get to that point, and I think the next 20 years, if I have them, will be good.

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This discussion chapter brings lesbian and queer women's anticipations, impressions, and reflections on ageing – shared predominantly in Chapters Three to Five – into engagement with the formative literature and general themes of this thesis. I found this task exceptionally difficult given that each chapter seemed a story unto its own. Nevertheless, one thread that has run through all the chapters is knowledge-exchange, both across and within generations. My attention was caught by the way some participants, as expressed in Chapter Three, resisted the idea that older women should be seen as figures of guidance and rejected describing their accumulated knowledge as 'wisdom'. They nudged my analytic focus away from the content of their knowledge and more towards *how* knowledge is transferred (through sharing – not telling). A fruitful question arising from this is, what happens when knowledge-sharing is viewed through the lens of care, or vice versa?

I thus open the discussion by exploring the creative and empowering potential of knowledge-sharing on ageing and the life course between women (of all sexualities) with a focus on embodiment. Drawing on feminist voices in the literature, I argue that encouraging conversations on ageing experiences (while maintaining a 'three body' framework of embodiment from the phenomenological, the social and the political) can

reveal local conceptualisations of ageing and old age that fill the spaces between the two, more familiar discourses reported in the literature: the medicalised, deficit-based narratives of decline, and the focus on successful/active/positive ageing narratives (Lamb 2014; Sandberg 2008:118). As previous results- and analysis-focused chapters have shown, participants engaged with both these prevalent discourses, but also drew on richly emotional and temporal understandings of ageing, which often undermined a strictly linear conceptualisation of the life course.

I also critically discuss the advantages and disadvantages of ‘flexibility,’ a much-touted quality of the older self in postmodernity. This leads me towards re-visiting notions of embodiment, recognising that the ‘ageless self’ as discussed by Kaufman (1981, 1986) is but *one* example of how lesbian and queer women in this study conceptualised their ageing experiences. With the aid of Lawrence Cohen (1998), Kevin McHugh (2000), and Julia Twigg (2004), I problematise the foregrounding of the ageless self as the most valued source of meaning in later life. To conclude, inspired by Cultural Safety and its message of being ‘regardful’ of people’s many differences (Papps and Ramsden 1996), I suggest a way to frame the study of ageing embodiments that does not displace the value of ‘oldfulness’.

### **Sharing Women’s Knowledge of Ageing and Old Age**

Building on the work of cultural critics in the 1990s who highlighted the cultural construction of the ageing experience, Twigg writes that “[d]ominant culture teaches us to feel bad about aging and to start this early, reading our bodies anxiously for signs of decay and decline” (61). Propped up by the authoritative voice of biomedicine, such decline narratives can muffle the conversations that frame ageing in a different light, reducing the possible meanings we come to associate with the ageing body. Twigg (2004:61) argues that “the aged body in the past was not isolated and meaningless but linked to larger cosmological systems of thought and symbolism. Modern biomedicine allows no such complex readings.” Thus, under a biomedical framework, the body is seen as the root of all the ‘problems’ of older age and leaves no room for discussion about how “state policy or social inequality” plays a role in health disparities across populations throughout the life course, and ultimately older age (Twigg 2004:61; Cruikshank 2013:182). Thus, drawing from the work of Agee (2000), Cruikshank (2013;

2008) and Twigg (2004), I contend that women sharing first-hand, or subjective knowledge of ageing and the ageing body – both within *and* cross-generationally – is important for retaining alternative discourses vis-à-vis authoritative, medicalising discourses on women’s ageing bodies.

Both Twigg (2004) and Cruikshank (2013) recall that despite patriarchal and capitalist values underlying gendered forms of ageism (i.e. the devaluing of women in ‘Western’ societies once deemed no longer desirable, or capable of re/production), Western-European feminists were slow to include older women and women’s ageing experiences in their scholarship. Both authors suggest this was due, in part, to their history of resisting the authoritative epistemology of biological determinism. As Cruikshank puts it: "aging indisputably changes bodies, and we in women's studies have not wanted to locate too much meaning in bodies. If anatomy is not destiny, neither should biology be destiny" (2013:186-187). Twigg (2000:60) explains that both feminists and social gerontologists have been ‘reluctant’ to engage in writing of the physicality of the older, ageing body since both schools of thought fought hard to highlight the socially constructed elements of gender and old age respectively. Hence, to return to the body and phenomenological experiences of ageing in both fields can be considered 'regressive', after breaking away from "the territory of biological determinism and the narrative of decline" (Twigg 2004:60).

The majority of participants described themselves as feminists, but as presented in Chapter Four, when it came specifically to knowledge of ageing bodies, or sharing embodied insights into older age, they were divided in their perspectives. Some women believed it should be a responsibility, or simply wished they had the opportunity, to share with younger people what ageing felt like as they approached their 50s and beyond, with some wishing they had been given a ‘heads-up’ before going through these later decades themselves. Likewise, Cruikshank (2013:185-186) believes we need to “demystify women ageing”, and when teaching on the topic at the University of Southern Maine (US) she describes arriving to class

...wearing shorts and a tank top so that I can comment in some detail about what happens to aging bodies. Students pay rapt attention as I display a beginning dowager’s hump, flesh falling away from upper arms, and age spots. Some students look embarrassed when I mention thinning pubic hair.

[...] While I take seriously students' fears of aging, I want gently to help them detach from fear by showing them a body neither trim nor athletic that is fine.

Cruikshank's feminist standpoint and care ethic steers her towards discussion of her own bodily changes with her students, in a bid to remove the fear and stigma of ageing bodies for younger women. In contrast, some participants – I could sense in their interview – found the topic depressing or embarrassing and steered the interview away from their bodies. Sometimes participants felt older people should not burden the young with these descriptions or stories, that everyone will have to 'suss things out' for themselves. As Sarah [40s] insisted, the ageing process will be different for everyone and she would not want to provide a sort of 'false' template. Given the subject of my research topic, however, and the age at which I started (25), it should come as no surprise that I find myself agreeing with those participants wanting to share their ageing knowledge. Especially since there are many market-driven institutions that would not hesitate to fill the popular imagination on what ageing should look like.

Personally, I found participants' descriptions of ageing helped lessen my own fears of ageing – especially since participants did not talk about the physicalities of ageing in isolation (although, there is the possibility they were protecting me from, or did not want to tell me about, some of their larger concerns). They sometimes tied stories of loss with stories of gain in other areas of life, with Ricky [50s] and Liz [70s] feeling a sense of pride in their age – their visible signs of ageing a mark of survival, of having earned every wrinkle or white hair. For some, visible signs of age led to a new fondness or sense of connection towards others of their generation, and felt changes in the ageing body could lead towards feeling empathetic with those older than themselves. Some lesbian and queer women described ageing in a holistic manner, revealing how bodily changes could alter their temporal orientations in life, leading to new sources of pleasure, empathy and self-knowledge. Still others took delight in continuing their life-long resistance to gender norms into older age, relishing the surprise on peoples' faces when they refused to act the 'little old lady', or the little old *heterosexual* lady. In saying all this, I do not want to diminish the very real heart break, suffering, and sense of grief that comes with ageing too, but I do want to emphasise that decline and growth need not be mutually exclusive.

In any case, encouraging people to talk about bodily changes that come with age is important – allowing space to share feelings of loss or uncertainty with others going through similar changes can be helpful, to know that you are not alone in these experiences. As Cruikshank argues, “[d]iscussing physical changes should be a normal part of self-care for women as they age” (2013:202), yet these conversations can be difficult. Citing Barbara Hillyer, Cruikshank observes that there is so much shame and stigma surrounding women’s older bodies that little has been written in detail on the physical changes experienced by women, and in this silence, the older female body becomes “an unspeakable subject or at least beneath notice” (1998:53 in Cruikshank 2013:202). And when older women *do* talk of their failing bodies, or the trials of ageing, they are perceived to be ‘whining’, or depressing (Cruikshank 2013:202). This is not helped by the fact that successful/productive/positive ageing discourses decentres or ignores the ageing body. Against this backdrop, “[a]n old woman who honestly describes her bodily experience rebels against the expectations that she be cheerful” (Cruikshank 2013:202).

There is thus a need to create spaces where it is okay to discuss the older body alongside other aspects of embodiment, including sexuality, desire or sex. Just as Jo (in Chapter Four) poignantly discussed the limitations of not having a language to describe her sexuality or the sexual feelings relating to her body, perhaps we are just as limited in (the English) language for describing phenomenological experiences of ageing bodies. Jo [70s] asked me if my generation knows more about the whole lifespan and ‘how it might be’ in the context of sexuality and, although I knew a lot of expected changes for women my own age, and even a little of middle age, part of the reason I undertook this research was exactly because I wanted to know about later life and “how it might be” for me. The interviews gave me an excuse to ask other women (not related to me) about what felt like a taboo subject<sup>38</sup> – more so than asking after someone’s age. When reading over participants’ transcripts, I remember how the creative language used by some women to describe their phenomenological experiences (like Rhonda’s ‘crinkle and drag’) seemed to jump out from the page, and wished I had asked more women

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<sup>38</sup> Sexuality and desire in older age was also considered an inappropriate subject to discuss by some participants in Jones’ (2002) research entitled, *That’s very rude, I shouldn’t be telling you that* (2002).

about how, and when, they talked about their ageing bodies outside of the semi-structured interview.

When it came to knowledge transmission about ageing intergenerationally, participants described mostly *watching* older relatives (or older friends) grow older, learning about ageing tacitly. As noted in Chapters Three and Four, lesbian and queer women recalled little comments their grandmothers or mothers would make, alluding to their experience of old age, but they did not mention engaging with them on the topic. In a sense, they observed their relatives ‘talking old’ but did not have conversations about how to navigate one’s ‘arrival’ at old. That is, they do not recall their relatives describing their knowledge of bodily changes, or how to navigate the medicalisation of women’s ageing bodies, for instance (Agee 2000). Sam [60s] for one, shared her frustration at not having been told what to expect in old age, and several others mentioned turning instead to friends or relatives of similar age to talk about their experiences – expressing a predominantly configurative style of knowledge exchange rather than postfigurative<sup>39</sup>.

Turning to each other about ageing experiences was sometimes necessary given a few participants had become estranged from their families since coming out, or were now older than their parents had been upon their death. On that note, Catherine Bateson (2013:31) suggests that because of ageing populations, increased longevity in post-industrial societies, and fast rates of social change, life may be so different between generations that it makes it difficult to find role models for how to ‘be’ in older age. Some participants worked in the aged care or end-of-life sector, and gained in-depth knowledge of ageing through their professions, but these contexts are also infused with medicalising discourses on ageing bodies. Indeed, one participant, who worked in medical education, defined ageing as “health ability”, that is “whether you’re able to be mentally healthy or physically healthy, that’s what age is.”

Interestingly, only four women in this study mentioned menopause in their discussions of ageing (and only one in detail), which is why I did not engage with the strong body of writing on this topic in medical anthropology (see Lock and Kaufert 2001, for example). I make an exception here with Agee’s (2000:74) work because of

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<sup>39</sup> However, this is only in reference to face-to-face conversations, as during the interview I did not ask if they conducted their own research about ageing, e.g., from written accounts by older women in the past.

her interest in participants' thoughts on the role of intergenerational knowledge transfer in shaping their perceptions of menopause, and thus their use of hormone replacement therapy or HRT. Based in a southern US state, Agee interviewed 70 working- and middle-class women – 35 of which were African American, and 35 Euro-American. In short, Agee (2000) found that African American women in her sample were more likely than Euro-American women to speak of their mothers' or other, older, female role models' knowledge (including 'fictive kin' from a larger network of women in their community) of menopause as empowering, helpful for navigating its challenges, and for contesting the authority of biomedical discourses over their bodies (73). This did not always involve direct communication, however, with 20 percent of African American women first learning of menopause tacitly, watching older women fan themselves at church, for instance (Agee 2000:81). Combined with their own research (consulting physicians, reading, and talking to female friends and other women they knew) many "chose to draw on their mothers' and grandmothers' lessons to deal with physiological changes during menopause instead of relying on HRT" (2000:80).

Agee's European American, middle-class respondents were undecided in their attitude towards HRTs, lamenting that a "lack of role models – women who had demanding careers during menopause – made them feel more dependent on biomedicine in deciding how to respond to changes associated with menopause" (Agee 2000:85). They felt their mothers and other female relatives had neglected to discuss the effects menopause could have on the body, and about a third of these participants "...expressed disappointment that their mothers had not provided them with examples of ways to exercise power in response to the discrimination they were beginning to face as older women" (Agee 2000:79). Agee notes that several of her participants suggested their mothers' generation were hesitant about talking of the ageing, female body because a patriarchal society had deemed this inappropriate (2000:85). Thus, Agee theorises that the unease middle-class Euro-American women expressed in taking HRTs came from two conflicting epistemologies: the 1970s feminist movement in the United States, which taught them to be critical of how "biomedical practices and models pathologize women's bodies" (2000:88); and their lived experiences, where they are highly aware of the social power a youthful appearance affords women in contemporary American society – something HRT offers to help maintain (2000:89).



Things were different for the working-class group of Euro-American women. Unlike their middle-class contemporaries, they did not think they were very different to their mothers, and both mothers and daughters were interested in trying estrogen. Agee (2000:89) theorises that these respondents' initial interest in HRT may be attributed to mothers teaching daughters that an upward social-mobility involved engaging with biomedicine. In other words, there is a pressure to come across as a respectable, responsible citizen by practicing self-care and using the available services. "Those who do not use these services are, according to the voice of respectability, stupid, lazy, and irresponsible – precisely the qualities seen as causing poverty itself" (Tsing 1990:294, in Agee 2000:89).

Overall, Agee suggests African American participants felt less conflicted about ignoring doctor's recommendations of taking estrogen than middle-class, Euro-American women were, because, as their narratives imply, "...even mothers who did not talk to their daughters directly about menopause informed them of ways in which they could exercise power independent of biomedical knowledge", through reflecting qualities of strength and resilience in an oppressive, white, patriarchal society (2000:83). Moreover, respondents pointed out that "their collective history as African American women shaped important aspects of their contemporary identity as well as their interactions with the health care system" (2000:80). Agee explains that cultural memories of mistreatment by American biomedical institutions in the past – such as forced hysterectomies on African American women (Agee 2000:89) – has fostered a highly critical stance towards biomedicine in the United States; they "...give it less control in their lives compared with women who have traditionally benefited from its technologies" (Rayna Rapp 1990, in Agee 2000:83). Agee does not mean to suggest that Euro-American women are less empowered than African American women during menopause, rather that the women in her study have walked very different paths towards a sense of agency in their use of HRTs, pointing to the "...varying options women have in exercising power and how these options have been shaped by gender, race, and class" (2000:90).

Turning to narratives shared by lesbian and queer women in this study, nearly all held cultural memories (some more recent than others) of the medicalisation of their

sexuality<sup>40</sup> rather than their endocrinology. This was sometimes through personal experience of being treated as mentally unwell (like Holly in Chapter Five) or, like Emma [70s] during the 50s and 60s, aware of young girls like her being classed as sexual delinquents, and the threat of being sent to a mental institution. Several participants in Chapter Five certainly expressed the courage to point out heteronormative practices in clinical encounters, educating (or asking for better treatment from) health care practitioners. Despite this, participants were not always so critical when it came to the medicalisation of ageing bodies, or ‘old age’ as such. Women across the age groups engaged in a language of loss, dependency, and frailty with phrases that chimed with the narrative of decline such as: “not being active at all”, “physical deterioration”, “bodies fail”, “loss of ability”, “poor health”. One exception was Michelle [40s] who thought that all these aspects could be experienced at any age due to a disability or ill-health “you could be 30 and be the same as well, so yeah [...] I don’t equate old with inability or illness”.

As I mentioned in Chapter Three, scholars engaged in ageing policy across OECD nations sought to counter ageism and decline narratives by encouraging ‘successful ageing’ (Lamb 2014; Cruikshank 2013). In the same chapter, several participants engaged readily with the successful ageing paradigm, particularly through descriptions of older role models who were very active – “*still*” doing this, or “*still*” doing that, valuing continuity. A notable exception was Pleasance [60s], who in Chapter Five described older role models who were preparing to *leave* the world, shifting the focus from old age per se, to how to have a good death. The pervasiveness, and combined effect of ‘successful ageing’ and ‘ageing as decline’ narratives, is such that people continue to use ‘old’ or ‘old woman’ for implying incapacity and limitation despite their knowledge of women in later life who do not fit this stereotype. Detached from chronological age, ‘old’ is used to describe people who are not, as Rhonda [60s] explained, “living to their full potential”, or are “limited” in some way: “Because I’ve met some really old 20-year-olds. And you just go, oh my God [...] you’re such an old woman! And they are! And yet, I’ve met some 85-year-olds who are not old in that way at all.” For Jan [60s], the gendered stereotype of the ‘little old lady’ is so against

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<sup>40</sup> In this discussion, I do not wish to equate or search for parallels between experiencing racially-based oppression with that based on sexual-orientation. Rather, my purpose here is to highlight the importance of knowledge transmission that takes place outside of a biomedical framework, which tends to medicalise so many aspects of a woman’s life course.

everything she values that she works hard to distance herself from it. For instance, I had asked her if she noticed people treating her differently as she got older, to which she replied “No, because I haven’t gotten older. That’s the problem. And, I think they might *think* I’m older because I’ve got grey hair and few wrinkles.”

Slevin and Mowery (2012) note a similar tendency in their exploration of embodiment experiences for nine lesbians and ten gay men aged 60-85 (who are predominantly ‘white’ and financially secure)<sup>41</sup>. In their analysis, they found participants held contradictory feelings about age and ageing, but that predominantly, “...our interviewees have internalized negative notions about old age found in broader culture” (Slevin and Mowery 2012:270). They associated “attractiveness” with “youthful standards that emphasise being active and involved”, implying that being old entailed ‘inactivity’ and ‘dullness’ (Slevin and Mowery 2012:270). As a result, they often ‘coped’ with their ageing bodies through acts of distancing themselves from the concept of old – such as avoiding other older people and associating with younger people instead – and through disciplinary action such as exercising, dieting or cosmetic surgery (Slevin and Mowery 2012:269, 270). Their participants were drawn to notions of ‘active ageing’ and according to income, would pay for different disciplinary measures to retain youthful appearances (Slevin and Mowery 2012:274).

In a contradictory manner, while ‘old’ is detached from chronological age, people also seem to push the age at which a ‘*real*’ old age begins further back chronologically (Bateson 2013), rather than redefining what ‘old’ means<sup>42</sup>. As Barbara [70s] described it, she does not see herself as ‘old’ yet, adding: “[w]hen I get to 90, maybe I’ll have to think about being old [laughs].” Reflecting on this phenomenon, Cruikshank (2008:149) finds it strange that ‘old’ as an identity has not been widely reconceptualised as “fluid, changing, and indeterminate” like the categories of sexuality and gender in the general move away from identity politics in postmodernity. As I showed in Chapter Four, some participants *did* describe more fluid concepts of age in practice, describing an agentive, temporal self, ‘moving in and out of ages.’ Especially when discussing emotions and feeling young, or old, or anywhere in between. So why has this not

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<sup>41</sup> They did not specify a location in this chapter.

<sup>42</sup> This insight was inspired by Vered Amit (2011) who discusses a social phenomenon whereby notions of ‘adulthood’ and all its associated ‘signposts’ are being pushed further back chronologically and the stage of youth extended, rather than redefining what it means to be an adult.

‘caught on’, why do the more conservative notions of ‘old’ persist, reserved for later, and later age?

Bateson (2013:21) suggests this is a pattern particular to industrialised societies, where longevity has increased by at least a generation. Being a fairly recent phenomenon, Bateson suggests that peoples’ “expectations and attitudes, including those of today’s seniors, have not [...] kept up with these changes” so the concept of old age and all the stereotypes attached has remained, despite very different social and physical circumstances being experienced in later life (Bateson 2013:28). Beth [60s] made a comment to this effect, worried that age care facilities in Dunedin were not keeping up with generational changes. She wondered if she would end up in a rest home that still played music from the 1920s. “I grew up with music from the 60s and 70s and so, are they going to play Rock ‘n’ Roll when I’m there? [...] It’s just something that I kind of laugh about with my friends. Like...you know, the rest home doesn’t change, but the people that are there change all the time! But, what they do with them still stays the same. It’s like Bellbrook Home<sup>43</sup> got stuck in this [...] little groove.”

Cruikshank (2008:149) provides several other reasons why ‘old’ *seems* fixed in popular imagination – despite covering people anywhere between 65 to 100 years of age. One reason is that people are highly aware of the stigma associated with old age and thus retaining the word ‘old’ helps to distance an ‘us’ from ‘them’ (Cruikshank 2008:149). Is old “far more relevant to the not-old than to those whose chronological age is thought to mean a great deal?” she asks (Cruikshank 2008:150). Another reason being that “gerontologists and service providers” need ‘old’ to exist in order to continue their profession (Cruikshank 2008:149). That is not to say gerontologists have not acknowledged this pushing back of when ‘old’ begins. In fact, gerontologists use certain qualifiers to differentiate between a ‘deep old age’, the ‘old-old’, sometimes called the “Fourth Age” and an earlier time, the “Third Age”, characterised by the ‘young-old’ who have the physical, social, and economic capital to engage in positive, active, or successful ageing practices (Twigg 2004; Gilleard and Higgs 1998). The transition between the Third and Fourth age is marked by a qualitative shift in experience, usually through “the onset of serious infirmity” where the body “dominates subjective experience, to the extent that it swamps all other factors in determining matters like

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<sup>43</sup> Pseudonym

morale and wellbeing” (Bateson 2013; Twigg 2004:64). This often precipitates entering an aged care facility and is reflected in the way policymakers also tend to “...construct the old in terms of these bodily deficits and their consequences for public expenditure” (Twigg 2004:64). Bateson (2013) suggests calling the stage of life between Adulthood and Old age, ‘Adulthood II’, where an ‘active’ rather than a ‘sedentary’ wisdom is practiced, seeing it as a stage of “growth rather than decline” (34). While this offers a more empowering alternative to the decline narrative (for those actually able to make the most of this new life stage), preserving the word ‘old’ for the ‘fourth age’ alone does nothing to challenge the stigma associated with ‘old age’ and crystallises ‘successful ageing’ discourse into a new stage of adulthood available only to some. Before I end my discussion about why sharing women’s knowledge of ageing is an important avenue to pursue, I turn to scholars who further problematise the ‘successful ageing’ discourse and the notion of flexibility.

### **Successful and Flexible**

While Cruikshank asks why conservative representations of ‘old’ have not been reconceptualised as a more fluid concept – others are hesitant about finding recourse in a rhetoric of fluid or flexible ageing selves. Sandberg (2008) argues that notions of flexible selves sit just a little too well with successful ageing discourse. ‘Successful’ ageing bodies are ultimately ‘flexible’ bodies, she observes, the ones who “manage to come out as “successful retirees” after disruptions such as retirement but also after bodily ‘failures’ such as illness” (Sandberg 2008:130). Likewise, Halberstam (2005) argues that flexibility is now “one of our new taken-for-granted virtues for persons and their bodies” at any age, an embodied characteristic reflecting a kind of cosmopolitan elitism (Martin 1995: xvii, and Ong 1999, cited in Halberstam 2005:18). In making these observations, both scholars engage with medical anthropologist Emily Martin’s work on “Flexible Bodies”. Martin’s extensive academic work on the cultural values embedded in Western biomedicine reveals the “emergence of a systems model of the body and of the ‘fit’ individual” (Kirschner and Martin 1999:247-248). As Martin explains, the open systems model is based on the interpretation of the body in biomedicine as an ‘open’ or permeable entity, which constantly adjusts to environmental stressors and the “external entities and forces coming into it” (Kirschner

and Martin 1999:260). When the body is conceptualised as having ‘open borders’ “...all these formerly extraneous things seem to be part of what you have to take account of when you’re thinking about health or when you’re thinking about what the immune system is and does” (Kirschner and Martin 1999:260).

In the tradition of medical anthropology and embodiment theories, Martin asserts that the social world is often interpreted through metaphors of the body, and vice-versa, thus “[t]his [systems] model, which places a premium on flexibility and adaptability, parallels and is deeply interlocked with our late capitalist economic system of flexible accumulation” (Kirschner and Martin 1999:248). In fact, a connection could be made between Emily Martin’s open systems model and the way notions of the ‘life course’ have become popularised not only in gerontology (acknowledging the ways health disparities in later life is a reflection of a life time of external forces, creating cumulative disadvantages) but in the way state policies – like New Zealand’s Health Strategy, are adopting “a life-course approach” towards health – acknowledging that a lifetime’s worth of exposure to various “factors” needs to be taken into account when understanding “a person’s health, independence, and wellbeing” (Minister of Health 2016: 4).

Additionally, when reading literature concerning lesbian and women’s experiences of ageing and how to encourage, improve or achieve a ‘good’ or ‘positive’ wellbeing in later life, a language of flexibility is used through words like ‘cope’, ‘adjust’ and ‘acceptance’. There is a subtext in such writing, which suggests that rigidity, or being un-willing to change, will create disjunction, or a dissonance with negative outcomes for one’s wellbeing in older age. For instance, McHugh and Interligi (2015) emphasise “acceptance” for older women:

A path toward positive aging may involve finding a sense of agency and authenticity. Positive aging means feeling good about oneself and how one is participating in life. It means fostering a sense of acceptance about the process of aging and not feeling limited about that process. An appropriate approach to aging might be rooted in the central tenets of Tornstam’s (2005) theory of gerotranscendence, which suggests that older adults accept themselves and their position in life. They may become interested and participate in activities that are qualitatively different from those in which

they engaged during middle adulthood or earlier developmental periods.

(McHugh and Interligi 2015:110-111)

This implies that to achieve wellbeing one must have a flexible attitude as an ‘older’ person. To ‘age well’ you need to be able to adjust your values, and sense of personhood to changing bodily capacities and environments. This talk of adjustment and acceptance of one’s lot in relation to age creates some tension.

On the one hand, I cannot disagree that we need to be able to adapt to life’s twists and turns and adjust to the realities of ageing. Participants themselves demonstrated this very ability in Chapter Four, adjusting to changing temporal orientations and bodily capacities. Earlier anthropological writing on ageing from Clark (1967) and Kaufman (1981) substantiate this perspective, suggesting those who maintain wellbeing in old age are those who can adjust their values and expectations of themselves over time to what they are realistically capable of achieving and experiencing. Kaufman views this as a continuity of a human capacity to adapt to what life throws at us on a day to day basis, i.e., older people “deal with specific problems, changes and disabilities as they arise, just as they have been doing throughout their lives, and they interpret these changes ... in the light of already established themes” (1981:83). As Liz [70s] reflected, she found all the “thinking” and “adjusting” she had to do in the early stages of ‘coming out’ helped her decide how she wanted to be in the world, including as an “aged lesbian”. Moreover, a language of flexibility challenges the long-held stereotype that older people cannot change – evident in colloquial expressions like, “you can’t teach an old dog new tricks”.

On the other hand, an overemphasis on flexibility and acceptance leans uncomfortably close to encouraging acquiescence and creates a space for conflating the *socially constructed* understandings of old age with the physical or biological. As Cruikshank points out, “infirmities” are interpreted differently across different cultures (2008:151) and, as Koopman-Boyden (1993:13) writes, adjustment theories of ageing “have often carried the dangerous assumption that total adjustment of individual and societal level is desirable in all circumstances”. She paraphrases Coleman (1990 in Koopman-Boyden 1993:13) who argues “some conditions are intolerable and deserve protest”, recalling Dylan Thomas’s poem where he encourages his father to ‘not go gently into that good night’, but ‘rage, rage against the dying of the light’. Feelings of

discontent can be productive; groups of older activists illustrate how people in older age can and do fight for what they value, motivated through feeling upset or frustrated at their own situations, or from observing the experiences of older relatives and friends.

Sandberg (2008) also reminds us of power relationships at play in the creation of seniors/older people as subjects of governance – a process impacted by the political economy. There is a concern that idealising the ‘flexible citizen’ or the ‘flexible self’ aligns itself well with neoliberal individualism and the devaluing of the welfare state. In other words, encouraging independent, robust-yet-flexible citizens who can cope with whatever life throws at them, gives states room to wriggle out of responsibility to provide security and stability (Kirschner and Martin 1999). If flexibility is part of the successful ageing paradigm, we need to ask who can *afford* to be flexible and “...avoid becoming a failed older person?” (Sandberg 2008:134). Just as those who need welfare earlier in the life course are stigmatised and cast as ‘irresponsible’, so too are people who cannot afford to age ‘well’ (Lamb 2014). This leads to another important area of literature: scholarship highlighting the confluence between consumerism, the medicalisation of ageing, successful ageing discourse, and sexuality.

Lamb (2014), Sandberg (2008) and Bedor (2016) reiterate that not everyone can access the health care, cosmetic surgery, and other kinds of anti-ageing technologies and products that enable citizens to maintain successful performativity in the realm of gender, age, and sexuality. For example, Sandberg (2008:134) states, “Viagra as a product of postmodernity and late capitalism...occur[s] as a tool to shape these flexible bodies...making possible repetition of able-bodiedness and desired heterosexuality in old age.” Bedor (2016) substantiates this perspective, writing of the advertising campaign of the drug ‘Osphena’ in the US. Osphena is being marketed directly to potential consumers as a drug designed to ‘cure’ “vaginal atrophy and dyspareunia”, i.e., painful intercourse due to changes in the vaginal lining (e.g. drying), often described as a ‘symptom’ of menopause (Bedor 2016:38). Bedor writes of a growing corporate interest in the US, encouraging people to expand active ageing or successful ageing discourses into the realm of sex and intimacy as there is a profit to be made from the sexualization of women (and men) at increasingly older ages.

All in all, if highlighting the importance of flexibility in studies of ageing, we should be critical about who we are being flexible for, and whose ideals we are being



adjusted towards. Are some citizens required to be more flexible than others? Will lesbian and queer women and other cultural minorities have to be 'flexible' in rest homes as they negotiate homophobic attitudes, or racism? Is it always the health care recipients who are expected to be flexible and not the aged or health care providers at large? As Ramsden (1996:10) commented during the implementation of Cultural Safety in the nursing curriculum, the "[health] service has not been designed to fit the people, the people have been required to fit the service." In saying this, Halberstam (2005:21, citing Pile 1997:30) reminds us not to create a "...binary division of flexibility or rigidity" because we can be resistant to both qualities, and *be* both at different times. People have agency, making decisions on what they will or will not accept, where they should or should not compromise.

In fact, one of the key benefits of sharing women's knowledge of ageing from different walks of life, is understanding the different forms of resistance and agency occurring in the face of biomedicine's medicalisation of women's bodies, with its emphasis on reproduction (Cruikshank 2013; Agee 2000). Participants shared many stories in Chapter Four of their performative resistance to others' perceptions of them as older women. I enjoyed these stories, guilty perhaps of what Cruikshank (2013) warns against – projecting onto older women what I myself wish to see, to "take the sting out of aging" (194). As I mentioned in Chapter Four, this can lead to marginalising those who do not show such obvious resistance.

Even as qualitative researchers are encouraged to focus on direct acts of resistance and counter-narratives to gendered ageism, it is also helpful to identify how dominant ageing discourses can be appropriated, or re-orientated; changing the underlying ethic of existing ageing discourse by applying the language a little differently. In Chapter Three for instance, participants shared tales of empowering encounters between women from different generations, and their efforts to pass on lesbian and queer history and material culture for future generations. In doing so, participants transformed successful ageing discourse from an individualist, neoliberal endeavour, towards successfully maintaining political commitments for individual *and* collective futures. In the same manner, remaining 'active', becomes remaining '*politically* active', and 'ageing independently' (for some feminist and lesbian women) becomes 'ageing independently *from men*', with help from each other.

Recall, however, that participants in this thesis were living outside of aged care facilities and were not (bar one) receiving in-home aged care at the time of interview. As Gilleard and Higgs (1998) posit, levels of agency change over time, and in later life, are often limited to those still in the 'third age'. Moreover, even the type of agency expressed can be constructed by the very systems of power people wish to contend with. Gilleard and Higgs (1998:236) write of the relationship between patients and health providers in the UK being shaped by a discourse of consumerism; health and social care providers are portrayed as competitors in a market, patients are transformed into customers. As such, healthcare discourses increasingly refer to (and in the process construct) "the 'users' voice", and advocates for older people, researchers, and social policy initiatives, seek to bolster older citizens' agency through helping them become "more effective consumers" (Gilleard and Higgs 1998:236). Examples of this consumer-based agency are easily found in relation to the aged care sector in New Zealand, evinced through websites such as Agedadvisor.nz, which help the aged consumer or their (non-professional) caregivers make comparisons between aged care facilities using a star rating system. Another example is the strategy employed by the Silver Rainbow programme described in Chapter Six, offering aged care providers (who undergo Julie Watson's training) a Silver Rainbow Seal. This practice not only guides older LGBTQ+ individuals and their families in their choice of aged care facilities but encourages the Aged Care providers to view their Seal as providing a competitive advantage in an expanding market.

Coming back to differences in agency, one of Gilleard and Higgs' critiques of this consumer discourse is that, for it to work as intended, both health care providers and their patients need to be "socialised by the same rhetoric"; a patient must act the part of an agentive 'consumer' (1998:243). But, what happens if the patient in question cannot express their agency, to embody a 'consumer sovereignty' (Gilleard and Higgs 1998)? Generally speaking, while successful "third agers" may be able practice their consumer agency, the authors argue that "the fourth ager" is often unable to practice this user's voice due to various factors – like dementia, for example (Gilleard and Higgs 1998:244). Gilleard and Higgs are highly critical of what takes place when the individual consumer's voice is absent:

The failure of the consumer to exhibit any obvious characteristics of agency creates a dissonance for the provider, limiting his or her ability to act

as if the patient did. The consequence is either a shallow tokenism of consultation or a cynical disregard for the values that such a perspective is meant to engender.

(Gilleard and Higgs 1998:243-244)

In Chapter Five, participants like Jo [70s] and Alice [70s] expressed awareness of this process – worried about what would happen if they lost the clarity of mind to practice this voice – the ability to express their ‘consumer rights’, so to speak. This is the point at which cultural competency, and/or cultural safety policies can either make a real difference, or falter. The generalised cultural competency/safety discourse complements consumer sovereignty by creating a formally recognised rhetoric which health advocates, patients and their carers (from nurses to members of a patient’s support network) can utilise to create a more personalised care delivery. Things are not so straightforward, however, if patients cannot communicate clearly. They can become vulnerable once more to the embedded cultural norms of the institution they are in, they get lost “in the system” (Richardson and MacGibbon 2010:59). As discussed in the previous chapter, it is often down to the individual health care practitioner, the individual nurse or health care assistant, to practice culturally safe care as best they can in settings where predominant discourses tend to “privilege routines above cultural care and personal preference” (Richardson and MacGibbon 2010:59).

Gilleard and Higgs (1998) do add a note of optimism; although the rise of the ‘user’s voice’ in healthcare is a product of an individualistic political economy and a problematic “marketing of services” (245), even the “pretence of a voice” can actually make a difference (247). For instance, they argue that third agers with their “purchasing strategies can have iconic value in setting future agendas across the spectrum of care. This is the possibility of a third age voice being used for a fourth age constituency” (Gilleard and Higgs 1998:247). Certainly, LGBTQ+ baby boomers in New Zealand are wanting ‘safe’ or ‘competent’ aged care before they themselves become fourth agers – and they have already made a significant difference over the last ten years or so – the existence of the Silver Rainbow programme in New Zealand is testimony to that. In Auckland, all the lesbian and queer women I interviewed who were advocating for change where they could (having been involved with the Lesbian Elders Village or Silver Rainbow) were in their 50s through to their 70s, or as Gilleard and Higgs would call them – third agers.

As Bella [70s] related, when she attended a rainbow conference in Auckland several years ago, she stood up and expressed her concerns about aged care, ending with the plea: “Don’t force me back in the closet!” By drawing on the ‘coming out of the closet’ metaphor, Bella demonstrates that, although scholars have critiqued the metaphor (as discussed in Chapter Three), its familiarity as a formulaic narrative has sway, both within Rainbow communities and a wider general public, making it useful for social movements (Crawley and Broad 2004). It has already caught on in New Zealand. The quote “Don’t send us back into the closet as we get old!” was included in the Rainbow Health Report I cited in the last chapter (Stevens 2013: 24), and the Labour Party has pledged the following in their election platform under their Rainbow Policy: “We don’t want people to ‘go back into the closet’ as they approach their retirement as this can affect their health and well-being” (New Zealand Labour Party 2017). In fact, Labour’s presence in parliament means the time is ripe for presenting new initiatives or strengthening existing programmes to improve aged care for “Rainbow” identities.

So far, I have discussed the need to share women’s knowledge of the ageing body to remove fears of ageing and to share local, idiosyncratic understandings of women’s ageing experiences that are not drenched in medicalising language or successful ageing discourse. Sharing stories of ageing from multiple perspectives allows us to train a critical eye on the heteronormative, ethnocentric values embedded in health and aged care institutions and the policies that guide them. We need to find ways to bring women’s stories of ageing to the wider public, to policy makers, to parliament, so that they can shape the discourses that concern their own bodies. According to the literature cited in this section, first we have successful ageing discourses burgeoning around third agers in OECD countries, a language that decentres the body – and then, upon entering ‘deep old age’, fourth agers are couched once more in a rhetoric “constructed around the dual concerns of medicine and policymakers” which overemphasise the declining body (Twigg 2004: 71). Twigg (2004) expresses concern over this prevailing discourse in ‘deep old age’ and suggests “humanistic gerontology wants to challenge this account, but in doing so has shied away from the topic of the body” (2004:71). “What is needed”, she posits, “is a fuller and better account of the role of the body in deep old age, one that encompasses subjective feelings and experiences and that recognises *embodiment* as its central topic rather than frailty and decline” (Twigg 2004:71, my emphasis). Hence, the next section looks at matters of the embodied self.

## Beyond the Ageless Self

At the beginning of my research journey, I engaged closely with Kaufman's (1986) *The Ageless Self: Sources of Meaning in Later Life*, due to its ethnographic lens, and anthropological interest in the life course approach to ageing and meaning-making in later life. Kaufman's work influenced my analysis – not just by shaping some of my research aims and interests, but by helping me to recognise the significant departures, or differences between her participants and my own. Two areas of difference were particularly striking.

First, in Kaufman's (1981:84) discussion of ageing and identity theories in old age, she promotes the use of a life course perspective and biographical interviews in order to understand the ways in which people "organize the past" through narrative. She argues that people use certain 'themes' or conceptual frameworks to maintain a sense of continuity in their life course discursively, thereby communicating their identities and life experiences to both themselves and others. Ultimately, Kaufman argues that although her interviewees "*know* they are old" they "describe themselves in terms of the themes that they have established over a lifetime, rather than in terms of age" (Kaufman 1981:80 original emphasis). For example, she writes that for two of her participants, Ethel and Gertie, "...chronological age holds little meaning. Though both are dealing with the physical changes of old age, they report that they feel younger than they are" (Kaufman 1986:13). Age is too "abstract a notion to be an essential part of identity" she concludes (Kaufman 1981:78). In other words, her participants "...do not perceive meaning in aging itself; rather, they perceive meaning in being themselves in old age" (Kaufman 1986:6). They engage in a creative construction of the self, just as they always have, maintaining a sense of self-continuity in later life, and "[i]n this way, the ageless self emerges" (1986:14). While some lesbian and queer women in this research project similarly expressed how they did not 'feel like' their chronological age on the inside, and sometimes engaged in Featherstone and Hepworth's (1991) 'mask of ageing', I do not think Kaufman's conclusion is completely applicable.

Both Twigg (2004) and McHugh (2000) express strong criticism regarding 'agelessness', with McHugh concluding that the notion of an ageless self "is itself ageist" in the way that it "adulates continuity and coherence as reflected in views of mature adulthood and conveys little about change and what it means to grow old" (2000:113).

McHugh bases his research findings on observations of the marketing strategies of the Arizona Office of Senior Living (OSL), working to promote Arizona as “a place where active, affluent ‘seniors’ live in a blissful and perpetual state of mature adulthood” (2000:103). He attended a Roundtable meeting in 1997 that OSL held with its various stakeholders, which gave him insight into the way older people were homogenised into target markets for a burgeoning retirement industry portraying “...seniors as voiceless characters painted into an idealized Arizona landscape” (2000:109). He also draws on the interview data (from a longitudinal ethnographic study) from 12 older couples who travel to Phoenix in the winter to stay at three different RV (recreational vehicle) communities. McHugh found that his interlocutors expressed “vestiges of the ageless self” as part of a social script reflected in the very images used to promote their retirement communities (2000:112).

It is important to note here that Kaufman was writing during a time when the pushback against the medicalisation of ageing and ‘ageing as decline’ was a strong standpoint in social gerontology scholarship, fighting the tendency to view ‘old people’ as disengaged, inactive, and without capacity for further development past retirement (McHugh 2000). Kaufman’s (1986) observations of the ‘ageless self’ thus capture “the positive notions of continuity, coherence, and integrity in aging – ramparts in the ongoing battle against negative stereotypes of old age” (McHugh 2000:104). Kevin McHugh’s main critique, however, is that it lends itself too well to successful ageing discourses and its various transmutations (‘positive’, ‘active’ etc.) that are too easily manipulated by commercial interests, such as promoting and selling a certain retirement lifestyle: “[t]he ageless self fits snugly within consumer and popular culture images of ‘positive’ aging” (McHugh 2000:105).

Both Twigg (2004) and McHugh (2000) point out that ‘agelessness’ (as well as the ‘mask of aging’) utilises Cartesian dualism to describe the dissonance people feel between an inner ‘self’ and their outer, physically ageing ‘body’. Feminists have long been wary of Cartesian dualism and are uneasy with its resurgence in discussions of embodiment in ageing studies, given that they have worked hard to reunite the self and body in scholarship (Twigg 2004:63). On one hand, discursively splitting the mind/self and body does not mean people understand their body and mind are separate on an *ontological* level. Feelings of disembodiment are just one “mode of human experience”, as phenomenological anthropologist Michael Jackson (1996:31) notes. Although

feelings like “absentmindedness, bodily disappearance, and out-of-body experiences” can lend weight to Cartesian philosophy, phenomenology “argues against reducing all human experience to them” (Jackson 1996:31). Similarly, Featherstone and Hepworth (1991) remind us, the mask of ageing is but one way for people to deal with or resist ageist stereotyping based on appearance. Yes, some participants described feeling younger than their chronological age, but they also described feeling *older* than they looked, or feeling like a child, or a teenager – “a whole range of ages” as Alice [70s] said. On the other hand, as Cruikshank points out, as long as the older female body is devalued, women will likely be drawn to strategies and rhetoric that distance themselves from their bodies (like the mask of aging, and the ageless self) to “cope by saying their bodies are not really important, or not who they are” (2013:201).

Nevertheless, as Twigg surmises, “[c]ontinuity is not the same as agelessness” (2004:64). Indeed, from a semantic perspective, ‘continuity’ itself is an important acknowledgement of time’s passage. Despite the way some participants shied away from the concept of wisdom, several women discussed having a much clearer ‘sense of self’ now than they had ever felt before; in effect, changing how they are in the world, how they make decisions. For Rhonda [60s], Kasey [50s], Sandra [50s] and Liz [70s], this involved feeling less concerned about what others thought, no longer trying to please others all the time. They felt a liberation, and ‘serenity’ of self-understanding, learning to trust themselves, and their own knowledge. This ranged from Sandra [50s] in Chapter Three discovering her political agency – finding the words and the confidence to articulate it – to Nicole [40s] learning how to “respond to what you’re thinking, and what you’re feeling and follow through on that, because you can trust yourself that that’s right for you”. Thus, I argue that participants do not understand their interior selves as ageless, exactly. Rather, in discussing changes to their emotional self-knowledge, a growing confidence in decision-making, or changes in their capacity for reflection, they acknowledge and find meaningful a present, *time-full* self<sup>44</sup>. Alongside continuity, was their acknowledgement and value of change, and the importance of discontinuities that shape who they are today. The majority of participants in this study acknowledge and find meaningful the amount of time they have lived – they

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<sup>44</sup> This is, however, all within a Eurocentric notion/framework of a *single* self. Expanding notions of either timeful or ageless selves when considering embodiment theories of *multiple* selves is something I do not have room to fully explore here.

conceptualise themselves in a manner ‘regardful’ not regardless of their age (Ramsden 2002).

Before Twigg (2004) and McHugh (2000), anthropologist Laurence Cohen also engaged with Kaufman’s (1986) work. He argued Kaufman’s, insights were not universal for three key reasons (1994;1998). First, even though people might not derive meaning from being old, some find meaning in *not* being old: “Kaufman’s informants seem to structure self *against* if not through old age...” (1998:183 original emphasis). Thus, “old age remains critical to a phenomenology of the body and self in time, ever more the negative space as one ages, against which a continuity of lived experience asserts itself” (Cohen 1998:183). Second, Kaufman’s participants were all based in the US and were in ‘retirement’ or receiving aged care. Cohen, based on fieldwork in India, argues that people who depend on their own labour for their livelihood with little or no support are much more likely to use old age as part of their meaning-making frameworks:

A routinized form of retirement and the possibilities of pension are an option only for a minority of elderly; the effects of old age on those who must work as agricultural or construction labourers ... may mitigate the possibilities of an ageless self.

(Cohen 1998:185)

As anthropologist Maria Vesperi (1985:14) made clear, people who have more social and economic capital in old age are shielded from ageing’s more “tangible anxieties” – experiences that may place ‘old age’ at the forefront of one’s everyday being.

Finally, Cohen (1998) argues ‘old age’ should not be ruled out as constitutive of personal meaning-making because this may exclude important ways in which to conceptualise the politics of embodiment in later life. For instance (as explored in Chapter Four) in ways similar to descriptions of ‘doing’ or ‘performing’ gender, there are certain cultural expectations surrounding ‘doing/performing’ age (Laz 2003; Sandberg 2008). As Alice [70s] explained, ‘Talking Old’ was a major aspect of exploring the social meanings of old age, and Cohen points out that Kaufman does not address the “dimension of performative utterance (and nonutterance) of old age, its dialogic construction as both the expression and denial of experiences and of suffering” (1998:184). Kaufman’s research on “the meaning of ageing” pays more attention to



how participants manage and “cope” with change, rather than how her participants describe or feel these changes themselves (1986:14). She does not focus on participants’ reflections of changing physicalities, mentioning only in passing the various restrictions or adjustments made by her participants to changing capacities for action, such as growing tiredness, or weakness reported by some.

In contrast, I purposefully presented participants’ phenomenological descriptions of ageing alongside their strategies of adjustment for several reasons. One being that participants’ narratives expressed a strong political awareness of embodiment (of personhood or self-identity being irrevocably connected to the body as perceived by themselves and others). They frequently described a changing relationship to their bodies over time, from how they learned to comport themselves as women (challenging or resisting societal gender norms including dress, behaviour, and sexual orientation), to learning about their sexuality, to the materiality of their bodies, and how liberating it was to learn a language of desire that finally seemed to fit. This process continues into later life, as women come to understand when and how – as Cruikshank (2008) puts it – “age begins to matter” in different areas of their lives, including sexuality. To argue as Kaufman has, that ageing is not meaningful in itself, glosses over the ways age performativity is entangled in the performativity of gender, captured in moments like Liz’s [70s] story of the fridge technician. Moreover, participants linked felt changes in the body (attributed to senescence) to a stronger consciousness of mortality, and how a heightened awareness of one’s proximity to death creates a meaningful shift in temporal orientation, impacting participants’ outlook on life.

Additionally, recalling Hacking’s (2007a; 2007b) ‘looping effect’ and ‘dynamic nominalism’ from Chapter Six, the bureaucratization of age has a strong impact on the importance people place on chronological age. Familiar categories such as the ‘senior citizen’, ‘pensioners’, ‘the old’ or ‘elderly’ – as well as many other age categories like ‘youth’, ‘adults’, ‘teenagers’ – are useful ways to govern a population; age groupings help in processes of quantification and medicalisation, and such processes will inevitably impact how people value age (Hacking 2007b). As Cruickshank puts it briefly, “age gets much attention in our society” (2013:185), and we are taught early on that society thinks chronological age is important. People are taught that chronological age is important in New Zealand and other post-industrial societies where age rights and duties are ratified through policy or legislation such as “pension entitlements, bus

pass regulations, driving license renewal...end of jury service duties” and more (Vincent 2015:33). When chronological age enables access to certain resources, or rights, this has an impact on people’s identities and livelihoods. A key example of the sociocultural meaning age can hold was brought up by a couple of participants who recalled the debates around ‘age of consent’ during the homosexual law reform in New Zealand. Amid calls for change in 1974, MP Venn Young introduced a bill that initially proposed legalising homosexuality for adults over 21 (Ministry for Culture and Heritage 2014a). This was rejected, and in 1979/80 MP Warren Freer proposed this be changed to 18 or 20. Again, this was rejected as activists insisted that the age of consent needed to be equal to that of heterosexuals, i.e., 16 years of age, which the Homosexual Law Reform Bill recognised in 1986 (Ministry for Culture and Heritage 2014a).

Another example of the importance of chronological age was brought up by interviewees in their 70s who were dreading having to renew their drivers’ licences. As the New Zealand Transport Agency website instructs:

Once you turn 75 there are few changes to the process for renewing your driver license:

- Your new license will be valid for only two to five years.
- The renewal fees are lower – because you’re renewing your licence more often.
- You need to present a medical certificate each time you apply.
- If recommended by your doctor, you will have to sit a 30-min On-road Safety Test.

(NZ Transport Agency 2018)

Driving was a key source of independence and mobility for several participants; losing their license would mark a huge life change. Participants also described chronological age impacting areas of life they would never have considered before. For instance, Rhonda [60s] told me how upon visiting the SPCA to get a dog, she witnessed a woman being denied a puppy because of her ‘frail old age’. It would be cruel to the dog to give her a puppy because she would not be able to provide proper care. Taken together, these examples illustrate why Kaufman’s observations of her participants (that they "...do not

relate to ageing or chronological age as a category of experience or meaning") do not apply to women in this study (1986:7).

I would like to end my discussion with a final major difference between Kaufman's participants and some of the lesbian and queer women in this thesis. As her analysis was informed by a growing interest in the life course approach to ageing studies, Kaufman turned her attention to the historical context within which her participants' lives unfolded. When she spoke to participants, however, they "did not talk about their lives in relation to social trends or the times in which they have lived. They did not place themselves in a broader historical context" (1986:83). Kaufman is quick to assure that they were definitely *cognizant* of historical events and "would certainly talk about them if asked" (1986:86) but they were not "sources of subjective meaning" (1986:78). As she notes:

My informants do not set their stories on the stage of history, neither do they view themselves as makers of history. Perhaps only those whose lives have been drastically interrupted or permanently altered by larger historical processes which they can identify (for example, survivors of the Holocaust...) can perceive themselves as actors in and products of historical events.

(Kaufman 1986:83)

Reading this passage halfway through my first ten interviews with lesbian and queer women in Dunedin, I knew right away how different my findings would be. After all, the majority of participants described themselves as feminists, and as the saying goes, the personal is always political. I had already spoken to Sandra [50s] who, if we recall from Chapter Three, spoke of the way social change had "come home" to her. I then met Emma [70s] who, as I've already mentioned, turned up to her interview with her life story contextualised with the historical backdrop of the women's movement and homosexual liberation movements in New Zealand. She expressed a burning desire to understand the sources of oppression and how they operated to create the fear and stigma she sensed as a child towards lesbian identities. Knowing I was researching ageing and the life course she immediately responded to my advertisement in the local newspaper wanting to share the insights she had gained. She emphatically described how discourses surrounding female desires and homosexuality which flared across

national media (such as during the publicization of the Parker and Hulme<sup>45</sup> murder case), had a personal impact on her life, how she lived, and who she was today. She drew parallels between the public debates surrounding the Homosexual Law Reform 1986 and those that arose in 2012/2013 when New Zealand MP Louisa Wall's private member's bill for marriage equality became "a political hot-potato" (as Sandra [50s] would say). In fact, for several participants the oppression they faced as women, as lesbian or queer, feature strongly in their life stories.

Kaufman (1986) continues, "[p]erhaps only great men and women – those who are motivated to write autobiographies by the sense of their own impact on history – can consciously construct their accounts to explain relationships between personal development and historical processes" (Kaufman 1986:86). Now, I do not hesitate in saying that the lesbian and queer women at the heart of this thesis are indeed remarkable people. Some of the women I spoke to literally put their bodies on the line in their activism and battle for women's liberation, decriminalising homosexuality, and for lesbian visibility. They protested, organised, risked their livelihoods by coming out publicly when hateful diatribes were heard across New Zealand. They have witnessed their own suffering, and the suffering of others like themselves, and survived (and in this regard, they do not take the privilege of ageing lightly). But, it was not just participants who were public activists who felt the need to tell their story, who were aware of their impact on history, and history's impact on them. I think people who have felt oppression – women, lesbians, indigenous people who survived colonisation – would find it difficult to ignore the way historical events have shaped their lives today. Furthermore, one does not have to be 'great' to contribute significantly to social change. Not all participants were public activists, but every single one of them – in stepping outside of gender/sexual norms in little or big ways, by choosing, or finding themselves on a road less travelled, by expressing their love, desire, or commitment to women over the course of their lives, shaped the world I live in today. Through sharing their stories, their hopes, and communicating their identities in tacit, verbal, or written ways; through

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<sup>45</sup> In the early 1950s, Juliet Hulme and Pauline Parker (15 and 16 at the time) killed Pauline's mother, Honora Parker in Christchurch, New Zealand. They were tried and convicted for murder, and the intimate relationship between Hulme and Parker was sensationalised both locally and internationally. As a result, Glamuzina and Laurie write, lesbianism in New Zealand was associated "with 'evil', 'insanity' and murder. This reinforced negative attitudes about lesbians and contributed to an already large volume of derogatory and stereotyped material" (Glamuzina and Laurie 1995:18).

art and song; through collating this knowledge together and finding a means to preserve it – they have made a difference.

On this note, Chapter Seven – to bring back my introductory metaphor – gives a glimpse into some of the many possible discussions to be had at ‘full-tide’, when all the little pools of knowledge coalesce. I turn now to a concluding chapter where I explore the implications of my research, some future directions, the strengths and weaknesses of this study, and frame my final answer to my original research question.

## Chapter Eight:

### Lasting impressions

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**Beth [60s]:** To be lesbian and live [as a] lesbian openly, you have to kind of break out of so much, that [...] you just don't fit into that kind of... life continuum the same anymore. [...] You start to live your life by your own rules. And so that means it's your own expectations. [...] You make it up for yourself as you go along.

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At the beginning of this research project I asked broadly, in what ways do some lesbian and queer women conceptualise, and experience ageing and old age in Aotearoa New Zealand? I soon realised that the women I spoke to were asking the same question of themselves. I was gifted with 32 lesbian and queer women's impressions of ageing and old age, as they shared with me some of what they had learned so far from watching other people age, listening to their bodies, observing changes in how other people perceived them, and critiquing heteronormative representations of the life course and later life. Some were looking for or had their own role models for ageing, some were finding out when age actually *does* come to matter, or were figuring out how to incorporate 'old' into their sense of identity. Could they work at making 'old age' a source of pride, like they had their lesbian/queer identities? Or was 'being old' something to resist, like heteronormativity – taking pride in how they were not (or ever going to be) 'old' like everybody else? In the process they expressed 'timeful' selves by finding meaningful points of connection between their past and present, metaphorically describing their sense of temporality, valuing the changes they have observed in themselves, and disclosing some of their fears and expectations of what the future may have in store.

On this last note, participants expressed fears of decline and loss, and a reluctance to enter aged care that many straight people also share. However, lesbian and queer women I spoke to have the added fear that older age would lessen their capacity to resist or express agency in heteronormative or homophobic encounters. Several lesbian-identifying women wanted to ensure they had people caring for them in older age who would *remember* and *know* them as lesbian, even if they could no longer remember for themselves. It was for these women that I turned my attention in Chapter Five towards the story of the Lesbian Elder's Village, to find out what did and did not work, and to look (in Chapter Seven) at what other attempts have been or are being made to help queer/rainbow people 'age well' in New Zealand. In the process, I found Irihapeti Ramsden's work on Cultural Safety an important body of scholarship to return to, considering participants' fear of losing their lesbian identity in long term aged care. Below I explore some of the findings and discussion points that have left a lasting impression on my thinking around ageing, followed by some strengths and weaknesses of this thesis. Finally, I end with some of the knowledge projects that could stem from this study in the future.

### **Gendered Knowledge of Ageing**

When I asked participants about ageing, they wove in their coming out stories and the importance of intergenerational encounters or role models, of direct or tacit knowledge exchange. Their conceptualisations and anticipations of ageing and old age were, as similar studies have also shown, informed by their memories, their past experiences of learning how to be in the world as lesbian or queer *women*. For several participants, discovering feminism was just as important as discovering the word 'lesbian'. Through a feminist lens, they drew parallels between breaking expectations as lesbian or queer woman, and breaking expectations as older women – realising how closely (if not inseparable) age and gender performativity are intertwined. They discovered that their lesbian and queer identities could take on new significance in older age in ways they had not expected. For instance, several (but not all) lesbian women found that coming out as lesbian in older age helped to counter ageism by forcing people to see them as something other than a 'grandmother', to disrupt the process of homogenisation of older people in its tracks.

Role models proved important at all ages as women worked to transform feelings of shame into pride over their lives. Learning from other women a new language for their sexual selves, for articulating their desires in general before realising these feelings were mostly stirred by other women. Yet, while the concept of ‘pride’ is commonly associated with queer identities and homosexual liberation, some women described finding pride in their female bodies as their first struggle, and one which never really stopped. Now, again, some women in their 50s through to 70s (like Ricky and Liz) counter gendered ageism by drawing once more on the concept of pride, this time for their ageing bodies and personhoods. As Beth indicates in the opening quote, however, role models are not always readily available<sup>46</sup>, thus some participants explained feeling like pioneers as they tried to figure out what a non-heteronormative old age entailed. It is important to share what these women have learned, with and for each other, in ways that encourage discussion on what is often quite a hard topic to bring up in everyday contexts. For it is through these conversations with each other and making points of connection and contrast that new discourses of ageing and old age arise, and alternative aged care services imagined.

### **Re-conceptualising Ageing Discourses**

Throughout this thesis I have exemplified some of the dominant ageing discourses circulating through various mediums in New Zealand and internationally, particularly the biomedical narrative of decline, and successful or positive ageing (and its other correlates). As many critical writers have explained, the ‘successful ageing’ discourse was meant to temper the decline narrative, but in the process has mostly benefited those who have the social/financial capital to age successfully, doing nothing to ease the stigma of frailty, or allow for the acknowledgement of grief and loss. Moreover, it lends itself well to commercial interests, and neoliberal values of individual responsibility, and productivity.

Scholars from different disciplines are finding ways to reconceptualise or challenge ageing discourses: from anthropologist Sarah Lamb’s (2014) ‘meaningful

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<sup>46</sup> Which could be explained, partly, by Laurie’s (2003) observation that older generations of Pākehā women practiced discretion when it came to their love for other women. Other reasons why older, queer role models are harder to find include societal patterns of age segregation, and lack of diverse representations of older women in popular media.



decline', to queer theorists speaking back to power through the frameworks of queer temporality, queer failure, and the abject. Participants in this thesis, like those in Lamb's study, did find successful/positive ageing discourses meaningful at times (as some of their descriptions of ageing role models reflected in Chapter Three). Others, however, showed me the ways ageing discourses can be co-opted in radical ways: instead of active ageing, we can have 'politically active' ageing; and for some, instead of 'maintaining independence' more important was 'maintaining independence from men'.

Through a feminist lens, Cruikshank (2013) offer's the concept of 'ripening' as a more empowering rendering of women's experiences of old age, a time – she argues – for “becoming most ourselves” (209). In her own conclusion, she calls for a change in consciousness, to think of frailty as a multifaceted experience not a primary aspect of personhood – and to think of new ways to reduce the stigma associated with frailty (2013). Who better to discuss this with than people who have had to repeatedly deal with multiple forms of stigma throughout their lives – be they feminists, queer people, indigenous people, people who have experienced disability or 'frailty' from a young age if not all their life? As a couple of participants insisted – part of making a place 'age-friendly' or safe for older people, is to attend to the social inequalities experienced by people of all ages.

## **Ageing and Being Well**

Yet, there is still the issue of loss, which although painful and hard to talk about, is an extremely meaningful area of life for women in this thesis. As Bella [70s] mentioned in Chapter Five, coming out as lesbian involves knowing what you were going to lose before knowing what you were going to gain – in Bella's [70s] case, she knew that by coming out she risked losing custody of her children. Lesbian networks and communities in the 70s and 80s were mobilised, in part, because of their shared experience of loss and the need to find ways to help each other through this loss together. Regarding ageing, lesbian and queer women were similarly aware of the kinds of losses they could face (or have already experienced) in older age and found it difficult to imagine what they might gain. In a poignant parallel with the past, those participants who had maintained connections with their lesbian networks, found them mobilising again to support each other through a sense of collective loss, personal illnesses and loss

of loved ones. When it came to individual losses associated with bodily capacities, Chapter Four revealed some of the symbolic practices women engaged in to mitigate or delay the losses they anticipated, where they expressed agency in the face of inevitable change, practicing care for an imagined, future self.

‘Positive ageing’ discourse, however, leaves no room for mourning, for acknowledgement of loss, or even the new gains unique to older age (other than a generic ‘wisdom’, which several women in this thesis were critical of). Instead, the emphasis in positive/successful ageing discourse is on continuity – encouraging people to find ways to extend the experiences, productivity, and capacities of a middle age for as long as possible. There is much less about what to do when such capacities finally leave us. Furthermore, the use of the word ‘positive’ skips over the possibility of other emotions with less ‘positive’ connotations, such as fear, sorrow, anger, and discontent; emotions that can inspire change, growth, and *movement*<sup>47</sup>. In fact, several of the women I spoke to drew on imagery that associated old age with stagnation, a growing stillness, and rigidification – an association so ingrained it seems, that feelings of passion, desire, or strong emotion came as a surprise to some in their 70s. These emotions are part of our lives right into ‘older age’, and this needs to be acknowledged and respected.

In reflection, being and ageing well for women in this thesis was not about trying to maintain a continual state of happiness or optimism. Rather, it was about having the capacity to feel and move through a whole range of emotions, knowing that there will be ups and downs: they can be sad, or angry, or upset and still have wellbeing. In fact, it was noticing changes in how they responded to these emotions or put them into action that made age meaningful to many of them on an individual level. Some participants even described their emotionality as influencing the imagined shape of their life trajectory – from loop-de-loops (as Pleasance [60s] traced for me in the air) to Sarah’s [40s] sphere.

Being and ageing well for participants was also about connection – to place, to people, to objects, to their own bodies, and as demonstrated near the end of Chapter Three, to the world itself. It was also about learning how to adjust, resist or cope with changes in their sense of connectivity to these various aspects of life. Whether it was

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<sup>47</sup> ‘Emotion’ is itself derived from words to do with motion – such as from the French (*emouvoir* meaning to excite or stir up) and Latin (*emovere* meaning to move out or remove) [Oxford Living Dictionaries 2019].

deciding which connections were the most important and letting go of things that were less so or making new connections, the most important thing was to continue “being connected with life” (as Sandra [50s] put it). What struck me most from these observations was when participants talked of connection, they were also talking about *care*.

## **Lesbians/Queer Women and Care**

A recurring theme in this thesis was the complex relationship lesbian and queer women had with the notion of ‘care’. In Chapter Three, I was intrigued by the way participants’ narratives of knowledge-exchange (particularly from older to younger) kept transforming into narratives of care, and in Chapter Four, Prue [70s] and Yoka [80s] described their reluctance to have to leave the world one day because they cared so much about what was going on around them. Most participants expressed a strong political passion for social justice, especially regarding the welfare of women both in New Zealand and internationally, with several having been involved throughout their adult lives in advocacy, activist, or volunteer roles, and many continuing to do so. Others described making the decision to come out because they wanted to help increase visibility and create safe spaces for younger women, and women in their own age group who were closeted. And it was Emma [70s] who reminded me how lesbian women around the mid- to late-20<sup>th</sup> century in New Zealand had been thought incapable of nurture, unable to be ‘mothers’ or the carers of children, and yet ironically, had often been employed in caring occupations<sup>48</sup>. Emma knew many lesbian women like herself who were passionate in their roles, often becoming leaders in their field, but because of the need for discretion, the caring work of lesbian and queer women in their various professional roles went un-acknowledged.

Overall, lesbian and queer women in this thesis have expressed a strong care ethic and provided glimpses into a life-long questioning of whom or what to care for and commit to – tensions between whom or what they have felt *obliged* to care for (due to gender norms) and who or what they *wanted* to care for and commit to. Many lesbian

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<sup>48</sup> Especially since teaching and nursing were some of the relatively few occupations open to women in the mid-20th century, and because a lot of feminists and lesbian women in New Zealand sought employment in order to achieve financial independence from their families, and to avoid marriage.

and queer women have – in daring to practice and follow non-normative relations of care – created alternative pathways for women to relate to each other and the wider, populated worlds they are a part of. In the context of ageing and old age, lesbian and queer women are again compelled to engage with the question of care (especially for those who did not have children). They anticipate that in older age their existing networks of care, of ways of relating to the world, will be placed under stress or require adjusting. This means reflecting not just on who or what to continue caring for/about, but who will care for/about *them*, and specifically *as* lesbian/queer women.

It is this last question, I think, that contributed to the enthusiasm with which lesbian and queer women responded to my request for research participants. Thus, I view this thesis as a stepping stone towards further research into the systems of knowledge and ideologies that influence the organisation and practice of aged care in New Zealand, and how they can be improved for lesbian and queer women and other cultural groups. Doing so raises important questions with wide-spread implications for New Zealand going forward, such as: how to organise and practice aged care in a way that is *regardful* of collective and individual differences?

Irihapeti Ramsden brought this question to the table early on with Cultural Safety, concentrating predominantly on the nurse-patient relationship. As I explored in Chapter Six, however, the aged care sector (and health care in general or indeed any institution) is made up of and shaped by the practices and knowledge systems of many agents besides nurses (the aged care workers, other patients/residents, policy writers, the owners of a care facility) each with their own worlds, their own ways of relating to people (de la Bellacasa 2012). Thus, we need to ask how to encourage people to ‘*think with care*’ (de la Bellacasa 2012) at all levels of an organisation – how to foster caring relations and practices between employees too, not just between patient and practitioner. Moreover, larger political-economic forces play a role in the ‘overall ethical climate’ of any institution, so we need to reflect on different ways of shaping our systems of care on a structural level too – looking, for instance, at new opportunities for collaboration between biomedical institutions and other culturally-specific health care services (Durie 2001) – such as the New Zealand Silver Rainbow.

In this way, the issues raised in this thesis are increasingly relevant to us all in a cosmopolitan, globalised world as we learn how to live alongside each other’s

differences. Every caring encounter is specific, as Ramsden (2002) argues, and we need to engage each other not with the intent to “predict and control” (de la Bellacasa 2012:212) but to be open to a sharing of knowledge about each other’s worlds – “though we do not know in advance what world is knocking, inquiring into *how* we can care will be required in how we will relate to the new” (de la Bellacasa 2012:212).

### **Strengths, Limitations, and Future Directions**

One of the shortfalls of this thesis was my use of snowball sampling. This inevitably led to a majority sample of women who similarly identified as Pākehā, lesbian, and middle-class (at the time of interview) with similar politics and gender identity. Yet, it also had its advantages. Tracing the path of the snowball revealed important insight into the interconnectedness of friendship networks among some lesbian and queer women, and the sense of a ‘kick-in’ community as described by one Dunedin participant. Certainly, as Pleasance’s [60s] story of her ‘lesbian clan’ suggests, the networks created during the 70s and 80s (including the lead up to and just after the homosexual law reform) are ‘kicking-in’ as they support each other through increasing encounters with heteronormative biomedical institutions.

Moreover, this project was not about capturing a complete picture of all queer or lesbian women in later life, but to share some initial insights into the concerns and knowledge of a group of people who often find themselves excluded from aged care discourse, policies and practice. It is helpful, therefore, to envision future research on the topic as a constellation of focused, and collaborative work to bring more queer women, and diverse gender identity groups to the table. Dedicated projects on what ageing well, and good aged care means for bisexuals, and transgender people for instance, and projects looking specifically at the experiences and anticipations of ageing and old age for takatāpui, intersex, and queer people of different ethnic backgrounds in Aotearoa New Zealand. It would also be of interest to make a specific effort to hear the stories of lesbian and queer women over 85 as this group is largely under-represented in both New Zealand and international literature. These projects should be collaborative and run by people who identify similarly to the identity group being researched for several reasons. One reason (as Traies [2016] also points out) is that ‘hard to find’ subjects are much less hard to find if they know the researchers share their identity in

some way. Furthermore, English is not the only language spoken in New Zealand. Te reo Māori, and Sign language are recognised national languages and qualitative research projects on ageing well in this country would be much more hospitable, and productive if interviews were conducted by researchers who can speak the same languages as their interviewees. Socio-economic status or class was not something I focused on in this thesis either, but participants did bring up financial stress as something they feared would limit the possibility of ageing well. Further to this (as three, ex-LEV members described it) securing funding was the main reason why they could not make any major headway towards actualising their dream retirement facility. A future research project could investigate ways that governments, NGOs and other charitable organisations could work together to help finance various local communities/groups design and fulfil their own aged care initiatives.

I also did not have room in this thesis to sink my teeth theoretically and practically into the importance of ‘space’ or ‘place’ in aged care for lesbian and queer women. Given the familiarity of ‘ageing in place’ discourse with participants, and its wide-spread use in academia and ageing policy in New Zealand, I would like to compare the 18 Dunedin-based participants with the nine women I interviewed in Paekākāriki on how they spoke of their locale and sense of connection to other lesbian and queer women in their area. Outside of New Zealand, human geographers, such as Gill Valentine, have built a strong body of work on the relationship between lesbians and place and it would be fruitful to apply their scholarship to matters of ageing. It is already a growing and promising area of interest with Margaret Rowntree and Carol Zufferey (2017) researching how Australian lesbians embody and imagine the concept of ‘home’, and Rachael M. Scicluna (2017) touches on ageing and home in her recent book *Home and Sexuality: The ‘Other’ Side of the Kitchen*. Theorists of place, as well as queer and feminist theorists, share a common interest in the socially constructed public/private divide. Thus, exploring the effect of this dualism in the context of heteronormative, long-term aged care facilities, or in-home aged care services is an important area to examine in New Zealand – opening new ways to improve accessibility of aged care for everyone, not just queer-identifying people.

A final research area stemming from this thesis is exploring the importance of intergenerational interaction for queer people, and its place in the aged care sector. Several participants critiqued aged care facilities for their segregation of older people

from other generations, particularly children, and others expressed their delight in the idea of spending time with younger queer people. Research is growing in this area overseas with the like of Jones (2011), Goltz (2014) and Fox (2007) investigating the potential benefits of intergenerational encounters between older and younger lesbian, bisexual and gay-identifying people, as well as the challenges that may arise. A key theme that arose during fieldwork, but not in my interviews, were older lesbian-identifying women's feelings of tension with younger lesbian and queer women's identity politics. This was an important, complex subject all on its own and is a vital topic to unpack for any researcher wanting to encourage intergenerational interaction and the theme of generativity in the aged care sector for queer/rainbow populations.

### **Friendly Leavings**

One of the most difficult tasks for me during field work was conducting "...informal and friendly leavings" at the end of every interview (Madden 2010:74). Participants delved a lot deeper into their lives in response to a stranger's questions than they sometimes expected. Moreover, discussions of ageing, as Chapter Five has illustrated, involves contemplation of mortality, and emotions were often stirred. My initial attempts at "friendly leavings" were a little too chipper and abrupt after the serious topics discussed, so I sought a way to round-off the interview with some bridging questions, allowing us both to transition from the realm of memories and narration, to a conversational present. Eventually, I settled on a cliché: "If you could send a message to a younger self, first of all, would you? And second of all, what would you say if you did?" Despite the cheesiness of this question – often greeted with a groan or a laugh by participants – it served its purpose by allowing a moment to reflect on some of what we had discussed and lightened the formality of the interview. It sometimes proved rather poignant, too.

My final question, however, was a bit harder to answer, "On the flip-side, if you could send a message to a future self, what might you say?" Women often 'ummed' and 'ahhed' over this, some chose not to answer, but others found the task timely. I leave the last words, then, to Sylvia:

**Sylvia [70s]:** If I could record [a message] for later? I think when I was younger, I remember thinking, 'I hope I don't lose my

idealism; I hope I'm always an activist'. So that's okay – I think I haven't. So... I'm probably not *as* involved as I used to be. I think now.... Well, I hope... I hope that I can keep some self-respect, even if I lose my marbles. [...] Who knows? What I would hope is that I still have sort of love and affection in my life. And *that's* the main thing.



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