

IDENTITY FORMATION AND CONFLICT IN OLDER IRISH GAY MEN

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Thesis Abstract

Gay Irish men over 55 grew up in the 1950s and 1960s when homosexuality in Ireland was illegal, the Catholic Church was an unquestioned dominance within society and the heterosexual family was seen as the basic unit of the Catholic state.

The power of the Catholic Church, homophobia and repressive laws combined to create an atmosphere that made many people unable or unsafe to admit their sexuality. Gay men constructed their identity under a cloak of secrecy and negotiated any identity threat and conflict between their multiple identities alone. Evidence suggests that gay and lesbian individuals with religious identities face greater social and psychosocial challenges due to their identity configuration. Furthermore, the challenges faced within identity construction, and the obstacles of threat and conflict, have shown to affect an individual's mental health.

Using the interpretive lens of Identity Process Theory (IPT) the present study used a qualitative design to explore how older gay Irish men (over the age of 55) understand and construct their sexual identity and investigate the strategies they used. Semi-structured interviews were conducted with seven older gay men to explore their experiences, perceptions and understanding of being an older gay person in Ireland and the UK.

Thematic analysis identified three themes i) experiences of sexual awareness and identity conflict; ii) the dilemma of 'staying in' vs. 'coming out'; iii) dealing with identity conflict. The results suggested that many men faced challenges and barriers to constructing a stable identity. Religious and cultural experiences played a central role in Irish men's identity acquisition and how they made sense of it. The results show ways in which identity conflicts were created and how the men developed strategies to minimise these conflicts. The study has implications for professionals working therapeutically with sexual minority clients.

Recommendations are provided for improved understanding of sexuality issues concerning minority clients within therapeutic work. Health practitioners need to be willing to engage in discussion about the effect that religious and cultural influences have on a client's well-being, as this will help support patients, reduce psychological distress and improve therapy outcomes.

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Statement of Contribution

Joanne Mc Carthy was responsible for and completed the study design and application for ethical approval at the University of Lincoln. She reviewed the literature, recruited participants, conducted the interviews, transcribed and analysed the data. Dr. Roshan das Nair assisted her on the analysis of the data by discussing thematic ideas to verify their appropriateness and also commented on drafts of the journal article.

I would like to thank everybody involved for their help and support throughout this research process.

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Systematic Review

A systematic review investigating the experiences of ageing gay men within the United Kingdom

Abstract

Objective: To focus on exploring older gay men's experiences of coming out or concealment in the UK, the support they received or did not receive and finally the impact of being gay on their health, social and community needs and plans for the future.

Methodology/Principal Findings: Electronic databases were searched along with grey literature and reference lists of relevant studies to identify further articles. Studies selected for the review included five reports and one journal article.

The literature reviewed showed that changing social attitudes have affected older gay men as they age and adapt to new contexts. The factors that have been identified in the existing UK research as affecting ageing in older gay men include a positive identity, access to health care and informal and community based social support.

Future Directions: The review recommends further studies incorporating race and ethnicity and the influence that being a meta-minority (a minority within a minority) can have on an older gay man's functioning. Future studies will highlight gaps in the current knowledge base, give older gay men a voice and encourage further research, leading to recommendations for future clinical practice.

Introduction

The population of the UK is ageing. At the present time there are more individuals aged 60 and older than those aged 16 and younger (Office for National Statistics, 2010). The amount of people 60 years or older, now makes up nearly one fifth of the population and this figure is expected to increase in the coming decades. As the population is ageing dramatically the number of older gay adults is likely to increase also.

The numbers of Lesbian, Gay & Bisexual (LGB) people in the UK are unknown as population surveys do not gather data on sexual orientation. Because of this only estimates exist. The UK Government does however estimate that LGB people comprise approximately 5-7% of the population (Age Concern, 2010). However a recent study by the Office of National Statistics put the figure at 1.5% (ONS, 2010). Based on the projections of the number of older people provided by the Office of National Statistics, by 2031, there could be as many as 1 to 1.4 million LGB people aged 60 and over in the UK (Musingarimi, 2008). There however will always be discrepancies with estimations as sexual orientation is a difficult concept to define due to its fluidity.

To date not much attention has been focused on the older LGB population in the UK. This may be due to the fact that older people may be seen as asexual and may also be assumed to be heterosexual (Cronin & King, 2010). Furthermore, cohort effects also come into play as many older LGB people are not confident 'coming out' (A revelation or acknowledgment that one is a gay man, a lesbian, or a bisexual) due to prejudice. Regardless, a starting point for research is the importance in understanding their lives within their own historical and social contexts. Older LGB people have had a significant history of oppression and they have lived most of their life in environments that were almost exclusively hostile for 'homosexuals' (Brothman, Ryan & Cornier, 2003). Homosexuality was illegal in England and Wales until 1967 when the Sexual Offences Act came into force and being gay was considered to be

'perverse and immoral' by the majority of the population (Musingarimi, 2008).

Homosexuality was also viewed as a mental health disorder right up to 1973, when the the Diagnostic and Statistical Manual of Mental Disorders (DSM) declassified it in the US, and 1990 when the International Statistical Classification of Diseases and Related Health Problems (ICD) declassified it. These oppressive factors created an atmosphere that made many people unable or unsafe to admit their sexuality with some people resorting to pass as heterosexual. Others were forced to deny their sexual orientation altogether. This of course has had ramifications for this cohort such as feelings of stigma and shame which, once embedded, shaped their lives (Brothman, Ryan & Cormier, 2003).

Despite this oppression it is important to recognise the diversity of experience between LGB adults in the UK. In addition to the population mentioned above there are also a generation of LGB adults who are approaching retirement age and who have lived as 'out' gay men and lesbians for most of their lives. This cohort came of age during the 60s and 70s when the gay liberation movement was in full force and enabled them to come out with more ease. These are a more visible generation of LGB adults who are much more likely to lobby for and demand services that meet their needs.

The LGB population in the UK have been faced with developing innovative strategies for living on the boundary, or outside of, society's norms. The traditional supports of their family of origin and community are 'disappearing' (Beck, 2000) and many LGB adults rely on an extensive social network and 'families of choice'. These ways of living, outside the institutional supports and cultural guidelines provided, need to be recognised and supported.

These developments have major implications for the way in which older gay men are experiencing ageing, the social resources that these populations have access to, and for service provision and social policy.

The aim of this systematic review is to summarise the knowledge available about older gay men in the UK, identify resources that are needed, better understand the issues affecting their lives and address their hopes for the future. Furthermore this study will highlight gaps in the literature that need to be addressed in future studies and also inform good clinical practice.

Methodology

Studies for inclusion in the analyses were identified through searches of the following electronic databases: PsychInfo, Medline, Web of Knowledge, JSTOR and CINHALL (example search=Appendix A). The last search was completed by the lead author in November 2010.

Grey literature was also sought for this review. Grey literature refers to papers, reports or other documents produced and published by governmental agencies, academic institutions academic institutions and other groups that cannot be found easily through conventional channels such as publishers. GreyNet International was used to source grey literature in the field. Grey literature was also identified using web searches and recommendations of professionals in the area.

Citation tracking and references were used to identify further research in the field. Previous issues of the *Gay and Lesbian Psychology Review* and *Psychology of Sexualities Review* were also searched for relevant material, as these were considered relevant for this topic, especially because they are published in the UK.

The criteria for including and excluding studies were kept deliberately broad to avoid the risk of excluding papers.

The review included articles in which the majority of the participants were at least 50 years of age. Age 50 and older was used as the defining age criterion because it is common practice within gerontological research to

distinguish between 'young-old' (50–64 years), the 'old' (65–74 years) and the 'old-old' (75+ years) (Cronin & King, 2010). We only wanted studies that looked at men over the age of 50 but included studies with a large age range provided they had data for separate age groups. Studies were excluded if the focus fell outside the area of ageing issues for gay men or the age range did not include older participants.

We included studies in which participants self-defined as being gay, a gay man or used an alternative label such as 'homosexual', 'queer', etc. Transgendered men were not included as their experience could be quite different to cisgendered men. We included studies which had both male and female LGB populations provided that data for gay men alone could be extracted from these studies.

Multicentre studies were not excluded provided they contained a centre in the UK and separate data collected from the UK were available. We included studies using various methodologies and while the quality of these studies were assessed they were not an explicit exclusion criteria.

Process of selecting studies: From the studies obtained on the basis of the inclusion and exclusion criteria mentioned, the titles of articles and documents were checked for potential relevance to the review question. When it was unclear from the title whether or not the paper met the inclusion and exclusion criteria, the abstracts were then examined. If there was ambiguity from these sources, the whole paper/document was examined. If the title and/or the abstract indicated that it related broadly to ageing issues in older gay men the article or document was obtained. When a full article was not available in the public domain the main author of the paper was contacted requesting the paper and any other literature that was of value (Appendix B).

In addition, relevant journals were hand-searched and appropriate websites for specific studies relating to ageing within the LGB community were browsed. Clinicians and researches working in the field were also

contacted to request reference lists of potentially relevant studies that could be considered for inclusion.

Synthesis: A table was developed (Table 1) to capture the essence and main features of each study. The table consists of the following information – author, method, participants, aims, key findings and possible themes from findings.

	Author	Method	Participants	Aims	Key Findings	Possible Themes From Findings
1	Heaphy, Yip & Thompson (2003)	Questionnaire Interview Focus Groups	Men 60% Women 40%	To investigate the social and policy implications of lesbian, gay and bisexual ageing	Ageing has different meanings and impact on people. Many older people live alone. Friendships and community relationships are very important. Health professionals viewed as having a heterosexual approach. Social policy acts to limit or facilitate change.	<ul style="list-style-type: none"> - getting older - living alone - relationships - health professionals - social policy
2	Wintrip (2009)	Questionnaire Interview	Men 50% Women 50%	Perspectives of older LGB adults using mental health services in London	Current and ex-service users had negative views of services, however few expected discrimination. Professionals need to be gay friendly. Majority 'out' within the context of services. Homophobia from service users a problem.	<ul style="list-style-type: none"> - care/services - care/health professionals - coming out - training professionals
3	Fannin (2006)	Questionnaire Interview	Men 41.8% Women 50.5%	To determine the needs, wants, fear and aspirations of older lesbian and gay men	Each person's experience of being lesbian or gay is very different - some felt very positive about being gay and were able to come out to family and friends/others have suffered discrimination. Very few felt able to come out to all people. Self-acceptance and acceptance from the wider community is intrinsically linked.	<ul style="list-style-type: none"> - coming out - relationships - training - policies - community and support - research/care
4	Philips & Knocker (2010)	Interviews Focus Groups	Men = 45 Women = 15	To evaluate a project working with older lesbian, gay, bisexual and transgender older people	100% of older gay men and women do not feel comfortable on the 'gay scene'. Majority did not feel safe in their community. Many experienced isolation and this has led to mental health issues.	<ul style="list-style-type: none"> - coming out - community and support - health - care/health professionals - housing and further care
5	Hubbard & Rossington (2005)	Questionnaire Interview	Men 50% Women 50%	Research into the housing and support needs of older lesbians and gay men	Service development wishes in housing and care similar in both the older heterosexual and homosexual population. Specific community care and housing services wanted by many (more appropriate and non-discriminatory).	<ul style="list-style-type: none"> - getting older - housing and further care - community and support - housing policies/practices
6	King & Mc Keown (2003)	Questionnaire	656 Men	To compare psychological status, quality of life and use of mental health services by gay men with heterosexual men in England and Wales	Gay men were more likely than heterosexual men to score above threshold on the Clinical Interview Schedule, indicating greater levels of psychological distress. Gay men were more likely than heterosexuals to have consulted a mental health professional in the past, deliberately harmed themselves and used recreational drugs.	<ul style="list-style-type: none"> - coming out - relationships - health - care/health professionals - training

Table 1. Results/Key Findings

Methodological Rigour: Qualitative methodological quality was tested using a criteria checklist borrowed from Kitto, Chesters & Grbich (2008). The checklist is outlined in Table 2.

	Study 1	Study 2	Study 3	Study 4	Study 5	Study 6
Clarification	✓	✓	✓	✓	✓	Quantitative Study
Justification	✓	✓	✓	✗	✓	
Procedural Rigour	✓	✓	✓	✗	✗	
Representativeness	✓	✓	✓	✓	✓	
Interpretation	✓	✗	✗	✗	✗	
Reflexivity and evaluative rigour	✗	✓	✗	✗	✗	
Transferability	✓	✓	✓	✓	✓	

Table 2. Qualitative methodological checklist

Quantitative quality was assessed using a checklist adapted from a pre-existing tool by Carr (2000). The checklist is outlined in Table 3.

	Study 1	Study 2	Study 3	Study 4	Study 5	Study 6
Control/Comparison	✗	✗	✗	Qualitative Study	✗	✓
Matched control group	✗	✗	✗		✗	✓
Demographic similarity	✓	✓	✓		✓	✓
Drop-out data included	✗	✗	✗		✗	✗
Statistical analysis reported	✓	✓	✓		✓	✓
Professionally trained facilitator/therapists	✓	✓	✗		✗	✓
Follow up period	✗	✗	✗		✗	✗

Table 3. Quantitative methodological checklist

As the majority of the papers (n=5) were policy reports and not academic journal articles, many did not meet the set guidelines.

Questionnaires collected information such as age, living circumstances, sexuality, social care services provided, mental health status and relationship status. Interviews and focus groups explored these areas further.

Results/Findings

In total 659,918 articles were identified and assessed however only six were suitable for inclusion in the final review. The process of assessment is outlined in the flow chart in Appendix C.

Of the six studies included five were reports and policy statements that were not published in peer reviewed journals. Four studies had a mixed methods design, one study had a qualitative design and a further one had a quantitative design. The articles were published between 2003 and 2010.

- The samples ranged in number of participants from 59 to 656, with an average number of 243 participants. There were 1,087 male participants and 343 female.
- Five papers sampled both male and female participants. One paper sampled men only. This was a study on men over sixteen years of age with a subsample of fifty plus men included.
- In terms of race/ethnicity, all studies reported exclusively White UK participants.
- Several studies used more than one type of research method to collect data. The most common research methods used were questionnaires (N=5) and interviews (N=5) followed by focus groups (N=2).
- The majority of studies recruited participants from one or more sites: health services and other community-based organisations, publications, snowball sampling and the Internet.

Themes: Reading through the findings of the included studies seven major themes were abstracted which appeared salient either because of the frequency with which they appeared or because of the importance attributed to some of them. They are as follows:

- Getting older
- Coming out
- Health
- Care
- Relationships
- Community and support
- Housing and further care

Getting older:

Negative aspects

Many men have reported concerns due to health, isolation and loss of independence (Fannin, 2006). In addition being gay has made many men more conscious of the ageing process as many gay media and commercial scenes are very youth orientated (Heaphy, Yip & Thompson, 2003). This has also been researched by Fannin (2006) who found that the attitude of the gay community towards ageing was negative and men reported that younger gay men were less tolerant towards older men. Philips & Knocker (2010) found that 100% felt unwelcome on the 'gay scene' and had fears of being rejected because of their age. Wintrip (2009) also pointed to the commercialisation of the LGB identity as a greater exclusion factor for older men.

Positive aspects

Contrary to the above there were some positive aspects reported with getting older for gay men. These surrounded an increase in confidence with regard to sharing their sexual orientation with other people and also the impact of having

good friends and a strong social network around (Fannin, 2006). It was also noted that gay men have usually experienced the stigma of homosexuality before they experience the stigma of being old and may be more equipped to accept the ageing process compared to their heterosexual counterparts (Philips & Knocker, 2010). The men who were able to positively deal with the former are more likely to have less difficulties with the latter (Hubbard & Rossington, 2005).

Coming out:

Each person's experience of being gay is very different with younger men being encouraged to be open about their sexuality. Older men 'can find it difficult to share in this new freedom' as a homosexual lifestyle was not considered an option in their early years (Fannin, 2006, p.55). Heapy et al. (2003) found that 37% of older men had hidden their sexuality throughout their lives. The fear of discrimination and homophobia still remains. Philips & Knocker (2010) found the 50% agreed that they did not feel safe and secure in the community. However, in contrast Heapy et al. (2003) found that 95% of men were partially or totally out to their friends, 69% to some family members and 51% to neighbours. The process of 'coming out' can also be intertwined with person's self acceptance of their sexuality. Philips and Knocker (2010) found that internalised homophobia can play a big part in preventing people from doing so.

Health:

No differences were found in terms of physical health among gay men and heterosexual men (Slevin, 2008). The Heaphy et al. (2003) study found that 95.7% indicated 'satisfactory to excellent' health. However Hubbard and Rossington (1995) found 47% of gay men had health problems, with arthritis being the most commonly reported problem.

King and McKeown (2004) found that older LGBs scored better on tests of psychological wellbeing than the younger cohort. Poor mental health outcomes were predicted by loneliness, low self-esteem, internalised homophobia and victimisation based on sexual orientation (King & Mc Keown, 2003). Hubbard and Rossington (2005) found that 59.2% of older gay men reported loneliness

answering yes to the item 'I sometimes feel lonely'. However a previous study by Mullins et al. (1996) found loneliness to be experienced by many and did not find any difference between people of different sexual orientations.

Heaphy et al. (2003) found that 27% of older gay men felt that being gay has had a negative consequence on their personal feelings of well being. Some support was lent for the view that LGB people may be at particular risk of developing mental health issues as a result of the effect on self-esteem of being frequently presented with a negative characterisation of LGB identity (Wintrip, 2009).

Care:

Discrimination affects not only mental health but also the manner in which older LGB adults seek care (Wintrip, 2009). In Fannin's (2006) study 27.5% reported not being confident in telling professionals that they were gay but also that 79.1% reported no negative experience with professionals. Heaphy et al. (2003) found similar patterns with only 35% of participants believing health professionals were positive towards the gay population.

There was however the view that health and care service providers (a) 'operated according to heterosexual assumption' and (b) failed to address their specific needs (Fannin, 2006, p. 44). Hubbard and Rossington (2005) found that 41% of participants had reported homophobic remarks and discriminatory behaviour within services.

Relationships:

Heaphy et al (2003) found that 40% of older gay men were in a relationship. In general the younger the participant the more likely he was to be in a relationship - 65% of men reported living alone (Heaphy et al, 2003). Hubbard and Rossington (2005) reported that when gay men need to turn to someone for help 39.6% turn to their friends compared to 19.4% to family.

With regards to feelings of isolation 39.6% did not feel isolated, however 8.8% of the sample felt 'totally isolated' (Hubbard & Rossington, 2005). The lack of social outlets where 'people can totally relax and be themselves without fear of censure or abuse' creates a sense of loneliness and makes it difficult to develop friendships (Wintrip, 2009, p.35).

The value placed on friendships was very important with Fannin (2006) discovering that 50% of those questioned agreed with the statement 'I view my friends as my family'. In addition, 93% reported friendships to be important/very important. Philips & Knocker (2010) reported that 22% of men has distanced themselves from their biological family due to their sexuality.

Participants also reported having 'families of choice' – a network which they rely upon where responsibilities and obligations are open to negotiation (Philips & Knocker, 2010).

Community & Support:

Community support was identified as being vital to older gay men (Hubbard & Rossington, 2005) however participants had very poor expectations of it. Some men mentioned an acute sensitivity to the risks presented by being open about their sexuality in the community with 35% feeling that they would be vulnerable to homophobic violence (Hubbard & Rossington, 2005).

Gay communities can however provide a place to form friendships and to be involved in social groups where individuals can be themselves (Philips & Knocker, 2010). Heaphy et al. (2003) found that 48% of men were involved in some kind of group or network.

Housing and further care:

Aspects of future care were also addressed with the majority of respondents believing that they have no, few, or do not know of any options that they may have in terms of their accommodation as they get older (Hubbard & Rossington, 2005).

Fannin (2006) found many older men wanting to stay in their own accommodation as they age. They did however report that this option would only be suitable to them if they were accepted by gay or gay friendly carers.

When asked about residential and nursing care 38.5% of participants wanted gay friendly homes and over three quarters wanted their sexuality to be taken into account (Hubbard & Rossington, 2005). However some older gay men felt concerned about the gay exclusivity approach being counter productive. The majority of gay men (85%) wanted their sexuality to be taken into account when it came to living in sheltered housing (Hubbard & Rossington, 2005). One central theme running through all options was the need for privacy.

Discussion

This review is an important first step towards a better understanding of the issues facing the ageing gay population in the UK. The existing literature shows that changing social attitudes have affected older gay men as they age and adapt to new contexts and to the need for care and support in their later life. Studies have concluded that older gay men have positive psychosocial functioning despite the presence of inequalities and discrimination with many men stressing the importance of being seen and know as a person first, rather than in terms of their sexual identity.

This positive functioning may be in part due to the crisis competence theory (Kimmel, 1980) which states that successful management of one stigmatised identity earlier in ones life creates skills that transfer to the successful management of a later stigmatised identity. Positive negotiation of one may influence the other in later life e.g. dealing with sexual identity first and subsequently dealing with ageing.

Studies on health have dispelled the negative stereotype of the ageing depressed older gay man and shown that there is little evidence to suggest that older LGB adults are at greater risk of mental health problems than their

younger peers. However issues of loneliness and isolation need to be addressed to improve social support networks for many older gay men.

The studies in the UK have shown that although older gay men remain largely invisible they have distinct individual experiences in terms of social support. Many men voiced their concerns about how long term care needs would be met as their current informal care relationships with friends, as opposed to family, were often unrecognised. Staff education and training is paramount within formal care settings as lack of experience with regard to the older gay community and their support network could cause men to be reluctant in seeking care or disclosing their sexual identity.

With regard to formal support services a huge majority are not accessing services. This may be due to experiences of past or current discrimination. Ageism may further contribute to older gay men's experience of marginalisation and lack of access to support. Future investigation of non-discriminatory policies is needed.

Future studies also need to look at the effects of other factors including race and ethnicity and the influence that being a meta-minority (a minority within a minority) can have on an older gay man's functioning. Religion, race, ethnicity and migration issues need to be taken into account and agencies need to liaise with cultural and religious groups to create awareness of services for its patrons.

The research reviewed attempts to evaluate the social worlds, lived experiences and needs of older gay men. The factors that have been identified in the existing UK research as affecting ageing in older gay men include a positive identity, access to health care and informal and community based social support. To truly understand the scope of human ageing we need to have a greater understanding of the diversity within and across communities. By accessing this knowledge, older LGB adults will be recognised, supported and assisted in this life transition.

Limitations of the study:

The majority of the research was conducted in urban areas e.g. London & Brighton, which is known to be an accepting environment for LGB people. This could have influenced the findings. It is anticipated that future research will identify participants in more rural areas.

The broad ethnic population of UK was not identified at all within the studies. This is also a major limitation within the research and points to the need of more inclusive research in the future.

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Journal Article

Identity Formation and Conflict in Older Irish Gay Men

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Abstract

Objectives: The present study is a qualitative exploration of how older gay Irish men understand and construct their sexual identity.

Design: In-depth semi-structured interviews were conducted with seven older gay men to explore their experiences, perceptions and understanding of being an older gay person in Ireland and the UK (where some migrated to).

Results: Thematic analysis identified three themes: 1) development of experiences of sexual awareness and identity conflict; ii) the dilemma of ‘staying in’ vs. ‘coming out’; iii) dealing with identity conflict. The results suggested that many men faced challenges and barriers to constructing a stable identity. Religious and cultural experiences played a central role in Irish men’s sexual identity acquisition and how they made sense of it. The results demonstrated ways in which identity conflicts were created and how the men developed strategies to minimise these conflicts. The study has implications for professionals working therapeutically with sexual minority clients.

Conclusion: Recommendations are provided for improved understanding of sexuality issues concerning minority clients within therapeutic work. Health practitioners need to be willing

to engage in discussion about the effect that religious and cultural influences have on a client's wellbeing, as this will help support patients, reduce psychological distress and improve therapy outcomes.

Key words: Irish; gay; older; Ireland; catholic; migration; identity conflict; identity acquisition.

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Introduction

Gay Irish men who are currently approaching older age have experienced considerable social and cultural shifts in their lifetimes. Much progress has been made over the last few decades in recognising and supporting lesbian, gay and bisexual (LGB) people in Ireland. The Equality Status Act (2000) and the Civil Partnership Act (2010) were landmarks in the path of social, political and legal changes that preceded it, and facilitated greater tolerance and acceptance of homosexuality in contemporary Ireland. However, the situation for older Irish gay men was markedly different, where identifying as being gay in Ireland was imbued with stigma and shame (Barrett, 2008).

The unquestioned dominance of the Catholic Church meant that people aged 55 and over grew up in a social context where a gay identity was deemed unacceptable, abnormal, and sinful. Roman Catholicism saw (and still sees) homosexual *acts* as being contrary to natural law as they were not unitive and procreative (homosexual *desires* were considered 'disordered' but not themselves sinful).

Homosexuality was seen as shameful, and many men risked certain excommunication by family and neighbours if the truth about their sexual orientation emerged (Slusher, Mayer & Dunkle, 1996). Many felt forced to keep their sexual desires and identity a secret, or to deny their same-sex sexual orientation due to a combination of powerful social and cultural influences: the Catholic Church, repressive laws, and general homophobia (Rivers, McPherson & Hughes, 2010). In this oppressive environment extreme secrecy was necessary to avoid social and economic ostracism, and the possibility of criminal conviction (Barrett, 2008).

The overwhelming negative attitudes within Irish society towards homosexuality at that time would suggest that an individual with both gay and Catholic identities could have been placed

in a situation of identity conflict. Identity threat would be a likely subsequent issue for such individuals, as they may have struggled to integrate their multiple identities: gay, Irish, Catholic. The 'gay' component, which requires assimilation into the identity structure of 'Catholic' or 'Irish', may pose a threat to the established identity or vice versa (Breakwell, 1996).

Identity Process Theory (IPT) is a theoretical approach in which identity structure is conceptualised by two dimensions: 1) its content dimension and 2) its value/affect dimensions. The identity structure is furthermore regulated by two processes: 1) the assimilation–accommodation process and 2) the evaluation process. The assimilation–accommodation process comprises of new information being absorbed into the identity structure (e.g. I am gay) and any adjustments that need to take place so that it can become part of the structure (e.g. I am gay so maybe I cannot be Catholic). The second process, evaluation, is used to confer some meaning and value upon the contents. IPT offers a framework to analyse identity threat and coping (Breakwell, 1986).

Breakwell (1986) identified four identity principles which are used to guide the universal processes: Continuity (continuity across time and situation), Distinctiveness (a feeling of uniqueness or distinctiveness from others), Self-efficacy (feeling confident and in control of one's life), and Self-esteem (feelings of personal worth or social value). According to IPT, identity, or the self, will be threatened when any of the identity principles are blocked by changes in the social environment. An individual will engage in coping strategies to remove the threat when they perceive their identity to be endangered, as this is deemed aversive for psychological well-being. A coping strategy is defined as 'any activity, in thought or deed, which has as its goal the removal or modification of a threat to identity' (Breakwell, 1986, p. 78). Coping strategies can be divided into three types: intra-psychic coping strategies, which

function at the level of the individual; interpersonal strategies, which involve interaction with other individuals; and intergroup strategies, which refer to group-level behaviour.

IPT has received empirical support as a theoretical tool, particularly within the area of identity construction. It has been employed to explore socio-psychological topics, including identity implications of migration (Speller, 2000) & relocation (Timotijevic and Breakwell, 2000); construction and management of potentially conflicting identities (Jaspal and Cinnirella, 2010); and to understand British Muslim gay men's accounts of multiple identities (Jaspal & Siraj, 2011). This literature has identified that gay and lesbian individuals with religious identities face greater social and psychosocial challenges due to their identity configuration (Balka & Rose, 1989; Jaspal & Cinnirella, 2010). Research in this area has also shown that the stress involved in these challenges have an effect on an individual's mental health (Siraj, 2009).

Past research on minority sexuality groups has offered insights into how individuals adjust psychologically to challenging circumstances (Keogh, Henderson & Dodds, 2004; Wintrip, 2009; Fannin, 2006), and in doing so has helped to change the way that health promoters and policy makers conceive gay populations. Such studies, however, have not specifically considered older people, and this is an area that is becoming more and more important to investigate given that there are perhaps more LGB older people now than ever before (Gibson & Hansen, 2012). This study builds upon previous research and attempts to fill a gap in the literature by examining the experiences of older Irish gay men and exploring the interaction between these identities and other significant identities, particularly religion. The study provides the therapist with experiences that gay men from such groups would have had, which they may not necessarily find easy to bring to therapy, but nonetheless may continue to

affect them. The study helps the therapist to be proactive in considering these factors as potential sources of distress and may also offer help and resources to this client group.

The study aimed to explore the construction of gay identity and to assess whether identity conflict was an identifiable feature of the lives of our participants. Furthermore, if conflict was experienced, to explore its sources, how it was managed, and the consequences of these processes. This research will aid clinicians to engage in discussion about these issues and therefore help to reduce psychological distress.

Method

Study sample & recruitment

Participants were recruited through poster advertisements in support agencies, on internet sites, in gay-identified venues, and by 'snowballing'. The snowballing method was used to try to access men who did not involve themselves in/on the 'gay scene'. The sample consisted of seven men, age range 56 to 68, all Irish nationals. Three men were living in the UK and the remaining four in Ireland. All participants identified as 'gay', however only three identified as 'openly gay'. Four were single and three were in a relationship with a male partner. All men described themselves as Catholics.

Procedure & interview schedule

The lead researcher contacted those who had responded to the advertisement, and arranged the location and times of interviews. Participants were interviewed about their experiences of being gay, coming out, any support received during this process, concerns they may have had about it, and their views of the future. A semi-structured schedule was developed on the basis of previous literature and expert opinion from clinicians working in the field of sexuality. The

schedule was used flexibly to guide the interview and to explore identities and new avenues of investigation. The schedule followed a chronological sequence to capture experiences across the lifespan. Interviews lasted between 31 and 94 minutes. Data collection continued until no new material came forward from further interviewing. Following the interview, participants were debriefed.

Ethics

Ethical approval was granted from the Ethics Committee of the University of Lincoln.

Analysis

Thematic analysis, based on Braun and Clarke (2006), was used to analyse the transcripts. The recordings were transcribed verbatim by the primary researcher and were repeatedly re-read to enhance familiarity with the dataset. Notes and preliminary impressions, i.e. initial codes, were recorded and these codes were subsequently used to group the data into themes and identify patterns related to the men's experiences. The themes were reviewed against the data, refined and condensed to identify emerging themes. Interview extracts were linked with their corresponding themes and if considered representative were selected for inclusion.

As thematic analysis is a broad theoretical framework, it permitted us to explore data in both deductive and inductive levels. In this case a naïve exploration of the data was completed, recording emergent codes and themes, following which the data was re-read looking specifically for instances related to IPT. The following key characteristics of IPT were specifically investigated in the data: continuity, distinctiveness, self-efficacy and self-esteem.

Within the results, themes 1 & 2 serve largely as descriptors to help contextualise the overarching theme of 'dealing with identity conflict', which relates to the primary aim of the study.

Given the research aim to explore participants’ subjective experiences and the meanings attached to these experiences, we adopted a critical realist epistemological stance. Therefore, participants’ accounts were considered reliable reflections of their cognitions. The realist epistemological approach within thematic analysis allows the data analyst to theorise motivations, subjective experience, and meaning. The critical lens further helps to interrogate these phenomena by exploring (in)consistencies, contradictions, and disunities in talk. This is significant because this study endeavours to enhance our understanding of the principles of identity when identity is perceived to be threatened.

Quality assurance

The data were consistently referred to to ensure that the themes reflected the men’s accounts. The emerging and final themes were discussed with the co-author and samples of themes were analysed separately, and then together, to ensure reliability and transparency (Yardley, 2004).

Table 4: Themes & sub themes

Theme	Sub-themes
Development of experiences of sexual awareness and identity conflict	Sexual awareness & Fear of discovery
	Heteronormative vs. Homosexual
	Power of the Catholic Church
The dilemma of “Staying in” vs. “Coming out	Negative predictions/reactions
	Internalised homophobia
“Dealing with” identity conflict	Intra-psychic – Re-evaluation/Compartmentalism
	Interpersonal - Isolation/Passing
	Intergroup - Culture & Catholicism

Results

This section reports some of the themes regarding participants' accounts of gay identity.

These include: (i) 'development of experiences of sexual awareness and identity conflict' (ii) 'the dilemma of "Staying in' vs. 'Coming out"' and (iii) 'dealing with identity conflict'.

Development of experiences of sexual awareness and identity conflict

This theme explains men's experiences of sexual awareness and identity acquisition, and the ensuing conflicts. Given the generally negative social representations associated with homosexuality in Ireland, many men feared the prospect of discrimination and prejudice from their community if they revealed their sexual identities:

'There was an awful fear of discovery...negative to one's own identity. The feeling or, indeed, fear of who one is against the background of a straight version of society with feelings of confusion resulting in self-hate'. (Eamon¹).

This 'fear of discovery' was also evident in narratives:

'Ireland, for me as a gay man, was bleak. It was a very bleak landscape and a very unforgiving landscape, and at the point of discovery or expression could be a very, very cruel landscape'. (John).

This narrative of 'fear of being oneself' coupled with the 'fear of discovery' was also identified in a similar study of construction of identity in British Gay Muslim men (Jaspal, 2010).

Due to the distinct heteronormative discourse that prevailed in Irish society at that time, men experienced sexual awareness in a very secretive manner, which was shrouded in shame.

¹ All identifying information has been changed to protect participants' confidentiality.

Participants feared the risk of association or affiliation with anything/one that wasn't 'straight'.

'You are in a society where you are attracted to men not women and all the examples are male/female so it's incredibly confusing [having same-sex desires]'. (Eamon).

'The support and the experience wasn't there [about being gay]. We weren't ever prepared, we were only prepared to be straight, we were never prepared to be gay'. (John).

Some men reported having felt somewhat different from the norm while growing up, but said they had neither the language nor awareness to identify or express these perceived anomalies. They reported finding it confusing and did not understand what was happening to them. Support was not available as they did not know who to ask, or *what* to ask for.

'I realised that I was gay at a very young age, but I wasn't really sure what it was. I didn't know what it entailed'. (Sam).

Eamon noted feeling different from other boys at an early age: *'I wasn't a man boy'*.

Therefore, while there was an acknowledgment of feeling different, he was not able to identify exactly what that difference was.

There were no gay role-models to identify with, which may have further exacerbated the men's isolation, confusion and sense of difference. Many described not even knowing the word 'homosexual':

'I didn't even know the word homosexual. I didn't know what it was I remember, I grew up in the fifties and you have to remember it was very repressive, and I was about fifteen or sixteen when I heard the word

[homosexual] and I looked it up in the dictionary to find out what the word meant'. (Bob).

'I think I was around fifteen sixteen when I realised what the word homosexual even was. It was a total shock for me because I thought I was the only one, I thought I was the only one'. (Sam).

The Catholic Church occupied a high level of power in Ireland at that time. The men described the influence of the Catholic Church as oppressive and seeping into every aspect in society. There was a blurring of boundaries between religion and society, whereby religion was part and parcel of the culture itself.

'When I had to describe Irish society at that time [growing up] the first thing I thought of was Judean Christian culture'. (Eamon).

Eamon felt as though he were controlled by the Church. This had a profound negative impact on his sense of self-efficacy.

'Going back to the wall paper of what it was like at the time. The Church was very, very, very powerful in Ireland at that time. And I think rather frighteningly powerful. The Church could absolutely destroy you. And if they destroyed you, they destroyed your family. The notion of maintaining one's respectability was very, very, strong'.

Due to this overwhelming power of the Church and the perceived threats of violating its codes of conduct, the participants described the task of trying to reconcile the religious and sexual facets of their lives, which were mutually incompatible, as being very difficult and isolating.

'I remember the Church, looking back now the Church wasn't a good experience for me. I'm sure in many ways they did a lot of good, but, in that sense, it wasn't a good experience and also, as a gay man, one's whole being and behaviour and thinking was constantly careful and conscious of ... that parallel of discovery and being different and not having a place and not belonging'. (Eamon).

Most participants made reference to the Church's negative outlook on homosexuality to explain and define their identity conflict. Fred explained an obstacle as being:

'I think the main issue wasn't my homosexuality it was the fact that it was against the law of the Church'.

Meanwhile, Bob saw his religion as being hypocritical:

'But, you have to understand that we grew up in the 1940s and 1950s, and Ireland back then was crushed under the steamroller of the Vatican hypocrisy. I mean, the hypocrisy was nauseating and that's how we all grew up, and it was a very repressive kind of upbringing'.

According to participants, the negative evaluation of homosexuality within Catholicism was confounded by cultural expectations with regard to marriage and procreation. Sam described what happened if the marriage pathway was not followed:

'I think a lot of men didn't have a choice, especially in rural areas. I think they didn't have a choice - it was kind of set out for them. Ok let's face it, say it's a farmer's son and his mum and dad pass away or whatever, I mean, unless you bring a wife in you, know you are not going to have the farm, or

whatever. You're going to lose your farm, so I think a lot of people were forced into marriage'.

'Staying in' vs. 'Coming out'

This section focuses on both the nature of disclosure and non-disclosure of sexual identity to friends and family members and the ensuing implications. Most men faced the conundrum of whether to disclose their sexual identity (to 'come out') or to keep it a secret from others (to 'stay in' or be 'closeted'). This included the challenge of 'staying in' or 'coming out' to themselves.

Some participants reported that no one in their family or social network knew of their sexual identity, despite their own desire to disclose this information. The lack of possibilities to satisfy this need was perceived as problematic for the men:

'I wanted to tell somebody but I just couldn't, I just couldn't. I wanted so much to tell somebody'. (Brian).

'There was nobody I could tell really, there was nobody I could tell. As I got older I think it weighed on me a little bit more'. (Tom).

Men used selective disclosure when speaking about their sexual identity, i.e., only telling people whom they felt would not react in a negative way:

'I couldn't tell any of my friends as they were all straight. I met Irish men in gay bars and I could tell them, and that was alright, yeah'. (Tom).

The coming out process was life-long, with participants reporting that they were still not 'open' about their sexuality (Gordon) or were 'very guarded' about it (Fred).

The reasons for not wanting to come out were myriad, with Brian finding self-disclosure or acceptance the first hurdle.

'The biggest problem is coming out to yourself, and realising and accepting it yourself. However, I knew I had to confront it'. (Brian).

While for Tom, being 'old' was the deterrent:

'At my age now, I'd probably prefer that they didn't know'.

The management of information about sexual identity was difficult within small communities in Ireland, because of the close inter-relations that defined them. Sam had to run home to tell his family he was gay after inadvertently outing himself during an argument with men in a bar:

'I just thought, oh shit, this is going to be all over town tomorrow'.

Responses varied when participants disclosed their sexual orientation within family and peer groups, although most experienced some form of negative response. Negative reactions may have been due to a lack of understanding regarding sexuality. One misperception held by a family member was that sexuality was a personal desire that could be ignored. This person reacted by saying:

'I always knew you were selfish'. (Tom).

Others confused a gay identity with paedophilic interests and incestuous inclinations. Bob described his brother's reaction:

'We were sitting alone talking and he [brother] said he just couldn't take it in, he was so shocked. The narrowness then, nearly 40 years ago, was incredible, the narrowness of thinking and he has three sons and he said, "well how

*would that work with my boys” and I said “what do you mean”, he said
“would you try and do something with my boys?”’.*

The lack of knowledge evident in the culture regarding sexuality and the prevailing belief of the Church that homosexuality was indeed abnormal, was evident. Describing his brother’s reaction, Bob felt:

*‘It was like getting a can opener and opening his brain, even though formally
he was well educated, he hadn’t an awful lot of cop on sexually’.*

Siraj (2009, p.49) reports that even most educated sections of a community can hold deeply homophobic attitudes and exhibit ‘repulsion and disgust towards homosexuality’.

However, other men received more neutral reactions to their disclosure. Sam explained that he had a sense of ‘relief’ when his mother was rather blasé when he told her:

*‘I said, “Mam there is something I want to tell you”. She said “what” and I
said “I’m homosexual, queer, whatever” and she said “oh I know I’ve known
that for ages”.’*

The sense of relief suggests that he was perhaps expecting a negative reaction, which implies that this was the general expectation.

Aside from family and friends a couple of men choose to tell their local priest.

*‘I let the priest know my feelings, that I can fall in love with a man but I can’t
fall in love with a woman - what can I do about it. He said “those things
happen in life”’. (Eamon).*

*‘But I remember visiting a priest ... and I wanted to talk to him, you know,
and, ehm, I had a few issues. One, that I didn’t believe in confession anymore,*

going into a box and all that, and I said a lot of things to him and he agreed about many things.’ (Tom).

Because the priest was said not to have had a problem with these feelings the participants experienced validation and this validation increased their self-esteem (Breakwell, 1986).

There was a sense that homosexuality and Catholicism were viewed as more compatible for these participants.

Those who encountered negative reactions disputed the right of others to judge them, which helped delegitimise others’ views to a certain degree. This process decreased the threat to identity that negative views may have created (such as their potentially corrosive effect upon self-esteem, or the attribution of negative distinctiveness to the person).

‘So my thought was, oh fuck it, it’s their problem’. (Sam).

Fred tried to make sense of other people’s (heterosexual) negative reactions by saying:

‘They are not in my view happy with their own sexuality and that’s it’.

Dealing with identity conflict

Participants had various strategies they used to deal with their identity conflict. Most exercised extreme caution and discretion around their personal lives, keeping all aspects of their sexuality to themselves. Others developed divided lives – the ‘straight life’ during the day, and the ‘gay life’ by night. For other participants, migration was the only logical solution to their problem.

The majority of participants spoke of how they had managed their religious and sexual identity by compartmentalising the Catholic and gay aspects of their lives. It was not so much that they tried to retain their ‘Catholicism’ or their ‘gayness’, but that they constantly felt that

they were juggling two pre-existing and incompatible identities. Compartmentalism is an intra-psychic strategy used in an attempt to draw a strict boundary around the dissatisfying addition to the identity structure and therefore prevent the identity being contaminated (Breakwell, 1986). Compartmentalisation of aspects of the identity, however, can be an exhausting process, which can have detrimental effects on the self-esteem. Fred reported the impact that this struggle had on his life and his sense of well-being:

'When we go through something like that, no matter what it is, we often come out with scars, scars that will never heal, be it fear, be it a persecution complex, be it a feeling of inadequacy or difference, or whatever'.

Another coping mechanism used by some men was to differentiate between *God's* view on homosexuality and the *Church's* view on what it viewed as sexual deviance:

'I have no problem because in my heart, or a deep down aspect of me, tells me that God sees the whole me but it doesn't make it any easier, because I'm conditioned now to see what I do as being wrong in the eyes of the Church and I say 'in the eyes of the Church' as opposed to saying 'in the eyes of God', because the eyes of the Church are looking at it in a specific way, and God looks at all of us in our total lives and if that, now I'm not saying I'm a saint by any means, but if that if the biggest wrong that I do I don't think He would be too worried'.(Gordon)

For some, it was not difficult to re-conceptualise the Church's teachings and accommodate this within their sexual identities. The difficulty arose when they tried to unconditionally accept what the Church said on the matter.

'The Church's view hasn't changed but they have interpreted it different and now they would say that it doesn't matter if a person is attracted to their own sex, the problem is when you give into that'.(Fred).

Many participants backed away from the Church so that they could reconstruct their identities free from this judgement and guilt. They identified the prohibitive doctrine on homosexuality as central to their identity threat, and remedied this by distancing themselves from the Church, and from that component of their identity. Some found this easier to do than others since Catholicism often constituted more than just a religious identity. For some the religion could be seen as a 'whole lifestyle', and therefore difficult to 'break free':

'At one stage I decided to leave the Catholic Church and the battle with the guilt every Sunday was unbelievable, it was shocking to try and stop myself from going to Church or to find something else to do at that time.' (Eamon).

Other strategies for coping with identity conflict and threat involved participants re-interpreting and revising the context of their Catholic identity, thereby reducing the potential for conflict.

'I still go to Church, yeah, I put their views to the back of my mind.' (Tom).

Breakwell (1986) has stated that individuals may attempt to separate the cohesion between incompatible aspects of their identity construction. This revision perhaps safeguards individuals' sense of continuity (as Catholics) and, therefore, offers a sense of coherence between sexual and religious identities.

A subjective reconciliation between Catholicism and homosexuality was difficult and was still ongoing, without resolution, for some:

'I'm conditioned now to see what I do as being wrong in the eyes of the Catholic Church'. (Gordon).

However, for Sam, the reconciliation process was never difficult. This may be because he started to query things at a young age, therefore taking a critical stance and by not practicing his religion dogmatically but, rather, using it as an identity marker. He did not allow his identity with the Church to adversely affect his self-image as a gay man:

'Catholic Church - never an issue, from the age of about Fourteen I started querying things not actually the sexual things, but a lot of other things as well. And, I wasn't close to the Church. I have my religion, but I'm not a practicing Catholic. I'm still happy to call myself a Catholic, the Church is like any other organisation; there is good and bad in everything but, no, it didn't have any bearing on me, it didn't have any weight at all'.

Participants responded to the historical context and culture in different ways. While some managed to 'come out' without much difficulty, others kept their sexual identity hidden, or suppressed. Participants who attempted to ensure that information about their sexuality was not disseminated within their communities used several strategies to achieve this.

Some men distanced themselves from the 'gay scene' – almost adopting a heteronormative or 'straight-acting' stance at times. They kept their sexuality private and guarded against public display of sexual codes which could expose their sexuality. This interpersonal method of 'passing' may gain an individual social approval and contribute to self-esteem, thereby protecting the continuity of identity (Breakwell, 1986).

'I was always in the straight world, you know, and with straight friends, and we always went to the [straight] dance halls and bars and if you deviate and go somewhere else you would have to explain'. (Tom).

This led to the apparent dismissal of those who did not do similar:

'Even nowadays, the flamboyant part, I was never into that, I never flaunted it'. (Sam).

'I found them [effeminate men on the gay scene] very superficial'. (Bob).

This coping strategy seemed to enable some men to disassociate 'doing gay things' from their self-concept and may have enhanced their self-esteem. However, it could also be construed as an internalised homophobia towards feminine gay men or their mannerisms, and any overt demonstration of homosexuality (Reinguarde, 2010).

Others also constructed a dichotomy of 'good gay/bad gay' and distanced themselves from the idea of 'bad gay' by reproducing heteronormative notions of sex, which were considered 'respectable' (Rubin, 1993). By denigrating and distancing themselves from 'other (bad) gays' who were not like them, participants were able to incorporate their gay identity within a matrix of other conflicting identities, which helped reduce the tensions between identities.

Bob described his distancing from the 'gay scene':

'The gay scene is becomes quite incestuous with men [having sex with each other] ...But, yeah, I didn't want to be part of that'.

He also dismissed some men's choice of sexual relations:

'I didn't have a good experience on the scene, I think if you are on the scene you have to be very, very careful because, I think what happens, it does

something to a lot of men's brains in that a fuck is like a sneeze. It's just like move onto the next man and it becomes sort of like nothing, and I'd like to think that there is a little bit more to it than that'.

The equation of monogamy and being a good person was evident in his narrative:

'I met one or two of his friends but they were really into the scene and I never had been so I kind of put my foot in the water and I just didn't like, I didn't like, they all had sex with each other'. (Bob).

One frequently used strategy involved 'keeping a low profile', and safeguarding against entering into close relationships with others in their communities. This was a means to avoid having to discuss certain aspects of their personal lives with people. Keeping people at a distance was the easiest and most logical option for many and was experienced as a routine and unproblematic way of dealing with identity threat and avoiding identity conflict.

Many said that they would only disclose their sexuality if they were confronted:

'I'll never walk up to somebody and say that I'm gay but if somebody asks me I'll never deny it'. (Fred).

'And, I had a dilemma about what if someone asks me straight out, if I was gay what would I say. I would have said yes but the question never came up'. (Eamon).

Some men employed the deflection strategy of identity denial to deal with the dilemma (Breakwell, 1986).

'Well, to be honest, I put it to the back of my mind and got on with life, you know, I wouldn't discuss it with anybody'. (Gordon).

This could perhaps be looked upon as variation of the isolation strategy, often engaged when dealing with identity threat. Breakwell (1986) suggested that individuals may pull back from society in order to protect themselves from the risk of social rejection (of their sexual identity). The knock-on effect of this can be compromised self-esteem, as the individual emerges with a social distinction which is seen negatively. In these situations, people must create impermeable boundaries around the aspect of identity which is threatening. So, the gay aspect of their identity is kept separate from all other aspects of their identity. This method evolved as a problem-free philosophy of dealing with identity threat. Individuals could easily avoid identity conflict by shrouding an aspect of their identity.

Other men spoke of developing secretive or divided lives and becoming adept at concealment, especially if attending LGB events or venues:

'At that time, even I would have stood away from the pub and waited to when there was nobody on the street and I ran across and into the pub'. (Tom).

This secret life was not without worry:

'There are one or two bars, I went there when I was drunk but I'd be very conscious then the following day. You could be seen walking down that street or the general direction'. (Gordon).

Participants spoke about other men they knew who had to move from rural areas within Ireland to escape prejudice and social and geographical isolation:

'When you live in Dublin you can kinda be oblivious to that negativity that would exist in a smaller town or village. Like, basically, people leave towns and villages to come to Dublin for the same reason people left Dublin to go to London and New York. You can be anonymous and it's more acceptable, they

have more cosmopolitan lifestyles and they are used to differences as well’.

(Brian).

Some participants responded to the negativity and discrimination surrounding their identity by emigrating. Many gay men disguised their real reason for leaving Ireland behind the need for employment and economic security. This culture of mass emigration gave men an excuse to leave Ireland and extricate themselves from repressive social and family environments.

Eamon felt from an early age that he could only find happiness as a gay man if he moved away:

‘I was very conscious that Ireland was not going to be part of my life. And I was very conscious that I would have to leave Ireland’.

Their move from Ireland gave them a freedom and anonymity they had always craved. They were liberated in another land, finally able to live their lives as they chose.

‘It was possible to be normal as a gay person’. (Sam).

Furthermore, they contrasted the ‘hidden’ or ‘small’ nature of the gay scene in Ireland to the visible gay scene and opportunities abroad, where, from their perspective, they had an easier experience of coming out:

‘My first gay pride was in London and that just blew my head because all of a sudden you come to realise that your just part of a bigger picture. Everyone thinks they are the only ones’. (Brian).

Irish men in the UK used various strategies to enable them to hold onto their secret when they returned to visit Ireland. Men described living a ‘double life’ between Ireland and England:

'I was still going to family weddings and funerals and all that stuff, but that was separate from the life I was living. Separate may be too strong a word, but I was clear that it would not affect or change or colour or influence the life I was living. I made a clear decision about who I was I was not changing'.
(Tom).

All participants living in England said that they would never return to Ireland:

'There is no way, no way. I couldn't go back. I couldn't go back home'. (Sam).

Discussion and Conclusions

Past research on gay identity formation has mainly focussed on resolving the internal conflict related to a person's identification as being gay (Cass, 1984; Troiden, 1989; Morales, 1989). The present study aimed to explore the barriers and difficulties that seven individuals faced when trying to construct and negotiate their gay identities, and also their subsequent struggles in attempts at reconciling both their religious and gay identities within Catholic cultural contexts.

IPT is a broad, inclusive theory of identity threat which identifies multiple identity principles and therefore provides scope to explore not just interpersonal and intergroup processes but also intra-psycho processes which can be the basis for conflict and distress (Hartner & Monsour, 1992; Higgins, 1991). From an intra-psycho dimension, individuals used strategies such as reinterpretation, redefinition and compartmentalisation. These strategies deflect the threat while resisting change in the identity structure (Breakwell, 1986). This was consistent with existing research conducted on identity threat amongst gay men (Breakwell, 1986; Coyle & Rafalin, 2000; Roccas & Brewer, 2002) suggesting that this is a method many individuals use.

As a short-term strategy, intra-psychic coping has the psychological advantage of temporarily escaping the intra-psychic conflicts and difficulties associated with multiple and potentially incompatible identities (Baumeister, 1986). However, it may not be possible for participants to draw boundaries around the threatening additions to the identity structure (Breakwell, 1986) as the coping powers of the individual at the intra-psychic level are, in part at least, dependent upon the social networks and group memberships that are available to them.

Participants also used strategies at an interpersonal level, which rely on changing relationships with other people to cope with any threats that arise. The use of strategies such as isolation and passing to cope with identity threat were evident in this study. This was consistent with existing research conducted on Jewish gay men by Coyle and Rafain (2000). The activation of these strategies was intended to minimize feelings of rejection, exclusion, and negative distinctiveness associated with being gay in a heteronormative context. IPT suggests that, while isolation and passing may function as transient coping strategies, they are likely to be conducive to poor psychological well-being in the long run (Breakwell, 1986).

Intergroup strategies refer to self-inclusion within groups to insulate against threats to identity posed by self-isolation. Many men in this study did not have the opportunity to use these strategies as group membership with like-minded individuals was not available to them.

Psychologists must be aware of the coping strategies people adopt, as their use points to underlying conflict, which may be the root of considerable psychological suffering.

Interventions with those struggling to merge mutually incompatible identities (e.g. gay and Catholic) may focus on an in-depth analysis of problematic aspects of those identities. It may

be helpful for men to reassess their Catholic identity and forge a more realistic means of reinterpreting traditional Church views on homosexuality, therefore avoiding intra-psychic conflicts.

Clinicians must also be aware that many older Irish gay men reach sexuality identity development stages later in life or return to previous stages. They need to support clients through a readjustment in their physical environment and their psychological mindset, as they may have to revert back to previous stages in their lives after the coming out process.

The environment in Ireland is changing. With this change comes a tolerance and diversity that has not been acceptable in earlier times. As the first study of this kind, this research may act as a building block upon which other researchers may launch their explorations into this area and heighten awareness of this population. Heightened awareness, and subsequent tolerance, may reduce the need for men to use interpersonal coping strategies such as isolation. Furthermore, an increased awareness of others in similar situations may provide older gay men with the impetus to set up groups and organisations themselves. These groups would offer men the opportunity to develop self-esteem, increase self-efficacy as they see and hear stories of success, and instil a sense of continuity as members explore past, present and future experiences.

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Extended Paper

Extended Background

This section builds upon the literature presented in the journal article. The context in which the participants grew up will be discussed, as this is key to understanding their experiences as reported in the research. Following this, the little research that has been carried out on the LGB population in Ireland will be presented, as well as international research with the older LGB population. (The breadth of research in this area is limited but the depth of what is available gives a good overview of the experiences of older gay men in the UK). A discussion of existing research into identity and sexuality issues will be presented, with particular attention being paid to research grounded in IPT. Lastly, the implications of previous research and a summary of the rationale behind the current research will be presented.

In order to facilitate the reader's understanding of the background to this study, and the environment within which the participants lived, the following areas are considered:

- A historical framework of the Catholic Church's teachings in Ireland
- Heteronormativity & rural living
- Relocation and migration
- Migration and health

Historical framework of the Catholic Church's teachings in Ireland

The Catholic Church under the spiritual leadership of the Pope had a powerful influence over Ireland up until recent years. During the 1940s and 1950s Catholicism was synonymous with the Irish national identity. Because of the strongly conservative culture prevalent at that time issues around sex and sexuality were unspoken and hidden (Inglis, 1998). The Church had an unparalleled influence and highly censorious stance banning most things in relation to sex and sexuality e.g. divorce, contraception, pornography and abortion.

Due to the oppressive and unquestioned dominance of Catholic doctrine, individuals in the 1950s and 1960s grew up in a social context where a gay

identity was deemed unacceptable, abnormal and sinful (Scheper-Hughes, 1979). Roman Catholicism saw homosexual acts as being 'intrinsically disordered' and homosexual orientation as being 'objectively disordered'. Homosexual acts were censured as they were outside the framework of heterosexual marriage and had no potential for the transmission of new life (Congregation for the Doctrine of Faith, 1986). The Catholic Church's teachings stated that: "Homosexual acts are contrary to the natural law. They close the sexual act to the gift of life. They do not proceed from a genuine affective and sexual complementarity. Under no circumstances can they be approved" (Congregation for the Doctrine of Faith, 1986).

With regards to Catholic teachings, homophobia was not an abstract belief or a political argument; it seemed to be held as "natural law, even inscribed in Christian tradition" (Hodson, Harry & Mitchell, 2009). The history of anti-gay sentiment within Roman Catholicism spanned back to the 14th century with religious documentation stating, "the man, leaving the natural use of the woman, burned in their lust one toward another; a man with man is unseemly. Romans 1:26-28". It was therefore unacceptable in the Catholic Church for a man to love a man and a woman to love a woman because of these interpretations in the context of the catholic teaching.

Thinking then departed from homosexuality being an 'inversion', a reversal of sexual attraction, to a 'perversion', the idea that it was pathological and that homosexuals might be insane (Fone, 2000). Homophobic individuals believed that homosexual behaviour was mere insanity and society deemed it a "moral depravity" (Fone, 2000) therefore being gay was considered to be 'perverse and immoral' by the majority of the population (Musingarimi, 2008).

In the 1950s and 1960s homosexuality was viewed as both a crime and a mental illness in Ireland and the UK. Homosexuality was illegal in England and Wales until 1967 when the Sexual Offences Act came into force. It was also a crime to commit a homosexual act in Ireland up until 1993. Homosexuality was also viewed as a mental health disorder up until 1973, when the Diagnostic and Statistical Manual of Mental Disorders (DSM) declassified it in the US, and 1990 when the International Statistical Classification of Diseases and Related Health Problems (ICD) declassified it. Furthermore, The Central Criminal Lunatic Asylum

Act (1845) in Ireland deemed that a homosexual person could be held in a forensic psychiatry establishment under Section 3 (b) as suffering from “an addiction to...perverted conduct that could lead to mental illness” (Kelly, 2009).

These legal and medical factors created an oppressive atmosphere that made many people feel unable, or unsafe to admit their sexuality, with many people resorting to presenting themselves as heterosexual and denying their sexual orientation altogether.

Heteronormativity & Rural living

For many men and women with a gay identity concealment was necessary to avoid shame being brought on their families. Many people struggled in silence as heteronormativity was the prevailing stance adopted at that time.

Heteronormativity is defined as “the universal presumption of heterosexuality” (Rosario, Meyey-Bahlburg & Hunter, 1996). The power of heteronormativity existed in every area of society at that time, and was especially prevalent in rural areas.

Although the predominate Catholic and heteronormative outlook was prevalent throughout the whole of the country men who lived in rural areas were particularly burdened by such problems. Past research has shown that gay men who live in rural areas have additional challenges including heightened isolation, decreased communications, discrimination and homophobia and therefore have been more vulnerable when facing these concerns (Smith, 1997). This study, however, was conducted on American men so their experience of isolation, discrimination and homophobia may be different to an Irish population due to varying cultural values and ideals.

Rural communities embody the “don’t ask, don’t tell” mentality (akin to the American military) therefore individuals living in these rural communities needed to be cautious and discreet, particularly in relation to issues of sexuality or homosexuality and cover their sexual identities. Research has shown that having the feeling of being different but not being able to express it led many rural gay men to developing internalised homophobia (Cody & Welch, 1997). This situation, in combination with the negative and hostile attitudes of people towards non-heterosexual behaviour, commonly aroused feelings of stigma and

shame which, once embedded, shaped their lives (Brothman, Ryan & Cormier, 2003).

Another major issue contributing to the problem was the feeling of social and geographical isolation (Cody & Welch, 1997). There were limited opportunities to have contact with other gay men which may have enabled individuals to attach positive meaning to their gay identity (Baumeister & Muraven, 1991).

Subsequently these men did not feel part of the gay community and may not have been able to incorporate a positive and meaningful gay identity into their self-concept.

This opportunity to feel connected with others was critical for gay men living in rural Ireland, but it was not attainable. Gay men had to travel to bigger towns and cities to have any type of social contact with other gay men (Keogh, Henderson & Dodds, 2004) and subsequently numerous men relocated to bigger cities and towns. Others felt the need to leave the country completely.

Migration

For many Irish men the first option was to migrate to the UK due to its proximity. Irish emigration to the UK has taken place over several hundred years in three significant waves (Hatton, 1998). There was substantial Irish recruitment in Scotland and the North West of England in the nineteenth century due to labour shortages. This was followed by recruitment of male migrant labourers to the Midlands during and after World War II. More recently during the 1980s a third wave of more skilled emigrants moved to South East England.

Emigration from Ireland to England was the 'key' to a better life but it also had many costs. The emigration process involved significant cultural and psychological change and in some cases lead to personal difficulties. Harding (1997) has shown that those who migrate from Ireland to the UK have higher rates of morbidity and mortality than their counterparts in Ireland and the pre-existing British population. In the 2001 UK census nearly 15% of the Irish responders reported their health as 'not good', compared to fewer than 10% of the general population (Fitzpatrick, 2005). However, the UK census does not collect qualitative data so it is not known what may have caused this ill health,

whether it was physical or psychological in nature, and to what degree it was impacting upon their lives.

Health and Migration

An increase in incidences of suicide amongst Irish people in England has been reported now for many years (Leavey, 1999), with research cited in the Government's 'Inside Outside' publication (2003) suggesting rates may have been underestimated in the past, with Irish male suicide rates being higher than those in all other minority ethnic groups, particularly among 20–29-year olds (National Institute for Mental Health in England (NIMHE), 2003).

Apart from the above health concerns, gay Irish men also wrestled with concerns about being 'found out' and bringing shame or dishonour upon their families. Di Placido (1998) found that concealment of one's homosexuality is an important source of stress for gay men and lesbians. Following on from this, a study by Keogh, Henderson and Dodds (2004) found that young Irish men in the UK use varying strategies to enable them to maintain their secret when they returned to visit Ireland. These include pretending to be heterosexual and not explicitly saying they were gay. This false and pretend life came with a price. Many young gay Irish men in Keogh's study (2004) reported experiencing a variety of mental health problems (such as depression and anxiety) as a result. Their accounts are marked by feelings of guilt and shame and an inability to understand or deal with their sexuality. This study, however, only interviewed men between the ages of 16 and 49, possibly biasing the range of experiences which were considered.

Irish Research

The Gay Switchboard Dublin (GSD) has reported that stress from prejudice is an issue for gay men who call their centre. They outline that one of the scenarios evident in relation to being homosexual in Ireland relates to those at risk of, or suffering from, psychological stress as a result of non disclosure – where non disclosure in relation to sexuality is a direct response to fear of prejudice, rejection, discrimination and victimisation.

It has been shown in Irish research (Supporting LGBT Lives) that coming out and acceptance of sexual orientation is strongly related to good psychological

adjustment, i.e. the more positive one's lesbian, gay or bisexual identity is, the better one's mental health and the higher one's self-esteem (Mayock, 2009). This study reported that 81% of participants described being comfortable with their LGBT identity and the majority have good self-esteem and are satisfied with their lives. Support of family and friends as well as positive experiences in communities, schools or workplaces seemed to be critical for LGBT people's well-being and good mental health (Mayock, 2009). While the findings of this research give a picture of some of the issues the LGB population face participants who were over the age of 55 were not represented in this sample. Some research within this area has, however, taken place in the UK.

Research on older gay men in the UK

Past research, within the UK on older gay men, showed that the following areas appeared salient, either because of the frequency with which they appeared, or because of the importance attributed to them. They are as follows:

- Getting older
- Coming out
- Health
- Health care
- Relationships
- Community and support
- Housing and further care

Many of the studies that are reported were quantitative in nature and the small number of qualitative studies did not go into any depth in their reporting of the methods used. Because of this, the specifics of the methodologies in some studies could not be ascertained. Various studies merely mentioned the use of semi structured interviews but did not provide these in appendices.

Getting older

Many men have reported concerns due to health, isolation and loss of independence (Fannin, 2006). In addition being gay has made many men more

conscious of the ageing process as many gay media and commercial scenes are very youth orientated (Heaphy, Yip & Thompson, 2003). This has also been researched by Fannin (2006) who found that the attitude of the gay community towards ageing was negative and men reported that younger gay men were less tolerant towards older men. This study only sampled men who lived in rural areas, therefore, a lack of access to venues where a broad age-range of men mix was thought to be a biasing factor, however, Philips & Knocker (2010) conducted research in London and found similar results stating that 100% felt unwelcome on the 'gay scene' and had fears of being rejected because of their age. Wintrip (2009) also pointed to the commercialisation of the LGB identity as a greater exclusion factor for older men.

Positive aspects

Contrary to the above there were some positive aspects reported about getting older. These included an increase in confidence with regard to sharing their sexual orientation with other people and also the impact of having good friends and a strong social network around (Fannin, 2006). It was also noted that gay men have usually experienced the stigma of homosexuality before they experience the stigma of being old and may be more equipped to accept the ageing process compared to their heterosexual counterparts (Philips & Knocker, 2010). This study was an evaluation of a project that is already in existence in London. Views, opinions and ideas on how to move forward were the focus of this study (within focus groups) therefore the positive focus may have prevented men discussing negative experiences they may have had.

Studies outside the UK have reported that because of past and current experiences of stigma, an older person's vigilance in maintaining secrecy over their sexual orientation is reinforced (Brotman, Ryan and Cormier, 2003). This was in line with research conducted in the UK where many older LGBT people were very cautious about disclosing their sexual orientation; consequently, they remain virtually invisible in many parts of society (Hubbard & Rossington, 1995). Grossman, D'Augelli and Hershberger (2000) found that the only significant predictor of satisfaction with support networks was whether others knew of their sexual orientation – this in turn correlated with better emotional and mental status.

Coming out

Individual experiences of being gay vary, with younger men encouraged to be open about their sexuality. Older men 'can find it difficult to share in this new freedom' as a homosexual lifestyle was not considered an option in their early years (Fannin, 2006, p.55). Heaphy et al. (2003) found that 37% of older men had hidden their sexuality throughout their lives. The process of 'coming out' can also be intertwined with a person's self-acceptance of their sexuality. Philips and Knocker (2010) found that internalised homophobia can play a big part in preventing people from doing so.

The fear of discrimination and homophobia still remains. Philips & Knocker (2010) found the 50% agreed that they did not feel safe and secure in the community.

Health:

No differences were found in terms of physical health among gay men and heterosexual men (Slevin, 2008). The Heaphy et al. (2003) study found that 95.7% indicated 'satisfactory to excellent' health. However, Hubbard and Rossington (1995) found 47% of gay men had health problems, with arthritis being the most commonly reported problem. The study conducted by Heaphy et al. (2003) used a variety of quantitative measures to identify distinctive policy issues that arise in relation to ageing gay individuals and to ascertain the extent to which existing policies cater for this population. In contrast, the Hubbard and Rossington study (1995) asked more directly about health issues so this may have lead respondents to report more health related responses.

Warner et al. (2004) found that older LGBs scored better on tests of psychological well-being than the younger cohort. Poor mental health outcomes were predicted by loneliness, low self-esteem, internalised homophobia and victimisation based on sexual orientation (King et al., 2003). Hubbard and Rossington (1995) found that 59.2% of older gay men reported loneliness answering yes to the item 'I sometimes feel lonely'. However a previous study by Mullins, Elston and Gutkowski (1996) found loneliness to be experienced by many and did not find any difference between people of different sexual orientations.

Heaphy et al. (2003) found that 27% of older gay men felt that being gay has had a negative consequence on their personal feelings of well-being. There was some support for the view that LGB people may be at particular risk of developing mental health issues as a result of the effect on self-esteem of being frequently presented with a negative characterisation of LGB identity (Wintrip, 2009).

Health Care:

Discrimination affects not only mental health but also the manner in which older LGB adults seek care (Wintrip, 2009). In Fannin's (2006) study, 27.5% reported not being confident in telling professionals that they were gay but also that 79.1% reported no negative experience with professionals. Heaphy et al. (2003) found similar patterns with only 35% of participants believing health professionals were positive towards the gay population.

There was however the view that health and care service providers (a) 'operated according to heterosexual assumption' and (b) failed to address their specific needs (Fannin, 2006, p. 44). Hubbard and Rossington (1995) found that 41% of participants had reported homophobic remarks and discriminatory behaviour within services.

Relationships:

Heaphy et al (2003) found that 40% of older gay men were in a relationship. In general the younger the participant the more likely he was to be in a relationship - 65% of men reported living alone (Heaphy et al, 2003). Hubbard and Rossington (2005) reported that when gay men need to turn to someone for help, 39.6% turn to their friends compared to 19.4% to family.

With regards to feelings of isolation, 39.6% did not feel isolated, however 8.8% of the sample felt 'totally isolated' (Hubbard & Rossington, 1995). This research was conducted through the use of questionnaires with specific tick boxes so it was not possible to ascertain the reasons why many participants felt this way. It would have been useful to follow these questions up with qualitative methods which may show if the isolation was self-imposed or due to a lack of opportunity as the lack of social outlets where 'people can totally relax and be themselves

without fear of censure or abuse' creates a sense of loneliness and makes it difficult to develop friendships (Wintrip, 2009, p.35).

The value placed on friendships was very important with Fannin (2006) discovering that 50% of those questioned agreed with the statement 'I view my friends as my family'. In addition, 93% reported friendships to be important/very important. Philips & Knocker (2010) reported that 22% of men have distanced themselves from their biological family due to their sexuality.

Participants also reported having 'families of choice' – a network which they rely upon where responsibilities and obligations are open to negotiation (Philips & Knocker, 2010).

Community & Support:

Community support was identified as being vital to older gay men (Hubbard & Rossington, 1995) however participants had very poor expectations of it. Some men mentioned an acute sensitivity to the risks presented by being open about their sexuality in the community with 35% feeling that they would be vulnerable to homophobic violence (Hubbard & Rossington, 1995).

Gay communities can however provide a place to form friendships where individuals can be themselves (Philips & Knocker, 2010). Heaphy et al. (2003) found that 48% of men were involved in some kind of group or network.

Housing and further care:

Aspects of future care were also addressed, with the majority of respondents struggling to identify options that they may have in terms of their accommodation as they get older (Hubbard & Rossington, 1995).

Fannin (2006) found many older men wanting to stay in their own accommodation as they age. They did however report that this option would only be suitable to them if they were accepted by gay or gay friendly carers.

When asked about residential and nursing care, 38.5% of participants wanted gay friendly homes and over three quarters wanted their sexuality to be taken into account (Hubbard & Rossington, 1995). However, some older gay men felt concerned about the gay exclusivity approach being counterproductive. The

majority of gay men (85%) wanted their sexuality to be taken into account when it came to living in sheltered housing (Hubbard & Rossington, 1995). One central theme running through all options was the need for privacy.

The factors that have been identified in the existing UK research as affecting ageing in older gay men include a positive identity, access to health care and informal and community based social support.

Research on older gay men in an Irish setting is lacking. One study recently conducted in Ireland showed that changing social attitudes have affected older gay men as they age and adapt to new contexts (Higgins et al., 2011). In line with research that has been conducted in a UK setting this study also showed that coming out, ageing, mental health and well-being and the ability to develop resilience and cope were also defining features for this cohort. Furthermore it showed that older gay men have positive psychological functioning despite the presence of inequalities and discrimination in their lives. Many men stressed the importance of being seen and known as a person first, rather than in terms of their sexual identity, however this was not explored further.

Identity research

There is an obvious lack of research conducted on the older gay population in terms of sexual identity. The main bulk of research has explored identity formation and sexuality in much younger populations (Jaspal & Cinnirella, 2010).

The research that has been completed on identity has used various models. This section outlines the models that have been used however the focus of this review is upon Identity process theory (IPT). IPT was used as it enables the researcher to theorise on participants motivational principles and allow an in-depth understanding of situations of identity conflict and threat within the LGB population. The model is both relevant and can be used to research identity in various cultures and religions. Furthermore it is able to identify multiple identity processes.

There are several models that explore sexual identity formation (Cass, 1984; Troiden, 1989; Morales, 1989). These models describe a number of sequential developmental stages that individuals go through to assimilate and accommodate their gay identity into their 'self'. Troiden's model (1989)

outlines four stages namely sensitisation, signification-disorientation/dissociation, 'coming out' and commitment. Cass (1984) suggests that there are six stages involved in the process: identity confusion, identity comparison, identity tolerance, identity acceptance, identity pride and identity synthesis. It is proposed that as a person moves through the different stages in these models they become more aware and accepting of their sexual orientation and at the final stage are thought to have full identity integration.

There are multiple criticisms of these above models. Eliason (1996) claims the models do not take aspects of identity into account, particularly the intersection of various other aspects including ethnicity and religion and how these may interact with sexuality. This same criticism is put forward by Kaufman and Johnson (2004) who report that they do not take into account socio-cultural factors that can impact upon identity development and furthermore suggest that anyone who fails to go through each of the stages would not be able to be considered as a well-adjusted homosexual.

Morales (1989) has proposed a five-stage model to incorporate ethnicity which includes denying conflicts, bisexuality versus homosexuality, experiencing conflicts in allegiances, establishing priorities in allegiances and finally integrating various communities.

However this model includes 'denying conflicts' which is one of the main issues that needs to be acknowledged and addressed when working with sexuality and identity (Jaspal & Cinnirella, 2010). Furthermore it does not look at how identity conflict is threatened and subsequently managed (Breakwell, 1986).

Research has also challenged the belief that heterosexuality was the normal standard. Queer theory postulated that sexuality is on a spectrum, with heterosexual on one end and homosexual on the other and that sexual identity could be positioned anywhere between. It contested the categorisation of sexuality and put forward the idea that identities are not fixed and therefore they cannot be categorised or labelled. This theory moved away from the focus on developmental models and was influenced by the writings of Foucault and feminist ideas.

Identity process theory

Identity process theory, as outlined in the journal article, is a theoretical model used to analyse identity threat and coping (Breakwell, 1986).

The theory proposes that the identity structure is conceptualised by two dimensions 1) its content dimension and 2) its value/affect dimensions. Furthermore Breakwell (1986) outlines that although identity exists in psychological processes, it is displayed through a person's thoughts, actions and emotions. IPT shows how the individual is involved in identity construction as they constantly monitor and assess the content and value dimensions of its structure. IPT calculates how an individual will react to their threatened identity. This process is key when understanding the mechanisms which underlie both identity construction and identity development (Breakwell, 2010).

The identity structure

The content dimension of identity consists of the properties that define an individual. These are characteristics that an individual sees as unique to himself/herself and therefore makes them different and distinct from others. James (1890) differentiated the self as a subject and the self as an object and proposed four aspects which define the self. These include the spiritual self, which comprises of an individual's thinking and feelings, the material self, comprising of an individual's material possessions, the social self, comprising of a group of individuals whose opinions matter to an individual and lastly the bodily self which is the actual physical organism. James (1890) considered the 'process of knowing or experiencing these distinguishing features of the self to be inextricably bound to the process of evaluating them' (Breakwell, 1986, p.13). The evaluation of these features is linked to the value dimension of the identity structure. Each content aspect will have a value attached to it. The values placed on each of the content dimensions are subject to continual revision and renewal. Therefore identity is fluid, changeable and responsive to changes in an individual's personal and social circumstances.

The identity processes

The identity structure is furthermore regulated by two processes 1) the assimilation–accommodation process and 2) the evaluation process. The

assimilation–accommodation process comprises of new information being absorbed into the identity structure and any adjustments that need to take place so that it can become part of the structure. The second process, evaluation, is used to confer some meaning and value upon the contents. The two processes operate in parallel with one another to change the content and value dimensions of the identity structure. The evaluation process will guide what is assimilated and what form of accommodation it will take on.

The identity principles

Breakwell (1986) has identified four identity principles which are used to guide the universal processes. Firstly continuity (continuity across time and situation), distinctiveness (a feeling of uniqueness or distinctiveness from others), self-efficacy (feeling confident and in control of one's life), and lastly self-esteem (feelings of personal worth or social value). The principles achieve priority status according to the social context. Breakwell (1986) has noted that these may not be the only principles that guide the identity processes and that other principles may be of equal importance. This has been recognised by Vignoles, Regalia, Manzi, Golledge & Scabini (2006) who have proposed two additional identity principles: belonging and meaning. More recently, Jaspal and Cinnirella (2010a) have suggested the psychological coherence principle (This study has used the original guiding principles of IPT).

As noted previously, several of the identity principles are susceptible to threat among older Irish Catholic men due to the oppressive heteronormative society within which they were reared. The prospect of being accidentally 'outed' may lead to an oppressive fear of being distinctive in any way. Self-esteem may be impacted by the shame of a gay identity, and the compulsion to always hide this aspect of one's self. The continuity principle may be impacted by the disruptive change of leaving a community because of one's sexual orientation. An individual with this lack of control in their lives would be likely to have compromised self-efficacy.

Identity threat

Identity process theory suggests that identity, or the self, will be threatened when any of the four identity principles are blocked by changes in the social

environment. IPT makes a distinction between occupying a threatening position and the experience of identity threat. For example, coming out and moving into the homosexual environment within Ireland, which is stigmatised and incompatible with Catholic teachings, may objectively seem threatening but some individuals may not regard it as subjectively threatening. Therefore the subjective experience of identity threat has been shown to arise when the identity principles are endangered.

Coping with identity threat

An individual will engage in coping strategies to remove a threat when they perceive their identity to be endangered. This process will then decrease the negative effect of the threat. A coping strategy is defined as 'any activity, in thought or deed, which has as its goal the removal or modification of a threat to identity' (Breakwell, 1986, p. 78). Different types of identity threat will require different coping strategies. Coping strategies can be divided into three categories: intra-psychic, interpersonal and intergroup.

When the identity is threatened from an intra-psychic dimension, individuals need to rely on processes of assimilation-accommodation or acceptance to deflect or accept the implication of the threat for identity. Deflection methods such as reinterpretation and redefinition entail the refusal to modify the existing content or value dimensions of identity (Breakwell, 1986). Acceptance strategies are used to modify the existing identity structure to accommodate the threat.

As a short-term strategy, intra-psychic coping has the psychological advantage of temporarily escaping the intra-psychic conflicts and difficulties associated with multiple and potentially incompatible identities (Baumeister, 1986), however, it may not be possible for participants to draw boundaries around the threatening additions to the identity structure (Breakwell, 1986) as the coping powers of the individual at the intra-psychic level are, in part at least, dependent upon the social networks and group memberships that they have available to them.

Interpersonal coping relies on changing relationships with other people to cope with any threats that arise. There are a number of ways to deal with threat at this level including isolation and 'passing'. The activation of these strategies serves to minimise feelings of rejection, exclusion, and negative distinctiveness

associated with the occupation of a threatened position. However IPT suggests that while strategies such as isolation and passing may function as transient coping strategies, they are likely to be conducive to poor psychological wellbeing in the long run (Breakwell, 1986).

Intergroup strategies refer to group membership within consciousness-raising or self-help groups. They can be used to insulate against threat. As mentioned in the journal article, intergroup strategies can be used to develop an individual's self-esteem, increase self-efficacy as they see and hear stories of success and instil a sense of continuity as members explore past, present and future experiences.

IPT has been employed to explore a variety of areas including the construction of gay identity and to 'inform' the analysis of British Jewish gay men's accounts of problems with dealing with sexual, religious, and cultural identities (Coyle & Rafalin, 2000). It has also been used to investigate the implications of migration and relocation (Speller, 2000; Timotijevic and Breakwell, 2000), the construction & management of potentially conflicting identities (Jaspal and Cinnirella, 2010) and to understand British Muslim gay men's accounts of sexual, religious and cultural identities (Jaspal & Siraj, 2011). IPT has also proved an effective tool in the examination of identity implications of homosexual individuals 'coming out' experiences (Markowe, 2002). The model was also used by Phellas (2005) to analyse the experience of cultural and sexual identity of Cypriot gay men. Much of the IPT based research has been conducted on minority sexualities with the exception of the above mentioned research conducted by Speller (2000) on migration and Timotijevic and Breakwell (2000) on relocation.

IPT research has mainly been of a qualitative variety and has consisted of semi-structured interviews completed with members of the target population. As some individuals may not be aware of what coping strategy they are using at a given moment in time, quantitative research, i.e. questionnaires, may not be helpful in exploring these hidden feelings. However, some quantitative research has been completed after initial themes have been explored qualitatively and then the themes were used to construct scales for quantitative use (Jaspal, 2011). This introduction of mixed methodology may be useful in future research in this area.

One of the major strengths of this theory is that it describes both the circumstances when identity processes operate successfully and also identifies and describes how social change effects identity construction (Breakwell, 1986). Furthermore, IPT describes what coping strategies an individual will use when their identity is threatened. IPT also enables the researcher or therapeutic practitioner to identify several discreet identity principles and delivers a template for the exploration of identity threat and management.

Almost all of the current empirical IPT research has been conducted on the British Muslim gay population. This research highlights the potential for identity conflict due to multiple identities, which, from an IPT perspective, may be regarded in terms of identity threat (Jaspal, 2010; Jaspal & Cinnirella, 2010a). Whilst the author of these studies acknowledges that the data "are by no means generalisable, they are useful in developing hypotheses, which may be tested multi-methodologically" (Jaspal, 2011) with larger samples of men from other ethnic backgrounds.

As noted previously older participants were not represented within the IPT research even though previous research has highlighted older gay men's difficulties with the coming out process and subsequent handling of this (Keogh, Henderson and Dodds, 2004).

The IPT model is useful to identify coping strategies but a weakness of the model is that it does not go on to specify what needs to be done to help individuals with unresolved threat and subsequent psychological problems. IPT makes researchers and therapists aware of the processes an individual may use but it is left to the researcher/therapist to work with them once they have been identified.

Rationale and Aims of the study

This population have lived most of their lives in a pressurised homophobic environment which has shaped their social worlds and lived experiences. However the environment in Ireland is changing. With this change comes a tolerance and diversity that has not been acceptable in earlier times.

The latest figures in Ireland show that there are over 874,000 people who are over the age of 55 living in the Republic of Ireland and this figure is expected to increase in the coming decades (Government of Ireland, 2008). The amount of people 55 years or older now makes up nearly 20% of the population. As the population is ageing dramatically the number of older gay adults is likely to increase also.

The numbers of Lesbian, Gay & Bisexual (LGB) people in Ireland are unknown as population surveys do not gather data on sexual orientation. Because of this only estimates exist. The Irish Government does however estimate that LGB people comprise approximately 5-7% of the population which accounts for approximately 43 – 64 thousand LGB people over the age of 55 in Ireland (UK Department of Trade and Industry 2003; Government of Ireland 2007a). However it must be noted that there will always be discrepancies with estimations as sexual orientation is a difficult concept to define due to its fluidity.

During the last twenty years important legislative and social progress has been made which has had a profound impact on LGB people's lives in Ireland. The Civil Partnership Act which was introduced in 2010 has increased the rights and responsibilities, and the social status, of lesbian and gay couples, especially in areas crucial for older couples such as pensions, health care, social welfare and taxation. An equality structure has also been introduced with the Employment Equality Act 1998 and the Equal Status Act 2000 having been at the forefront internationally in naming sexual orientation as a specific equality ground and in extending its scope outside the field of employment.

The Catholic Church has been toppled from its once pre-eminent position in Irish life due to wave after wave of sex abuse scandals, rising prosperity, EU membership and the population shift from rural to urban areas.

This research is an important first step towards a better understanding of the issues facing the ageing gay Irish population in Ireland and the UK. It is interested in how older Irish gay men have managed and negotiated their life circumstances in both the UK and Ireland and furthermore how they are currently negotiating them in a changing environment. Unlike previous research the proposed study will consider the impact of migration, minority status and sexuality on men's psychological health and well-being. Unlike Mayock (2009) who looked mainly at the younger gay population in Ireland the current study will focus specifically on exploring the experience of Irish gay men over the age of fifty five.

This population have lived most of their lives in an oppressive and negative homophobic environment which has affected their many life experiences. Their stories need to be told to get an understanding of what has got them to this point and what obstacles they faced along the way.

It is important for this research to be undertaken to bring older Irish gay men's issues to the consciousness of therapists and to feedback into clinical provision.

Aims of the study

The present paper aims to explore the potential for identity threat among older gay men, with particular attention being paid to the potential antecedents of and responses to threat.

It also considers strategies which may be implemented by the individual as a means of coping with identity threat as well as the efficacy of these strategies.

It is hoped that a consideration of IPT may assist health care institutions to support men's socio-psychological adjustment to their identities.

Extended Methodology

The following methodology section expands on the information within the journal article by addressing the rationale and procedure used in the present study.

Firstly, justification for the approach and the epistemological position taken to answer the research question (thematic analysis and critical realism) is outlined. This is followed by an exploration of the design of the study in further detail. An in-depth description of the process of analysis concludes the section.

Rationale for the Approach

Qualitative methods were used to explore and understand older Irish men's experiences of coming out or concealment in Ireland and the UK and also to identify social and cultural needs in order to help devise interventions that are appropriate to this cohort.

A qualitative approach was chosen to achieve the above aims as qualitative approaches are concerned with the "quality and texture of experience" and are therefore very suitable for exploratory, discovery oriented research (Wiling, 2001). Qualitative research proposes that a person's experience is shaped by a multitude of factors including cultural, historical and demographic perspectives which subsequently influences the data. The researcher similarly shapes the research by bringing their own perspectives to the process of analysis (Yardley, 1997a).

There is no published qualitative research to date investigating the lives of older Irish gay men in Ireland or the UK, therefore a qualitative methodology was adopted in order to provide an open approach to understanding their multiple life experiences and viewpoints. The aim of the current study was to explore lived experience rather than test hypotheses.

Following some deliberation it was felt that quantitative research would not be suitable for this research study as an in-depth understanding of the reasoning behind individual experiences was needed.

The present study focussed on the quality and nature of the participants' experiences and what meaning they attached to them. It was felt that it would not be possible to capture the full flavour of men's experiences, their

understanding of and reasoning behind them by utilising quantitative methodologies such as questionnaires.

Qualitative and quantitative research can be distinguished by the following "Qualitative research tends to start with 'what', 'how' and 'why' type questions rather than 'how much' or 'how many' questions." Fade (2004) . The present study is interested in looking at what the men's experiences are, and how they make sense of these, therefore, a qualitative approach was favoured in order to gather a rich data set.

Service users' perspectives need to be incorporated into research so that it can be applied within a clinical setting (Denzin & Lincoln, 2005). Qualitative methodologies provide a good way to investigate the experiences of marginalised populations (i.e. older Irish gay men) and to further understand the complexities involved in their lives. They provide clinicians with a deeper understanding of the issues and problems that they may work with (Willing, 2001).

Thematic analysis

Thematic analysis is a qualitative method which is used for identifying, analysing and reporting themes in research (Braun & Clarke, 2006). It is one of the most commonly used methods in qualitative analysis.

Within thematic analysis the researcher aims to identify themes which reflect the data that has been collected. It is recommended that the researcher collects and transcribes the data to increase their familiarisation with the data before moving onto coding and integrating the data to perform the analysis.

Thematic analysis does not have an explicit epistemological position associated with it and it can be applied in a flexible way to provide answers to a broad range of research questions as long as the researcher explicitly states their epistemological stance at the beginning of the research process (Braun & Clarke, 2006). The stating of an epistemological stance aids transparency within the analysis process, i.e. how the researcher has constructed the themes, and also assists the evaluation process (Braun & Clarke, 2006).

Other methods of qualitative analysis were considered. Discourse analysis was considered, but not chosen, as I did not want to examine the language used to convey the men's message. I wanted to examine the meaning of their lives generally and why things are said, not how things are said. Furthermore, my focus was not on social processes or the development of theory. Similarly, as the main objective of using grounded theory is to construct a theory (Charmaz, 2001), it was not used. The research aim was to explore experiences of older Irish gay men rather than construct theory around their experience.

Although an interpretive approach was taken when constructing themes Interpretive Phenomenological Analysis (IPA) was not used, as it was felt that its phenomenological and hermeneutic issues were restrictive therefore thematic analysis was seen as being more flexible and suited to the researcher's approach. Furthermore the well-established and clear guidelines by Braun & Clarke (2006) offered support to a novice qualitative researcher.

Reflexive Account

A reflexive account outlines and accounts for the subjective role that the researcher may have had in shaping the data (Mauthner & Doucet, 2003). It should include the factors which may have contributed to what the researcher chooses to investigate, the angle of their investigation, the methods judged most appropriate, the findings considered and the communication of conclusions.

Therefore, personal characteristics must be made clear at the start of the research process for credibility to be enhanced as they may affect the data and put distance between the researcher and the participants.

Previous to starting my doctorate in clinical psychology I completed a BSc psychology degree and MSc in Mental Health studies. My previous research experience explored decision making in autism and used quantitative methods.

The overall research process of the current study was influenced by both myself and my research supervisor who has conducted several other studies addressing the importance of acknowledging sexuality and identity within minority populations.

The analysis was shaped by the interpretative frameworks of the researchers. I am a White Irish heterosexual female from the West of Ireland who is knowledgeable about gay sexuality. My supervisor is a non-Irish man who is familiar with various identities and sexualities.

These above factors may have impacted on my interpretation of the participant's experiences, as I have my own preconceptions and beliefs of what it was like to have grown up in Ireland, based on my own experience. The combination of different perspectives was useful as it gave us scope for a rich analysis and also provided the opportunity to compensate for any blind spots and limit idiosyncratic interpretations.

Critical realism

Critical realism, originally developed by Roy Bhaskar (1975) assumes that there is a reality, however, our knowledge of this reality is limited as our perceptions of it are selective and biased. Critical realism recognises that reality has many aspects and is construed by individuals in diverse and unique ways (Martin, 2010) and furthermore an individual needs to be critical of the ability to know reality with any certainty.

Within this study, the men's sexuality has moulded how they see the world and their experience of it – therefore shaping their reality. My understanding and interpretation of their reality also modifies the account whilst recognising that the interviews reflect some but not all aspects of reality (Willing, 2008).

I believe that what the interviews provided was a snapshot of how the men were on that day. The interviews accessed 'a' truth to try and get to 'the' truth namely the men's perceptions and emotions related to their life stories.

Study Design

Advertisement

A poster for the study was put up in public libraries and health settings, support offices for LGBT groups and G.P. surgeries in both Ireland and England. Posters were also emailed to gay and lesbian societies and charities and placed on

forums of gay and lesbian websites including Outwest, etc. The poster (Appendix D) included brief information about the study, the reasons why it was being completed, inclusion criteria and contact details of the researcher.

A snowballing approach was completed in conjunction with these above methods. This approach identifies participants through advertising or direct contacts and then asks each participant to recruit others. This method is able to reach individuals who do not visit gay or lesbian venues or who might not respond to advertisements. Using this method it was possible to include members of groups where no lists or identifiable clusters exist.

Inclusion criteria

Participants needed to meet the following inclusion criteria:

- Being over the age of 55.
- Being male.
- Being gay/homosexual (having a sexual orientation to persons of the same sex).
- Being an Irish national (born in the Republic of Ireland).

In terms of the exclusion criteria, adults who were second generation Irish were not included as it was felt that this would elicit different experiences and needs.

Men confirmed they met these criteria by self-report and through the collection of demographic information on the interview sheet.

Recruitment

Men were invited via the poster to contact the primary researcher if they were interested in taking part in the study. When I received emails expressing interest in the study, I replied with an email attaching the research information sheet (Appendix E). The information sheet outlined the purpose of the study in further detail, benefits and disadvantages to taking part in the study, and information regarding confidentiality.

When the men had read the information and considered the research process they contacted me via phone and email and we then arranged a mutually convenient time to complete the interviews.

Sample

Seven men took part in the current study. Participant characteristics are outlined in Table 5.

Participant	Age	Country of Residence	Openly Gay	Single
1	66	UK	Y	N
2	68	UK	N	Y
3	56	Ireland	Y	N
4	64	Ireland	N	Y
5	62	Ireland	N	Y
6	67	UK	Y	N
7	64	Ireland	N	Y

Table 5. Participant characteristics

The original research protocol had proposed a sample size of 5 men per group (UK based, Ireland based). This figure was reached in conjunction with my research supervisor, however, it was flexible due to the uncertainty around recruiting men for the study.

Saturation was also considered in relation to the sample. Saturation is defined as the gaining of "sufficient qualitative data to uncover all possible themes that might arise from the phenomenon in question" (Martin, 1996) but some researchers argue about its concept and definition. Bowen (2008) argued that many researchers claim saturation without having a description of what it actually means or how it was achieved. Strauss and Corbin (1998) propose that the longer time spent on the analysis process, the more potential there is for new themes to occur. They suggested that saturation is reached when the process of analysis becomes counterproductive to the analysis.

Romney, Batchelder & Weller (1986, p.16) report that small samples can be sufficient in providing 'complete and accurate information within a particular cultural context, as long as the participants possess a certain degree of expertise about the domain of inquiry'. The participants in this study were reporting on their lived experience of growing up in Ireland with a homosexual identity. As

this area was the focus of the study it was felt that they undeniably had a 'degree of expertise' within this domain.

Throughout the interviews, the men provided in depth accounts of their lives and experiences. Interviews lasted between 31 and 94 minutes. It became clear during the interviewing process that there was sufficient depth of information to meet the aims and purposes of the study. Charmaz (2006) suggests that the aims of the study are the ultimate driver of the project design, and therefore the sample size.

Data collection

Interviews were conducted both face to face (6) and over the telephone (1). Before the interviews started participants signed a consent form which was stored separately from their demographic information (See Appendix G). Interviews that took place in Ireland were conducted in a private room of the Outhouse offices. Interviews conducted in England took place in a private room of the employment offices of all three participants.

Interview schedule

The semi-structured interview schedule (Appendix H) was written in conjunction with my research supervisor. It was written to include open questions which provoked recollections and memories from the men's life experiences. The questions were sufficiently open and exploratory to avoid restricting men's accounts. Two example questions are listed below:

- Given where you grew up, could you describe what it was like when you realised that you were gay?
- What is it like for you now to be an older, Irish gay man in Ireland/England?

The interview schedule was not prescriptive and was followed in an open ended and flexible manner, in line with the interaction derived from the interview situation (Biggerstaff & Thompson, 2008).

Interview format

The semi-structured interview schedule was used flexibly, so that if something interesting or novel was brought up by the men it could be followed up in more detail. This gave the men the opportunity to tell their story in their own way. Initially, discussions regarding where we grew up in Ireland were naturally instigated. These discussions 'broke the ice' and lessened the unnatural aspect of the interview situation.

The initial question about growing up allowed the men to tell their story and unpack memories from that time. The interview focus then moved to support that may or may not have been offered/available which prompted discussions relating to relationships, friendships and families. The men were then asked about relocating or moving away, and how this process may have affected their lives. Finally, the men were given a chance to speak about how they are currently feeling and if they had any worries or concerns about the future. The interview sessions ended with a reflection on how the experience had been and how the men felt after talking about their lives.

Transcription

Interviews were digitally recorded and transcribed verbatim by the primary researcher. Pseudonyms were used to protect the anonymity of the men. Place names were also changed to ensure confidentiality. Braun and Clarke (2006) recommend that the primary researcher transcribes the interviews to familiarise themselves with the data.

Ethics

Ethical approval for the study was obtained from the Ethics Committee of the University of Lincoln. (See Appendix I for ethical approval confirmation).

Considerations

Due to the nature of the area under investigation it was anticipated that discussion of certain experiences may be distressing. Participants were told that they had the right at any time to request that a particular topic was not discussed or to end the interview. The interviews were conducted in a sensitive nature and clinical skills were used to manage emotions considerately. All

participants were debriefed at the end of the interview and provided with contact details from which they could access support (e.g. Outhouse, Polari, Samaritans). Each participant was also given the opportunity to discuss and reflect upon any difficult memories or feelings elicited after the interview was completed.

Anonymity and confidentiality

All the data collected during the course of the interview was treated confidentially and remained anonymous. The personal details of the participants were only available to the researcher and participants were coded by a study number immediately after interview completion. Both the recordings of the interview and the transcripts were stored securely.

Recordings - The interviews were digitally recorded and then transferred onto the primary researcher's personal laptop and saved in a password protected file. After this step the recordings were erased from the Dictaphone.

Transcripts – Transcription was completed by the primary researcher. The transcripts were stored on my personal laptop and a password protected file was used to save them.

The names of participants and that of other people they referred to during the interview were changed to pseudonyms. Any identifiable information including place names and third parties remained anonymous.

Analysis

Thematic analysis is a method for identifying patterns and themes within qualitative data (Boyatzis, 1998). Braun and Clarke (2006 p.82-85) outline choices that need to be considered throughout the planning and subsequent completion of thematic analysis:

1)What counts as a theme? 'A theme captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set' Braun and Clarke, 2006, p.82.

Researcher judgement is necessary to determine what the themes are. The importance of themes chosen was dependent on how linked they were with relation to the study research aim. My themes were discussed with my

supervisor to verify that they were both valid and appropriate and furthermore that they captured and accounted for something important in relation to the overall research question.

2) Rich description of data or just one aspect? Taking into consideration the fact that there is little published research on the experience of Irish homosexual men growing up in 1940 and 1950s Ireland in either the UK or Ireland, I opted to allow leeway for unique themes to emerge, which had not previously been considered. The interview framework was purposefully broad, to enable participants the opportunity to discuss unforeseen aspects of their experiences, that a more specific interview style may have overlooked.

3) Inductive or deductive analysis? Both inductive and deductive analysis was used for this study. The themes were strongly linked to and extracted from the data, however, following this procedure data was also re-read looking specifically for instances related to IPT. This mixed method of analysis has been completed previously in studies using thematic analysis (Fereday & Muir-Cochrane, 2006).

4) Semantic or latent themes? This analysis mainly adopted a semantic approach, in that I was not looking beyond what the participant said within the interview as is required with a latent thematic analysis.

5) Epistemological position? The researcher took a critical realist position.

Phases of analysis

Braun and Clarke (2006) outline distinct phases that the researcher must go through to analyse the data set.

Phase one – Transcription and Familiarisation

Following each interview, I transcribed the digital recording. This was an important part of the analytic process as I could engage closely with participants' interviews and accounts. I then repeatedly read and re-read the transcripts to enhance my familiarity with the data set.

Phase two – Exploratory coding

During this phase I completed a line by line analysis of each transcript. I entered the data into a table with three columns. These were entitled:

'Transcription', 'Initial Coding' & 'Initial Themes' (See Appendix J). The initial coding consisted of key words, comments, impressions, emotional responses and observations that were made on interesting points within the transcript. Examples of my initial coding were taken to supervision to ensure that the codes accurately reflected the original data.

Phase three – Organising codes

This phase commenced with organising the raw coded data into subsets that followed vague thematic patterns. Codes and corresponding data sets which were deemed relevant to specific experiences were selected and thematic maps were drawn to map out connections. A thematic map was drawn for each participant's transcript (See Appendix K for an example). Data excerpts which correlated to these codes were filed together for the entire process to ensure that raw data was available for first-hand referral at all opportunities.

Phase four – Developing themes

During this phase similar groups of codes were reorganised and condensed to identify themes. Some themes were collapsed into one another. Following this each 'initial' thematic map was condensed further and the process of linking the data within the 'evolving' thematic maps began. (See Appendices L and M). Themes were linked and refined in collaboration with my research supervisor. Post it notes were used to visually map out the connections and links.

Phase five – Naming and review

A further review of all identified themes was the fifth phase entered into while analysing the data set. The themes were reviewed to ensure that they were distinctive, some were collapsed into one another and others were discarded if they were not relevant to the aim of the research. Themes were then named with the aim of encapsulating the data within them. The themes were then saved as separate documents and all quotes from the interviews were grouped. Quotes that were particularly illustrative of the theme were included in the analysis section.

Quality Assurance

Transparency

It is vital that any research project be completely transparent, meticulously detailing all processes engaged upon and analysis methods used. This enables the reader to critically evaluate the body of work, and to assess the validity of results arrived upon (Yardley & Marks, 2004).

Transparency underpinned the entire analysis procedure, and detailed records were maintained throughout providing clear links between the data collected and the explanations provided (Green & Thorogood, 2004). A research log containing details of all the decisions made as well as concise records of research meetings with my supervisor was kept. This aided my recording of thoughts and ideas as I engaged more deeply with the data set as recommended by Cutcliffe, (2003). My reflexive diary showed my observations, thoughts and personal reflections throughout the research process.

The raw data was consistently referred back to during the analysis process, as a means of safeguarding the validity of emerging thematic concepts. I had meetings with my research supervisor to make sure that a clear link between the raw data and the themes was evident. Furthermore we simultaneously reviewed the same transcripts, before discussing our coding and what themes were emerging. This process was used to ensure my findings were rigorous and valid.

Transferability

Transferability refers to the 'process of drawing inferences from the analysis' (Mason, 1996 p. 64), therefore inferences can be drawn from one specific population and generalised to a broader population. The transferability of research findings are greatly improved by the scope of the recruitment of older Irish gay men from across both the UK and Ireland. This enhances previous studies which have had a more limited geographical scope. While doing so, however, the researcher must be aware of the variety of cultural experiences of different men (e.g. the experience of those who went to England will vary from those that did not). Similarly, the experience of those who moved to larger urban settings will differ considerably from those who remained in rural settings.

Member checking

Member checking is where the researcher goes back to the participants to ask if their transcripts are accurate and correct (Sandelowski, 1993). Member checking was not completed during the research process as my aim was to interview the participants at a moment in time and it was felt that their views and accounts may have changed since interviewing due to changing experiences and circumstances. The original interview itself may also have changed their viewpoint.

Extended Results & Discussion of Results

This section focuses on the themes that were unable to be discussed further in the journal article. The themes are explored in relation to existing theory and research that has been presented in the extended background [*See Appendices G-J for thematic maps relating to these themes*].

Relationships

Finding partners in old age is challenging for both heterosexual and homosexual people, however, it is perhaps more difficult in the gay community given that gay society is supposedly quite youth orientated (Fannin, 2006).

...I'm older now so at my age I don't start dreaming about if Prince Charming will come along or whatever (Gordon).

For men who did not want to come out it was difficult to consider a relationship. Tom talked about his single status:

...It's a non-starter now. If you have never been in a relationship you're never going to be in a relationship, that's the way I look at it anyway.

When describing being finally able to go to gay bars, Jim mentioned:

...I'm afraid by that time I was, you know, nearly fifty years of age and you can't change what you have done for a lifetime [being single].

As mentioned in the journal article, there is an absence of venues where older gay men can meet and form friendships, and subsequently, relationships. Many

men mentioned that the old avenues and ways of finding partners were no longer available. With the advent of the internet many public 'cruising areas' and specialist gay venues have closed down. The new avenues to meet people for sex and/or relationships (e.g., via the internet or mobile phone apps) may not be available to older generations, particularly those who do not identify as 'gay', or those who do not have the resources to navigate through 'gay'-identified commercial spaces. Also, some men viewed these new avenues with extreme caution and opted out of any involvement in the gay scene. This may have been due to a fear of being distinctive due to their age difference and therefore seen as a threat to their identity.

Despite these difficulties a couple of men did not rule out meeting a partner:

...As far as a relationship, I don't know if I would ever have another one. I probably would be open to it depending on the kind of person I met, I would be, cause it's lonely being alone all the time (Bob).

...Even some friends of mine they have been able to fall in love at middle age and even settle down then and, ehm, I kinda say well that might happen to me someday who knows? (Gordon).

However, one man continued with long-held reservations governed by his religious beliefs jeopardising his desire to be in a relationship:

...I suppose for a long time I was afraid to get into a relationship because I would always have the difficulty of joining up a relationship with my view of the Church (Fred).

Heaphy et al (2003) conducted a study in the UK which found that 40% of older gay men were in a relationship with a partner of the same sex. The percentage of gay men in a relationship within this present study was similar.

However, this was not always the case and some participants described a period where they tried to live 'the straight life', including having partners of the opposite sex:

...I had loads of girlfriends and met another girl from [place name removed] and ehm and was with her for 5 years and again the same thing happened and broke

her heart as she was in love with me which I couldn't return to her, what she would want you know and it was quite difficult (Tom).

...I went with woman it sounds awful it sounds awful but I went with women to try it and I functioned but it wasn't the same as being with a man (Bob).

Higgins et al. (2011) found that for some men the conscious and unconscious desire to lead the 'straight life' culminated in marriage. This was also the case for one participant in the current study. Speaking about his relationship Brian reported:

...We dated for around 5 or 6 years and we got married, which is not uncommon [gay men entering marriage]. I suppose it was 3 years into the relationship that I started to question my sexuality...

The same man spoke of the emotional turmoil he experienced prior to and after divulging his LGBT identity to his spouse.

..I couldn't not tell her. I knew no matter how difficult it was going to be that I had to tell her. Because if I continued on then I would be living a lie.....then I talked to her and that was one of the most difficult moments ever it was excruciatingly painful (Brian).

Many men in the current study reported meeting men who were both married and gay:

..Life as much as the gay thing for me here in Dublin could be lonely. It could be because on the sites it purely, from what I can sense, it's purely sex. I could easily get sex with lovely guys in their thirties and forties but they go home to their wives at half 5, 6 o'clock and that's not really what I want (Bob).

...A lot of the people I did have sex with at that time were married, a lot of people were married. My first ever, I won't say affair, but my first ever long term thing that I had was that I saw a guy regularly on and off for about a year. And he was married (Sam).

Reporting on how many people one participant had met who were married:

...I'd put it at quite a high percentage. I would put it at probably 60% of the men that I met from the age of say 17, 18 to about 22,23 were married men (Fred).

Heaphy et al's study (2003) found that the younger the participant, the more likely he was to be in a relationship. However, 65% of men reported living alone. Again, these findings are similar within an Irish context. Only three out of seven participants were in a relationship. Some men reported to have had 'experience' with men without this culminating in a relationship.

..I suppose even though I never had a boyfriend as such I had experience yeah (Gordon).

Men provided different reasons for this including blaming themselves:

..But as for relationships, I don't know, I blame myself really. That I don't want to give myself and there is all that a wall comes down (Tom).

Or reporting:

..I'd rather be alone than be miserable with somebody I'd prefer to be alone, now (Bob).

First relationships

Some men who came out later in life described being very innocent initially about relationships as they had spent most of their lives alone. Speaking of falling deeply in love during his first relationship Bob reported:

...I was so idealistic. I thought the ideal thing was to meet someone and fall in love and live happily ever after. But my relationship broke with [names first boyfriend] and that mentally nearly destroyed me (Bob).

After moving to the UK in his thirties one participant described feelings of attraction to a gay man for the first time:

...I remember that attraction being so magnetic that I was nervous. I remember feeling taken. It was such a powerful magnetic feeling that I was quite shaken (Eamon).

This feeling of being 'taken' and 'shaken' may have threatened this participant's sense of self-efficacy (feeling confident and in control of one's life) and may therefore have been a threat to his identity.

Many men spoke about how it seemed their lives were on hold until the opportunity arose to come out and be themselves. One participant explained:

...I always explain it like when I came out first I relieved my teenage years in my last twenties and thirties which is a bit disturbing at times but enjoyable as well (Brian).

Some respondents described their initial excitement at becoming involved in the 'gay scene':

...There were elements of the threat of discovery and all that (Fred).

...It was doubly exciting because you were in that network and you were also hiding from people (Tom).

However for others it was quite shocking:

...I heard about this great drag show at this pub, I didn't even know what a drag show was and you know when I saw it first I was amazed by it and thought, it sort of terrified me also (Eamon).

And frightening:

..but the cruising, which absolutely fucking terrified me but every single step I took into the areas whether it was [names place] or down by the river in [names place] terrified me (Eamon).

This fear of transition from straight to gay space was also reported by British Muslim gay men and was seen at an intra-psychic level 'to induce psychological upheaval due to fundamental changes in self-perception' (Jaspal & Cinnirella, 2010, p.8).

Some of the men reported that they were, or had been, involved in intergenerational relationships. Recalling his early sexual experiences Eamon described:

...And I was in sexual practise from a very early age, in that I reached puberty early and was I think nowadays it would be described as abuse by an older man but I actually wanted it I was conscious of wanting the physical thrill of sex I don't want to get too heavily into the word abuse or blame for this person because I was looking for it. I was seeking this person out. I wanted the sex there is no doubt about it (Eamon).

Intergenerational relationships and sexual practice where common however one man was initially shocked by being seen as attractive by younger men:

...he was a lot younger than me, that was the first person, I was what I would have been about 52 and he was 29 so there was a huge age difference and I thought it was money that's the other thing. Somebody needs to do research on this. There are a lot of young guys who physically are only attracted to older men over 55 or 60. I never knew that either, I thought it was all money, they genuinely adore older men. Maybe it's a father image or something, but on the websites I would have no problem meeting someone from 25 to 35, I would like somebody a little bit older but it's much easier for me to meet a younger guy (Bob).

A participant living in the UK spoke of how intergenerational relationships have become quite common on the gay scene and something that he had become used to:

..I think there were a lot of older men who would be flattered being fancied by a younger man you see it here all the time you see seventy year old men coming in with 25, 30 year old boys and that's fine by me (Fred).

Migration and Coming out

Coming out for some men was not only about disclosing their sexuality to others, but it was also about the 'developmental process through which gay people become aware of their affection and sexual preferences, and choose to integrate this knowledge into their personal and social lives' (McDonald, 1982, p. 48).

The need to move away due to being gay was evident in Tom's narrative:

..I remember another person who was also gay and living over here [UK] and I always respected the way he lived his life and all that stuff, he didn't stay behind the screen where it was safe. He did come out. He was an example of the fact that it was possible to be who I was and happy.

Those participants who had emigrated spoke of this period in their life as providing them with the space, context and time to explore and come to terms with their sexual orientation in an environment free from surveillance and oppression. The freedom of being abroad allowed them the space to explore their gay identity and subsequently increase levels of self esteem:

...But it was fantastically liberating. I loved being able to love, it was wonderful to be able to love. It was wonderful to have great sex, it was wonderful to want to know everything about sex, it was wonderful to be curious about sex that I didn't even want to have, it was wonderful to go to all those crazy clubs in [name place] that I had read about and I had to visit when I was there, even if I did have to borrow someone else's clothes to go there you know what I mean it was a time of discovery and discovery as we know goes right through your whole life. Cause as your life changes there are new discoveries.(Eamon).

Another man reported his sense of freedom after coming out:

..that year for me was major party time as there was just this sense of freedom, a kind of realisation, (laughs) it was so funny going to a nightclub for the first time with a guy I met in Cork and he turned to me and said, well, who do you fancy here and I just laughed, I couldn't stop laughing and he said What are you laughing at? and I said now I know what all my mates used to be doing at the nightclubs (Brian).

Education

The Catholic Church's influence in Ireland was, and still is, very powerful in both the school system and the family law system. Previous research conducted for the Equality Authority on diversity in Irish schools found that there is a lack of education on LGB issues and also identified young LGB individuals as being at

risk of social isolation, depression, loneliness, harassment and violence (Lodge & Lynch, 2004).

In line with this research many participants spoke of the negativity of the educational system and the Catholic teaching body in their early years:

..I had very negative feelings about the Catholic Church and the whole school thing and if I did suffer abuse in Ireland it was from the whole teaching body, that ruling body of the Catholic Church but at the same time I have to understand that they came from the Ireland before me and from a typical similar culture (Gordon).

Gordon seems to have conflicting feelings towards the Catholic teaching body. It appears that he was angry with the way that they treated him but was also able to understand why they were acting in this way – because of their upbringing within a dominant Catholic culture. Conflicting feelings like these serve to heighten the guilt he felt for mentioning them, which in turn decreases levels of self-esteem.

The frustration felt towards the discriminatory attitudes of nuns was evident in Eamon's narrative:

..I remember the nuns being very frustrated and cruel to some kids and not to others. They loved the children of well off farmers, big shopkeepers, and stuff like that. God I'm stunned by how cruel they were (Eamon).

And furthermore the evidence of unsupportive teachers was evident in Bob's narrative:

..in a Christian Brothers school in the north of Ireland I was always told I was stupid, so I felt I was stupid, I was just never given the encouragement (Bob).

This in line with research conducted by Lynch & Lodge (2002) which concluded that there is a high levels of homophobia among students in Ireland and a lack of awareness and sensitivity among teachers.

Reports of child abuse within the Catholic Church have divided Catholics in Ireland. Because of this many who call themselves Catholics do not heed its

teachings. Many participants spoke about their knowledge of abuse within the Church with one man explicitly stating what had happened to him:

...I remember one sinister experience where the priest actually became quite graphic and I realise now was aroused during the confession, and it was a confession that went on quite a long time as he persisted, and persisted, and persisted, and I was kneeling there thinking fuck you I'm not going to give in (Eamon).

Friends and Group membership

Friendships can help gay men to deal with feelings of isolation and invisibility. Nardi (1999) has expanded on this idea by stating that "friendship is the central element of gay man's life". He reports that it is through the channel of friendship that gay men are able to "create, transform, maintain, and reproduce their identities and communities".

Previous UK research found the value placed on friendships was very important with Fannin (2006) discovering that 50% of those questioned agreed with the statement 'I view my friends as my family'. In addition, 93% reported friendships to be important/very important.

Tom reported that:

..Friends are very important, very important. Probably more than family even and I think that's a very good thing as my friends are very supportive as well. You can have a laugh and a joke and that sort of thing you know.

Hubbard and Rossington (2005) reported that when gay men need to turn to someone for help 39.6% turn to their friends, while only 19.4% turned to family.

Philips & Knocker (2010) reported that 22% of men in their UK study had distanced themselves from their biological family due to their sexuality.

Breakwell (1986) has identified that through groups individuals can come together with others who share their experiences and who are sympathetic to their cause to create new groups.

In line with this research participants reported having 'families of choice' – a network which they rely upon, where responsibilities and obligations are open to negotiation (Philips & Knocker, 2010). These support networks reduced the alienation felt by men who were unable to disclose their sexuality to family and friends. Seeking support from a group was reported by Breakwell (1986) as an important strategy for coping with identity threat.

Several participants reported that they had dealt with feelings of identity conflict by seeking out such communities where they could experience a sense of belonging. Having identified a gay bar where he was comfortable Sam said:

...In here it's all about friendship and meeting people. You need that, especially as you get older (Sam).

Breakwell (1986) outlined that group membership permits the externalising of feelings (self-doubt, guilt or self-blame) and in an atmosphere which is supportive, the discovery that these feelings are normal and shared by others.

By accessing gay communities, men were able to attach positive meaning to their gay identity. Brian described life living as a gay man:

..It's great, I mean it really is, like sometimes I feel sorry for straight people. I suppose everybody's situation is different but I suppose I've been very fortunate (Brian).

Brian described the importance of his involvement with LGB activities in Ireland to develop a network:

..fairly quickly after coming out I purposively got involved in the [names gay support agency] because I wanted to network.

Research by Higgins et al. (2011) showed that 64% of individuals over the age of 55 reported some LGB involvement in the past year. Involvement included; visiting a pub or club, attending a social group/outing and community activities. However, it was reported that there was a lack of social networks for this cohort, other than pubs and clubs. This was considered as having a negative impact on the opportunities for older LGBT people to meet others and to form relationships.

One man spoke about forming friendships in a support agency, however, was anxious about its prospects:

..I'm kinda concerned because I find it handy as a drop in centre if it continues as quiet as this then they may not continue trading (Gordon).

For one man in particular the AIDS crisis of the eighties impacted upon his circle of friends significantly. He experience severe loss and grief and reported:

...when I look at gay friends of mine, who I looked after when they were dying of aids, ...I became exhausted from it as so many people died it was ...[pauses due to being upset]_I'm sorry it was a horrific time and something I am not sure I ever really recovered from and you can't because I know so many people living with aids and living with aids some people are amazing they have no problem with it at all and some people do but every so often you hear that someone has taken their own life and I sort of know why and I would never criticise them for it and if that's what they want to do then I completely support their decision and I actually think that suicide can actually be a positive thing, you know, because at least you make the decision yourself (Eamon).

Eamon's sense of self-efficacy may have been impacted at this time and he had little control of what was happening within his environment. This feeling may still be on-going without resolution and may pose a threat to his gay identity.

Two other participants mentioned how the AIDS crisis affected them, with one participant volunteering for an AIDS agency in their town and another describing how it made him wary of the gay scene:

The aids scare then happened in the early eighties and ehm I was always kind of health conscious and that anyway and kind of physical contact with a men was kind of, even to be sharing a spoon with them people would say you'd get aids off that thing. That seemed to be the attitude at the time you know, I'm not sure if you have heard that kind of a comment? I would have known names of people who would have died from the aids you know. Now at this stage I'd be inclined to think that people are too liberated, you know, and if there was another aids scare now, as people are not, for want of a better word, not playing safe. They say the scare seems to have died down now but in the eighties even stars got I, Rock Hudson and Freddie Mercury, they were kinda high profile. I think the way

that their bodies were treated, put into plastic bags and all that, then the bags were sealed. They were treated like the lepers of old, that's the kind of impression we got from the news, that's what we were fed anyway. I'm not sure if it was fact or fiction and even in the hospital they were kind of treated like lepers, but people may have been going by the advice they had. But it certainly made me keep my distance so to speak (Gordon).

Troiden (1989) reported that environmental and societal factors, such as the AIDS crisis, can influence an individual's identity development and furthermore their ability to come out (Barnett).

Satisfaction with life and remaining positive

The present generation of older gay people lived through periods of great hostility however Quam and Whitform (1992) report that many older gay people believe that they are stronger because of those experiences and that they have found strength and confidence in the gay community.

Despite painful and challenging experiences, nearly all of the interview participants spoke of the importance of staying positive, having a sense of humour and celebrating the good things in their lives:

Eamon summed up his life by saying:

..It's been an extraordinary life I'm absolutely so grateful that I am a gay man because the experience it has given me, the negatives and the positives, all the pain, all the thrills, all the joy, I embrace it all because it's all part of my life, it's all part of who I am and I see it as a journey and I see it as a success. In the end I am very grateful that I, that someone in me, found the courage to be the brat, to break the mould, to say fuck off, kiss my arse, who gives a shit. I so needed all that. No, I have no regrets, absolutely no regrets.

Brian also finished his interview on a positive note:

..Yeah, so on the grand scale of things even in this economic climate I'm very lucky. I'm in a very loving and close relationship and very supported. I am also fortunate that I found a job so financially we are kinda keeping our heads above water so yeah.

Ireland – Past and present

Brian reported that negative attitudes, which were closely linked to the teachings of the Catholic Church in Ireland, were turning more positive:

...Ireland was going through a lot of changes at the time. The control that the Church had was starting to relax and I suppose a few years after that the abuse of priests in the homes all started to come to fruition. So basically the control that the Church had on our society started to radically change and, funnily enough, even in the midst of all that control, Irish people have a very subjective thing they might listen to the Catholics Church's preaching but on a one to one it would be very different they might collectively disagree with gay society at the time but mainly out of ignorance but most people if they knew you and knew you were gay most Irish people didn't really give a shite.

Participants took pleasure and strength from seeing a younger generation of gay men and women live their lives in a more tolerant and accepting society.

Describing the current cultural context for gay men Sam reported:

...Well as regards being a gay man I think gay people today are a lot luckier than we were because society is, in my view, not in everyone's view, well I think that society is a lot more tolerant to gay people these days and there is no need to keep it under wraps so much as we had to do in the fifties and sixties.

Speaking about a meeting he attended concerning LGB issues Gordon reported:

...It was open to everybody and I sat in on one or two things, I would have been the elder of the pack alright but they were quite happy and quite open, and I told them how lucky they were to be growing up in the liberal times that they were, and told them it was quite different in my time and I wished them well.

Eamon had hopes for a future where gay Irish men would not have to hide their sexuality and could live openly as gay men:

...I feel sorry for them [Irish men who never came out] and it's very sad to see a man of my age crying for a life not lived, you know, there is still a lot of it around but my generation and the generation after me or maybe the one after that I think it all ends there.

Results showed that in spite of the challenges men faced, they were able to look beyond past experiences and move forward. Their relationships and support networks were extremely important, enabling them to combat the loneliness and isolation they experienced when moving out of their communities. The research showed that despite the difficulties inherent with relocation and migration the majority of men had the resources to build new and more supportive networks. However, support services need to be aware of the minority that are unable to do so.

Extended Discussion

The present study describes the various barriers and difficulties that individuals have faced when trying to construct and negotiate their gay identities, and also their subsequent struggles in attempts at reconciling both their religious and gay identities within Catholic cultural contexts. Many difficulties stemmed from the role the Catholic Church's teachings played in gay identity construction and therefore within the identity challenges that participants faced. Previous research has also identified the difficulties individuals experience in negotiating identity under the burden of heavy religious teachings (Jaspal & Cinnerlla, 2010; Coyle & Rafalin, 2000). Some men in this study opted to ignore religious teachings, however, some may wish to understand their sexual selves without necessarily turning their backs on their religion, and abandoning their Catholic self. It is imperative that the individual's Catholic context is understood as some participants continued to attach huge value to the church, despite the difficulties this presented.

Removing the emphasis which is placed on Catholicism may be beneficial, or at least, a broadening of the construct of Catholicism. Identity conflicts are not easy to absorb for an individual living with what can be described as crippling "Irish guilt". It may even be necessary to develop a form of gay identity which is acceptable to the Catholic man, even if only to reduce stress to manageable levels, while identifying external support sources.

Various coping strategies were used to deal with identity threat at intra-psychic and interpersonal levels. The most popular method used was the interpersonal

strategy of isolation. Isolating oneself from society can work in the short-term, however, it can have detrimental effects on an individual's mental health, as not having the opportunity to share problems with others can compound difficulties. Men who moved to England reported feeling less isolated as they had access to (or knew they could access) groups where they could be themselves. These men could therefore use intergroup coping strategies to lessen their identity threat. This opportunity was not possible for the men living in Ireland, especially for men living in more rural areas and who had chosen to stay.

Previous research conducted by Keogh et al (2004) looking at younger Irish gay men showed that the disruption of having to hide or move away from their communities contributed to a variety of mental health problems. The men's accounts in his study were marked by feelings of guilt and shame, and an inability to understand or deal with their sexuality. Some of the men within the current study who migrated reported that it was a positive experience for them and they did not encounter any difficulties. It also emerged that men who relocated to larger towns were able to elicit support for themselves (e.g. Outhouse). However, other gay Irish men, not included in this study, who emigrated as a result of their fear of social castration may have suffered from the impact of minority stress, reported by Meyer (2003) as being "centred on an understanding that alienation from social structures, norms and institutions can create psychological distress and increase the risk of suicide". It is oversimplistic to generalise and assume that all gay men are predisposed to higher risks of poor mental health due to minority stress. However, research consistently points to higher levels of suicidal ideation and behaviour among the LGBT population, as well as increased levels of mental health risk factors such as depression, isolation, and substance misuse (Meyer, 2003). This is a factor to bear in mind when working with this client group.

Previous research on identity suggests that individuals move through different development stages with regard to acceptance of their sexuality (Cass, 1984; Troiden, 1989; Morales, 1989), however, as mentioned previously, older men may have to revert back to previous stages of development which is likely to reduce levels of self-esteem. Support agencies must be aware of the likelihood of this happening and be proactive in recognising the signs that men may display.

The participants gave very detailed and rich descriptions of their lives and their experiences. This research, however, does not strive to make statements about the lives of older gay Irish men in general, but rather aims to identify salient issues applicable to this cohort. The aspiration is that this identification will lead to further studies on this cohort, with greatly increased sample sizes and broader religious contexts.

Strengths and Limitations

There was a lack of previous literature in this area that the researcher could draw from, work with and critique. Most of the prior literature consisted of grey literature which was informative but added little to the subject area from an academic perspective. This further highlights the necessity for additional research in this area, which will address the needs and experiences of the older LGB population, not only in Ireland, but globally.

The recruitment process which preceded the research posed a major challenge, as the principal researcher attempted to make contact with a group of people who had deliberately and fixedly placed themselves into an underground base. A group who are shrouded in guilt and shame about their sexuality are not the most obvious volunteers to a research project on homosexuality. There remains an extreme fear of being 'seen' or being 'outed', despite the changed context of a modern Ireland, and increased acceptance of homosexuality in Irish eyes. Those men still in hiding largely blamed this fact on ideas ingrained by the doctrine of a most powerful Catholic church. Both Jaspal (2010) and Coyle & Rafalin (2000) reported similar recruitment difficulties in their research into areas surrounding gay men and sexual identity within religious contexts. Despite these challenges, the principal researcher used every conceivable method available to recruit an ample sample group. In spite of the challenges outlined, the researcher succeeded eventually in doing so.

A sampling issue which may be considered relates to the fact that participants volunteered to take part in the study. They were therefore already self-identifying as being gay. The researcher was interested in attaining an understanding of those who do not comfortably wear this identity. However, those people by their nature of experience make themselves very difficult to identify and recruit. This factor may have somewhat biased the sample towards

an older gay man more comfortable with his sexuality, and not the older gay man in forced hiding.

All of the interviews but one were conducted face to face with the research participants. This enabled the principal researcher to build an alliance and rapport with the men. There emerged a connection with the research participants and an empathic thoroughfare through which the participants could divulge details of their personal lives, difficulties and developments. One interview was conducted by phone, and there was a marked reduction in social cues, and decreased engagement in the process with this participant. While all areas were discussed freely, it was difficult for the researcher to assess emotion, and pick up on cues, without the usual body language hints and facial expressions regular to face to face interviews.

That the principal researcher is Irish seemed to be beneficial to the research process, as it enabled participants to trust and engage in the process, in the knowledge that the historical context was understood for what it was exactly, and prevalent stigmas and life stressors were recognised. Prior awareness of the socio-cultural backdrop of Irish society in former times was crucial in understanding exactly what the men had experienced, and in identifying accurate themes for perusal within the framework of this research. Conversely, this factor itself could be argued to have shaped the research and interpretation of the data set, influencing themes chosen (Yardley, 1997a). The researcher kept this limitation to the forefront of all processes, and an awareness of this was considered at each phase of the research process, in order to decrease the likelihood of this impacting the research outcome.

Before any interviews were conducted, it was considered at the outset that the fact of the interviewer being a heterosexual woman might perhaps in some way alter the accounts given by the participants in the study. However, it did not seem apparent throughout any of the interviews that the men were in any way filtering their accounts because they were being interviewed by a younger woman. Intricate detail was provided on many aspects of their lives, including personal sexual thoughts, and experiences were openly explored. A non-judgemental approach by the researcher may have contributed to eliciting this openness and safety to speak so openly during the interview process.

Implications

The results from this study add significantly to the small body of literature on older gay men in both the UK and Ireland. This research illustrates how gay men have struggled to construct their identity and issues arising when attempting to amalgamate disparate identities (i.e. sexual identity and religious identity) into one. The study also elucidates the various coping strategies engaged by men as they struggled to deal with inner conflicts arising from the clashing of the two discreet identities. The current research is very important for agencies and therapists striving to work with sexual minorities, to help broaden their understanding about the issues faced by an older gay generation, and to educate their approaches in addressing factors impacting this client group, by accommodating such difficulties into their therapeutic work processes.

This body of research documents the phenomena of Irish gay men feeling that they had little option but to flee from their communities and social networks in order that they may escape oppression. Service providers should have a core awareness of the challenges that men may encounter (or already encountered) when entering new environments in older age. A readjustment to a new setting or environment requires a certain amount of inner strength, and if a client's strength has been used up by many years of repeated oppression, then there is a role for the therapeutic relationship to support them to build on personal capacities in coping with new adaptations.

Professionals training to work in this area must understand the multi-faceted challenges gay men (young and old) face whilst negotiating their identity. It is imperative that professionals understand the many strategies used by gay men as they struggle with identity conflict, so that these processes may be recognised within the clinical setting, thereby enabling the therapist to deal with these issues before they become unmanageable and lead to psychological distress.

The importance of socialisation among ones peers emerged as a prominent factor throughout the interviews process. There was a high value placed on the ability, or not, to engage and interact with other gay men in social situations. Many of the participants, both in the UK and in Ireland, spoke of loneliness, and of a desire to belong to a group of like-minded individuals. Support groups

should give consideration to this need, and may need to alter services to accommodate informal groups, with added confidentiality. Alternatively, agencies could facilitate this process by giving men the resources to set up groups for themselves (e.g an internet group with an authenticated moderator).

The majority of men interviewed for this research were not accessing services, and this is something which needs to be considered. Past studies on the mental health of the LGB population have aimed to dispel the negative stereotype of the ageing depressed older gay man, and claim that there is little evidence to suggest that older LGB adults are at greater risk of mental health problems than their younger peers. However it is clear from this study that issues of loneliness and isolation need to be addressed to improve social support networks for many older gay men.

Recommendations for future research

The principal researcher paid particular attention to those reports from individuals who remained involved in the Catholic Church despite their inner conflicts. There is a need for further research with individuals from a wider range of religious backgrounds, which may uncover ways through which men can learn to merge their disparate identity aspects in less problematic ways. A wide-reaching analysis of the experience of gay men from an expansive range of minority sub-sets would help to understand how identity is formed under the shadow of another strong identity setup.

It would be useful for further qualitative studies to explore why men were not accessing services. Perhaps men felt isolated from services due to experiences of discrimination, recently or historically. Ageism may also be a factor to consider when examining older gay men's experience of marginalisation and their lack of access to support services. An in-depth investigation of non-discriminatory policies may prove useful to address this trend.

There is a need for further research to examine the implications of other factors, including race and ethnicity, to improve researchers' understanding of how the experience of being a meta-minority (i.e. a minority within a minority) can impact an older gay man's life, and what coping skills are necessary to confront this. Religion, race, ethnicity, and migration issues must be studied carefully to

create an awareness of the types of services required for the patrons of agencies.

Conclusion

The study undertaken was a novel concept, and one which had not been touched by researchers to date. It is a vital piece of research, which attempts to gain an understanding of the psychological constructs of an otherwise forgotten percentile in society, and one which are in need of psychological support. Ireland's socio-cultural context has changed rapidly in recent times, and it is imperative that an understanding be gleaned into how older gay men are negotiating their contexts now, and how they did so in the past, noting emerging trends.

There is growing acceptance of homosexuality in modern Ireland, as people become more open-minded and independent thinking, and as the choke of the Catholic Church on collective morality is questioned and relaxed. Taking these factors into consideration, this research is very timely indeed, and leads the way for further exploration into the area.

Critical Reflection

A number of models of reflective practice were evaluated and Borton's (1970) Framework Guiding Reflective Activities model (Appendix N) was chosen as the model most appropriate for reflection as it provides an accessible and clear step by step structure. It incorporates all the core skills of reflection by firstly, encouraging a clear description of any given situation and fostering self-awareness by asking the question 'What?', it then moves onto the analysis and evaluation section asking 'So What?' furthering reflection and finally alternative actions are called for with the 'Now What?' question.

Research question

What? As outlined previously there is no qualitative research conducted on older Irish gay men in Ireland. I felt that this study would provide an insight into how

men's experiences and environments shaped their lives and influenced their psychological well-being. The research that had been completed had been within a UK and US context and I felt that Irish men had been overlooked in the existing research studies. I needed to be careful to choose a research question that would do justice to any interviews completed and further the body of knowledge within the sexuality and identity area.

So what? I reviewed literature from both an Irish and UK perspective and spoke to researchers in both Ireland and the UK about the feasibility and implications of my study. The idea was met with positivity however many researchers warned me about the difficulties that I may face during the recruitment process.

Now what? It was obvious that recruitment was a difficulty from the onset. I therefore broadened my recruitment strategies and asked friends and family members to place posters both in rural G.P. surgeries and gay bars throughout the west and south west of Ireland. This was met with some response however I needed to increase my chances of recruiting so therefore contacted old friends who worked in the entertainment industry to 'put out feelers'. I experienced frustration when emails and voice mails were not returned but had to remind myself that this was not a priority for others, only myself.

Interviews

What? I started to question my socio-cultural position and wondered if older gay men would want to speak to a younger heterosexual female about intimate experiences. Because of these anxieties I decided to practise my interview on an older friend who was both Irish and gay.

So What? The interview went well and I now felt that my semi structured questionnaire and interviewing style was open enough to incorporate and explore any subjects that might arise during the interview process. I also learned from his positive feedback that the experience for him was enjoyable. I came to the conclusion that regardless of age, gender and sexuality differences many people who don't get the opportunity to talk about past experiences feel 'unburdened' when they do.

Now What? Because of this experience I continued with the same style of interviewing which was also met with positive results. Furthermore men who were interviewed told me that they enjoyed the experience and were very happy and pleased that research in this area was being completed. Every interview taught me different skills that I brought to the next. It was a learning process and gave me interview skills that I can bring to future qualitative research.

Interviews

What? I also started to question whether qualitative researchers should be members of the population they are studying. Would the fact that I am both an insider (sharing the characteristic or experience under study e.g. Irish & Catholic) and an outsider (to the commonality shared by participants e.g. Older & Gay) influence my role as a researcher and influence my analysis.

So What? I researched articles related to this topic e.g. Rose (1985), Jaspal (1999). I began to understand that qualitative research is quite paradoxical, as one needs to be tuned into the experiences of others, yet also be aware of how one's own biases and preconceptions may be influencing what is trying to be understood.

Now What? I reflected on my position prior to and during my research.

I was similar in ethnicity, which helped me to understand the participants' cultural experiences and gave me a prior awareness of the socio-cultural backdrop of Irish society in former times. I was also brought up as a Catholic so I could relate to the strict Catholic upbringing that the men had and the teachings of the Catholic Church that some were battling with. These two 'insider' positions helped me with the research process as I did not need to question the men further on certain issues. I had previous knowledge and therefore there was an understanding between us.

Alternatively I was also an outsider. I was a younger, straight researcher researching older, gay individuals. Because of this position I felt that some men may not have talked about certain issues with me and I also may not have picked up on everything that the men said or alluded to. I was however

knowledgeable about bars and clubs that older gay men frequented and I was able to form a connection after mentioning these within the interview. Having this connection may have decreased my 'outsider' position and advanced my 'insider' position.

With regard to counteracting my influence on the analysis, I had meetings and discussions with my co-author to make sure that a clear link between the raw data and the themes was evident in my analysis. Furthermore we simultaneously reviewed the same transcripts, before discussing our coding and what themes were thought to be emerging. This process was used to ensure my findings were rigorous and valid.

I feel that by conducting my research as both an insider and an outsider a novel and different viewpoint was extracted from the data.

Qualitative meetings

What? Any colleagues who were also using qualitative methods arranged monthly meetings to discuss their method of analysis and epistemological position. I viewed this as an opportunity to learn more about thematic analysis and critical realism. I felt that the meetings were very pressurising. Many others had a clear view of ways in which they were going to analysis their data. Others spoke of having discussed and written about their epistemological positions for previous research. Due to not having previously used qualitative methods I felt like I was slightly less knowledgeable.

So What? I experienced confusion initially when others spoke about their epistemological positions and the differences between them. I had planned to come from a social constructionist perspective but the more I learned about critical realism I felt that this was more in parallel with my view of the world. Also I was the only person using thematic analysis and wondered if I had taken the right decision to use this.

Now What? After reading material that was recommended in the meetings I then met with my research supervisor and discussed my concerns related to a social constructionist viewpoint and to haven chosen thematic analysis. Through

discussion it was decided that my viewpoint adhered more to a critical realist position and I therefore came from a critical realist perspective throughout the research process. These meetings also clarified my decision to use thematic analyses. I now feel that I have developed a good understanding of both thematic analysis and critical realism. I would be willing to use thematic analysis as a methodology in future research however I am now aware that methodological decisions will be influenced by my epistemological position.

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Appendices

Appendix A- Example search - Psychinfo

The following search terms were used to locate potential articles:

1) gay or homo* or homosex* or sexual orientation or same sex or LGB or LGBT or sexual preference or MSM or 'men who have sex with men' or sexuality

65663 Results

AND

2) age* or ageing or aging or older adults or elder or gerontol*

10351 Results

AND

3) man or male* or masculine or men

4410 Results

AND

4) UK or Britain or England or United Kingdom

329 Results

Abstracts were then examined for relevance to the subject. If the study was related broadly to ageing issues in older gay men the article or document was obtained.

- All searches were in full text – TX .
- Searches were completed between the years of 1960 – 2010. This time period was used as there are no studies available in this area before 1960.

Appendix B – Email request for Journal Articles

Hello xxxx,

My name is xxx and I am completing my doctorate in Clinical Psychology at the moment. I am preparing to write a systematic review on 'The effect of ageing on older gay men' which will be part of my final research project - 'Exploring Older Irish Men's experience of homosexuality and mental health in Ireland and the UK'.

The basic aim of the research study is to explore older Irish men's experiences of coming out or concealment in Ireland and the UK, the support they received or did not receive and finally the impact of being gay on their psychological health and well being. I will be using qualitative research methods (interviews). I am hoping to interview four men who chose to stay in Ireland, four men who moved to England and four men who moved to England and then back home. I am hoping that the study will show what these men's needs are and improve services for older Irish gay men in both countries.

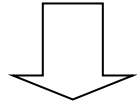
I have been trying to access your article (.....) on Medline using EBSCOhost but I'm having difficulty. Would it be possible to get an electronic copy via email? Also if you could recommend any further literature within this area it would be greatly appreciated.

Many thanks,

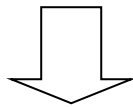
xxxx

Appendix C - Search Flowchart

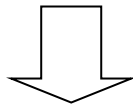
Titles of articles and documents were checked for potential relevance to the review question. If unclear from the title whether or not the paper met the inclusion and exclusion criteria the abstracts were then examined. N=659,918



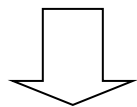
Studies disregarded as related to specific medical issues i.e. sexually transmitted diseases, sexual dysfunction, sexual behaviour, sexual activity and body image – areas that were not specifically related to the study at hand N = 483,132



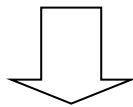
Studies disregarded as articles were related to historical issues, gay rights, policies and religion which were not specifically related to older gay men N = 88,013



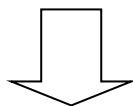
Studies disregarded as articles were related to a younger age group of adults even though cited as containing information about people over the age of 50 N = 79,388



Studies disregarded as articles were multicentre studies without separate UK data N = 8,678



Studies disregarded as articles were related to transgender issues N = 701



6 Studies used

Appendix D - Advertisement Poster



Are you an Irish gay man who was born during the 1940s and 1950s?

If so, then you may be interested in participating in a research study carried out by Joanne Mc Carthy from the University of Lincoln, UK.

This research will be exploring the experiences of Irish gay men who were born in Ireland during the 1940s and 1950s. It will be specifically looking at your accounts of growing up, the decisions you had to make about whether or not to come out and the kind of support you received (or did not receive).

It is anticipated that the information gathered will contribute to the current knowledge base and sensitise therapists to the issues that are apparent for older Irish gay men in both Ireland and the UK. It is hoped that the research will give older Irish gay men a voice and facilitate the development and tailoring of interventions aimed at reaching those most at risk.

If you choose to take part you will be interviewed at a convenient place close to your home. The interview is expected to take between one and one and a half hours to complete. All interviews will be strictly confidential and steps will be taken to ensure your anonymity.

If you would like to take part in the study, or have any questions about the research, please get in touch. I would love to hear from you.

Joanne Mc Carthy

Please contact Joanne:

By email at 10166620@students.lincoln.ac.uk ,

By phone at ***** (number to be added)

By post at University of Lincoln, Faculty of Health, Life & Social Sciences, Court 11, Satellite Building 8, Brayford Pool, Lincoln, LN6 7TS, UK.

This study has been reviewed by, and received ethics clearance through, the Office of Research Ethics, University of Lincoln, UK.



Exploring Irish Men's experiences of homosexuality and mental health in Ireland and the UK

You are being invited to take part in a research project. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

What is the purpose of the research?

This research will be exploring the experiences of Irish gay men who were born in Ireland during the 1940s and 1950s. It will be specifically looking at your accounts of growing up, the decisions you had to make about whether or not to come out and the kind of support you received (or did not receive).

We would like to hear your story – your experiences, your views, difficulties you may have experienced and if obstacles of any kind have been put in your way.

The research will also be exploring the variations in well being between men who choose to remain in Ireland, men who emigrated to the UK and men who emigrated to the UK and then returned to Ireland. We are interested in how Irish gay men have managed and negotiated their life circumstances in both countries.

Many previous studies have focussed on the younger gay population in Ireland and the UK – this proposed study will focus specifically on exploring the experiences of Irish gay men over the age of fifty five. It is anticipated that the findings will highlight future support needs for older Irish gay men by identifying gaps in support they may have experienced. It will also contribute to the current knowledge base and sensitise therapists to the issues that are important for older Irish gay men in both Ireland and the UK. Ultimately the study will give older Irish gay men a voice and encourage further research in this area.

Why have I been chosen?

We have invited three different groups of Irish men who were born during the 1940s and 1950s to take part in the study. We would like to interview men who

- live in Ireland
- live in the UK
- men that lived in the UK but have now returned to Ireland.

We have invited these groups as we are interested in the variations of the support they received or did not receive and the impact of staying in Ireland/emigrating to the UK had upon their lives.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep (and be asked to sign a consent form) and you can still withdraw at any time. You do not have to give a reason.

What will happen to me if I take part?

If you choose to take part you will be invited to meet the researcher and talk about your experiences. Interviews will take place at a convenient place close to your home. If you would prefer to travel to an office in the city centre to have the interview all travel expenses will be covered. The interview is expected to take between one and one and a half hours to complete.

Interviews will broadly address:

- Experiences of growing up and realising one's sexuality in Ireland
- Coming out vs. concealment
- Support received vs. No support received
- Coping and resilience
- Needs, both then and now

The interview will be recorded digitally as the researcher will need to write up the interview word for word before analysing the information.

What are the possible disadvantages and risks of taking part?

Due to the nature of the area under investigation, discussion of certain experiences may be distressing; you have the right at any time to request that a particular topic is not discussed or to end the interview. You will be debriefed at the end of the interview and also will be provided with contact details of agencies from which you can access support (e.g. Outhouse, Polari, Samaritans).

Are There Any Benefits Involved in Participating?

Whilst there are no immediate benefits for those people participating in the project, information gained will inform services about positive ways of working and supporting older Irish gay men. The information could be used to help others with similar experiences to yours and guide future service planning and provision.

How Will We Maintain Your Privacy and Confidentiality?

All the information that we collect during the course of the research will be kept strictly confidential. Any personal information that you provide will be stored in a locked filing cabinet at the University of Lincoln. This information will be anonymous and coded. The demographic information will be used in the write up of the research only and will be locked in a separate filing cabinet. Your information – transcribed from the interview tapes - will be stored on secure computers in locked offices and in locked filing cabinets. Quotes will be used directly from the data in the analysis and write up of the research, however you will not be identifiable from these quotes.

Can I have a copy of the research?

The research will be published in journals and a presentation will be giving outlining the main findings at the offices of each of the participating charities/support groups. Your personal information will not be recognisable. If you would like a copy of the results please fill out the research request form overleaf.

Who is Organising and Funding the Research?

The research is organised and funded by the University of Lincoln. This research has been reviewed by the Research Ethics Committee at the University of Lincoln.

What if there is a problem?

If you have any concerns about any aspect of this study, you should ask to speak to the researcher who will do her best to answer your questions. If you would like to make a complaint about any aspect of the study please contact Roshan Das Nair, University of Nottingham at the address below.

What If I Have Questions about the Project?

It is up to you to decide whether to take part or not. If you decide to take part you are still free to withdraw at any time and without giving a reason. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form.

Should you like any further information about the study then please don't hesitate to contact myself or Roshan Das Nair.

Many thanks for your time.

Joanne Mc Carthy

Contact details:

Please contact Joanne by

Email at 10166620@students.lincoln.ac.uk

By phone at 077 31654549

By post at University of Lincoln, Faculty of Health, Life & Social Sciences, Court 11, Satellite Building 8, Brayford Pool, Lincoln, LN6 7TS, UK.

Please contact Roshan by

Email at Roshan.Nair@nottingham.ac.uk

By phone at +44(0)115 846 7523

By post at Room B13, IWHO International House, Jubilee Campus Nottingham, NG8 1BB.

Appendix F – Interview Schedule

Interview Schedule

General:

Given where you grew up, could you describe what it was like when you realised that you were gay?

Prompts:

- What type of support did you get? (family/friends?)
- Were you comfortable living where you were?
- Did where you were based influence how you were gay, e.g. coming out, meeting other gay men, etc?
- What did it feel like to be gay in (name of place)?

Relocation/Moving away:

What were the reasons you decided to move away?

Did the way in which you were gay change with the move?

- Prompts: Were you able to be more open about your sexuality?
- What support did you receive/not receive?
- How did you feel about moving away?

Currently:

What is it like for you now to be an older, Irish gay man in Ireland/England?

What concerns, if any, do you have? (health, psychological health)

How has things changed in the last 30-40 years?

How are things the same/different from where you grew up?

Future:

When you think about the future, what would you like it to look like?

What concerns, if any, do you have about the future?

Would you like to tell me anything else about being an older, gay, Irish man living in Ireland/England?

Appendix G – consent form



The University of
Nottingham



Patient Identification Number for this trial:

CONSENT FORM FOR RESEARCH STUDY

Title of Project: Exploring Older Irish Men’s experience of homosexuality and mental health in Ireland and the UK

Name of Chief Investigator: Joanne Mc Carthy

**Please tick
to confirm**

- I confirm that I have read and understand the information sheet dated for the above study. ●
- I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ●
- I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected. ●
- I understand that all of my demographic details and interview information will be anonymised. ●
- I agree to take part in the above research study. ●

Name of Participant	Date	Signature
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Researcher	Date	Signature
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Appendix H – Demographic Information Sheet

Demographic Information Form

Exploring Irish Men’s experience of homosexuality and mental health in Ireland and the UK

Instructions: Please provide a response for each of the following questions:

1. Age? _____

2. Location in Ireland or the UK? _____

Appendix I – Ethical approval confirmation email.

Hi Joanne, thanks for your reply. This is to confirm that you have ethical approval from today for your project. Good luck with the study, all my best,

Emile

Emile van der Zee PhD

Principal Lecturer in Psychology

Programme Coordinator MSc in Child Studies

School of Psychology

Brayford Campus

University of Lincoln

Lincoln LN6 7TS

evanderzee@lincoln.ac.uk

<http://www.lincoln.ac.uk/psychology/staff/683.asp>

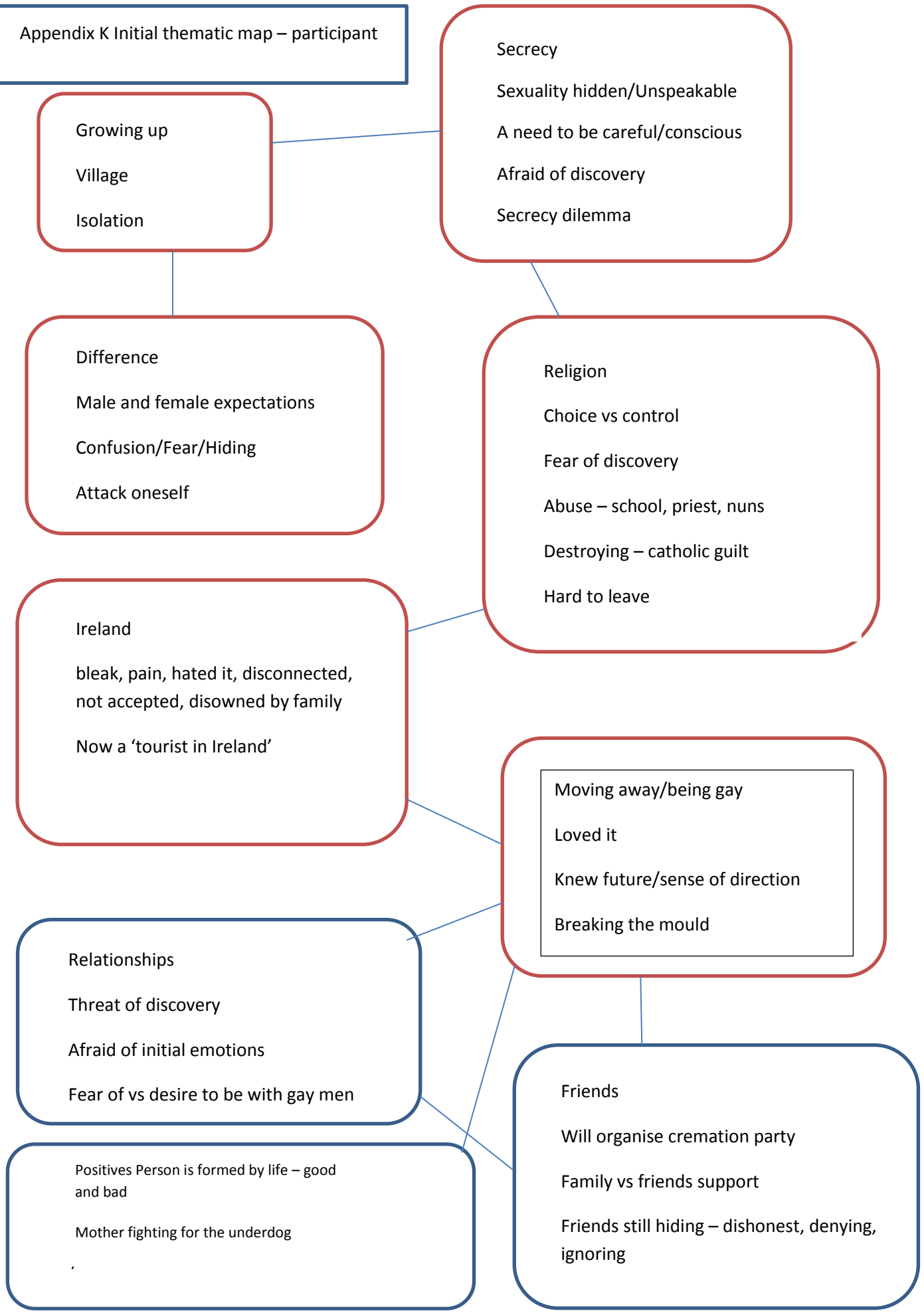
The information in this e-mail and any attachments may be confidential. If you have received this email in error please notify the sender

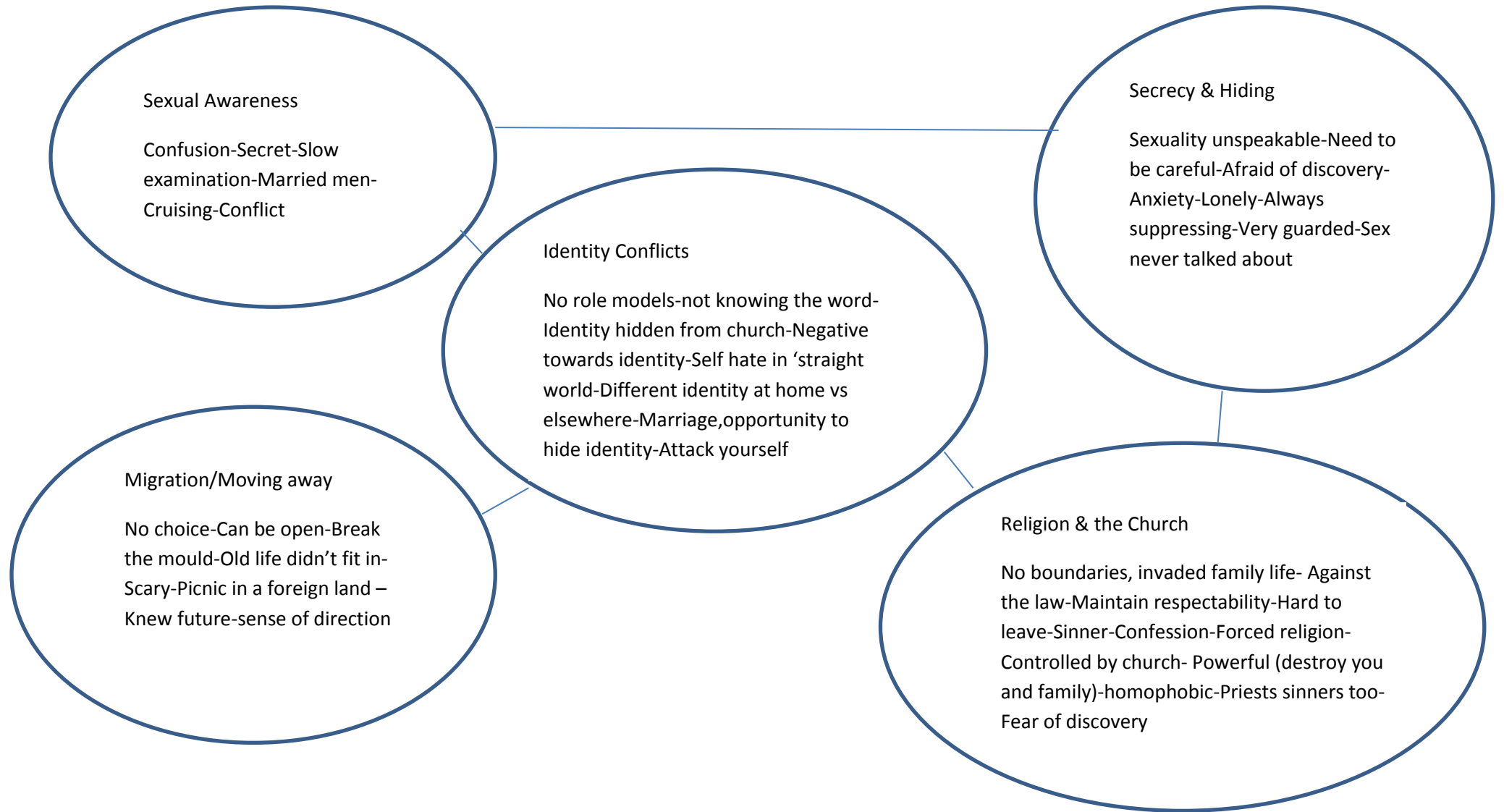
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Appendix J - Extract with codes

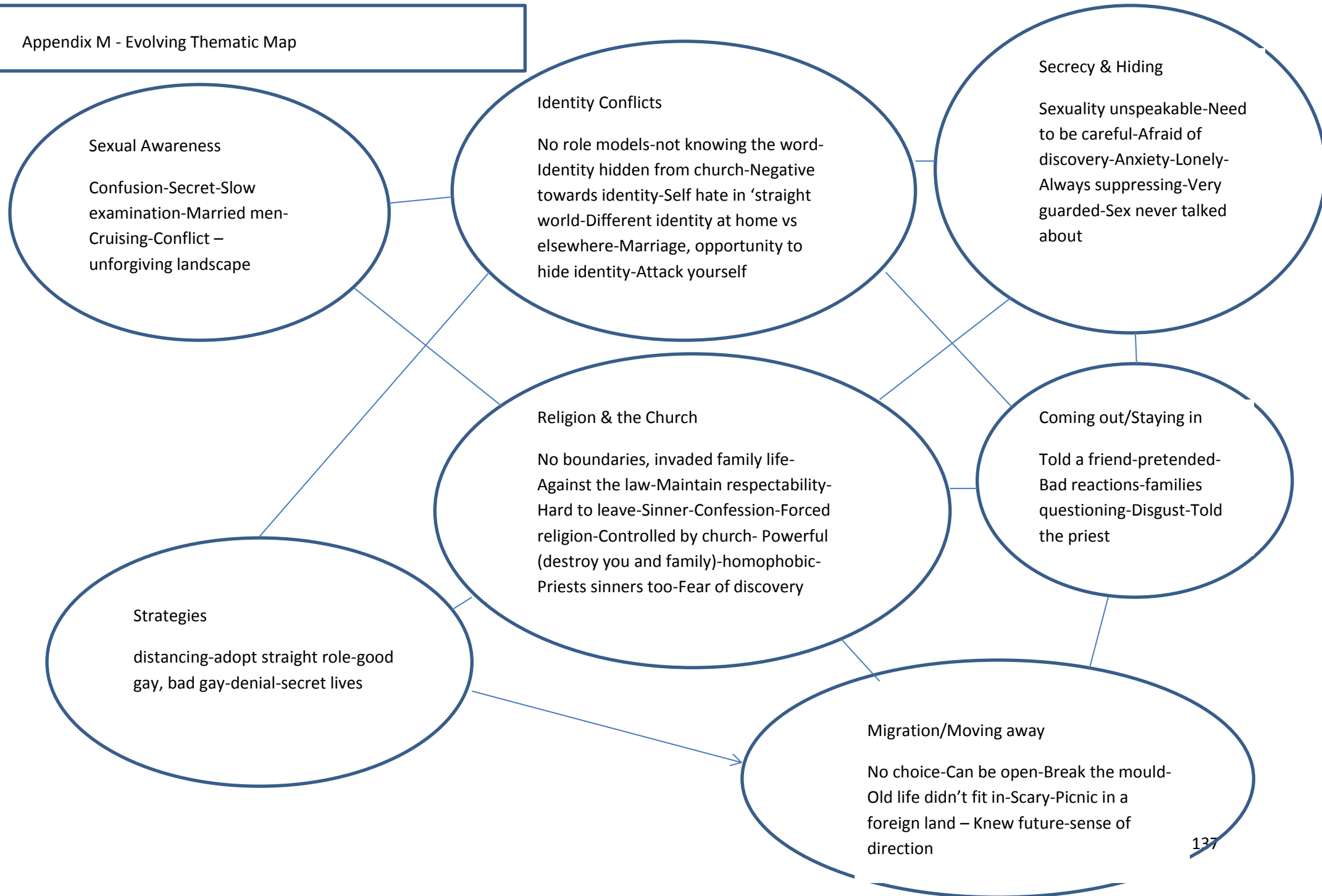
TRANSCRIPTION	INITIAL CODING	INITIAL THEMES
<p>One is formed by I think life is very 50 50 and there is a good and a bad. What I didn't understand as I was too young to understand was that actually we do have choice. And when we were at school learning about rel and free will I never understood that free will was about choice. I just didn't make that connection which may sound terribly stupid but we never understood freewill as we were so controlled. I don't think we were ever properly taught our religion which is why we ended up in my life completely disassociating from it but with tremendous difficulty. When you are brought up with a habit of religion, especially a religion that is catholic to consciously break from it is very diff as you have to break all the habits. All that stuff</p> <p>So if you look at that as a background being a gay man and not really understanding oneself as a child because really one doesn't and even later on when one has sexual practise one is looking for physical thrills one isn't and also you are in a society where you are attracted to men not women so all the examples are male female and its incredibly confusing and I was thinking about this this morning as I had a break between meetings and I wrote down bullet point things and I</p> <p>When I had to describe Irish society at that time the first thing I thought of was Judean Christian culture. Exclusion of gender. There was an awful fear of discovery...negative to one's own identity. The feeling or indeed fear of who one is against the background of a straight version of society with feelings of confusion resulting in self-hate</p> <p>. This in turn was an attack on one's confidence there was always that terrible need to prove oneself. I don't know why but I always always wanted to ehm be the generous person the giving person I needed to give, I needed to and I probably understood that as a positive thing. I never saw the negative side of it.</p> <p>And of course the negative side was that it left one open to abuse. It was presumed that you would always be the person who would 'do'. And that cause difficulties in the family as my siblings though oh that's stuff that he does. So I was left with an unhealthy amount of resp. and terrible resentment towards my brothers in particular</p>	<p>Person is formed by life. The good and the bad.</p> <p>Choice vs. control</p> <p>No proper knowledge of religion – not understood – hard to break from it</p> <p>Lack of understanding about being gay in terms of an identity (identity confusion)</p> <p>Society = male & female expectations</p> <p>Confused</p> <p>Christian/Catholic</p> <p>Fear of discovery</p> <p>Negative towards identity</p> <p>Fear of yourself/Self hate in straight world</p> <p>Attack yourself</p> <p>Attack yourself ☒ prove yourself</p> <p>Giving – pos & neg aspects</p> <p>Giving – open to abuse</p> <p>Giving – resp – resentment (bro)</p> <p>Eager to please to cover up 'problem' of sexuality</p>	<p>Religion</p> <p>Catholicism</p> <p>Society Heteronormative</p> <p>Fear</p> <p>Identity</p> <p>Resentment</p> <p>Cover up</p>

Appendix K Initial thematic map – participant





Appendix M - Evolving Thematic Map



Appendix N – Reflective diary extracts

Reactions to my research are very mixed! People seem to wonder why I have chosen it. I just say ‘its an interesting subject’ and leave it at that. It makes me think – ‘Why did I chose it?’ When I ask myself these questions I feel I should add it to this diary to reflect back upon. To look at when times get challenging to remind myself why. The ‘why’ brings me back to sitting in that Samaritans office every Sunday night in Galway. The phone ringing every Sunday night at the same time and knowing who would be on the other line. The man who could tell nobody who he really was. We talked about his farm, his animals, his activities of the day – going round in circles-until he finally told me that he was gay. He had never told anyone before. I listened to his story and imagined his surroundings. The clock always ticking loudly in the background of the empty house – empty except for him. He talked about someday getting the courage to go to ‘the city’. He might even have a drink in a gay bar if he felt strong enough to walk in. But this would have involved getting someone to feed the animals while he was away. And where would he say he was going? I longed to pick up the phone and hear that he had made to it the city. It was always a plan. After leaving the Samaritans to move back to England I often thought of him. Which lead me to come to pick this topic area. But I will tell everyone else that ‘its just an interesting subject’. I hope that he may see the results someday and see he is not alone.

After finishing my first interview

I don’t know how I feel ?–I’m happy and sad. Happy that my first interview went ok and sad about this man’s story. I felt this man was very strong but he said he had to become strong to deal with situations in his past. He was sad. He cried. I didn’t have tissues. He laughed and said that I should have had them in my bag. I’m glad that he moved away when he did.

After finishing interview number 3

Glad that man finally came out. I could see the sense of relief on his face. And the pain to have had to tell his ex wife. I wonder if there is a support group for wives? Must google it. Sense of pride also when talking about his work with the LGB community, explaining that it was giving something back.

After finishing interview number 4

Tough interview. This man was talking around everything and anything. Feel like I roped him into it. Maybe this is the way it is and always has been. Bring the topic of conversation to another area besides himself. The deflection acted out in the room. Maybe.

Transcribing

I’m feeling sad. Some interviews are upsetting when they are in front of me in black and white. Is it that I’m used to listening to difficult stories and not so much to reading them? Please let me do justice to their stories.

Religion

I say I’m Catholic – Am I really Catholic? Maybe like the men I have internalised Catholicism? I know that I can certainly feel the ‘Catholic guilt’ at times. Is it just another label? For me it is but for the men it seems more ingrained.

Appendix O– Reflective Model

Bortons` (1970) Framework Guiding Reflective Activities

What?	So What?	Now what?
This is the <i>description</i> and <i>self-awareness</i> level and all questions start with the word what	This is the level of <i>analysis</i> and evaluation when we look deeper at what was behind the experience.	This is the level of <i>synthesis</i> . Here we build on the previous levels these questions to enable us to consider alternative courses of action and choose what we are going to do next.
<p>Examples</p> <p>What happened? What did I do? What did other do? What was I trying to achieve? What was good or bad about the experiences</p>	<p>Examples</p> <p>So what is the importance of this? So what more do I need to know about this? So what have I learnt about this</p>	<p>Examples</p> <p>Now what could I do? Now what do I need to do? Now what might I do? Now what might be the consequences of this action?</p>