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“I am What I am. My Own Special Creation”

A qualitative interview study on queer ageing and eldercare.

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Abstract

The objective of this Master's thesis is to expand scholarship on ageing and eldercare through the lens of queer gerontology; to develop said scholarship on the queering of eldercare through the experiences of LGBTQ+ seniors and LGBTQ+ certified eldercare practitioners. Through four interviews with LGBTQ+ seniors and abovementioned practitioners, the core findings of the thesis put to question the collective subjectivity that is LGBTQ+ seniors, as neither LGBTQ+ informant thought of sexuality as an identity, but rather a practice. It acknowledges the presence of nonnormative sexual practices in old age, and how the seniors themselves and eldercare staff silences these deviant aspects. Moreover, attempts to create inclusive eldercare falls short as the normalization of LGBTQ+ identities silences queer and deviating identities and aspects of ourselves. There's an incongruence in the ways the practitioners and LGBTQ+ seniors relate to sexuality. This furthers the silencing of today's LGBTQ+ seniors, as the practitioners appear to be preparing for younger cohorts which to a larger degree regard sexuality as an identity. Ultimately, a queering of eldercare requires an embracement of the deviant and undesired – including our perceptions of non-monogamous, kinky sexual practices in a nursing home.

Key words: *LGBTQ+ seniors *eldercare *ageing *queer gerontology *social work

*HBTQ+ seniorer *äldreomsorg *äldrande *queer gerontologi *socialt arbete

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1 Introduction

In 2013, The National Board of Health and Welfare, Socialstyrelsen, estimated that there are 15 000 lesbian, gay, bisexual and transgender identifying seniors within Swedish municipal eldercare (Socialstyrelsen 2013). With an ageing population and younger generations identifying as LGBTQ+ to a more significant degree, it can only be assumed that the number of LGBTQ+ seniors within Swedish eldercare will increase.

However, little attention has been paid to the group in social work practice and Swedish scholarship: old people are considered mainly asexual, and in the cases where their sexuality is acknowledged, heterosexuality is assumed (Sandberg & Larsdotter 2022a). While more recognition of LGBTQ+ seniors has occurred over the years, they remain in a peculiar intersection where gerontological fields have overlooked issues of gender and sexuality, while queer and feminist scholarship historically has overlooked intersections of ageing (Siverskog 2015). Their peculiar position has led to a void in practice and literature, rendering them largely invisible (Brown 2009). Swedish scholarship on LGBTQ+ seniors and eldercare are still scarce. It has so far primarily consisted of their hopes, fears and worries about potential future need for care – not actual experiences of it (Kottorp, Johansson, Aase & Rosenberg 2016; Siverskog 2016; Rosenberg, Kottorp & Johansson 2018; Löf & Olaison 2020):

”We still know very little about older LGBTQ+ people’s life circumstances and needs in Sweden, and contributions are often limited to a discussion about special housing or emphasizing LGBTQ-history. Any strategic contributions towards a non-heteronormative eldercare, or mapping of older LGBTQ-peoples’ health, life circumstances and needs haven’t gotten much attention yet” (Bromseth & Siverskog 2013, p. 10, my translation)

The invisibility of LGBTQ+ seniors is also apparent in practice. Taking a quick glimpse at The Swedish Federation for Lesbian, Gay, Bisexual, Transgender, Queer and Intersex Right’s (RFSL) registry of LGBTQ+ certified organisations and establishments¹, one can quickly notice a trend of large number of certified actors aimed towards children, teenagers and adults. To date, there are far fewer certified actors within eldercare. The certification, which aims to improve LGBTQ+ visibility, inclusivity, and dismantle harmful norms and stereotypes through norm-critical practices (RFSL Utbildning n.d.), has not yet been widely implemented in eldercare settings, despite scholarship have pointed out issues of heteronormativity in the field

¹ <https://rfslutbildning.se/hbtqi-certifiering-hbtqi-certifierade-verksamheter/>

(Heaphy & Yip 2003; Rödahl, Innala & Carlsson 2006; Norrman, Nilsson & Törnblom 2013; Leyerzapf, Visse, Beer & Abma 2018; Simpson, Almack & Walthery 2018; Larsdotter 2022). Hence, there's a vast knowledge gap regarding LGBTQ+ seniors in the Swedish context, especially concerning their experiences of eldercare and how actors within eldercare work with and towards the said group to create more inclusive and less heteronormative eldercare.

1.1 Objective

The objective of this Master's thesis is to expand gerontological and social work scholarship on ageing and eldercare through the lens of queer gerontology; to develop said scholarship on the queering of eldercare through the experiences of LGBTQ+ seniors and LGBTQ+ certified eldercare practitioners.

Research Questions

- How are lesbian, gay, bisexual, transgender and queer seniors relating to the collective subjectivity of LGBTQ+ seniors?
 - What is LGBTQ+ seniors' experiences of Swedish eldercare?
- How are LGBTQ+ certified actors within Swedish eldercare working towards creating non-heteronormative spaces and practices inclusive of LGBTQ+ seniors?
 - How are these spaces and practices received by LGBTQ+ seniors?

2 Background

In this background chapter, I will take a closer look into different areas to broadly contextualise the upcoming chapters and the experiences of the participating LGBTQ+ seniors in this thesis. Although this thesis is interested in the experiences of LGBTQ+ seniors, a lot of literature and this chapter outlines, for example, different legal frameworks and broader movements, which don't equate to the experiences of individual LGBTQ+ seniors. While mindful of this, I believe it is important to delineate these general frameworks to give you, as a reader, a general understanding of some circumstances that affect LGBTQ+ seniors who have, or have had, experiences of eldercare.

2.1 LGBTQ+ Seniors as a Collective Subjectivity

LGBTQ+ seniors as a collective subjectivity have, during the last decade or two, become more present in Sweden. In conjunction with the ageing of Baby Boomers, norms on ageing are, and have been shifting, such as assuming all old people to be asexual and heteroromantic (Sandberg & Larsdotter 2022a). This summary of Swedish LGBTQ+ history aims to contextualise the environments in which today's cohorts of LGBTQ+ seniors have lived through. The generations of LGBTQ+ people presented below are however generalised, which necessarily doesn't reflect nuances or how individual LGBTQ+ people relate to them.

The Baby Boomer generation, born in the decade after the end of World War two, constitutes a majority of the collective subjectivity of LGBTQ+ seniors. Born just after Sweden decriminalised in 1944, these Gayby Boomers, as Ramirez-Valles (2016) calls them, witnessed and partook in activism which led to an unprecedented advancement of LGBTQ+ rights in the late 1900s until today (Norrhem, Rydström & Winkvist 2008). According to Ramirez-Valles, the Gayby Boomers were the first generation to identify as lesbian, bisexual, gay or trans and gather under one collective acronym in the 70s (2016). Preceding the Gayby Boomers and leading up to the decriminalisation of homosexuality, a paradigm shift occurred in Sweden in which increased urbanisation, and medicalisation of male and female homosexuality led to the incorporation of affection into the understanding of this deviating sexuality as doctors tried to explain it with medical terms (Rydström 2001). Simultaneously during this medicalisation, transsexualism and homosexuality were merged, resulting in a lack of recognition and visibility of transgender individuals (Norrhem, Rydström & Winkvist 2008).

Fast forwarding to the 1950s, the medicalisation had begun to form a homosexual subjectivity. Although generalising, this generation of homophile/homosexual men and women gathered

under the new collective subjectivity. The collective self-image at the time was cognisant of homosexuality as an illness, some form of hormone imbalance, which necessarily didn't need to be adjusted. Due to the homophobic social climate of the 1950s, homophile men and women were generally not publicly open about their sexuality, and social gatherings between homosexual men and women respectively, had to occur in such manners and places where their homosexuality wouldn't be detected. Thus, women tended to socialise in private spaces, such as the home, while men tended to frequent public ones. (Lindholm & Nilsson 2005; Norrhem, Rydström & Winkvist 2008). In the 1970's, when the Baby Boomers began to age into young adulthood, following the political climate of the decade, the younger LGBTQ+ people began to radicalise, separating themselves from the less political homophiles (Lennerhed 2005; Norrhem, Rydström & Winkvist 2008; Ramirez-Valles 2016). With the creation of gay bars and gay rights organizations, women's and men's gay lives began to intertwine as they started to frequent the same spaces, leading to the first formation of a LGBTQ+ community (Lindholm & Nilsson 2005). During the HIV/AIDS epidemic of the 80s, spaces for gay men were targeted by government interventions, and LGBTQ+ people were met with another upswing of societal homophobia along with federal and regional agencies implementing harsh restrictions and coercive measures. Parallel to the intensified focus and resources allocated gay and bisexual men in society and LGBTQ+ organisations, lesbian separatism increased, which had already begun during the 70's (Norrhem, Rydström & Winkvist 2008).

The collective subjectivity of the LGBTQ+ community had once again, in the 1990's, when the oldest Baby Boomers had entered mid-life, another shift in which "the homosexual lifestyle" was mainstreamed and accepted by heterosexuals. And although the youthful, carefree nature of "the homosexual lifestyle" made it easier for people to "come out", it was simultaneously criticised for being shallow (Norrhem, Rydström & Winkvist 2008). Entering the 21st century, the Gayby Boomers have witnessed several configurations of the LGBTQ+ collective subjectivity, and progress in legal rights. Most of them have also reached retirement and old age, leading us to our following subchapter on Swedish eldercare.

2.2 Eldercare

Eldercare, in Sweden, is a joint term for several kinds of interventions aimed towards seniors. The current responsibilities for the health and wellbeing of old people are split between regional and municipal governments and the respective laws that regulate them. To summarise; Regional governments, regulated by the Health and Medical Services Act [Hälso- och sjukvårdslagen, HSL] (SFS 2017:30), are responsible for medical interventions and health care. Municipalities,

on the other hand, have a social responsibility for their inhabitants. Eldercare, like many other areas of social services, are regulated by the Social Services Act [Socialtjänstlagen, SoL] (2001:453) – which guarantee inhabitants a reasonable living standard. In regards to eldercare this responsibility is usually fulfilled by homecare interventions, nursing homes, public and needs-assessed senior centres (swe. träffpunkter / daglig verksamhet), and more. The law also mandates that older people are to be guaranteed a dignified life and be able to feel contentment (5th chapter, 1§ Social Services Act).

With the ageing of the Baby Boomer generation, the National Board of Health and Welfare have estimated a significant increase in the number of people aged 80 and over in the next 15 years, and with it, an increase in older people identifying as LGBTQ+ (Socialstyrelsen 2013). However, the board have in conjunction with this estimation and previous studies, presented issues of regarding the heteronormative nature of eldercare (Socialstyrelsen 2004, 2013), which ultimately jeopardizes the municipalities' responsibility to guarantee older people a dignified life and the possibility to feel contentment. Additionally, many municipalities are lacking in their endeavours to create more norm-critical practices (Socialstyrelsen 2013).

In the Swedish context, public recognition of LGBTQ+ seniors began in the early 2010's, and in 2013, the first LGBTQ+ exclusive senior housing in Europe opened its doors in Stockholm (Öhlén 2013; Regnbågen n.d.). Simultaneously, LGBTQ+ certifications of businesses, and various municipal, regional and national agencies have increased in prevalence. Such certifications aim to educate personnel in intersectional, norm-critical thinking in practice with customers and clients. However, RFSL's own certification business's registry of certified organisations, shows a mere handful of eldercare organisations, amongst a plethora of organisations aimed toward children and young adults (RFSL Utbildning n.d.).

3 Literature Review

The scholastic field of social gerontology is wide, spanning scales and different areas of academia, from sociology, psychology, history, economy, (social) care sciences, ethnology, and more. But what they have in common is a shared interest in how social environments and individual factors, shape and affect the ageing process. This entail matters ranging from the ageing body to national eldercare and pensions systems, societal norms and ageism (Andersson 2002a). In this thesis, I have taken a particular interest in critical gerontology. The uprise of critical gerontology began in the 1980s as gerontologists drew inspiration from emerging critical theories, opposing the positivist strands simultaneously emerging. Thus, critical gerontology is equally diverse as its origins, composed of a multitude of critical theories, leading to a field without clear borders (Doheny & Jones 2021). Critical gerontology has honed in on many aspects of social gerontology, some of which I will delineate in this chapter, ranging from critique on social gerontological models, to how gender and sexuality have been absent throughout the scholarship.

3.1 From Social to Critical Gerontology

Coined in the late 1960s, ageism was introduced as a term describing a phenomenon which previously had lacked terminology. While discrimination and stereotypical assumptions about people based on their age didn't begin in the 1960s, the introduction of the term ageism initiated a process where people could start to identify it (Andersson 2002b). Many different definitions of ageism have been coined throughout the years, *The Dictionary of Gerontology* includes two - one regarding older people specifically and one which is more general wherein "one or more age groups* discriminate* against other age groups" (Harris 1988, p. 12). Other scholars have defined it as "the notion that people cease to be people, cease to be the same people or become people of a distinct and inferior kind, by virtue of having lived a specified number of years" (Comfort 1976, p. 35). While the definitions vary, critical gerontologists have urged more nuance - to perceive age as a social relation. Age relations acknowledge that ageism isn't merely caused by the biological deterioration of the body but "the variable nature of social practices around aging" (Laws 1995, p. 112). As such, age relations are shaped by age and other subject positions, such as gender, race, class, and sexuality (Laws 1995; Calasanti 2008). LGBTQ+ seniors, like many other seniors, have or will experience ageism. As such, it will be important for me to examine how age and other intersecting positions influence the stories shared by the informants.

Other significant contributions from social gerontology have been the theorisation of Successful Ageing (SA) (Rowe & Kahn 1987, 1997). Urging seniors to live in a manner that will lead to a ‘successful’ older life, the model took on the myth that old age only entails fragility and decline. It “focused much-needed attention on achieving and maintaining physical and mental health, and fostered optimism concerning what later life can be like” (Calasanti & King 2021, p. 1817). Although while SA has had a tremendous effect on how older people and ageing are perceived, it too has acquired a fair share of criticism from critical gerontologists, arguing that it is laced with an inherent ageism. It delegates responsibility and expectations to age successfully on individual seniors – disregarding institutional ageism and, social inequality, and structural health disparities (Katz & Calasanti 2015; Calasanti & King 2021). While the model aimed to question the notion of ageing as decline through the promotion of physical and cognitive health, it failed to comprehensively acknowledge ageing as a social location. Neither does it recognise what older people themselves regard as successful ageing (Katz & Calasanti 2015).

In a Norwegian discourse analysis of government policy documents regarding older people, Blix & Ågotnes (2023), using a framework of critical gerontology, found that the underpinnings of SA are embedded in national policies. They argue that, not unlike neoliberal ideals, the policies emphasise individual responsibilities to be active and self-reliant, which in turn becomes an argument to downscale welfare programs. According to the authors, successful ageing “is a means to safeguard the sustainability of the Norwegian welfare state through the individualization of responsibility and the redefinition of the public health and care services’ role in older adult care” (Blix & Ågotnes 2023, p. 8). As the critique of SA has been plentiful, Martinson & Berridge (2015) concluded in a systematic review of these critiques that the vast criticism aimed towards the model is symptomatic of its normative nature, leading to the exclusion of those older people who do not fit into the normative understanding of successful ageing - thus furthering ageism rather than dismantling it. The breadth of suggested improvements from different critical scholars, ranged from expanding criteria in the model, highlighting seniors’ meanings of successful ageing, creating a more inclusive framework, to an entirely new model not based in Western traditions. Due to the diversity of critique, the authors conclude the review stating a need for greater reflexivity within gerontology (Martinson & Berridge 2015; see also Doheny & Jones 2021). Critical reflexivity has also been suggested in practical settings such as health care to combat ageism (Flores-Sandoval & Kinsella 2020).

Social gerontologists have also contributed with more nuanced perspectives on old age. Pioneered by Laslett (1996 [1989]), a bifurcation of the cohorts of people considered to be old

aimed to reframe what ageing entails by dividing the group into a Third and Fourth Age. According to Laslett, the third age, which is reached in retirement, is the life stage of personal fulfilment and achievement - when a person is no longer tied to the workforce and has the time, energy, and feasibly, the resource to actualise themselves. In the conceptualisation of the third age, the fourth age becomes one of dependence and frailty, which haven't gone unnoticed by critical gerontologists. It has been argued that the division of old people, wherein people in their third age are praised for their youthfulness, active lifestyles and ultimately similarity to the second age – mid-life; those in their fourth age have been marginalized, “increasingly excluded from humanity by radical ‘othering’” (van Dyk 2016, p. 109). However, van Dyk argues that this process of dividing older people is inherently the same. While those in their third age aren't equated to those in mid-life, they have become a valued “other”, unlike people in their fourth age whom have become the new face of the stereotypical “old” (van Dyk 2016). Leahy (2021) criticises the fourth age as a residual category for old people who no longer have any societal value. Through theoretical frameworks of disability studies and critical gerontology, Leahy re-frames experiences of the fourth age as disability. Her empirical findings paint a counter-narrative to normative understandings of the life course and the fourth age as an end station. Although still facing challenges in regards to their disabilities, the participants could identify themselves within both ages. Engaging and socializing with other older people blurred the lines further, questioning the notion that only people of the third age can be active and have positive experiences (Leahy 2021). Neither in an Australian study of older people living alone in residential care were the lines distinct or clear between the third and fourth age (Paine, Lowe, Rachele & Turrell 2022). While it may be fruitful to categorise old age in to smaller entities, it's clear that it comes with the cost of marginalising those who do not provide anything “of value”, which is particularly apparent in those who experience disabilities.

Apart from criticising normative understandings of ageing, feminist strands within critical gerontology have honed in on social gerontology's absence of gender in their analyses and its intersections with age and ageing (e.g., Ray 1996; Narushima 2004; Freixas, Luque & Reina 2012; Chonody & Teater 2016). Feminist gerontologists have argued that ageism has been wrought by similar value systems as the patriarchy, linking old age and femininity to dependence and passivity (Schwaiger 2006; Sandberg 2011). Other critical gerontologists, such as Calasanti & King (2018), question the notion that men and women become more similar as they age; examining whether the physical changes someone undergoes as they age influences the ways in which they ‘do gender’. Employing a theoretical framework of feminist gerontology

on data from interviews with 19 men and women, 42-61 years old, the authors found that gender roles are still relevant as people age. Although the importance of gender ideals lessened as the interviewees aged. While the interviewees considered their gender identities to have expanded and matured, it was still of importance as they rooted their gender ideals in the appearance of their bodies. Their gender ideals are rooted in youthful bodies, and as it intersects with sexuality, the interviewees pointed towards the importance of upholding an attractive and sexually functioning body to keep their status as intelligible subjects in a heteronormative society. Along those lines, it was also clear that the “ability to do gender in an age-appropriate manner is key to social inclusion” (Calasanti & King 2018, p. 17).

Other scholars have been interested in how masculinity intersects with old age and ageing. Centred around youth, studies on masculinities have traditionally left out older men, resulting in a lack of understanding of how older men relate to, and try to uphold their masculinities as they age. The intersection of masculinity and age is peculiar - “Unlike other forms of oppression, in which the privileged rarely become the oppressed, we will all face ageism if we live long enough.” (Calasanti & King 2005, p. 21). Sexuality has also gained increased attention from critical gerontologists. All humans are sexual beings, but not everyone is considered a sexual being. Older adults are often considered to be asexual, and when sexuality is brought up, it is usually in terms of sexual dysfunctions or other problems (Sandberg & Larsdotter 2022b). Gender identity, sexuality and the privileges, oppressions, and viewpoints associated with them nuances the examination of old age. Consequently, it also influences how the informants of this thesis relate to themselves and their experiences, just as it influences my reflections and analyses, which I will discuss in the methodology chapter later in this thesis.

Also positioned in the intersection of the abovementioned themes, Linn Sandberg’s (2011) doctoral thesis and feminist analysis on older men, masculinity and (hetero)sexuality points towards the complex intersection of gender, sexuality and age. In interviews with older heterosexual men, Sandberg delineates sameness and differences in how men relate to masculinity and their ageing bodies. While still experiencing sexual desires, they had to adapt to their changing bodies, for example, in terms of erectile dysfunction. In this process, they considered themselves as more mature, patient and caring towards their partners. Whether the men had actually ‘improved’ or ‘evolved’ their sexual practices can’t be determined; Sandberg argues it “may be understood as a reformulation of desirable masculinity in relation to age” (2011, p. 251), which disregards power dynamics in gender relations. The way the men framed themselves as intimate, favouring touch and giving pleasure to their partner also plays into hegemonic norms of

the sexually active man who can sexually satisfy their partner(s). Ultimately, Sandberg states, like the participating older men, that things are “Different, but yet the same” (Sandberg 2011, p. 249). As old age and asexuality often are associated with each other, I also find it necessary to acknowledge how sexuality involves sex, not just attraction, “even” after someone retires and one’s body starts to decline. Hence, while conducting my interviews, I did not shy away from the subject of sex when my LGBTQ+ senior informants talked about it.

Relating more specifically to the area of this thesis, Jesus Ramirez-Valles’ (2016) *Queer Aging, The Gayby Boomers and a New Frontier for Gerontology* aims to develop a framework intersecting queer theory and gerontology. Taking particular interest in gay men of the Baby Boomer generation, who arguably are the first generation “who have aged with the self and collective ‘gay’ identity” (2016, p. 3), Ramirez-Valles utilises 11 narratives from different Gayby Boomers to examine what it means to age successfully. He criticises successful ageing of centring illness in the everyday lives of seniors, and the assumption that successful ageing is of importance to them. While the conventional fields of gerontology claims that older gay men face challenges and risk which could cause them to age less successfully; e.g., risk of HIV-infection, poorer mental health and lack of social support, Ramirez-Valles rephrases this as a form of shaming. The theme is reoccurring, as the Gayby Boomers are on one hand shamed for being gay and living nonheteronormative lives, and on the other hand, for being old (Ramirez-Valles 2016). Drawing parallels to Sandberg’s (2011) and Schwaiger’s (2006) points on ageism and patriarchy, “We shame the weak, unkempt, and uncontrollable old self as we shame the queer” (Ramirez-Valles 2016, pp. 203–204). But the Gayby Boomers’ everyday lives aren’t just filled with shame and illness. As Ramirez-Valles points out, they’re first generation to gather under the subject position of gay, and together they have collectively witnessed and experienced the AIDS-epidemic as well as several progressions in LGBTQ+ rights. These gay men have also created alternatives to heterosexual marriage and coupledness “show[ing] that intimacy, love, sex, friendship, casual sexual encounters, and group sex are not opposite; they all can coexist. These friendships, horizontal conjunctions, or sometimes called ‘associative practices,’ run throughout the life course and may provide the context for the exercise of freedom” (Ramirez-Valles 2016, p. 199).

As this subchapter comes to a close, I can only observe that there are a multitude of ways in which one can age successfully. Standardised models, such as SA and the Third Age can never encapsulate the entirety of human experiences. The breadth of critical gerontology confirms this, as the gaps acknowledged by it are many - with only a portion pointed out in this chapter.

Later on, in my theoretical framework, I will return to some of these areas, especially Ramirez-Valles' (2016) queering of gerontology, as it has greatly influenced the theoretical framework of this thesis. In the following subchapter, I will in more detail hone in on the specific intersection of ageing and LGBTQ+, regarding the scholarship on LGBTQ+ seniors in Swedish, Scandinavian and international contexts.

3.2 Queer Ageing

Sweden and other Scandinavian countries don't have a long history of research on LGBTQ+ seniors, as studies on ageing have largely omitted diverse expressions of sexuality and gender. International scholarship on the other hand, mainly from the U.S, Canada, and the UK, have a longer history of addressing gender and sexuality in gerontological research (Siverskog 2013a). In this subchapter, I will present and discuss international as well as local scholarship on LGBTQ+ ageing and the reoccurring themes shared between them.

As mentioned above, British and North American scholars have a greater tradition of including issues of sexuality and gender in gerontological studies. Hence, in a systematic review spanning 25 years of literature, 1984-2008, American scholars Fredriksen-Goldsen & Muraco (2010) outline the achievements and shortcomings of the field of LGBTQ+ ageing studies over the years. Stating among other things, that the field so far has been exploratory, and largely lacked theoretical foundations. They argue, "To expand the state of knowledge about older LGB adults, we need to better integrate and broaden the way we integrate conceptual frameworks, including the life-course perspective, in our research" (Fredriksen-Goldsen, Karen I. & Muraco 2010, p. 403). Similarly, Cronin et al. (2011) criticize social work practice and policy for assuming asexuality in old age, which subsumes the needs, rights and experience of lesbian, bisexual and gay seniors. Furthermore, when LGB seniors are acknowledged, they get homogenised into a "catch-all sexual category that does little to acknowledge their personal biographies and life experiences" (Cronin et al. 2011, p. 433). Similarly, Heaphy (2007) criticises the field for presuming LGBTQ+ seniors have shared experiences. While sexuality and gender are important in gerontology, non-heterosexuality alone isn't enough to deduce experiences and how seniors negotiate ageing. Instead, the authors urge the field to direct their attention to the intersections of gender, sexuality, and social, material and cultural resources (Heaphy 2007). Cronin et al. (2011), on the other hand, urge social work practitioners to use narrative approaches, centring LGB seniors' life experiences. Along these lines, a plurality of scholars has encouraged the usage of life course perspectives in scholarship concerning LGBTQ+ seniors, which takes into account the experiences and historical contexts in which today's LGBTQ+ seniors have grown up and lived (e.g., Heaphy & Yip 2003; Fredriksen-Goldsen, Karen I. & Muraco 2010; Cronin et al. 2011; Fredriksen-Goldsen, Karen I. 2011; Ramirez-Valles 2016; Siverskog 2016; Fabbre & Siverskog 2019; Sandberg & King 2019).

In her dissertation *Queer Lines: Living and ageing as an LGBTQ person in a heteronormative world [Queera Livslopp: att leva och åldras i en heteronormativ värld]*, Siverskog (2016)

examines experiences of LGBTQ+ ageing and its interplay with heteronormativity and ageism. The dissertation, based on 20 life course-interviews with Swedish LGBTQ+ seniors aged 62-80, explored “life experiences, both from the past and the present, as well as thoughts about the future” (Siverskog 2016, p. 270). Through a theoretical framework of critical gerontology, feminist theory, and queer theory, the dissertation portrays how LGBTQ+ seniors navigate, resist and adapt to norms on gender, sexuality and ageing. It outlines how historical life experiences, wherein LGBTQ+ people have previously been constructed as deviant or sick, have affected the manners in which they navigate retired life. While they shared many aspects of retired life with heterosexual seniors, fears of homo-/bi-/transphobia in interactions with health care and social service providers were unique to LGBTQ+ seniors (Siverskog 2016). In summary, one can deduce that mere sexual subjectivities aren’t sufficient to explain the complexities of experiences or needs of LGBTQ+ seniors. Thus, I’m interested in examining how the informants of this thesis relate to the collective subject position of ‘LGBTQ+ senior’, which only takes sexuality and gender identity into account, negating other intersecting categories which shape an individual’s experiences and more.

3.2.1 Chosen Families

In eldercare settings, scholars in social work and social gerontology have pointed out children and partners to care receivers as crucial to the structural integrity of homecare, as well as the welfare of said care receivers (Stoltz, Willman & Udén 2006; Bökberg & Sandberg 2021). However, LGBTQ+ seniors, especially lesbian, gay and bisexual seniors, are less likely to be partnered or have children, which may increase their risk of lacking social and financial support (Fredriksen-Goldsen, Karen I. et al. 2011; Sosialstyrelsen 2013). Hence, many scholars have stressed the importance of chosen families, and social networks wherein LGBTQ+ people can find peers for support and companionship. This has been especially relevant to LGBTQ+ seniors who “In a time where *coming out* (to a judgmental heteronormative society) might not [have been] an option, *coming in* (to a subcultural community) was crucial to be positively confirmed in a counternormative sexuality and gender identity” (Siverskog & Bromseth 2019, p. 328).

Further, Heaphy & Yip’s (2003) British research project utilising focus groups on life circumstances of LGBTQ+ seniors showed chosen families or non-heterosexual communities to be a crucial location for resources and support (see also Fredriksen-Goldsen, Karen I. & Muraco 2010; Fredriksen-Goldsen, Karen I. 2011; Bromseth 2013, 2015; Vesterlund 2013; Erosheva,

Kim, Emler & Fredriksen-Goldsen 2016; Siverskog 2016). These social networks, or chosen families decrease risks of “poor general health, disability and depression” (Fredriksen-Goldsen, K.I. et al. 2013, p. 664), as well as instances of minority stress (Meyer 2010). However, other participants found these communities to be exclusionary. Heaphy and Yip (2003) argue that non-heterosexual and other late-modern communities shouldn’t be uncritically celebrated. The possibility of engaging with these communities, to feel empowered and supported by them, are uneven (Heaphy, Yip & Thompson 2004). Hence, in their 25-year literature review, Fredriksen-Goldsen & Muraco urges more research to be conducted on “the effects and interaction of specific factors, such as age, gender, race, ethnicity, socioeconomic status, health, physical and cognitive impairment, family composition, discrimination and stigma, and community engagement, as they influence older LGB adults’ aging processes” (Fredriksen-Goldsen, Karen I. & Muraco 2010, p. 404). As chosen families and social networks seem to be a prominent feature in many studies on LGBTQ+ ageing, I would like to examine how the informants of this thesis, especially the LGBTQ+ seniors, relate to, and socialise with other LGBTQ+ people in general, and other seniors. It would also be relevant to examine the other informants’ perception of the LGBTQ+ community and in what ways it shapes how they approach implementations of LGBTQ+ inclusivity and norm-critical practices.

3.2.2 Health and Wellbeing

Although “LGBTQ+ seniors” is a broad and heterogeneous collectivity with diverse and varying resources and experiences, the group still faces disparities which their cisgendered and heterosexual peers don’t. While LGBTQ+ seniors are becoming more numerous, the health and well-being of this group hasn’t been sufficiently investigated (Fredriksen-Goldsen, Karen I. 2011; Fredriksen-Goldsen, K.I. et al. 2013). Existing scholarship on the health and well-being of LGBTQ+ seniors indicate increased health risks and worsened physical and mental health compared to cisgendered and heterosexual seniors (Addis, Shepherd, Davies, Greene & MacBride-Stewart 2009; Fredriksen-Goldsen, Karen I. 2011; Fredriksen-Goldsen, Karen I. et al. 2011, 2014; Bailey et al. 2022).

Despite the resilience of older LGBTQ+ seniors, social and historical contexts influence health disparities; thus, the “prevalence of many common health problems is elevated among these groups, even when taking into account differences in age distribution, income, and education” (Fredriksen-Goldsen, Karen I. 2011, p. 3). With some variations between lesbian, gay, bisexual and transgender older adults, these health complications include physical disability, depression

and anxiety disorders, cardiovascular disease, obesity and stress. Alcohol and nicotine consumption is also elevated in these groups (Fredriksen-Goldsen, Karen I. et al. 2011). In addition to the existing health risks, older transgender adults have a “significantly higher risk of poor physical health, disability, depressive symptomatology, and perceived stress compared with nontransgender participants” (Fredriksen-Goldsen, Karen I. et al. 2014, p. 488). These health and wellbeing disparities would theoretically imply an increased need for health and social services, and one would then hope service providers were accommodating of LGBTQ+ service users. But as will be discussed below, a plurality of scholars has portrayed how LGBTQ+ seniors avoid disclosing their gender identity or sexuality in interactions with service providers in fear of discrimination.

3.2.3 Queering Eldercare

In a 2021 article, British scholars Smith & Wright presented a literature review on lesbian, gay, bisexual, transgender and intersex seniors’ perspectives and experiences of receiving homecare interventions. The core findings of the review, based on seven studies with a total of 169 mostly lesbian or gay participants, suggested that LGBTQ+ seniors’ access to homecare interventions is encompassed by fear of, or previous experiences of discrimination (see also Brotman, Ryan & Cormier 2003; Jackson, Johnson & Roberts 2008; Hughes 2009; Fredriksen-Goldsen, Karen I. et al. 2011; Kottorp et al. 2016; Leyerzapf et al. 2018; Rosenberg, Kottorp & Johansson 2018; Löf & Olaison 2020). Due to this fear, the article reports LGBTQ+ seniors feel compelled to conceal their identity and eventual queer-coded objects in their home (see also Brotman, Ryan & Cormier 2003; Røndahl, Innala & Carlsson 2006; Jackson, Johnson & Roberts 2008; Addis et al. 2009; Fredriksen-Goldsen, Karen I. 2011; Butler 2017; Leyerzapf et al. 2018; Löf & Olaison 2020; Willis et al. 2023). Lastly, the authors identified LGBTQ+ sensitivity training for homecare staff as a possible measure to prevent homophobia and heterosexism (Smith & Wright 2021).

Historically, health and social services have had an active role in the suppression and marginalisation of LGBTQ+ people and their identities, which likely contributes to LGBTQ+ seniors’ mistrust of these agencies, and concealing their identities, to this day (Brotman, Ryan & Cormier 2003; Røndahl, Innala & Carlsson 2006; Addis et al. 2009; Norrman, Nilsson & Törnblom 2013; Robertsson 2013). Many scholars have therefore brought up LGBTQ+ or cultural sensitivity training for staff as a way forward (Brotman, Ryan & Cormier 2003; Heaphy & Yip 2006; Brotman et al. 2007; Hughes 2009; Fredriksen-Goldsen, Karen I. 2011; Robertsson 2013;

Butler 2017; Löf & Olaison 2020; Smith & Wright 2021; Siverskog 2022). The fear of discrimination and the following reluctance to seek care and resources doesn't only affect LGBTQ+ seniors as care receivers. Brotman et al. (2007) report findings of a Canadian interview study of caregivers of lesbian, gay, bisexual and transgender care receivers, noting that similar to LGBTQ+ senior care receivers, caregivers face hardships when providing care. Providing informal care for someone is strenuous work, no matter the care receiver. But as the authors report, caregivers of LGBTQ+ seniors have to adapt their interactions with care resources in order to protect the LGBTQ+ care receiver from discrimination. The seniors' reluctance to seek said resources may also need an increased workload on the caregivers.

Due to the reoccurring themes of fear of discrimination and concealment of one's identity, Scandinavian scholars have, in regards to nursing homes and other senior housing options, debated whether or not it is more appropriate to have wards or entire homes dedicated to LGBTQ+ identifying seniors, or whether residential facilities should be welcoming to everyone regardless of sexuality or gender identity (Vesterlund 2013; Kottorp et al. 2016; Löf & Olaison 2020). In focus groups, LGBTQ+ separatist housing has been imagined to be 'sparkling sanctuaries' (Rosenberg, Kottorp & Johansson 2018). Whether or not the participants wanted separatist housing alternatives, LGBTQ+ competent staff were sought after by both groups (Robertsson 2013; Vesterlund 2013; Kottorp et al. 2016; Löf & Olaison 2020). Due to this perceived dichotomy between inclusion vs separatism, I would too like to examine how the informants of this thesis, seniors and professionals, conceive this tension, and hear what the seniors themselves would prefer if they ever have the need to receive any form of elder-care again.

Moreover, in a 2018 UK survey of residential care home managers and staff, respondents did not necessarily have negative attitudes towards LGBTQ+ seniors, although knowledge of LGBTQ+ issues was lacking and heterosexist assumptions were common. Respondents stated, among other things, that they did not have any LGBTQ+ identifying residents in their care facilities, or that they "treat them all the same" (Simpson, Almack & Walthery 2018, p. 869). Such themes have also been noticed by Swedish scholars Norrman, Nilsson & Törnblom (2013), who, in an interview study with five managers of nursing homes, criticises equal treatment approaches as it, as much else in society, is sprung from heteronormative ideals. When all seniors are treated the same, those who do not fit into heteronormative frameworks gets marginalized and are made invisible. The authors are cautious of equal treatment, as it may tend to be assigned value in itself, resulting in care receivers being treated the same,

neglecting individual needs. Further, they argue “[n]orm critical approaches aren’t compatible with the person-centred methodologies which should characterize the work of social services. Usually, they are in opposition to each other as person-centred theories automatically doesn’t account for the needs of the collective” (2013, p. 248). Hence, eldercare has an inherent conflict in meeting individual care needs, while simultaneously treating everyone equally without pushing nonnormative experiences and lives to the margins (Norrman, Nilsson & Törnblom 2013; Siverskog 2022). Without any initiatives from managers and other organizational leadership who in a structured manner can offer trainings to staff, individual workers are left to their own devices, not necessarily equipped to meet the needs of these seniors (Simpson, Almack & Walthery 2018). Unfortunately, many Swedish municipalities are lacking in their acknowledgement and inclusion of LGBTQ+ seniors in their eldercare practices, with smaller municipalities falling behind bigger ones (Socialstyrelsen 2013).

Critical gerontologists aren’t alone in pointing out shortcomings of the current eldercare system in Sweden. Scholars within the fields of social work and social gerontology, who necessarily haven’t had gender and sexuality in mind in their analyses, have criticized the organizational and national welfare structures of eldercare. They argue, for various reasons, it doesn’t promote seniors’ wellbeing, autonomy or independence in their care or everyday life (e.g., Hammarström & Torres 2007; Szebehely & Trydegård 2012; Jarling, Rydström, Ernsth-Bravell, Nyström & Dalheim-Englund 2018; Jarling et al. 2022; Dunér, Bjälkebring & Johansson 2019; Lämås et al. 2020; Strandell 2020; Ernsth Bravell, Bennich & Walfridsson 2021; Nordin, Rosenberg & Nilsson 2022; Palmqvist 2022). Moreover, eldercare is inseparable from intimate care (Kalman & Andersson 2014; Ahnlund, Lövgren, Andersson & Kalman 2022; Siverskog 2022). These tasks are not seldomly performed by care assistants “who have received little or no formal or inhouse training, and who are at risk of being left to devise their own methods or coping strategies” (Kalman & Andersson 2014, p. 402). The improvisation of intimate care of all seniors, adding on to the improvisation of LGBTQ+ inclusivity mentioned above, may subject those seniors who aren’t cisgendered or heterosexual to further marginalization. For transgender seniors, intimate care situations may be particularly difficult in regards to who gets to who carries them out. For example, personal hygiene tasks close to one’s body may be particularly challenging, especially as transgender older adults may relate to their bodies differently than cisgendered seniors, and how they are able, or want to, perform gender (Siverskog 2013b, 2015).

In Sweden and other Scandinavian countries, scholarship on LGBTQ+ seniors' needs in regards of care, has mostly focused on LGBTQ+ seniors future fear for when they need care – not actual experiences of it. However, Siverskog (2022) presents early findings of an ongoing project on LGBTQ+ seniors' experiences of homecare interventions and nursing homes in Sweden. It is not unusual for homecare recipients to receive care from many different nursing assistants, with time pressured schedules, leading to quick superficial interactions and perfunctory execution of tasks. The participants of the study perceived a lack of social elements in the care they receive. Due to this lack of social interactions with the staff, sexuality and gender identity is seldomly discussed with the homecare staff. When it does get mentioned, e.g., in the form of talking about same-sex partners, uncomfortable silences may occur. Siverskog attributes these silences to the organization of eldercare at large, as well as the assumption of asexual ageing. She argues that allocating time for social interactions in eldercare may aid in breaking down norms on asexual ageing, as well as heteronormativity (Siverskog 2022). LGBTQ+ seniors in residential home schemes, have also faced exclusion, marginalization and vilification by other residents (Willis et al. 2023). Siverskog's (2022) on-going project appears to be one of the first major works which examines LGBTQ+ seniors actual experiences of eldercare. This contribution, as well as her other work have influenced me and this thesis extensively. Hence her findings of silencing within eldercare, I would like to explore this further in my analysis of the experiences and stories shared by my informants.

While this subchapter on LGBTQ+ seniors and ageing may have been extensive, many areas within the scholarship is still understudied or unexplored. Yet, throughout this literature review, the importance of nonessentialist assumptions regarding the subject positions of LGBTQ+ seniors have become apparent, as well as the importance of chosen families and LGBTQ+ competency in eldercare settings; and no matter whether eldercare providers are inclusive or separatist, LGBTQ+ seniors just want to be able to be themselves, to live their lives in their own ways. Coming back to the literature review of Smith & Wright, the authors conclude their review emphasising a need for more diverse groups of LGBTQ+ seniors represented in studies; such as various class backgrounds, people of colour, and seniors over the age of 80. Further, they urge scholars to examine how eldercare providers can adapt their services in order to meet the needs of LGBTQ+ seniors (Smith & Wright 2021), which promotes norm-critical practices, rejects heteronormativity and silencing of diverse expressions - moving away from sentiments such as 'we treat them all the same' (Norrman, Nilsson & Törnblom 2013; Siverskog 2022).

4 Theoretical Framework

In this chapter I will delineate the theoretical framework through which I have analysed the stories and experiences from my informants. The theoretical framework has emerged in alternating dialogue with the data and the theoretical fields wherein this thesis is situated; queer theory, critical gerontology, and social work. Eventually, I turned towards queer gerontology, to establish the lens through which I have analysed my material.

4.1 Queer Gerontology

I have previously outlined the core ideas of Jesus Ramirez-Valles' (2016) queer gerontology as a framework to criticize Successful Ageing. In particular, the framing of homosexual men as a group which risks ageing less successfully due to increased risks of HIV-infection, mental illness, discrimination and more. Through the lens of queer gerontology, Ramirez-Valles aims to reconceptualize the shaming of Gayby Boomers, who collectively have been the first cohorts to identify with, and develop, the gay subject position. They have also developed alternative bonding practices which transcends heteronormativity, where friendships, relationships and casual hook-ups coexists in so called associative practices (Ramirez-Valles 2016). I find there's an innate duality to the framework, which on one hand centres the experiences of LGBTQ+ seniors - older gay men in particular, akin to the field of LGBT studies. On the other hand, there's a poststructural notion, akin to queer theory – to deconstruct heteronormativity, norms on ageing, and normalcy.

4.1.1 Highlighting Experiences

First off, I see queer gerontology as a useful tool to spotlight LGBTQ+ seniors, their experiences of ageing, and eldercare. Through the lens of queer gerontology, one can “unmask the ways in which heterosexual dominant norms define what it means to be an older person”, as well as “making visible same-sex desire, love, and relationships in old age, and documenting the manner in which older queer people live” (Ramirez-Valles 2016, p. 21). Societal norms, among other things, affects the lives and experiences of ageing as a LGBTQ+ person. By examining these experiences, it may guide us towards a reconceptualization of our understanding of what (successful) ageing could look like – ageing outside the bounds of heteronormativity. Utilizing this framework, one can extract instances from the data which refers to ageing, gender, sex and sexuality; by juxtaposing them to contemporary external and internalized expectations on how one *should* age one may examine how the informants relates to ageing, and their adherence or defiance of these norms. Likewise, I claim queer gerontology can be applied to the

experiences, viewpoints, and methodologies of the professionals working with seniors in LGBTQ+ certified organizations – how they perceive ageing, the norms surrounding it, and the older people they work for.

Along the lines of examining the experiences and stories of the informants, I have also been attentive to silences in the narratives. Heteronormativity and ageism marginalize those who do not align themselves to these norms, rendering them invisible - LGBTQ+ seniors, who are positioned in the intersection of ageism and heteronormativity are thus silenced twofold. Whether by external or internal pressures, many LGBTQ+ seniors have had to remain “in the closet”, silent, in order to not face ostracization or lose access to material or social support networks (Brown 2009). Brown (2009, p. 65) depicts this phenomenon as a “rhetorical move rendering elders invisible”. The additional use of silences and silencing in my analysis can allow me to make visible aspects which heteronormativity and ageism have concealed. Such silences may appear in the ways informants talk about themselves, others - or how other people have perceived or treated them. By examining verbalized experiences and silences, I may gain greater insights how heteronormativity and ageism affects the lives and experiences of LGBTQ+ seniors, and the practices of the professionals working in LGBTQ+ certified organizations.

4.1.2 Tackling Normativity

The other side of queer gerontology is, instead of the experiences and lives of LGBTQ+ seniors, interested in how heteronormativity and ageism shape our lives, institutions, and understanding of ageing (Ramirez-Valles 2016). While not labelled as a queer gerontologist per se, Sandberg (2008), argues that queer theory can aid in the deconstruction of old age as decline, and the importance of remaining active and autonomous, which Sandberg stems from mid-life centric discourses and a belief that old age is something to be “fixed”. Further, Sandberg discusses how older peoples’ sexualities are labelled either normal or deviant, depending whether their sexual behaviours can be deemed un(desired), and how it’s hierarchized. Queer theory, Sandberg argues, can refocus gerontologist to embrace old age, and the negativity and shame connected to it, in order to reconceptualise old age and deconstruct ageism (Sandberg 2008; see also Sandberg & Marshall 2017; Sandberg & King 2019). Similar to the usage of silencing, one may use these queer theoretical instruments to examine how the informants construct LGBTQ+ seniors, themselves or others, as either normal/desired or deviant/undesired. One can also examine how the informants think about, and how they perform (successful) aging or decline. Doing so allows me to examine how heteronormativity and ageism affect and shape the subject positions of the LGBTQ+ senior informants, and the basis from which the informants in LGBTQ+

certified organizations implement their inclusive and/or norm-critical practices. Queer theory's questioning of stable subject positions (Valocchi 2005; Heaphy 2007; Ramirez-Valles 2016) may also nuance the analysis further as the informants may not relate to aged, gendered and sexual subject positions the same.

In Sweden, queer theory has been brought outside of academic institutions and been adapted to professional practices. 'Norm-criticism', which primarily focuses in on norms on gender and sexuality in education, healthcare, work, policy and a plethora of other fields, has replaced its predecessor of tolerance pedagogy. In this praxis-oriented reformulation of queer theory, it has been argued that "queer" has become depoliticized in Sweden (Kulick 2005; Ambjörnsson 2016; Dahl 2016). In a similar fashion, attempts to increase visibility of homosexuality in old age runs the risk of it being incorporated into heteronormative ideals (Sandberg 2008; Ramirez-Valles 2016; Sandberg & Marshall 2017; Sandberg & King 2019) - a process which makes homosexuality tolerable. Therefore, along with the abovementioned dichotomies one can examine the viewpoints and methodologies of the professionals who work with seniors, whether their practices are norm-critical or merely tolerant (similar to Norrman, Nilsson & Törnblom 2013).

These two usage areas of queer gerontology are indeed very different from each other, and while I have mainly aligned myself more with the approaches of Brown (2009) and Ramirez-Valles (2016) during this thesis project, taking particular interest in the experiences of LGBTQ+ seniors, I still value the insights from the more poststructuralist scholars within critical and queer gerontology. I don't necessarily think they are mutually exclusive as they cover different scales. These scales are interacting which is why I find queer gerontology a suitable framework to understand how societal norms shape the lives and experiences of LGBTQ+ seniors, and the manners in which LGBTQ+ certified eldercare actors implement their inclusive, norm-critical and/or tolerant practices.

5 Methodology and Methods

Throughout this thesis project, a lot has happened in regards to the methodology, methods and the choice of informants. Alas, this finalized text could not have been completed without this entangled process. In this chapter I will go into deeper detail of how this project have been carried out, discussing my methodology, choice of semi-structured interviews as my method of data generation, the process of finding informants, ethical considerations and data analysis.

5.1 Methodology

This thesis aims to make LGBTQ+ seniors and their experiences of ageing and eldercare more visible; and parallel to this core purpose, I aim to explore alternative ways in which eldercare can be provided in a manner which doesn't silence and marginalizes the experiences and existence of LGBTQ+ seniors. Hence, as reflected throughout this thesis, I have turned to queer gerontology which has shaped my theoretical framework, as well as my methodology.

Ramirez-Valles argues, that through queer gerontology, one can:

“unmask the ways in which heterosexual dominant norms define what it means to be an older person—from the decline of our bodies to retirement, support communities, and living conditions. It implies making visible same-sex desire, love, and relationships in old age, and documenting the manner in which older queer people live” (Ramirez-Valles 2016, p. 21)

The duality of queer gerontology acknowledges both lived experiences and societal norms. These scales are interacting, and dominant norms especially are defining and affecting the conditions in which we age and live. Hence, experiences are used to examine both scales and how they're interacting. Experiences have thus been imperative to the interviews and this thesis. But what constitutes an experience is ever so multifaceted; it “serves as a way of talking about what happened, of establishing difference and similarity, of claiming knowledge that is ‘unassailable’” (Scott 1999, p. 96). Experiences are retold memories, shaped by the past experiences which took place before the to-be reconstructed experience, as well as events following said experience up until the moment of reconstruction (Rosenthal 2006). Hence, “[e]xperience is at once always already an interpretation *and* something that needs to be interpreted” (Scott 1999, p. 96). Feminist scholarships' reliance on experiences have also been critiqued for essentialism, as analyses derived from them assumes their stability. Moreover, ascribing experiences to certain subject positions omits others, as well as other experiences altogether (Mulinari & Sandell 1999).

One can never escape the limitations of relying on experiences to generate knowledge. Therefore, I see queer gerontology as a useful framework to examine experiences framed by gender, sexuality, age and the ageing body as the intersection of these positions have previously been omitted in various scholastic fields. Although, the entire human experience cannot be explained through only these subject positions (Gorman-Murray, Johnston & Waitt 2016; Ramirez-Valles 2016), which is a limit I am mindful of. Thus, more research from various traditions will be needed in order to get a holistic perspective on LGBTQ+ seniors, their experiences and needs.

Unlike, for example Siverskog (2016) and many other critical gerontologists, I have not conducted life course interviews. Life course interviews are undoubtedly effective when one wants to generate life stories with social and historical contexts, although that has not been the aim and purpose of this thesis. As I have focused on more 'isolated' experiences pertaining to ageing and eldercare, talking about the entire lives of the informants would have been superfluous. Notwithstanding, contexts such as social, historical and previous experiences still inform and shape later experiences and how one relates to them (Rosenthal 2006). Thus, as I have conducted semi-structured interviews which allows the informants to depart from the preplanned themes, talking about such contexts has been inevitable, and necessary in my interviews as well, although to a lesser extent to what I imagine a life course interview would necessitate.

I, like most other social scientific scholars, regard knowledge to be situated, disputing the legitimacy of disembodied objectivity (Haraway 1988). Further, I recognize knowledge as something generated, rather than collected; contextual to the specific moment in which it is generated (Mason 2018). Consequently, the subject positions held by the informants, and myself, have in conjunction generated the knowledge presented in this thesis. As I will go further into later in this chapter, the number of informants in this thesis is limited, which has also reflected onto the representations of subject positions, especially in terms of whiteness and the case of all informants identifying as cisgender. The professionals interviewed also possesses dual positions as on one hand private individuals, and on the other representatives of an organization. My own positions as a white, assigned-male-at-birth (gender identity TBD), gay social worker, puts me in an interesting insider-position (Gorman-Murray, Johnston & Waitt 2016), both in terms of my interviews with the LGBTQ+ seniors as part of the G, and my interviews with the professionals within eldercare as I have worked in this field. While none of these positions are stable or fixed (Gorman-Murray, Johnston & Waitt 2016), my commonalities with each of the informants allowed be to grasp themes and elements of our interviews

which I don't believe would have been the same if I would have been an 'outsider'. My dual positions as a researcher and a social worker who have assessed eldercare needs are both positions with a monopoly of interpretation, meaning that my assessments, or in this context, analysis of what my clients or informants choose to share with me, is to some extent final (Kvale 2006). My background in social work have also brought me a preconceived 'top-down' knowledge going into the interviews. I have assessed countless applications; I have a good grasp and understanding of the bureaucratic intricacies, how eldercare functions on a structural/practical level - how it *should* work. In this work I have heard countless life stories, narratives on medical histories, experiences of ageing, good and bad experiences of homecare as well as great and horrible examples of cooperation between the assessing agency and the homecare teams and nursing homes, making the interviews I conducted with the informants both similar and dissimilar from what I did in my previous line of work. Although one cannot understate enough that my prior knowledge of eldercare isn't the same as my informants' experiences of it. Hence, I have had to critically reflect on these positions in order to for my informants' experiences to take centre stage rather than my own preconceptions (Mattsson 2015).

5.2 Interviews

For this thesis project, I have conducted four semi-structured interviews, of which two were conducted with LGBTQ+ seniors, and the other with professionals within LGBTQ+ certified organizations within eldercare. The method of semi-structured interviewing was preferable compared to others as it tends to be a better option when one wants to generate data about individual experiences, opinions and perspectives. It also allowed flexibility in regards to the themes discussed in the interviews, allowing the informants to bring up subjects which I didn't plan for, or foresee (Mason 2018). Qualitative interviewing aims to generate knowledge through everyday language (Kvale 2007), an aspect which has made the method popular in feminist scholarship (Bryman 2011; DeVault & Gross 2012) due to its ability to amplify voices of various groups in society, question power dynamics and produce non-discursive, alternative narratives (Kvale 2006; DeVault & Gross 2012; Roulston & Choi 2018). As such, I have followed an interview guide, or rather two – one for the LGBTQ+ seniors and professionals respectively. The interview guides (appendix 0) allowed me to lead the interviews through its common themes, while still allowing detours in the subjects discussed. Structurally, both of the interview guides were initiated with introductory question aimed to gather circumstantial information

which was later used to contextualise the core questions of the interview (Arthur & Nazroo 2003).

5.3 Sampling and Selection

The process of finding informants for this thesis has been anything but straight-forward. Throughout this thesis project I have used purposive sampling as I initially set out to interview LGBTQ+ seniors about their experiences of homecare interventions. Although, as I will outline below, despite my wide-reaching attempts to recruit LGBTQ+ seniors, it did not go as planned – leading me to widen my focus towards queer-friendly eldercare in general. Hence, my purposive sampling later included professionals who worked within LGBTQ+ certified organizations within the realm of eldercare (Mason 2018).

Within the scholarship on LGBTQ-ageing, it has generally not been agreed on what age constitutes someone to become a senior. Previous research has had varying minimum age requirements or lowest age reported (Figure 1); ranging from 50 to 66. Outside of academia, RFSL’s subdivisions for seniors defines LGBTQ+ seniors as people over the age of 60. As I’ve conducted the literature review on the field of LGBTQ-ageing, I’ve observed how Swedish scholars tend to set a minimum age requirement at 60 or older, while a majority of north American and British scholars tend to set a limit at the younger 50’s. In keeping the Swedish trend, I set the age requirement for this study to 60+ years old.

Figure 1

Age	Scholars
50	<ul style="list-style-type: none"> • Heaphy & Yip (2003) • Heaphy, Yip & Thompson (2004) • Heaphy (2007) • Fredriksen-Goldsen et al (2011) • Fredriksen-Goldsen et al. (2013) • Fredriksen-Goldsen et al. (2014)
55	<ul style="list-style-type: none"> • Leyerzapf et al. (2018)
59	<ul style="list-style-type: none"> • Bromseth (2013) • Siverskog & Bromseth (2019)

60	<ul style="list-style-type: none"> • Jönson & Siverskog (2012) • Bromseth (2015) • RFSL Malmö (2021)
62	<ul style="list-style-type: none"> • Siverskog (2015)
65	<ul style="list-style-type: none"> • Orel (2006) • Siverskog (2016) • Butler (2017, 2018) • Löf & Olaison (2020)
66	<ul style="list-style-type: none"> • Siverskog (2022)

As previously discussed, in Sweden, homecare interventions refer to aid granted individuals through the fourth chapter, first paragraph of the Social Services Act [*Socialtjänstlagen*], which guarantees them a reasonable living standard (SFS 2001:453). In the case of homecare interventions, such aid can be help or support in everyday household tasks, personal hygiene or mobilizing, et cetera. Within this sampling frame, both people with ongoing interventions, and people who have previously been granted homecare interventions which since have been discontinued, are of interest in order to widen the frame and increase the number of possible informants. Partners of homecare recipients have also been included in the sampling frame as informal carers are a core part of homecare interventions (Stoltz, Willman & Udén 2006; Bökberg & Sandberg 2021). As a delimiter, the informants had to live in their ordinary accommodation, i.e., not in a nursing home. From my experience in the field, individuals who are granted residence at a nursing home through the Social Services Act (SFS 2001:453) are generally frailer, and the risk of dementia or other cognitive impairment much greater, which would make it ethically unjustifiable to have them participate in a Master's thesis as they may not be able to give informed consent. I will discuss this further in the subchapter regarding the ethical considerations.

Initially I only searched for informants in the region of Scania (Skåne), as this was the area where I was situated, and had limited capability to travel. But as time went on, I expanded the geographical area in which I searched for informants, which led me to a final parameter of everywhere in southern Sweden, i.e., south of the region of Stockholm. The latter demarcation

was chosen as this would theoretically be the furthest I would be able to travel to and back home in a day. The limited financial resources of this project did not allow me to pay for accommodations.

In my pursuit to find LGBTQ+ seniors who 1) fulfilled the criteria and 2) where willing to participate, I reached out to a total of 100+ organizations with information about the study, requesting that they spread attached flyers (appendix 9.1) to their members or visitors on social media and their premisses. As I tried to recruit not just publicly open LGBTQ+ seniors engaged in activist organisations, I contacted a wide arrange of civil, municipal and regional organizations; aimed towards the LGBTQ+ community at large as well as separatist organizations and subdivisions for lesbians, trans* identifying people, and seniors. Other organizations were aimed towards pensioners, and people living with HIV. I have also searched for informants in Facebook groups and internet forums for LGBTQ+ people. Although it wasn't fruitful, I have also been open to use a snowball-selection (Mason 2018) in order to find enough LGBTQ+ seniors, which ended up not being the case. The professionals working within LGBTQ+ certified organizations were sourced through the contacts I made while searching for LGBTQ+ seniors, as well as contacting LGBTQ+ certified organizations within the realm of eldercare registered by RFSL Utbildning².

5.3.1 The Informants

In the end, I met three seniors, of which I interviewed two. The third, was during the interview revealed to be cisgendered and heterosexual as we had misunderstood each other in the scheduling of the interview. Anyhow, in total, I conducted four interviews, with 1) Olof, an 86-year-old bisexual man who at the moment of the interview had previously had homecare. Olof contacted me after seeing my advertisement on a LGBTQ+ internet forum. 2) Hjalmar, a 75-year-old homosexual man who had been recommended to contact me after a friend of his had seen the recruitment flyer at a LGBTQ+ organization. Hjalmar had experiences of homecare from when his late husband received them. 3) Anna, a nursing assistant at a LGBTQ+ certified nursing home. We came in contact after a manager of one of the nursing homes I contacted replied to my invitation. 4) Rebecca, a manager of a LGBTQ+ certified senior centre, who I had previously been in contact with regarding the recruitment of LGBTQ+ seniors. All names of the informants have been changed for anonymity.

² <https://rfslutbildning.se/hbtqi-certifiering-hbtqi-certifierade-verksamheter/>

5.3.2 Notes on Generalizability

Due to the small number of informants in this thesis, the results presented in the next chapter will have a limited generalizability, in regards to LGBTQ+ seniors or LGBTQ+ certified eldercare organizations. As this sample of informants aren't representative of any broader groupings, the results shouldn't be interpreted as such (Bryman 2011; Mason 2018). However, the accounts from the four informants, through the lens of the theoretical framework of this thesis, will tell a narrative which will be possible to judge against those research projects with higher rates of generalizability. But, as I have previously pointed out, the scholarship on LGBTQ+ seniors' experiences of eldercare and queer eldercare are, in a Swedish and Scandinavian context, very limited. Hence, the experiences shared by the informants of this thesis will instead be able to contribute important perspectives and experiences to the collective knowledge and public awareness about LGBTQ+ seniors and queer eldercare. Hopefully, this addition to the scholarship will inspire other scholars to evolve it, thus continuing the journey to map out the needs and experiences of this invisible group in the intersection of gender, ageing and sexuality.

Despite my far-reaching attempts to find a diverse group of informants, I never found any queer identifying women, or anyone with trans* experience, which I believe would diversify the experiences presented in this thesis. For example, I believe that the discretion narrative presented in the next chapter would be challenged, as not everyone, for example trans* identifying seniors, may not have the privilege of passing as cis- and/or heterosexual like Hjalmar and Olof (Siverskog 2015, 2016). All of my informants, seniors and professionals were also white, which has also shaped the results of the thesis.

5.4 Data Management

After the interviews had been conducted and recorded, I transcribed them verbatim, aiming for full and comprehensive transcriptions of all of the four interviews (King, Horrocks & Brooks 2019). As I've aimed to be as detailed as possible, I marked out longer pauses, laughter, and other points of interest such as tonality and gestures when I believed it was needed for context when I would later be coding and analysing my material. My four interviews amounted to a total of 213 minutes, roughly 3,55 hours, of conversations.

The coding processes began, unavoidably, already during transcription and later when reading through the transcripts before the official coding began. However, when it began, I indexed reoccurring themes within single transcripts, as well as cross-sectionally between two or more

transcripts (Mason 2018). The initial codes used were “obvious”, for example regarding instances of “experience of eldercare” or “norm-critical practice”. Codes were also derived from themes emerging in the literature review as well as my, at that point in time, broad and vague conceptualization of a theoretical framework. Hence, later codes regarding, for example “sexual subjectivities” and “heteronormativity” emerged. During the analysis of the data, I drew inspiration from an abductive strategy towards my material, moving between everyday concepts and theory (Mason 2018; Blaikie & Priest 2019). Once I transitioned to the analytical stage, I utilized a thematic analysis, where themes were derived from patterns emerging from single interview codes as well as cross-sectional codes between two or more transcripts. The themes which were of various abstraction levels, were then refined, adjusted, combined or removed in tandem with putting them through my theoretical framework, which ultimately lead me to the finalized themes in the chapters below (Braun & Clarke 2006; King, Horrocks & Brooks 2019). In line with the duality of my theoretical framework, the following empirical chapters have been divided accordingly, with one primarily focusing on the experiences of the LGBTQ+ seniors and the professionals respectively.

5.5 Ethical Considerations

As this thesis project generates data from individuals and their experiences, a great deal of attention has been paid to ensure the privacy and integrity of all informants; and in the initial stages of the thesis, a thesis proposal regarding ethics and data management were approved by a local ethics committee at the Department of Gender Studies at Lund University. Moreover, conducting research within the social sciences requires adherence to formal ethical guidelines. In Sweden, such guidelines are provided by the Swedish Research Council. Thus, I have throughout the thesis project adhered to the council’s general guidelines, as well as their guidelines aimed specifically toward research conducted within humanities and social sciences (Vetenskapsrådet 2002, 2017). The ethical guidelines for the humanities and social sciences, state four main areas of requirements; regarding information, consent, confidentiality and purpose (Vetenskapsrådet 2002). Hence, the LGBTQ+ seniors received a consent form (appendix 0) by mail prior to our interview, which allowed them to process the information in their own time before our interview. They were sent two copies, one of which they could keep and come back to if they had questions. The other two informants were informed verbally as the consent form wasn’t able to be adjusted due to time constraints relating to the quick adaptations made in the late stages of the thesis project. Furthermore, the personal data gathered from the informants have been stored on an encrypted, external hard-drive in accordance with GDPR.

Apart from the formal aspects of ethics, I've spent a great deal of time reflecting upon issues of ageing and fragility. Participation in a research project requires the individual to be able to give informed consent, which someone may not be able to give due to physical or cognitive impairment. Researchers should also protect informants from any harm. While I have a great deal of experience working with older people with physical or cognitive impairments, and people in palliative care, the core issue of retrieving informed consent has limited me in including this population in the project. Besides the issue of informed consent, this thesis project did not have the resources to appropriately plan and execute interviews in such a manner which would be able to accommodate people with, especially, cognitive impairments in line with the values of care ethics and being cognizant of the wellbeing of the informants (Eldén 2020). Pursuant to this reasoning, I did not recruit people with, to me, apparent signs of cognitive impairment. While no such informants were detected, had it appeared during an interview, I was prepared to finish the interview, and promptly exclude the informant from analysis. As I have received knowledge and training in dementia and dementia care, I felt confident in my ability to handle such an interview with care. Neither did I recruit informants from nursing homes for similar reasons, as those who are granted residence are ill or impaired to such an extent that their needs can no longer be met in their own homes. I have discussed with myself repeatedly, whether these measures to protect potentially fragile informants, are actually beneficial, or merely reinforces ageist notions that older people with impairments cannot make decisions for themselves. These paternalistic undertones have been troubling for me, as I, just like any other scholar within social or critical gerontology wants to combat ageism rather than reinforce it. However, as mentioned above, this project hasn't had the resources to ensure adequate accommodations for this population.

Feminist ethics tells us about the importance of acknowledging power dynamics and situational context in all interactions with informants (Eldén 2020). Hence, conducting research on the LGBTQ+ community comes with its own set of requisites, where one has to take historical and contemporary local contexts in to consideration. Discretion regarding ones sexual or gender identity has been a survival tactic for many LGBTQ-people, especially older generations, reinforcing the importance of anonymizing the informants and their data (Blair 2016). It has also been of importance for me to incorporate elements of reciprocity throughout this project (Eldén 2020), which has been expressed in offers to present the research findings to the members of the organizations which has participated in the search for informants. In the case of my interviews with the LGBTQ+ seniors, once the recorder was turned off, Hjalmar, his husband and I

continued our conversation about any- and everything, talking and comparing our generational differences and experiences as gay men over coffee. Similar conversations occurred with Olof too, who I also helped to fold some fitted sheets before I left, as his impaired mobility limited him to do it alone. With such acts of reciprocity, of interpersonal moments, I wanted to thank them for their participation, showing gratitude through small acts and mutual conversations. To all of my informants, thank you.

6 Results

In the forthcoming chapters I will present my analysis on queer ageing and eldercare in Sweden, through the experiences and stories of the four interviews I've conducted throughout the spring of 2023. These accounts cover a breadth of the Swedish eldercare system, ranging from homecare interventions, nursing homes and public senior centres which broadly aims to promote social activity and prevent social exclusion for people of old age. As will be delineated throughout these upcoming chapters, these four accounts point towards intricacies and challenges which may complicate a straight-forward path towards inclusivity for older people regardless of gender or sexual identity.

6.1 Ageing on the Outskirts of Normativity

In this chapter, I will present my analysis on how the LGBTQ+ seniors participating in this thesis relates to their subject positions within the LGBTQ-spectrum, and its intersections with ageing. As previously discussed, norms regarding the ageing process aren't seldomly laced with heteronormative notions, which affects many aspects of everyday life. This chapter will examine this intersection of LGBTQ-identities and ageing in regards to everyday aspects of the informants, as well as how they navigate and relate to eldercare while inhabiting these nonnormative positions.

The two LGBTQ+ seniors in this thesis, Hjalmar and Olof, have varying experiences regarding both their sexualities, and experiences of ageing. Hjalmar, a homosexual 76-year-old man, tells a story of someone in their prime of their life, the third age. In succession, Olof, an 85-year-old bisexual man, tells a story of someone who is rather approaching the fourth. Undoubtedly, they are in different phases of their lives, but in the interviews with the two of them, they share experiences of how they balance aspects of their lives which fall outside of norms regarding ageing and heteronormativity, and a discreet façade of "normalcy". Despite the differences and variety of the experiences and stories shared by Hjalmar and Olof, they both circle back to the issue of discretion regarding certain aspects of their lives and sexualities. The discretions they describe take varying forms, but the objective is the same – to limit and control the number of people who knows about these aspects of their lives, and limit potential reprisals for stepping outside of the bounds regarding norms on gender, sexuality and ageing.

6.1.1 Age and Sexuality

As I have previously touched upon in the earlier parts of this thesis, old people are rarely regarded as sexual beings, and if they are, it assumes heterosexuality. Despite this, in my interviews with Hjalmar and Olof, they both describe vividly how sex(uality) is still a prominent part of their lives, long after retirement: “As I said when I retired – sex, drugs and rock and roll. That was what I was going to devote my retirement to”. The comment made by the now 76-year-old Hjalmar illustrates his retirement as a liberation, a new era of his life no longer restrained by working life. In my interview with Hjalmar, a similar sentiment laced the entirety of our conversation, of someone being in the prime of their life, making him, in my mind, a poster boy for the third age and successful ageing. Describing himself as “same-sexed, polyamorous and with tonnes of other inappropriate behaviours”, Hjalmar portrays himself somewhat of a deviant (which I will discuss more on below), but also someone in a loving relationship with his fourth husband: “... So, as I’ve always said, [name] is going to be my last husband. We will live the rest of our lives together. It’s so simple... and so peaceful and joyous”.

Ramirez-Valles (2016) criticises the notion of successful ageing, where old gay men have been reduced to their statistically increased risk of HIV, substance abuse, loneliness and more. Further, living in non-normative relationship formations doesn’t improve that. Hjalmar’s statements on his expectations on retired life challenges norms in several regards. Having a same-sex, open marriage in retired life filled with “sex, drugs and rock ‘n roll”, challenges both norms on ageing and heteronormativity, and Hjalmar and his current husband are still thriving. Being an old gay man is not only doom and gloom. They showcase how one can still age ‘well’, without conforming to normative ideas of successful ageing. They are doing it their own way, and they’re doing great. I stated above that Hjalmar is a poster boy for successful ageing and the third age. Being a white, gay, masculine presenting person myself, I should probably clarify that it would be *my* purview of successful ageing. Positive, or any, representation of LGBTQ+ seniors are rare, and my own interactions with older LGBTQ+ people outside the context of this thesis are limited. Thus, seeing any form of gay ageing, is positive ageing in my eyes.

The cohorts of LGBTQ-people who today are regarded as old or seniors, belong to the first generations of older people to label themselves as lesbian, gay, bisexual, transgender and/or queer. Thus, no earlier generation have been able to share what it’s like to age accordingly. There is no script on how to age as a LGBTQ-person, which may come with waves of uncertainty. During my interview with Hjalmar, we talked a lot about the period of time in which his first husband was sick, and a short period thereafter passed away. While losing a loved-one is

harrowing, Hjalmar had to reshape his expectations of life in retirement, at which point he commented: “And then I thought, when I was roughly 60, ‘help, now I’ll have to become one of those internet gays in order to find someone’. But luckily, I never had to, and I still haven’t”. While queer lives necessarily don’t follow heterosexual timelines, fear of ageing, of decay, is deeply engraved in to our understanding of ageing. The old is considered unattractive and unwanted, in heterosexual and gay spaces alike. Parallel to this discourse on old age, coupledness is marketed as essential to a normal life, in where LGBTQ+ people have been incorporated into heteronormative ideals of monogamy and coupledness through same-sex marriage (Sandberg 2008; Ramirez-Valles 2016). After having been together for decades, Hjalmar, was now single again, and as an ageing gay man saw the internet as the only viable arena of finding new partners. Notably, in talking about the internet as an area for ageing gay men to find partners, he does so with a somewhat derogatory notion, to me indicating that such a turn in his life would signify that his prime days were over.

But in the case of Olof, the bisexual 85-year-old, the internet has become vital. During my interview with Olof, he talks fondly about how he back in the day used to meet up with other men for sex at varying cruising spots around the city, such as the local swimming pool, the nudist beach and other places. These and other cruising spots were the places where Olof could act on his bisexuality, as he otherwise lives a seemingly heterosexual life in public. Those places are no longer available to him, as his use of a walker to mobilize hinders his ability to move longer distances. Instead, the internet has become the primary area for him to meet other homo- and bisexual men, some of which he’s able to invite to his home, if they live close enough. Further, Olof divulged on his participation in varying online kink-communities, and communications with other men from across the world on different forums.

While issues with mobility may have closed some doors on how Olof previously met up with men for sex, becoming an “internet gay”, may not be as bad as Hjalmar makes it seem. Although, the old body is rarely regarded as sexual - unwanted and undesired, Olof showcases inventive strategies utilizing the internet in order to find likeminded people with whom he can retain his sexuality with despite no longer being able to visit his usual cruising spots. In doing so, he’s goes outside the norms of heterosexuality and age, having non-monogamous sexual encounters with other men (Ramirez-Valles 2016). Displaying what would otherwise be considered an undesirable form of sexuality, the allegory of “the dirty old man” utilized by Sandberg (2008, p. 132) comes to mind. In her article, following a discussion on shame, she reflects on possibility of embracing “‘old slag’ as a feminist and anti-ageist strategy” (p. 132), she

ponders whether the same is possible for the dirty old man, in “challenging of heterosexist heteronormative masculine sexuality emphasising erection and penetration that pervade in old age” (p. 132). I would say that it can. Although, Olof is bisexual, and mostly focuses his sexuality towards other men, he’s embracing and acknowledges his old age in regards to his sexuality. For instance, he shared that during the period where he had homecare interventions, he also had a catheter. While the men he invited over during this time initially found it odd or awkward, “What do you mean, awkward?”, Olof rhetorically asked me before he continued to explain that once the initial awkwardness subsided, they continued their sexual encounter, stating that “they made it work”.

The narratives of Hjalmar and Olof shared here, of marriage, polyamory, open relationships, and casual sexual encounters showcases how coupledness and single life aren’t dichotomous or straight-forward – and neither is the intersections of age and sexuality. They’re both complex, convoluted, and goes outside the norms of heteronormativity, as well as ageist notions of ageing desirably. They are embracing themselves as deviants, and they’re clearly displaying that old age can be anything but asexual.

6.1.2 “I am What I am. My Own Special Creation”

In his book on queer gerontology and narratives of Gayby Boomers, Ramirez-Valles frames the generation as the first one to really identify with the gay subject position, simultaneously “shifting the meanings of old age, exposing and questioning some of the heterosexual foundations of old age” (2016, p. 4). While this thesis isn’t specifically interested in just this generation, Hjalmar, could technically be allocated to that generation, and possible the collective subject position of Gayby Boomers. Although, as will be showcased in this subchapter, and foreshadowed by the subheading, the subject position of Gayby Boomer is somewhat contested by both of my senior informants.

The abovementioned quote framing this subchapter arose during my interview with Hjalmar as he, in English, recapitulated his opinions and position on the gay/homosexual subject position. While the quote out of context could be interpreted as an out-and-proud statement, it was intended as critique. During my interview with Hjalmar, he discloses a private life in which he’s careful about who he ‘comes out to’:

“As a teacher I was never open with my students. But I had a younger colleague who asked me how I had done it, and I told her that I had been able to keep the subject to myself. I have never been very private as a teacher.

But she... but later I heard that she had come out and talked about 'my wife and I' and so on. So that was... that apparently worked for her"

To Hjalmar, the subject of sexuality comes across a private matter, which he doesn't share with just anybody in any setting. However, in private, he explained that everyone knew about him and his partner, without any issues. The traditional understanding of "coming out" also seemed quite foreign to Olof as well. When asked whether he is open with his bisexuality towards other people, he continued to explain how he talks with other men online, and meets up with men for sex in local cruising areas and nudist beaches. Neither of the men seem to align themselves with the coming-out archetype, which can be quite understandable regarding the generational differences discussed earlier. Ultimately, I find that both of them regard sexuality as a private matter, and in the case of Olof, only relevant to the practice of sex as he during our interview only talked about his attraction to men in regards to sexual encounters.

Ramirez-Valles' (2016) illustration of Gayby Boomers as a generation which identifies with the collective subjectivity of gay/homosexual men, are somewhat contradicted in the experiences shared by Hjalmar and Olof. Ramirez-Valles' discussion on associative practices, conferring that "Friendship is what makes homosexuality a creative force, not the same-sex act in and of itself, or our gay identity, because it connects us" (2016, p. 207) are somewhat contested by our 'representative' Gayby Boomer Hjalmar, stating that "I don't think I have more in common with other gay than I have with regular people, so to speak – on a social level". While Ramirez-Valles (2016) acknowledges the shortcomings of associative practices, especially in terms of race and class, the statement by Hjalmar also demonstrates that same-sex attraction to men, necessarily isn't a unifying force. Similar remarks were made by Hjalmar throughout our interview, distancing himself from the imagery of a stereotypical gay man:

"Before I, so to say, came out, I always wondered why I should say 'Excuse me, I am a homosexual', when so called normal people don't walk around proclaiming that they are heterosexual. Why should I? Why should I label myself that way? [---] I do believe that's another preconception I have, that so many homosexuals are so preoccupied with being nothing but homosexual. That they are so insular. There was this TV-show called Little Britain [...] In it there was this guy who always claimed he was 'the only gay in the village' [...] and it was so important to him. But, it's very fascinating how the gay men's book circle... There I experience that they aren't like that"

While it is quite clear that Hjalmar rejects and distances himself from the subject position of the stereotypical gay man, he at the same time appreciates the comradery of gay men in certain situations such as the book circle mentioned above. I find there is a certain tension in the quote above, which also came across in my interview with Olof, that is a fear of appearing gay, of presenting a feminine masculinity, which would go against both heteronormative ideals and age-related norms. As previously discussed, discretion have been of importance to both Hjalmar and Olof in the ways they conduct themselves in regards to their sexualities. In that context, it may not be farfetched to assume that these ideals and norms have also been used to mask their own nonnormative behaviours.

The distancing could also be attributed to something akin to a queer theoretical stance against labels and stable subject positions, escaping binary notions of heterosexual-homosexual (Heaphy 2007; Ramirez-Valles 2016), where these men move between categories depending on context. One such instance could be the abovementioned book circle, where Hjalmar's preconceptions about gay men were proven to be wrong. Later during our interview, while showing me the different books they have read, he explained:

“The theme is ‘guys who read books men have written’ [...] and it's about men [...] It's delightful, and very... very therapeutic. Because, as it always is with book circles, everyone has read the same book, but you end up talking about yourself really.”

Despite his preconceptions about presenting gay, he finds a certain comradery in the book circle. Circling back to Ramirez-Valles discussion on associative practices, the comradery Hjalmar describes fit very well into the notion that there is “creative bonds men build with other men through their sexual desire”, reshaping the ways people can relate to one another, which transcends the bonds of heteronormativity and ageist notions (2016, p. 205).

6.1.3 Encountering Eldercare

Both of the LGBTQ+ seniors in this thesis have in some regard previous experiences of eldercare, and in this instance homecare interventions. As I will go into closer detail on in this chapter, Hjalmar and Olof have very different experiences of homecare; Olof had personal experiences of receiving homecare interventions for a period of time in relation to fall accidents, while he no longer receives any aid with personal hygiene or daily wellness check-ups, in Swedish

called *tillsyn*, he still has an alert button with access to the homecare team if something were to happen were he needed help of some kind, for example another fall accident. He also still has an extended alert which works outside the home in agreed-upon areas he frequently visits. Hjalmar on the other hand has had experiences of homecare interventions as a relative, as his husband received homecare interventions for some time due to illness before he passed away. However, both of the stories they shared with me regarding their experiences point towards an absence regarding the subjects of nonnormative sexualities, identities and ageing.

Notably, Hjalmar and Olof had very different experiences regarding their time with homecare interventions in their lives. Overall, Olof shared that he wasn't very satisfied with the care he received, saying among things that the help he received while showering wasn't up to par and generally haphazard. As a partner of someone receiving care, Hjalmar had an opposite experience, and hailed the care team for the help that he and his husband received. Despite their contrasting experiences, the subject of sexuality in interactions with caretakers were more or less equally absent. As I've previously discussed, both Hjalmar and Olof seem to approach their sexualities like a practice rather than an identity, that sexuality equals sex. When Hjalmar talks about how he and his husband were treated by homecare staff in regards to their same-sex relationship he said that "We never thought, or I never thought about it. It was so established. [--] So, it's... it's so normal in this area". Hjalmar's experience was entirely positive in how he and his husband were treated by the homecare team, which to me was somewhat surprising as Hjalmar's experiences of homecare dates back more than a decade. However, during my interview with Hjalmar, he shares that both he and his husband personally knew the caregivers due to the fact that Hjalmar's husband had worked on that same homecare team before he got ill. With that context, one can imagine that their same-sex relationship wasn't strange and unfamiliar to the homecare team, hence Hjalmar's positive experiences.

As previously discussed in the literature review, relatives, and especially partners take, and are given, a lot of responsibility over the person that receives care. Which is especially prominent in queer relationships (Fredriksen-Goldsen, Karen I. & Muraco 2010; Fredriksen-Goldsen, Karen I. 2011). This element was also present in the story told by Hjalmar, as he explained that he helped his husband with most things surrounding his care - ultimately limiting others from entering his and his husband's private life and sphere. In my mind, this element of discretion is also present in Hjalmar's earlier quote, stating that he never thought about the aspect of being in a same-sex couple – the fact that he never thought about it may be due to that it was never talked about. Brown (2009) explains that silencing of LGBTQ+ seniors can be twofold. On one

hand, LGBTQ+ seniors may silence and censor themselves regarding their sexualities and/or gender identities in order to protect themselves and avoid negative reactions or repercussions. On the other, dominant groups, in this case comprised by (assumably) heterosexual homecare workers, may be silencing LGBTQ+ seniors due to norms which excludes older people from being regarded as sexual subjects, or that LGBTQ+ people can be old. Regardless of the reason, the underlying heteronormativity forces nonnormative seniors to censor themselves in various contexts.

Olof rarely talked about his bisexuality in the presence of the homecare staff either. Similarly, to Hjalmar, my impression of Olof's stories leads me to a presumption that he also regards sexuality as something practical over anything else. As I asked about whether sexuality ever was brought up as a subject with homecare staff and their reaction to it, he told me that it was mentioned in regard to his intersex syndrome:

“[You told me earlier that you are bisexual, was that something you shared with the homecare team?] It was talked about, how... what [intersex syndrome] is. And that's where they found out... everything from the beginning. As they couldn't read it in my journal... [How did they react?] It was zero [No reaction?] None [They were silent?] Yes, no, but they... they pricked up their ears.” (Olof)

I find Olof's remarks interesting on two levels. First, in relation to how a question about bisexuality ended up on the subject of his intersex syndrome, which also appears when he shared details about sexual encounters which centred aspects of his intersex syndrome. This matter only emphasises the complexity of subjectivities, which is influenced by all facets of one's life and not only one's non-normative sexuality (Valocchi 2005; Ramirez-Valles 2016). Interesting in this particular case, is the breach of heteronormativity isn't in relation to someone *acting* outside of current norms, but rather someone's physical being not fitting into a heteronormative framework. Here, the gendered body is deviating from the binary by not fulfilling masculine ideals of reproduction, which is deviant in and of itself. While Olof should theoretically be regarded as asexual in the eyes of heteronormativity – making him a normal asexual senior, his physical features are still regarded as deviant since he doesn't exhibit an asexuality which remains within the confounds of the gender binary (Sandberg 2008). The other aspect which I find interesting with the quote above pertains to the answers/reactions of the homecare staff. The absence of a response could, in the terminology of Brown (2009) be regarded as a form of

silencing. By not ignoring it, the homecare staff did not have to acknowledge it, allowing the illusion of the gender binary and heteronormativity to remain intact. Additional to the act of silencing by the homecare staff, discretion was also pushed by the informants. Similar to Hjalmar, Olof also shared experiences which pointed towards keeping his sexuality separate from others, such as the homecare team:

“... and then when they came to help me shower, my friends didn’t need to come over. Because then I would already have people over. But not Satur... the welfare check-ins were on Saturday and Sunday, to begin with... So my private encounters, I had to schedule them either before or after... But mostly after. Like now during the afternoon... [---] Actually, it was quite annoying when homecare staff came in here. But I didn’t have any private encounters when they were here” (Olof)

The importance of keeping his sexual life separate were reiterated similarly on several occasions throughout my interview with Olof, and he elaboratively explained how he structured his days in order to keep these two parts of his life separate from each other. On one hand he had his ‘normal’ life including homecare interventions and interactions with staff, on the other hand, his online presence where he conversed with other men around the world about sex and kinks, some of which he was able to meet with in person.

From both Hjalmar and Olof, I get a sense of duality in the ways the structure their lives as they, in their experiences shared with me, were very keen to keep certain aspects of their sexualities private and separate from outsiders such as homecare staff. There seems to be a dual process of silencing, in where both LGBTQ+ seniors and homecare workers actively doesn’t speak about LGBTQ+ topics, lives or experiences; the seniors due to fear of repercussions (Brown 2009), and homecare workers possibly due to that the seniors expresses undesirable behaviours which breach norms on ageing and heteronormativity (Sandberg 2008).

6.1.4 Concluding Remarks

This chapter has highlighted the importance of integrity and secrecy to the homosexual and bisexual seniors participating in this project; and although Hjalmar and Olof, appear to, virtually have dual lives in regards to their sexualities and sexual practices, neither of them seem troubled about it, in general or in the context of eldercare. Their stories showcase that LGBTQ+ seniors

don't need to be out-and-proud in order to have fulfilling, happy lives, or adhere to heteronormativity or norms on ageing. In light of this finding, of how imperative they find discretion, I have a greater understanding of how, and why, I wasn't able to recruit more LGBTQ+ identifying seniors to this thesis project.

Furthermore, both of the seniors appeared to equate sexuality with sex, which challenges today's identity-driven LGBTQ+ community. It also reminds us that old people aren't asexual - they can have very active sex lives, breaching norms of monogamy as well as heteronormativity, even when one may simultaneously have some form of homecare interventions. Seeing how these two seniors approaches sexuality, eldercare actors may want to adapt their practices in order to accommodate the active sex lives of old people, and reconsider the notion that promotion of sexual health and wellbeing is exclusive to people of reproductive age - lesbian, gay, bisexual, heterosexual or otherwise.

6.2 Towards Queer-Friendly Eldercare?

In the previous chapter we turned the focus towards the LGBTQ+ seniors of the thesis, how they relate and navigate their sexualities, and how it influenced their experiences of homecare interventions in different aspects. This chapter will instead turn its focus towards the two professionals and their work in their respective LGBTQ-certified organizations, how they implement strategies to create more inclusive/norm-critical spaces, and its challenges. The chapter will also balance Rebecca and Anna's narratives with Hjalmar and Olof and their experiences and expectations on their potential future need of eldercare. Ultimately, the aim of this chapter is to paint a picture of the current state of queer-friendly eldercare, areas of improvement, and its future potential to not only be more inclusive for LGBTQ+ seniors, but improve eldercare overall.

6.2.1 Resistance to Change

Change rarely comes without resistance, which also has been the case for the LGBTQ-certified organizations represented in this thesis. Especially Rebecca, who manages a senior centre, voiced a continuous struggle and resistance against their inclusive and norm-critical practices. I've discussed in the previous chapter how Hjalmar and Olof showcase different methods of discretion of nonnormative aspects of their lives in order to not breach heteronormative expectations publicly, and how they use heteronormativity in their favour. Here, another side of heteronormativity in eldercare settings will be presented.

In my interview with Rebecca, she shared both successes and challenges regarding their certification and ongoing everyday work creating inclusive, norm-critical spaces. Below, she touches upon how some reacted when the certification was made public, and despite the few numbers of critics, they're still the loudest:

“In the beginning, when we first got certified, we informed all of our visitors about it, and celebrated with a Rainbow week where we had tonnes of activities. We didn't receive an outcry or anything, but there were questioning voices raised on why we would choose to work towards this. ‘There are lots of other marginalized groups, why LGBTQ+?’. Removing gendered bathrooms on one senior centre became a huge ordeal. There people got upset. [Oh, really?] Yes, and we hoisted Pride flags, resulting in people complaining to top management. So, we've had these kinds of small protests, but nothing massive or so. The majority were silent. [...] We've also put-up

rainbow decals to make a statement, and on several senior centres they are torn down quite frequently, which still happens. [Really?] Yes, it's probably just a few people, but we don't know how many or who they are."

In my interview with Rebecca, much of our conversation dealt with how her colleagues and she approached and handled situations where the LGBTQ+ certification and the practices associated to it were criticised in varying ways. To me, it is clear that the unearthing and questioning of certain structures of heteronormativity in their spaces, are met with attempts of silencing them (Brown 2009). And while the negative reactions only seem to come from a small number of people, they constitute a hurdle bigger than their relative size, as the senior centres need to spend more resources in the upkeep of their inclusive and norm-critical practices. However, as Rebecca stated, the majority of people are silent in their reactions to their work, making it unclear where they stand, and easier for the more-or-less anonymous critics to blend in to the crowd:

"But we've also had people who think it's great that we pay attention to this. I think a majority of people, although this is just my supposition, are silent who doesn't think that this doesn't affect me... [They shrug their shoulders] Yes, 'I won't participate in your activities, but you can do your thing, whatever you're doing', and then a few people who actively cheer on."

Apart from the outright negative reactions, Rebecca and her team have also received other, more mixed ones, with only a few people actively cheering on. As I see it, the two camps, consisting of the "critics" and the "unbothered", seem to interpret the LGBTQ-certification in two very separate ways. To me, the unbothered group seem to think of the certification as an issue only pertaining to LGBTQ+ people, whereinto LGBTQ+ people are incorporated into existing dominant frameworks of heteronormativity (Sandberg 2008; Ramirez-Valles 2016). The critics, on the other hand, seem to have noticed that the senior centres' norm-critical practices aim to destabilize gendered binaries and heteronormativity within these spaces, which they, the critics, subsequently attempt to silence (Brown 2009). Both of these readings come with their own issues to the implementation of LGBTQ+ certifications. While the critics take more time and resources in defending the certification, they're simultaneously validating the need of the certification. The handling of the negative reactions is an inherent part of the practices. On the other hand, the unbothered group, who doesn't seem to think of these practices as

relevant to them, renders the practices into an ineffectual tolerance pedagogy where LGBTQ+ seniors are incorporated into dominant norms and made invisible (Norrman, Nilsson & Törnblom 2013). The aim of norm-critical practices is broader than just including nonnormative minorities such as people identifying within the LGBTQ+ spectrum. While the vocal critics may be more visible and appears to be a bigger threat, eldercare practitioners may want to spend more efforts on the silent majority, which unlike the critics, haven't yet realized that gendered binaries and heteronormativity also affects them. Similar tendencies also appeared in the experiences shared by Anna, the assistant nurse at the LGBTQ-certified nursing home:

“Most of them were positive. They didn't think about it much. When we got certified we talked a bit about it and informed them on what we were doing.

Most of them were positive... They don't think about it that much. They don't pay much attention to it.”

The seniors described by Anna are similarly silent to the ones described by Rebecca. While both of these groups may share a lack of interest or knowledge of the matter at hand, I find the absence of vocal critics in Anna's account interesting, as one may stereotypically assume that older people are less tolerant (public senior centres tend to be attended by younger seniors). The absence may be caused by a variety of reasons, ranging from issues regarding implementation, health reasons which limits seniors to engage, or lack of anonymity compared to the senior centres. A more critical reading of the quote may also suggest that the nursing home staff presented the certification in terms of a tolerance paradigm as mentioned previously. In that case, the residents' silence was entirely logical – as not much was about to change (Sandberg 2008; Ramirez-Valles 2016).

Across all of the four interviews I conducted, silencing and suppressing of LGBTQ+ expressions and representation were discussed or mentioned in some fashion. From the different tactics of discretion in the narratives shared by Hjalmar and Olof, to the angry reactions or silent majorities of seniors in the stories shared by Rebecca and Anna, they all conveyed an underlying message that LGBTQ+ expressions are okay to a limited extent, as long as it isn't too visible. Such a sentiment can be observed in the quote below, where Hjalmar talks about his mother, and her reaction to his relationship with his first husband:

“And then I heard that my [first husband], as his name was, regularly talked with my mother and explained it to her, and so it, it turned out very well and naturally. But I have a feeling that my mother kept this from the family and

relatives, I have a feeling of it [...] But there are so many things you reflect back on, like ‘why didn’t I ask’ and such. But in [northern Sweden], you don’t talk unless necessary. So maybe it wouldn’t have been appropriate”.

Hjalmar’s experiences with his mother regarding his marriage to his first husband, exemplifies how silencing is used to make LGBTQ+ people invisible (Brown 2009); and while his mother was likely protecting them from discrimination or prejudice from the extended family, the silencing made sure that they were assumed heterosexual, thus “protecting” them from being regarded as deviant rather than normal (Sandberg 2008). Rebecca shared a similar anecdote wherein a trans* identifying local public figure, who usually pulls large crowds when they perform artistically at the centre, was instead met with a crowd of only ten people when they held a LGBTQ+ themed lecture. What these two accounts have in common is the notion that LGBTQ+ people are okay, as long as their deviating features aren’t palpable and at risk of disturbing heterosexual hegemony (Sandberg 2008; Ramirez-Valles 2016). Likewise, the abovementioned accounts from Hjalmar and Rebecca showcases two different ways in which nonnormative expressions and subject positions are tolerable as long as it stays in the margins (Brown 2009).

Furthered by norms around ageing, LGBTQ+ seniors face both external and internal pressure to conform. In a longer anecdote by Hjalmar, he stated that you have a responsibility in how you’re treated, and “If I have accepted myself, so will the people around me. To a certain extent of course”. I find this anecdote about being open about oneself interesting in many ways, especially the ambiguity of the last sentence. As I sadly didn’t ask for clarification, the “to a certain extent”, could mean two things. On one hand, the sentence touches upon the notion that you can be open, proud and as non-conformative as one can get, and still never be ‘accepted’. On the other, it could be interpreted as a personal responsibility; that you can only expect to be accepted if you conform to certain standards - to not be *too* queer and nonnormative. Regardless the intention, the latter interpretation goes very much hand in hand with how Hjalmar and Olof have handled themselves and their sexualities through discretion, which in light of the external and internal pressures to conform to heteronormativity and norms around ageing, is understandable in their individual contexts. However, Ramirez-Valles warns us of “the privileging and normalizing of certain identities and relationships at the exclusion of others, the queer—the ‘undignifying’ quarters of ourselves and our communities” (2016, p. 199). While it may be alluring for people in privileged positions to approach homonormativity, it shames those who will - or cannot conform. As Ramirez-Valles (2016) points out, this privileging also

marginalizes certain aspects of queer life – such as the deviant, non-monogamous sexual practices showcased by Hjalmar and Olof previously. Altogether, the accounts from all four informants point towards challenges in creating inclusive spaces for LGBTQ+ seniors; where the resistance to change comes from several directions. Therefore, any attempts to sanitize queer lives for the contentment of cisgendered heterosexuals hinders eldercare from becoming queer-friendly, which leads us to our next subchapter on how Anna and Rebecca implement their certifications into their everyday-practices.

6.2.2 The Process of Making LGBTQ+ Seniors Palatable

In the subchapter above, we got a picture of some of the different challenges facing the LGBTQ+ certified organizations and their aims to make their spaces more inclusive and norm-critical, primarily issues regarding vocal, and hands-on critics as well as a silent majority with unclear and unknown opinions. Hence, I will here examine how Rebecca and Anna, with their colleagues, use different approaches and strategies to implement the certification in everyday practice and respond to critics. In my interview with Rebecca, while talking about visitors questioning and tearing down rainbow decorations, she commented on how she approached a conversation about Pride flags hanging in a Christmas tree:

“Well, it depends on how it’s brought up and how you approach it. So, most of the time it ends up being a nice and constructive conversation, as I’ve understood it from my colleagues. They don’t approach it with a superiority-attitude, but with a... I personally, my approach is usually to go into the conversation happy and a bit oblivious, so when they question and oppose our Pride flags in the windows, I say ‘Oh, you think so? I think that the flags symbolise love, and it’s Christmas which also means love to me. That’s what they mean to me, but of course it can mean something different to you. If you’ve got other flags that signifies Christmas to you, we’ll hang those up too’. Then they become a bit disarmed. [---] Another time there was someone who asked ‘why do you have these flags, when are you going to take them down?’ ‘Aren’t they beautiful? They’re so joyful! I think they should stay there forever!’. So, this method works well most of the time. But it requires a certain... you have to be prepared and in the vicinity.”

Throughout our interview, Rebecca shared several examples of how she and her colleagues reacted and answered to homophobic remarks and actions, as well as topics as racism and

transphobia. By approaching such conversations in a gentle manner, they hope to deescalate it, and maybe even make some of the seniors reevaluate their stances on LGBTQ+ people as deviant (Sandberg 2008). But work like this takes a lot of effort, breaking down stereotypes and norms in their spaces. It takes time, resources, and requires that staff are present, and have the knowledge, courage and stamina to continuously take these discussions (Norrman, Nilsson & Törnblom 2013), which Rebecca claims happens on a weekly basis, and at some points even daily.

However, most of the work in regards to the certification happens on a broader level, not only in one-on-one conversations. Both Rebecca and Anna shared how their organizations in various ways are implementing strategies, ranging from how they organize team meetings, their spaces and work environments, to their activities for their visitors and residents. Working with residents, Anna shared that they among other things celebrates Pride every year, and that a lot of their implementation of their certification targets how to meet the care receivers' individual needs. Undoubtedly, Rebecca and Anna's possibilities to implement more inclusive and norm-critical practices vary due to organizational differences, missions and target audience. Rebecca, summed-up their implementation as follows:

“It has involved everything from how to incorporate LGBTQ+ issues on our team meetings, to making our bathrooms gender neutral. The action plan we put together was quite varied, but very comprehensive. [---] It has involved inviting guest speakers, highlighting LGBTQ-people without explicitly mentioning LGBTQ+ themes, or having LGBTQ+ themes in our regular activities, quizzes or book circles. We also utilize our magazine to highlight issues.”

Rebecca describes a wide variety of how their certification has been implemented in their daily activities and organizational structures in order to normalize, and make visible LGBTQ+ seniors and issues that relate to them. Rebecca also shared with me that they have previously acknowledged LGBTQ+ seniors more explicitly during Pride events and 'Rainbow week'. Although nowadays, Rainbow week has been converted into a Human Rights week with event themes ranging from disability rights, trans* visibility, neurodivergence, sexual health in older life, domestic violence, and more: “Human rights as a subject is so extraordinarily wide, and everything can be assigned to it. So, we do it as broadly as we can. And we plan to do the same during this year's HR-week”. The process of normalizing LGBTQ+ seniors is undoubtedly

tricky. It's a balancing act between making LGBTQ+ seniors visible and accepted (Brown 2009), while at the same time avoiding a homonormative approach which ousts the queer, deviant and undesired (Sandberg 2008; Ramirez-Valles 2016). Queer theory, and in extension norm-criticism (should), embrace these marginalized positions, which I'm not sure a Human-Rights-week is capable of. However, embracing and promoting queerness towards a target group which barely recognizes LGBTQ+ identities and expressions, may in a practical sense be futile. Today's cohorts of LGBTQ+ seniors may not even be inclined: Thinking back to the importance of discretion for Hjalmar and Olof, the transformation from Rainbow-week to Human-Rights-week may to them and other LGBTQ+ seniors, be a welcomed change as a more generic event would be less likely to single them out as LGBTQ+ identifying if they were to attend. The act of self-silencing serves as a mean to avoid repercussions (Brown 2009). Blending into the masses is the goal, and thus, Human Rights-week may be more suitable, while at the same time slowly normalizing LGBTQ+ issues to cisgendered and heterosexual seniors.

Over at the nursing home, the yearly Pride parade appears to be the highlight of the implementation of the certification. It's a joyful day, something out of the ordinary for the residents. Sharing similar sentiments as Rebecca, Anna also shared how they celebrate Pride with their residents:

“We hoist a [Pride] flag, we dress up and have our own Pride parade. That's what we do... We have a cheerful day where we dress up and perform for the residents... We had a catwalk show for the residents awhile back.
Maybe we'll do something similar when Pride comes around”

While this depoliticized form of Pride may be far removed from its core intentions, thus being more appealing to the cis- and heterosexual residents and staff, one may reflect on its purpose - whether it actually brings much visibility to LGBTQ+ seniors and people over all, or if it's mere antics. Although, Anna points out how the physical and cognitive vigour of the residents may play a part in the more light-hearted nature of the Pride celebrations: “I think they mostly notice our clothes and that we perform... We have a division for residents with dementia, so we're mixed. They think it's fun, that we have some fun and delight them”. While still acknowledging the very real limitations and challenges of physical and/or cognitive impairment, assuming political disinterest or lack of social value due to fourth age and impairment implies an ageist notion where only third-age seniors are regarded as active members of society (Leahy 2021; Sandberg & Larsdotter 2022c). The oversimplification of Pride reifies the fourth age as

insignificant, while at the same furthers the incorporation, and hence silencing, of LGBTQ+ people into heteronormative ideals. In a previous quote from Ramirez-Valles, I find similarities in how both the fourth age and queer lives are marginalized: “the privileging and normalizing of certain identities and relationships at the exclusion of others, the queer—the “undignifying” quarters of ourselves and our communities” (2016, p. 199). Therefore, in a society wherein queer and fourth-aged lives are marginalized, the realization of queer-friendly eldercare will require more than just some colourful clothes.

Meanwhile, neither Hjalmar or Olof, appeared to take much interest in the lavish nor political nature of Pride. In that manner, the eldercare-organized versions of Pride may be more to their taste than a (queer theoretical) textbook example. In consonance with the seniors’ distancing from loud and lavish visibility, both Anna and Rebecca and their respective organizations appear to use symbols of different kinds to form the basis from which they deploy their inclusive practices. The use of Pride flags and other rainbow-themed decorations were a reoccurring talking point in both of their interviews. They explained how their intentions were to normalise and make LGBTQ+ more visible. However, the process of normalising, of making something or someone normal, requires a denunciation of the deviant and the queer (Sandberg 2008; Ramirez-Valles 2016). The usage of Pride flags may thus be a form of performative allyship, where the queer isn’t actually embraced - instead, it runs the risk of simply becoming a branding and sales tactic. As follows, symbols cannot be one’s only tactic to create queer-friendly spaces within eldercare. According to both Anna and Rebecca, the profusion of Pride flags and other rainbow themed paraphernalia were often used as a catalyst to incite conversations about gender, sexuality, heteronormativity or other important topics. Anna exemplified this with how they use their brochures which details their certification and other topics:

“Sometimes, usually over coffee, the brochures are brought up at which point we can talk a bit about the issues, and hear them out on their thoughts and opinions. Most of the residents I’ve talked to are positive. They’re not like anti towards it”

Through simple conversations over coffee, Anna and colleagues, similar to Rebecca in the beginnings of this subchapter, invites the residents to think of nonnormative ways of being, in a nonconfrontational manner. It’s a tedious process, one conversation at a time, which is dependent on relationship building. I have previously pointed out relationship building as a crucial part of successful eldercare. However, this requires a larger, systematic overhaul of eldercare where

eldercare staff have realistic possibilities to of set aside time for genuine social interaction – an eldercare which appreciates and values all seniors (Jarling et al. 2022; Nordin, Rosenberg & Nilsson 2022; Siverskog 2022).

6.2.3 Facilitating an Invisible Group

Despite their very active engagement in LGBTQ+ competency, norm-critical practices and making their spaces inclusive towards LGBTQ+ seniors, Rebecca and Anna rarely or have never met LGBTQ+ identifying seniors who have been open or public with their sexualities and/or gender identities:

“Well, that’s the difficult thing, we can’t see on someone how they identify, for the most part. We’ve had some collaboration with RFSL Senior before, especially in the beginning when we first got certified. But we’ve lost contact due to reorganization. So they think it’s great, but for the most part, they meet in their own space. So we haven’t really had much collaboration. But apart from them, we haven’t had any LGBTQ+ seniors here, to my recollection... Well, we had one person who reached out to us through our magazine, she was so elated because of our [Pride] symbols and our effort to get LGBTQ+ certified. So she actually paid us a visit because of it. But she’s the only one”

Rebecca stresses the importance of norm-critical practices in meeting seniors at the senior centres as you can’t know who you have in front of you, which is inherently true. Although, despite the fact that Anna and Rebecca have combined met hundreds of seniors in their respective organizations, none of them have met any LGBTQ+ seniors. This draws me back to how LGBTQ+ seniors are silenced as they breach both norms on age, sexuality and gender (Brown 2009). They’re also made invisible as heteronormativity incorporates their tolerable aspects and ousts the deviating (Sandberg 2008; Ramirez-Valles 2016), which may explain why the LGBTQ+ seniors in the quote rather socializes in their own queer spaces. Thus, it may not be surprising how neither Anna or Rebecca have met any publicly out seniors, as they have yet to find methods which embraces the queer and shameful:

“We are prepared to welcome anyone... So... So far there hasn’t been anyone with a different identity who has moved in here [Noone has been public with their LGBTQ+ identity?] No, anyone who wants to move here, well, if there’s any available apartments... everyone is welcome” (Anna)

Anna and Rebecca both emphasised the importance of a welcoming atmosphere in their respective organizations – pointing out that all of their visitors and residents should feel welcomed and empowered to be themselves. Ramirez-Valles ponders, “although bringing some dignity to old age, the ethics of aging successfully shames queers (e.g., sexual deviants) and fat, lazy, alcoholic, and lonely older people” (2016, p. 200). The quote reminds me of Olof and Hjalmar, who both regard their sexualities as practical. As previously discussed, they also regard themselves as sexual deviants - embracing the queer and the shameful. According to Anna and Rebecca, their LGBTQ+ certified organizations would be welcoming of Hjalmar and Olof – embracing their deviant sexual subjectivities. Whilst taking Anna and Rebecca for their word, all but one question remains: How much kinky, non-monogamous, same-sex sexual encounters can one have in a nursing home?

Throughout these empirical chapters there has been a fundamental divide between how the LGBTQ+ seniors and the professionals think and approach the collective subject position of LGBTQ+ seniors. Hjalmar and Olof barely associate themselves with it, both grounded in their conviction to live discreet lives, blending into a heteronormativity. On the other hand, we have Anna and Rebecca who recognizes sexuality as an identity rather than a practice. I believe this tension between a homophile generation and the later “out-and-proud” identity generation (Norrhem, Rydström & Winkvist 2008) is largely at fault. Further, it reinforces the notion of unstable sexual subjectivities (Valocchi 2005). It has become apparent to me that the LGBTQ+ certifications of today are not aligned with its cohorts of LGBTQ+ seniors. Instead, it seems like these certified organizations are preparing for a future when the younger generations of LGBTQ+ people grow old. But in the meantime, they have a mission to make LGBTQ+ seniors palatable to their cisgendered and heterosexual counterparts – enticing them to embrace the queer, deviant and shameful.

7 Discussion

This thesis on queer ageing and eldercare has had the objective of expanding gerontological and social work scholarship on ageing and eldercare through the lens of queer gerontology, and to develop said scholarship on the queering of eldercare through the experiences of LGBTQ+ seniors and LGBTQ+ certified eldercare practitioners. I have done so through semi-structured interviews with LGBTQ+ seniors and practitioners within LGBTQ+ certified eldercare organizations, which have brought us here at last.

The findings from the first empirical chapter, focusing on the experiences of the LGBTQ+ seniors question the homogeneity of said collective subject position. The subjectivities therein are comprised of, and informed by, a multitude of subject positions, not just ones regarding gender, sexuality and old age – hence the difficulties in assigning singular subject positions to experiences (Heaphy 2007; Ramirez-Valles 2016; Siverskog 2016). Likewise, it adds to the heterogeneity of our understanding of the LGBTQ+ community, wherein coming-out and being public about ones nonnormative gender identity and/or sexuality can sometimes be taken for granted. As previously delineated by a plurality of scholars, homo-, bi-, and transphobic eras of the past are still affecting LGBTQ+ seniors of today (Brotman, Ryan & Cormier 2003; Hughes 2009; Fredriksen-Goldsen, Karen I. & Muraco 2010; Fredriksen-Goldsen, Karen I. 2011; Fredriksen-Goldsen, Karen I. et al. 2011) – hence, discretion is an inherent part of, and not an anomaly within, the LGBTQ+ community. The assumption of heteroromantic asexuality in old age, and other forms of contemporary discrimination also adds to it. Furthermore, one should not forget that sexuality involves sexual practices. The LGBTQ+ seniors of this thesis highlight the need for scholars and eldercare practitioners alike to reassess our assumptions of sex in old age. Not only can seniors' sex lives be active, but also deviant, same-sexed, kinky and non-monogamous – even during the fourth age or in eldercare (Sandberg & Larsdotter 2022b; Siverskog 2022). Together, LGBTQ+ seniors are redefining intimate relationships, intertwining romantic relationships, friendships and no-strings-attached sexual encounters into one (Ramirez-Valles 2016). The implications of these findings question the cohesiveness of the collective subjectivity that is LGBTQ+ seniors – which in the context of debating inclusion vs. separatism in eldercare favours inclusion over the other (Robertsson 2013; Vesterlund 2013; Kottorp et al. 2016; Siverskog 2016; Rosenberg, Kottorp & Johansson 2018; Löf & Olaison 2020). These findings warrant further examinations into these subjectivities, and areas concerning experiences of aging and eldercare. The centrality of discretion in the narratives and subjectivities of the LGBTQ+ seniors in this thesis, also points towards areas in need of further development.

The latter empirical chapter delineates various challenges in the implementation of inclusive and norm-critical practices in eldercare organizations. First off, the core of norm-critical practices appears to have been hollowed out according to the findings of this thesis (Kulick 2005; Ambjörnsson 2016; Dahl 2016). The turn towards normalisation of LGBTQ+ seniors, incorporating them into heteronormative ideals and advocating that “they’re like everyone else”, ousts and renders deviant individuals as well as deviant aspects of ourselves invisible (Ramirez-Valles 2016). Hence, it’s not surprising why the LGBTQ+ certified organizations haven’t met or engaged with many/any LGBTQ+ seniors. The findings of this thesis also point toward a silencing in terms of disciplinary measures, wherein LGBTQ+ seniors in eldercare are silenced, or are silencing themselves, in order for their deviant features to not disturb heteronormative contentment. However, the LGBTQ+ seniors in this thesis does not seem to mind this as they, in line with a homophile subjectivity, regard sexuality as a private matter and a practice not needed to be shared with the public (Norrhem, Rydström & Winkvist 2008). These findings imply a heterogeneity in the various generations which comprises the LGBTQ+ community, and how LGBTQ+ seniors relate to themselves. Thus, scholars and practitioners alike should be mindful this complexity going forward.

A queering of eldercare, which does not silence and render LGBTQ+ seniors invisible, would require structural changes to its organization and operation. It requires an eldercare wherein workers have the time and resources to attending competence-enhancing trainings, to engage and build trusting relationships with the seniors they serve (Siverskog 2022). The feat of queering eldercare will not come easily – to wave Pride flags and welcoming LGBTQ+ seniors is, and will, not be enough. The questioning and dismantling of norms regarding ageing, sex, monogamy, gender, sexuality and more will need to happen simultaneously in an embracement of the deviant, ugly and undesired (Sandberg 2008; Ramirez-Valles 2016). The current practices of the LGBTQ+ certified organisations and the LGBTQ+ seniors of this thesis are not congruent. The organizations have founded their conception of LGBTQ+ seniors on a contemporary, identity centred subjectivity, which doesn’t reflect the positions of today’s LGBTQ+ seniors. This top-down approach leads me to urge future attempts to increase inclusivity and norm-critical practices, to engage the seniors which one aims to welcome from the get-go. Today, the LGBTQ+ certified organisations appear to be preparing their operations for younger cohorts of LGBTQ+ people, who to a larger degree regards LGBTQ+ as an identity. Consequently, the LGBTQ+ seniors of today remain silenced and invisible.

This Master's thesis has only scratched the surface of LGBTQ+ seniors and queer-friendly eldercare. I have made visible LGBTQ+ seniors' experiences of aging and eldercare, and how LGBTQ+ certified organizations try to create welcoming spaces for them. However, this area of scholastic examination is far from exhausted; From how they relate to the collective subjectivity of LGBTQ+ seniors, their experiences of aging and eldercare, to eldercare organizations and how they can queer their practices. Hopefully, scholars with resources to recruit larger and more diverse samples of LGBTQ+ seniors, in collaboration with municipal assessment agencies and other eldercare actors, will be able to achieve it. Then maybe, someday in the future, we can answer "as much as you'd like" when questioned "how much kinky, non-monogamous, same-sex sexual encounters can one have in a nursing home?".

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Interviews

Transcripts are available by request: je2303hu-s@student.lu.se

- 2023-03-23: Hjalmar
- 2023-04-06: Olof
- 2023-05-09: Rebecca
- 2023-05-23: Anna

9 Appendixes

9.1 Recruitment Flyer



LUNDS UNIVERSITET

HUR ÄR DET ATT ÄLDRA SOM HBTQ-PERSON? INTERVJUPERSONER SÖKES TILL MASTERSUPPSATS!

Hej, HBTQ-senior! Är du homo-, bisexuell, transperson och/eller queer? Är du 60+ och har erfarenhet av att ha hemtjänst/hemvård (nu eller tidigare)? Vill du bidra till forskning om queert åldrande?

Samhället har kommit väldigt långt med HBTQ-rättigheter, men tidigare forskning tyder på att många äldre HBTQ-personer i Sverige känner oro för hur de kommer att bli bemötta när det är dags för hjälp och stöd i hemmet eller plats på vårdboende. Den här uppsatsen syftar till att visa hur det faktiskt är att ha hemtjänst/hemvård som HBTQ-senior.

Vem är uppsatsförfattaren? Jag heter Jesper Hultin och är mastersstudent vid Genusvetenskapliga institutionen, Lunds universitet. Jag är socionom, och har tidigare arbetat som biståndshandläggare för hemtjänst/hemvård i en skånsk kommun, och som HBTQ-person har jag intresserat mig extra för äldre HBTQ-personers livsvillkor och erfarenheter av vård och omsorg.

Vill du bidra med dina erfarenheter och tankar? Uppsatsen kommer att bygga på intervjuer som tar cirka 45–90 minuter. Plats för intervjun kommer vi överens om gemensamt, fysiskt eller digitalt. Ditt deltagande är frivilligt och helt anonymt. Det betyder de personuppgifter du lämnar och det du berättar inte kommer kunna spåras tillbaka till dig. Du kan när som helst dra tillbaka ditt deltagande. Intervjuer planeras att hålls löpande fr.o.m. mars.

Kontakt. Önskar du, eller någon du känner delta i denna studie, vänligen kontakta eller hänvisa till mig, Jesper Hultin, via mejl eller telefon.

je2303hu-s@student.lu.se

073 – 989 07 40

Studien har blivit granskad och godkänd av Genusvetenskapliga institutionens etiknämnd, och handleds av docent Andrés Brink Pinto (andres.brink_pinto@genus.lu.se).

2023-04-03



LUNDS UNIVERSITET

**ÄR DU LHBTQ-SENIOR OCH HAR
ERFARENHET AV ATT HA
HEMTJÄNST/HEMVÅRD?**

Intervjupersoner sökes till masteruppsats om
LHBTQ-seniorers erfarenheter av
hemtjänst/hemvård.

Kontakta Jesper Hultin för mer information:
je2303hu-s@student.lu.se
073 - 989 07 40

9.2 Consent Form



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Samtyckesformulär

Du har erbjudit dig att delta i en intervjustudie om HBTQ-seniorers errarener och upplevelser av att ha hemtjänst/hemvård. I det här dokumentet finns information om dina rättigheter som deltagare, och hur din information kommer att hanteras och användas.

Ditt deltagande är frivilligt och du kan närsomhelst avbryta ditt deltagande oavsett anledning. Det betyder att du kan välja vilka frågor du vill svara på, eller avbryta intervjun helt och hållet. Även efter en intervju, har du rätt att begära att din intervju inte längre ska användas i uppsatsen. Intervjun kan aldrig påbörjas, och dina uppgifter kommer aldrig att användas i uppsatsen innan du signerat nedan och gett ditt informerade samtycke.

Ditt deltagande är anonymt. Uppgifterna du lämnar vid en intervju, ditt namn och var du bor, kommer att anonymiseras. Det betyder att ingen förutom uppsatsförfattaren kommer att veta att du har deltagit i denna studie.

De uppgifter som kommer att samlas in om dig är din ålder, sexuella läggning, könsidentitet, ungefärlig storlek på den ort du bor i, samt det du väljer att berätta under intervjun. Dessa uppgifter kommer att användas som empiri i uppsatsen. Detta kommer att samlas in genom ljudinspelning och anteckningar från intervjun som sedan kommer att transkriberas.

Allt material om dig och dina uppgifter kommer att förvaras oåtkomligt för obehöriga. Digitalt material i form av ljudfiler och transskript kommer att förvaras på en extern hårddisk utan internetuppkoppling. Eventuell samtals- och smshistorik kommer att förvaras på lösenordskyddad mobiltelefon. Samtliga av dina uppgifter kommer att raderas/förstöras efter uppsatsens färdigställande.

Dina uppgifter kommer endast användas i denna uppsats. Det betyder att de uppgifter som samlas in om dig inte kommer att spridas vidare i varken akademiskt eller kommersiellt syfte.

Du har rätt att ta del av dina uppgifter. Det betyder att du har rätt att begära att få se vilka uppgifter som finns om dig, till exempel transskript, ljudfiler eller intervjuanteckningar.

När uppsatsen är färdig kommer den att publiceras i Lunds universitets uppsatsdatabas LUP Student Papers. Databasen är offentlig och är tillgänglig för allmänheten.

Känner du att du behöver prata med någon? Du kan vända dig till din vårdcentral, eller andra samtalsmottagningar, t.ex. hos vissa RFSL-avdelningar eller andra liknande organisationer för samtalsstöd med kurator.

Har du några frågor? Tveka inte på att kontakta uppsatsförfattaren Jesper Hultin via telefon eller mail. Du kan ställa frågor både innan och efter din intervju.

073 -989 07 40

je2303hu-s@student.lu.se

Genom att signera nedan försäkrar du att du har läst och förstått informationen ovan, och härmed ger ett informerat samtycke till ditt deltagande i intervjustudien. Har du några frågor om dina rättigheter eller hur dina uppgifter kommer användas har du möjlighet att ställa dem till uppsatsförfattaren innan du signerar och intervjun påbörjas.

I detta brev har du fått två kopior av detta formulär. Vänligen signera dem båda och överlämna det ena exemplaret till Jesper Hultin när ni möts för intervjun. Den andra kopian är ditt exemplar som du kan spara och återvända till om du har funderingar.

Datum

Underskrift

Namnförtydligande

9.3 Interview Guide

Intervjuguide HBTQ-senior

Basfakta

- Ålder
- Könsidentitet
- Sexuell läggning
- Hemtjänst – omfattning/tidsperiod

Som hemtjänsttagare

- Vardagen
- Bemötande
- Talades det om din sexualitet/könsidentitet
- Diskriminering
- Hjälp med personlig hygien
- Queera föremål i hemmet
- Partner i hemmet
- Hjälp ifrån anhöriga?

Innan hemtjänsten

- Hur var livet innan hemtjänstbehovet?
- Tidigare upplevelse av vård?
- Är du öppen med din sexualitet/könsidentitet?
 - Om ja, när ”kom du ut”?
 - Reaktionen på det?
- Tidigare upplevelser av diskriminering?
- Tidigare upplevelse av att gömma in identitet?

Som anhörig

- Hur var det att vara anhörig till vårdtagare?
- Hur mycket hjälpte du till?
- Hur bemöttes du av personal?
- Erkännande av informell vård
- Erkännande av förhållande
- Med erfarenhet som anhörig: Hur ser du på ditt eget åldrande och ev. behov av framtida vård/omsorg?

Socialt nätverk

- Hur såg ert sociala nätverk ut innan insatserna?
- Hur såg ert sociala nätverk ut under insatserna?
- Vilka ingick i nätverket? Vänner, barn, andra HBTQ-personer?

Om framtiden

- Hur skulle du vilja att det fungerade?
- Vilka förändringar vill du se? Ex. Separatistiska boenden/aktiviteter/mötesplatser, HBTQ-kompetens?
- Vad tror du behövs?
- Vad saknas?
- Drömscenario?

Intervjuguide – yrkesverksamma

Bakgrund

- När certifierades ni?
- Varför valde ni att certifiera er?
- På initiativ av besökare, personal eller ledning?
- Hur såg certifieringsprocessen ut?

Normkritisk verksamhet

- På vilka sätt har verksamheten blivit mer normkritisk?
- Hur var det tidigare?
- Tidigare jämställdhetsprojekt i verksamheten?
- Hur uttrycker sig normkritiken i det dagliga arbetet?

Besökarna

- Hur upplever era besökare verksamheten r/t certifieringen?
- Reaktioner på certifiering?
- Hur var det tidigare?
- Har ni separatistiska mötesplatser/träffar för HBTQ-seniorer?
- Hur mottas det av (HBTQ-)seniorerna?

Framtiden

Vad kan bli bättre?

Vad hoppas ni uppnå med certifieringen?