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Introduction

The United Kingdom (UK) has an aging population with the fastest growing age group being 85 years and older (Pickard, 2008). Given this increase in the elderly population, the need for both formal and informal care is set to increase. The present care system in the UK relies significantly on informal family based care, most often provided by either a partner or adult child (Arber & Ginn, 1991). Informal caring encompasses many activities including “just being” with the care recipient to the provision of emotional and psychological support to assisted daily living tasks (Chappell & Reid, 2002). Caregivers sometimes live with the family member being cared for, whilst others visit on a regular basis undertaking a range of tasks whilst visiting. Still others provide support at a distance, telephoning regularly and generally arranging for the smooth running of the care recipient's home and life via telephone and internet (Lee & Porteous, 2002).

Care giving tasks are most often undertaken by middle-aged women. Pickard's (2008) Personal Social Services Report to the Cabinet Office suggested three key factors affecting the provision of care to elderly parents: age, gender, and marital status. Pickard reported that two thirds of the caring that takes place in the family environment is undertaken by women, that single people are more likely to be involved in care giving than people who are considered married, and that carers are usually aged between 45 and 64 years. The likelihood of a woman becoming involved in caring rises considerably as she gets older. Two thirds of women are likely to have provided some form of informal family care by the time they reach 75 years of age (Social Policy Research Unit, 2001), and one in four women in their fifties are, to some degree, involved in family care giving in the UK (Carers UK, 2009).

The gerontological research base evidences this gendered pattern to caregiving further. When care is given to elderly parents who have more than one adult child, siblings perceived to have less personal responsibility are expected to take on greater elder care responsibilities. Very often adult children without children of their own, or who are unmarried, or who are not working most often take on the role of caregiver (Brody, Litvin, Albert & Hoffman, 1994). Stone, Cafferata and Sangl's (1987) analysis of data from the Informal Caregivers Survey and found that 72% of all informal caregivers were women, a finding that has been reflected in more recent research (Bracke, Christiaens & Wauterickx, 2008; Pope, Kolomer & Glass, 2012). Stone et al., (1987) also found that daughters were twice as likely as sons to take on care giving duties. Very often the adult daughter who provides care also has to cope with other demands on her time from partners, children, or employers; an experience named in Brody's (1981) classic paper as one shared by "women in the middle", and which Perrig-Chiello and Höpflinger (2005) more recently described as the "double-burden". In sum, the responsibility for providing informal family care falls disproportionately upon the shoulders of middle-aged women, many of whom are perceived to have fewer responsibilities.

Manthorpe (2003) asserts that there is an inherent assumption that family caregivers are heterosexual. She argued that lesbians, whether single or in relationships, are made invisible by this assumption which is rarely flagged up in this literature. Kimmel (1992) posited that lesbians and gay men may disproportionately become carers for elderly family members due to being unmarried and geographically mobile, hence more likely to be willing to move in with, and care for, aging parents if necessary. The flexibility highlighted by Kimmel is also suggested in the profile of "never married daughters" who are disproportionately represented in statistics on elder care. Lesbians may not marry in the UK, as in many other countries. Despite Kimmel's assertion, the distinct experiences of lesbians

within this group of unmarried women who care have been largely neglected in the research on carers. The present study addresses this neglect. We aimed to discover, utilizing methods derived from a grounded theory approach, how elder caring might impact lesbian lives in relation to issues of outness, socialization, personal relationships, and how lesbians respond to the challenge of care.

Why Do Women Care?

Within Western nations there exist implicit assumptions and tacit family expectations that women will take on family caring duties (O'Dell, 2007). Extended families in pre-industrial societies provided elder care as one of the many exchanged tasks undertaken within the extended family group (Fulcher & Scott, 2003). With urbanization, industrialization and the emergence of the nuclear family, greater gender role differentiation between men and women occurred (Parsons & Bales, 1956). This positioned men more concretely in the role of provider, for the family, in the public sphere of work; whilst women were situated in the private sphere of the home, which included nurturing and caregiving (Walker, 1992). Dividing labour along the axis of gender in this way serves to maintain the status quo of gender role attitudes and expectations (Eagly, 1987).

Gender role expectations naturalize care giving as part of the female gendered role (Gerstel & Gallagher, 2001). Researchers have sometimes considered femininity, motherhood and attachment as explanation for why women are more caring, and why caring is associated with the home and family (Baker Miller, 1976; Chodorow, 1978; Gilligan, 1982; Graham, 1983; Wuest, 2001). Although these models look mainly to childcare, they suggest that elder caregiving might be a natural extension of women's caregiving orientation. Indeed, research by Schwarz and Trommsdorff (2005) into intergenerational support between elderly women and their adult daughters has found that attachment style does have a role to play for adult daughters in the type of support provided. These definitions of family and constructions of

caregiving leave little room to theorize the experiences of lesbian women involved in a familial caring role outside of the heteronormative family and its constitutive division of labour.

This naturalisation of gendered heterosexual caregiving is supported by legislation and social policies that naturalize the family as the source of care (Phillips, 2007) and family members as the preferred provider of care (Walker, 1992). For example, direct state involvement in care only occurs when there are no family members to provide care or the family is unable to assist (Phillips, 2007). As such, there is a dominant Western ideology of family-based support which leads to most of the responsibility for adult care to fall within the remit of the home with care being provided by related women (Aronson, 1992).

The Stress of Caregiving

Care giving does have positive effects often found in the form of enriched meaning and value within family and social relationships (Farran, Keane-Hagarty, Salloway, Kupferer & Wilken, 1991), but most research has examined the negative aspects of care giving. “Caregiver burden” has been posited as the totality of physical, psychological, emotional, social, and financial problems experienced by someone in the role of family caregiver (George & Gwyther, 1986). Carers’ physical and mental health, social life, family life, and work life are significantly impacted by their involvement in caring (Lee & Porteous, 2002). Caregivers are more likely to report stress symptoms, restricted social participation, lower well-being, and reduced economic resources compared with the general population (George & Gwyther, 1986). Chappell and Reid (2002) found that carers’ well-being was negatively affected by burden and number of hours of care provided, whilst perceived social support and self-esteem were positively related to well-being.

Women who care suffer greater levels of caregiver burden and depression, and lower subjective well-being and physical health than their male counterparts (Pinquart & Sorensen,

2006). Drawing on meta-analytic findings, Pinquart and Sorensen (2006) suggested that these gender differences may be due to women experiencing multiple role expectations that encompass caring duties for other family members and work related duties, along with reduced access to social and monetary resources. On the other hand having multiple roles such as mother, wife and employee could buffer overall well-being if positive experiences in one role offset the negative experiences in another (Stephens & Franks, 1999). For example, paid employment can have a beneficial effect on women's self-efficacy, which in turn ameliorates stress from family responsibilities. Given these tensions in the caring literature a closer examination of the experiences of lesbians who care seems overdue.

Lesbian and Gay Care Giving and Minority Stress

The intersection of caring-related stress and 'minority stress' (Meyer, 2003), arising from stigmatized group membership among lesbians who care has not been considered in the caring literature. However in contexts other than elder care, the experiences of lesbian and gay caregivers can be profoundly affected by minority stress associated with sexual identity. In the context of child caring, the overwhelming focus of research is upon lesbian parenting (Dunne, 2000; Patterson, 1994; 2006; Ryan-Flood, 2009; Stacey & Biblarz, 2001; Tasker & Golombok, 1998). Prior to the advent of child development research on children with lesbian parents many lesbian mothers lost custody of their children purely on the basis of their sexual orientation (Falk, 1989; Golombok et al., 2003; Patterson, 1994). When custody was lost, visiting arrangements were subsequently littered with conditions, particularly in respect of a lesbian mother's female partner (Tasker, 2002). The initial research focused on children who had been born into heterosexual relationships finding that the children with lesbian parents did not show any greater prevalence for psychological disorder than children from heterosexual homes and there was no evidence of gender identity confusion (Golombok, Spence & Rutter, 1983). More recent research has focused on children born into lesbian-led

families, and has found, again, that these children are no different from the children born and raised in heterosexual contexts (Golombok, Tasker, & Murray, 1997; Patterson, 2006). This research has had a significant impact upon legal decision making and has informed public policy with the research literature being cited in APA amicus briefs filed in the USA (Patterson, 2006).

Care for people with HIV/AIDS has also been a focus of research. Survey research by Turner, Catania and Gagnon (1994) found that 54% of gay and bisexual men and 33% of lesbian and bisexual women had provided informal caregiving to a friend, partner, or family member with AIDS. In response to the potential lack of support and possible negativity from family of origin members care teams, buddy systems and community based care arrangements have emerged to offer support for those in need (Adam, 1992). Caregivers to people with AIDS are particularly vulnerable to higher rates of mental distress, and bereavement grief (Lennon, Martin & Dean, 1990), and can experience 'courtesy stigma' by virtue of their association with HIV/AIDS (Snyder, Omoto, & Crain, 1999). HIV/AIDS research suggests that the care that the lesbians and gay men may provide may be undervalued, and even stigmatized. Yet, lesbian carers remain somewhat invisible in the HIV/AIDS literature, one of very few areas of care in which men caregivers outnumber women.

In light of the growing elderly population, a small, but growing, body of research has examined lesbian and gay aging, including this aging population's impending care needs, or caregiving occurring within same-sex partnerships. For example, Hash's (2006) study of the experiences of midlife and older lesbians and gay men caring for their same-sex partners, indicated unique aspects of the caregiving experience. Participants reported having to come out with respect to the nature of their same-sex relationship to facing unaccepting family members, friends and co-workers. Participants also indicated that medical organisations and

other health services did not recognize their same-sex partnerships, refusing to acknowledge their partners as “next of kin”.

In contrast to these foci, the arena of familial caregiving has had scant attention in LGB studies. However, Kimmel’s (1992) argument that lesbians and gay men may be particularly likely to become involved in familial caregiving has found support in survey findings. Cantor, Brennan and Shippy (2004) found that many LGBT people with family of origin care giving responsibilities reported that their biological family members expected them to take on greater caring responsibilities because they were perceived as single and had fewer family responsibilities. The survey research of both Fredriksen (1999) and Shippy (2007) indicated that lesbians had more responsibility for elder care than gay men. Lesbian carers of older adults in Fredrickson’s (1999) survey were more likely to be in their 40s, have less education, and were significantly more likely to be partnered than gay male caregivers. Similarly, Shippy (2007) found that lesbian and bisexual women were twice as likely as gay men to be family of origin caregivers and that the relative most likely to be cared for by lesbians and bisexual women was an elderly parent. The women involved in family of origin care giving were also more likely than the men involved with family of origin care giving to report higher levels of caregiver burden, consistent with the meta-analysis of Pinquart and Sorensen (2006). Consistent with minority stress (Meyer, 2003), the women were also more likely to take time off work to provide care giving duties, conceal their sexual orientation when involved in care giving duties, and report strained relationships with their partners as a result of care giving. More recently in the UK, work by Price (2010) has begun to examine the experiences of lesbians and gay men who provide care for family members with dementia. Price’s (2010) work explored the intersect of informal care and formal medical services. In particular, the need for informal carers to “come out” to formal service

providers, and how coming out to formal service providers mediated participants experiences of caring dependent upon service providers reaction.

Work by Brody and others (Brody et al., 1994; Lee & Porteous, 2002; Stoller, Forster, & Duniho, 1992) are comprehensive with respect to researching issues appertaining to caregiver burden and stress within a heteronormative framework. For example, the work by Brody et al., (1994) described the diversity of the women who provide parental care as including married daughters, widowed daughters, divorced and separated daughters, never married daughters and daughters in law. However, lesbian daughters, or the possibility that some of the women who fall into any one of the aforementioned daughter categories identified could be lesbian, is conspicuously absent in this scheme. The absence of the lesbian perspective in the parental caretaking literature may obscure unique issues pertaining to lesbian parental care giving (Cayleff, 2008). Consider outness and behaviour in the family home environment, Cayleff (2008) suggested that when an elderly relative is present a lesbian couple may refrain from behaving affectionately towards each other and may limit socializing within their home with other lesbians lest the elderly parent be offended.

In summary, the current research on LGBT elder care issues is small, and focuses mainly on same-sex family of choice and partner caring. Survey research shows that lesbians and gay men provide care for family of origin members in ways that heteronormative constructions of the family obscure and frustrate, and the gendered pattern of parental elder caring seen within the wider literature is also apparent in this group (Cantor et al., 2004; Fredriksen, 1999; Shippy, 2007). It is within this context that we sought to examine the experiences of lesbian carers in the UK in greater depth.

The present study

In this study, we aimed to explore, by interviewing a small sample of women, how caring intersects with lesbian lives in the UK. We were mindful that caring might exacerbate minority stress (Meyer, 2003) particularly by making the enactment of lesbian identity and

engagement with lesbian communities harder to achieve. However, we were also mindful that lesbians sometimes achieve ‘normative creativity’ (Brown, 1989), by creating new rules to live by in situations where the dominant heterosexual ones are not particularly useful. The aim of this research then was to explore this intersection; to gain an initial understanding of the experiences of lesbian women with family elder care responsibilities, and to develop questions about how elder caring impacts upon lesbian lives around issues of outness, socialization and personal relationships.

Method

Our analysis is based upon six interviews conducted by the first author with lesbians (aged between 48 and 62) who were currently providing, or had provided, care or support to an elderly parent or parents. Participants were recruited via advertisements and posters placed with formal and semi-formal UK based lesbian social networking groups, both internet and face-to-face based. The first author attended a number of the face to face meetings over a period of three months in order to engage the women in dialogue about the proposed research and answer questions. Posters and leaflets were also left in shops and venues frequented by lesbian women in London. The groups, shops and venues included Gingerbeer, Kenric, the Older Lesbian Network (London), the Drill Hall Theatre and Arts Centre, First Out Café, and Gay’s The Word Bookshop. As a result of the recruitment process, ten women demonstrated interest in taking part. However, due to interview scheduling and personal commitments on the part of the women, two women withdrew from the study. A further two have yet to commit to being the interviewed.

The women’s individual relationships and caregiving experiences are shown in Table 1. At the time of the interview all the participants lived in London or the South East of England and identified as White. Three of the women identified as British, two as Irish and one as South African. All affirmed that they considered themselves as “out” lesbians in their

home environment. Both the small sample size and relatively homogenous nature of the participants is reflective of the difficulties in locating, recruiting, and retaining within the study, a traditionally hard to reach population (Price, 2010). The interviews were semi-structured and very much in the nature of a “guided conversation”, employing open-ended questions as well as more focused questions in order to develop rich description (Charmaz, 2006). The interviews lasted between 50 minutes and 1 hour 45 minutes and all were fully transcribed using a simplified version of the transcript convention offered by Silverman (2000) which posits a more simplified transcript annotation than that utilized in Conversation Analysis, where much finer detail with respect to pausing, word emphasis and overtalking is required.

[Insert Table 1 about here]

Grounded theory methodology is particularly useful for exploratory research with under-explored topics about which little is known, consequently research questions are often flexible and open ended (Creswell, 1998). Originally conceptualised in the 1960s as a method to develop explanatory theory for social processes, grounded theory (Glaser & Strauss, 1967/2006) has developed over time with several differently situated methods available depending upon the ontological and epistemological position taken by the researchers (Charmaz & Henwood, 2008). To understand these differently positioned methods it is useful to consider them as being situated along a continuum. At one end is the objectivist grounded theory of Glaser and Strauss, whilst at the other is the constructivist position of Charmaz (Hildenbrand, 2007). A constructivist approach to analysis is based upon the premise that both the data and the subsequent analysis are social constructions that reflect their production process; whilst objectivist grounded theory, which is firmly situated in the positivist tradition, sees the data as being real, as representing objective facts that can be analysed whilst ignoring the context from which the data was generated (Charmaz, 2006).

The epistemological position taken in this analysis was a social constructionist one (Burr, 2003) that aimed to acknowledge the active role of the researchers' decisions in shaping the research space from conceptualisation through to creating categories in the data analysis process and, therefore, the analysis that follows is but one possible interpretation of the interview data. Further, whilst grounded theory has generally been seen as a method to theorize about situated social processes, it can also be used to examine individual situated experience rather than to generate theory (Willig, 2008). It is within the latter framework that this study has adopted a grounded theory approach, to explore individual experience in an under-researched arena.

Whatever the epistemological foundation or aim of research, the core approach within any analysis that utilises grounded theory methodology is the method of constant comparative analysis. This is an iterative approach in which the data are read and re-read to identify categories and concepts, to describe how they may be interrelated, and to develop themes and interpretations (Pidgeon & Henwood, 1997). This study adopted the coding, constant comparison and memo writing methods from the grounded theory approach particularly espoused by Charmaz (2006). The researchers engaged in *initial coding*, *focused coding*, and *selective coding*. Initial coding involved the first author comparing, conceptualising, describing and categorising the data with labels. This initial coding process was inductive with codes being created from what was present in the data. Once initial codes were identified focused coding was then engaged with which involved discarding or combining significant initial codes to synthesise the data. Finally selective coding was engaged with which entailed identification and description of the key categories (Charmaz, 2006). Throughout the analytic process the method of constant comparison was engaged with to establish similarities and differences across the dataset. Memo-writing was also utilised through-out the various coding stages. Memo writing allowed the researchers to both record

and develop their analysis as it helped to conceptualise ideas and allow for data interpretation. Memos were at the heart of our data analysis linking all stages of the analytic process from the initial coding process through to later analytic interpretations.

Analysis

Through this analysis we conceptualised a number of themes. In the interviews, the women indicated how and why they became involved in familial caregiving and their words became the focus of a theme about “Duty and Obligation.” The theme “Loss of Lesbian Identity” represented our analysis of their talk about how their behaviour and others’ perceptions of them were at odds with their identity as lesbians. The women’s concerns surrounding communication and support are highlighted in the theme “Connections With Lesbian Communities”. The women also described the need to balance caring with personal space and relationships; issues we examined in the theme: “Boundary Setting.”

Duty and Obligation

In contrast to heteronormative models of the family that can stigmatize and erase, lesbians experience duty and obligation towards their families. A clear thread ran through the interviews, incorporating duty and felt obligation as reasons why the women became involved in caring for elderly parents. Ellen, who lives with her elderly mother, says:

“I can’t deny that living with Mum has not caused problems with girlfriends. But, I dunno, if Mum wasn’t living with me she would be in a home and somehow I just couldn’t allow that to happen, it wouldn’t be right”

Whilst living with her mother has caused relationship problems with girlfriends, it would appear that, for Ellen, these problems are secondary to the feelings she has about providing a caring home environment for her mother. Ellen does not explicitly spell out what duty or obligation are, she just feels that providing care is the right thing to do.

However, duty is not always embraced with enthusiasm. Melanie, one of three siblings, describes caregiving as a duty. As Melanie says:

“I see it as a duty. And I suppose, as I didn’t have a strong relationship with a girlfriend I was the one out of the three of us most able to take on the role. But I feel like I am marking time, I am fulfilling my obligation to my father by caring for him”

This negative construction of care is echoed throughout the course of Melanie’s interview, in which she clearly expresses her feeling that caregiving is a duty. In line with Kimmel’s (1992) position earlier, by reason of her personal circumstances, caring is something of an expectation. Further, by talking about “*marking time*” it would appear that Melanie has a hoped for future self (Markus & Nurius, 1986) which will begin only when she no longer has to be a caregiver.

In other words, , similarly to the experiences of assumed heterosexual women who provide familial elder care, these lesbians experience both sides of the duty and obligation coin. Both women appear to take on parental caring out of duty. Ellen finds caring to be something that she needs to do, despite the negative impact on her personal relationships. Whilst Melanie finds caring prevents her from leading her life as she wishes. For other women, however, becoming involved in parental support is neither described as “care” nor as a chore and help is provided because “that is what families do.” As Julie indicates at the very beginning of her interview:

“No, I don’t mean it to be chore, I mean it as just something that I do, but not something that is a chore”

Julie, who provides support to her mother, later pointed out that everything she does for her mother is an integral part of her day to day routine and emphasizes the point that “*it’s not a chore to be managed it is just something that is part of my day*”. Clearly for Julie the care

and support she provides is not constructed by her as caregiving; some lesbians therefore stand within the construction of “the family” as the natural and best source of elder care.

Loss of Lesbian Identity

Of course, constructions of care giving as a taken-for-granted duty, or as a burden, are not unique to lesbians. However a particular issue for some of the women in the study was how their behaviour as caregivers, and others perceptions of them as carers were felt to be at odds with their marginalised sexual identity. All of the women in the study had differing caregiving arrangements. Some of the women had their elderly relatives living with them, whilst others provided care and support via regular visits and telephone calls. Vivien, who provides support to her mother in the form of telephone calls and regular visits to her mother says:

“I dread the idea that I might have to go live at my mum’s, even though I really love her, I think it would be incredibly difficult for me, I think that the village she lives in would squash my identity”

Here we see that Vivien fears that an increase in her mother’s care needs might require that she move in with her mother, something that would have a negative impact upon her lesbian identity. Her fears resemble the realities reported by the women who share a home with their elderly relatives. Vivien’s fears may be well grounded. Mary, who lived with her elderly mother until just prior to interview, says:

“I appeared to be heterosexual and I felt it took a part of my identity away and it was a weird feeling”

Here Mary articulates her unease at appearing to be seen by other people as heterosexual when she and her mother lived together; she felt that she was being perceived by the public as an older heterosexual woman. For both women, moving in with elderly parents to provide

care was associated with a perceived loss of lesbian identity and an assimilation into a heterosexual lifestyle, a loss with which neither woman was comfortable.

We also detected such concerns in the interview with Ann whose sense of identity loss occurs in spite of maintaining a separate residence:

“I think I could be mistaken for any heterosexual woman my age; I’m divorced, I have a grown up child, a job, and elderly parents that I keep an eye on. All these things seem to mark me as heterosexual but that’s not the real me. [...] A part of me does know that these things are part of what makes me who I am I just feel that they hide my sexual identity, I feel like I have gone back into the closet.”

For Ann, it would appear that the regular and unremarkable aspects of her life as a carer position her as heterosexual. To all intents and purposes, living as a lesbian and providing care were incompatible.

Whilst for some women it is the moving in with a parent that brings about a loss of lesbian identity; for others it is the enactment of a caring role to children and parents that is sufficient to make a lesbian woman feel that she is re-entering the closet. However, what is clear is for these lesbian women with caring in their lives the heteronormative discourse of family caregiving threatens lesbian identity and positions the women as heterosexual-by-default. How then do women find creative solutions to this problem?

Connections with lesbian communities

All of the women who were interviewed were concerned about maintaining existing friendships with other lesbian women and with being involved with local lesbian communities. Ann talks about her lesbian friends saying:

“I would say most of my socialising is with lesbian friends. Don’t take me wrong, I do have heterosexual friends, but when I look at who I go out with, where we go and

what we do, I realise it is mainly with other lesbians. I think, actually, you know, if I were cut off from my lesbian friends and social life I would really feel isolated”

The emphasis that Ann places on being part of a network of lesbian friends is consistent with a large body of research showing the benefits of community in mitigating minority stress (Meyer, 2003). Ann places more importance on lesbian communities, with respect to belonging, than she places on heterosexual friendships. Later in the same passage Ann suggests that her lesbian friends are important because her straight friends would not always be interested in, or understand her relationship problems. However despite the importance that Ann placed on staying in contact with her lesbian friends, for other women socialising with other lesbians was not so easy. Gwen, who lives with her civil partner and elderly father, indicates the difficulty she and her partner experience in socialising with other lesbians in the family home:

“I think myself and my partner are losing out by not inviting lesbian friends round because it is easier not to”

Here Gwen highlights the direct impact having her elderly father live with them has had. Further along in her interview Gwen expands upon her points indicating that she has to explain to her father who visitors to the house are and how she knows them: *“like when you were a child at school and having to explain who you were hanging around with”*. Gwen also indicated that her father appears to want to socialise with everyone who visits the house whether they have come to see him or not as he *“sits and takes over the conversation”*. The overall result of her father’s interest in Gwen and her partner’s friends has led to Gwen and her partner preferring not to entertain at home.

The effects of sharing a home with a parent on socialising within lesbian communities was mentioned by other women also. Whilst not living with her mother, Vivien reported worries about what might happen if she needs to move in:

“that’s why I make all that fuss about the internet, because the internet would allow me to continue to have a sexual orientation. It’s the potential for me to feel not just that I was Mrs Taylor’s daughter”

Here we can see Vivien creatively anticipating how moving in with her mother would lead to identity loss and looking to the internet for a creative solution to the problem she anticipates. Consistent with Hash and Netting’s (2009) work that highlights the use of online networking in community support, internet access would allow her to remain connected to other lesbians through lesbian message boards, chat rooms and internet forums.

In sum, these women attach importance to being connected to lesbian communities by whatever means available. Elwood (2000) has found that socialising within the home was an important social space for older lesbians. However as this traditional site of private identity has ceased to allow easy socialising with other lesbians, these women looked to other forms of privacy and community. Although such identity-based communication was not available when Brown (1989) described “normative creativity” interviews such as Ann’s and Vivien’s show lesbian carers taking pro-active steps to deal with familial living arrangements scripted to erase their identities. Both the internet and socialising at home with friends were important means of maintaining connections with other lesbians.

Boundary Setting

The interviewees not only seemed to need to creatively open up connections with other lesbians, they also talked about needing to impose boundaries.

At the time of interview Melanie was living with her elderly father and providing him with quite high levels of practical care and support. However, she has very clear ideas about what level of practical help and support she feels able to offer her father and how she intends to manage his care as his dependency and needs increase over time.

“I took on a caring role very early on due to their being no one else to do it but I set out limits to what I will do as I get older I won’t hesitate to call in social services to sort my father out”

Throughout her interview Melanie is very clear that when her father becomes too physically dependent upon her she will step aside as his primary carer. However setting boundaries extends beyond the physical tasks and competencies a person is willing to take on; boundary setting also occurs around personal and private space and personal relationships. Melanie has also defined this area very explicitly:

“For at least twenty years no friends of mine have stepped foot into the house I live in with my Father[...]My last relationship? We conducted that relationship in hotel rooms...I live my social life completely away from home”

So for Melanie the boundaries extend not just to what she will do for her father but also what her friends and lovers can expect from her. Melanie is clear that she does not want her family of origin and her lesbian social and love life to mix and meet, despite her assurances that she is out to her family of origin. Melanie is aware that the way she chooses to conduct her social and intimate life differs to many of her friends and past lovers, commenting in her interview that partners perceive a “*certain awkwardness*” related to the limited access to her home. However she is very non-plussed and matter of fact about it, managing any judgement that the interviewer might bring to her account of herself.

For most women personal boundaries were maintained by managing space for their lesbian identity inside the home. Within the routine of her life living with her mother and her then partner, Mary set boundaries regarding the involvement of that partner with her mother’s care saying “*what I never wanted was: I’m doing everything for your mother*”. The crossing of personal boundaries, however was an area of issue for Mary who shares:

“I just didn’t like the idea also of her [mother] looking in my drawers in my bedroom I just sometimes had the feeling really that she did. I did offer to buy her a dildo and she said “oh no I know what they look like now and I don’t think I could, I can’t hold them” that sort of thing. So it wasn’t the fact umm “oh gosh she’s seen it”; it was just that it was my intimate life and it had been invaded”

Here Mary talks about how she feels that her mother had crossed a very personal boundary which she felt impacted upon her privacy, her live in girlfriend’s privacy and her intimate relationships with partners. Further issues of privacy surrounding intimacy within the relationship did arise as Mary indicates that the presence of her mother in the home led to Mary and her girlfriend going away from the home to “*find space for ourselves*”; a tactic more similar to Melanie’s and one reported by other women too.

The interviewees consistently valued clarity with respect to individual expectations regarding who does what and for whom, and their implicit definitions of successful negotiation of the caring role included such clarity. However many of the women indicated a need for “ground rules” of behaviour, but were not successful in achieving a completely private arena for intimacy and sex. Many resorted to romantic nights and weekends away to generate relationship space.

Discussion

What do these women have to teach the heteronormative models of elder care giving that erase them? As with any group who takes on the caring role, the duties and expectations of this role sit better with some lesbians than with others. Taken as a whole, the women in this study have found that by becoming involved in caring their lesbian identities have come under threat by their being re-positioned as heterosexual by default. To counter this threat the women have become creative at maintaining new norms of connection with lesbian friends, communities, and lovers. Finally, in order to manage the demands of caregiving along with

the need to retain contact with their lesbian friends, boundary setting becomes vitally important, however difficult to maintain.

Heteronormative family discourse that shapes the literature about carers and caregiving have become disjointed from the experiences that the women in this study reported in a few key regards. We fear that lesbian lives are erased by gerontological research which offers models of family elder caregiving, such as the “spinster” model (Manthorpe, 2003) or the “sandwich” model (Brody, 1981), that characterise the single women who provide family care as bereft of direct family responsibility and romantic relationships. Manthorpe (2003) asserts that there is an inherent assumption that those who are undertaking caring responsibilities are heterosexual, an experience echoed in the day-to-day lives of the women we interviewed.

While the dynamics of stigma on gay men and lesbians who provide care in the context of HIV/AIDS have been well-documented, the present study suggests that the intersection of minority stress and caregiver burden among lesbian women who provide familial care may be an under-recognized problem that deserves equivalent research attention. Indeed, Allen and Demo (1995) examined family based and developmental research and found that only 1% of papers published between 1980 and 1993 had any mention of lesbians or gay men, they concluded that lesbians and gay men were being perceived as ‘individuals’ rather than ‘family members’; a perception that has led to sexuality not being seen as a relevant axis of enquiry in family psychology (see also Clark & Serovich, 1997).

However, we are loath to counter such erasure with the conclusion that the lives of lesbians who provide care are completely captured by models of stigma and minority stress. Such models may underestimate the creative ways that lesbians create new scripts for family life in difficult circumstances. The women we interviewed have been “normatively creative”

(Brown, 1989) by forging ahead and living their lives, providing care, forming and maintaining relationships, and seeking strategies to maintain connections to lesbian communities, and creating boundaries for the intersection between caregiving and personal space that may be essential for their sense of self and well-being that minority stress threatens. In the process of getting on with their lives they have created their own norms for themselves, and in doing so have allowed for new insight into what it means to be a family carer. As such this qualitative study has the capacity to expand the categories of “carer” and “family” in psychology, gerontology and social work.

In conclusion, the study presented here is limited by the small and relatively homogenous sample. The work presented here can only benefit from the narratives of women with other ethnic and cultural backgrounds, whose experiences with regard to family of origin involvement may be qualitatively different. Further, the responsibility of women to care within a gendered division of labour intersects with women’s participation in the economy and can impact upon their socioeconomic status so as to limit employment options (Arendell & Estes, 1994). Models of the economic impact of caregiving on women do not incorporate an analysis of sexuality. Caregiving may differentially affect lesbians: a lesbian in a committed relationship will be supported by a female partner, who is likely to earn less than a male partner, and so be less able to support a partner’s unpaid caregiving (see Badgett, 1997). Future research needs to encompass both these issues to broaden the picture. However, despite these short-comings, this study does have implications for social policy in a country with an increasing reliance on the unpaid work of women to care for older people within family contexts. By failing to attend to the sexuality of carers, care policies have become heteronormative and assumed that family carers are heterosexual-by-default. This lack of enquiry regarding participant sexuality can be evidenced in the report by Pickard (2008), which utilised data from the General Household Survey (GHS), collected prior to the

Civil Partnership Act 2004. The costs of erasing lesbians in research and policy on care extend beyond the difficulties and strategies studied here. Explicit focus on sexuality in future research within the UK would be consistent with the new recognition of same-sex couples as families in the 2004 Act, and more generally. Without such changes, non-heterosexual carers will be ill-understood by researchers and ill-served by heteronormative policy setting in the UK and elsewhere. As the history of research on lesbian parenting shows, psychological research can shift state policy in the recognition of the benefits that lesbians provide, through care, in family contexts (Patterson, 2006). We argue for research and policy that expands on this insight about childcare to bring about a similar shift in attitudes to the care that lesbians provide to their parents.

Table 1: Participant Demographics

Name	Age	Current Relationship	Carer Status and Experience	Type of Care Given
Ellen	51	Live out relationship	Elderly mother lives with Ellen	Emotional support, help with domestic tasks, shopping.
Gwen	54	Civil Partnership	Elderly father lives with Gwen and partner in Gwen and Partner's home	Emotional support, help with domestic tasks, shopping.
Julie	53	Single.	Daily visits to elderly mother who lives close by	Emotional support, help with domestic tasks, shopping. Also provides hands on caregiving tasks such as bathing. Medical case management tasks.
Melanie	48	Single.	Elderly father lives with Melanie in family home	Emotional support, help with domestic tasks, shopping. Medical case management tasks.
Mary	59	Single	Elderly mother used to live with Mary and previous partner	Emotional support, help with domestic tasks, shopping. Medical case management tasks.
Vivien	62	Single	Daily telephone calls to elderly mother living a distance away. Overnight visits on regular basis. Has previously provided live in help when family in crisis.	Emotional support via telephone. Help with management of household maintenance tasks as and when required.

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