

CONFRONTING THE TAKEN-FOR-GRANTED: THE PROCESS OF LOSING
AND REGAINING CREDIBILITY FOR WOMEN COMING-OUT AT MID-LIFE

By

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ABSTRACT

The purpose of this research was to investigate the coming-out process for women at mid-life, and to understand how this process of coming-out affects women's health and/or healthcare relationships. Feminist grounded theory using interview data elicited an understanding of how women experienced the coming-out process, how the process influenced their health and healthcare, what they considered problematic about the process, and how they managed or resolved problematic issues. The Basic Social Process (BSP) of *Confronting the Taken-for-Granted* illustrated how the central problem of 'credibility' was experienced. The BSP has three phases: *Facing Scary Love*, *Finding Me*, and *Settling In*. Variables that impact on these phases are support and the concomitant micro-process of *Enduring Perpetual Outing*. The findings provide a theoretical framework needed for healthcare providers to understand the coming-out process for mid-life women and how it influences their health and healthcare. The theory provides new insights into the complexity for women transitioning to lesbian at mid-life.

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TABLE OF CONTENTS

ABSTRACT.....	ii
ACKNOWLEDGEMENTS.....	iii
TABLE OF CONTENTS.....	v
1.0 INTRODUCTION and REVIEW OF THE LITERATURE	1
1.1 Introduction.....	1
1.2 Review of the Literature.....	4
Transition.....	4
Coming-out.....	6
Coming-out Frameworks.....	6
Women Coming-out at Mid-Life.....	8
Healthcare.....	12
Culture Theory.....	14
Lesbian Culture.....	14
Conclusion.....	16
2.0 THE RESEARCH METHOD.....	18
2.1 Purpose.....	18
2.2 Epistemological Underpinnings.....	18
2.3 Objectives and Research Question.....	20
2.4 Research Design.....	21
2.5 Sampling.....	22
Sample Size.....	23
Recruitment.....	23
Participants.....	24
2.6 Data Collection.....	26
2.7 Data Analysis.....	27
Substantive Coding.....	28
Theoretical Coding.....	28
2.7 Rigour.....	32
2.8 Ethical Consideration.....	35
3.0 CONDITIONS THAT INFLUENCE CONFRONTING THE TAKEN-FOR-GRANTED.....	38
3.1 Overview of the Substantive Theory.....	38
Facing Scary Love.....	40
Finding Me.....	42
Settling In.....	43
3.2 Conditions Influencing the Basic Social Process	44
Support.....	45
Family.....	46
Religion.....	50

The Larger Community.....	51
Enduring Perpetual Outing.....	54
Gauging.....	55
Bracing.....	56
Moving On.....	58
Basic Social Problem: Credibility.....	61
3.3 Summary.....	63
4.0 THE THEORY OF CONFRONTING THE TAKEN-FOR-GRANTED.....	64
4.1 Stage I: Facing Scary Love.....	65
...And Then I Met This Woman.....	66
Recognizing Something is Missing.....	70
Making Sense.....	72
Consequences of Facing Scary Love.....	78
4.2 Stage II: Finding Me.....	80
Seeking Affirmation.....	82
Consequences of Seeking Affirmation.....	91
Becoming Selfish.....	95
Doing What's in Front of Me.....	98
Consequences of Finding Me.....	100
4.3 Stage III: Settling In.....	103
Re-establishing Self as Credible.....	104
Taking the Bitter with the Sweet.....	116
Consequences of Settling In.....	119
4.4 Conclusion.....	121
5.0 IMPLICATIONS.....	123
5.1 A Review of the Theory.....	123
5.2 Implications for Nursing Knowledge and Practice.....	124
Credibility.....	126
Support.....	129
Enduring Perpetual Outing.....	133
5.3 Implications for Health Policy.....	134
5.4 Implications for Nursing Education.....	135
5.5 Implications for Nursing Research.....	137
5.6 Conclusion.....	139
6.0 REFERENCES.....	140
Appendix A: Summary of Coming-Out Processes.....	151
Appendix B: Interview Guide.....	152
Appendix C: Letter to Potential Participants.....	153
Appendix D: Poster for AIDS NB Dance.....	154

Appendix E: Notification of Research Study	155
Appendix F: Informed Consent.....	156
VITA	

LIST OF FIGURES

Figure 1: Data Trail.....	29
Figure 2: Diagram of <i>Confronting the Taken-for-Granted</i>	41

CHAPTER I

INTRODUCTION AND REVIEW OF THE LITERATURE

Introduction

This feminist grounded theory study investigated the coming-out process for women at mid-life, and how coming-out affected their health and/or healthcare relationships. A lesbian is a woman who self identifies as lesbian, who has or is in a romantic, intimate or sexual relationship with another woman, and finally, or who is interested in such relationships (Jordan & Deluty, 1998). Mid-life lesbians have lived a considerable portion of their lives during a time when being lesbian, gay, bisexual, or trans-gendered (LGBT) was legally, medically and socially censored. Only recently has coming-out become marginally safer and thus, an increasing number of mid-life women are acknowledging their sexual orientation to family, friends, professionals, and communities. While there is beginning knowledge of the process of coming-out for mid-life women (Edwards, 2000; Kitzinger & Wilkinson, 1995; Wolfe, 1998), little is understood about how this transition affects their ability to access appropriate healthcare, or how to navigate a known healthcare system within a new context.

A variety of models have arisen from the research on coming-out. Almost all of the models have examined this process from a purely intra-psychic perspective; a few researchers have looked into the interpersonal aspect of the process. The models rarely identify the process as it relates to the larger social context, nor do they examine women's health during and after the process. As a

nurse, I understand that one of the primary influences on a person is the world around them: their environment, their social and cultural connections.

Providing care is one of the most important aspects of nursing. The *Code of Ethics for Registered Nurses* (Canadian Nurses Association, 2002) states that nurses should value both health promotion and choice and that they respect and promote autonomy of the person. Their role is to assist persons to achieve their optimum level of well being. Understanding the coming-out process for mid-life women and how it influences their health will assist healthcare providers to know how to provide more appropriate care to lesbians.

The healthcare that lesbians receive has been found to be neither culturally appropriate nor sensitive to their needs (Clear & Carryer, 2001; Mathieson, 1998; Stevens, 1993). Many lesbians are not satisfied with the way their healthcare is delivered. Healthcare providers lack appropriate knowledge and many display homonegative attitudes and heterosexism, both identified as health hazards (O'Hanlan, Lock, Robertson, Cabaj, Schatz & Nemrow, 2001).

Although the data is incomplete, lesbians make up a substantial proportion of the population. Research shows 10% of the population is homosexual (Kinsey, Pomeroy & Martin, 2003), but they caution that this figure is likely to be slightly greater as there are many LGBT people who remain unidentified. The 2001 Government of Canada Census identified that there were over 34 thousand same-sex couples living common-law in Canada and that of that number, 45% or 15,200 were female couples. The census figures are likely to be lower than the actual number of LGBT for several reasons: it asked people to identify as same-

sex couples thereby not capturing those that are single, it omits those people who remain in heterosexual marriages but have acknowledged their gay or lesbian identity, and it assumes both a comfort level with identifying oneself as LGBT and further of doing so on a government document.

Mid-life women, between the age of 35 and 60, make up one of the largest consumer groups of healthcare (Bird & Rieker, 1999; Fishbein, 1992; Roos, Burchill & Carriere, 2003). They range from peri-menopausal to post-menopausal, and are seeking advice about increased risks of cardiac disease, hormone replacement therapy, osteoporosis, and developmental challenges among other topics. A change in focus from caring for their children to caring for their aging parents is yet another reason that mid-life lesbians would be accessing healthcare. Additionally, research indicates that it is not uncommon to experience an acute situational depression in conjunction with the coming-out process (Bradford, Ryan, & Rothblum, 1994; D'Augelli, 1989; Denenberg, 1995).

Research focus on the LGBT community began in earnest with the discovery of HIV/AIDS. As a result, the focus of the research on the coming-out process began with gay men. There was then some interest in investigating this process as it applies to adolescents in general. More recently there has been a greater focus on lesbians and their experiences, and on how the coming-out process applies to mid-life lesbians. For the purpose of this study coming-out will be based on the participants' personal perspectives, and lesbian will be defined as a woman who self-identifies as lesbian.

Studies of the coming-out process have resulted in a number of models. The research and these models have been based on intra-psychic investigations and few have included context as a factor. Women and more specifically mid-life lesbians are relatively high users of the healthcare system because of their placement on the life span continuum. Nurses need the information generated by this research study in order to better understand this population and thereby to promote the health of mid-life lesbians.

Review of the Literature

In choosing grounded theory as the methodology for this research it is understood that a detailed review of the literature is not recommended (Glaser, 1978; Morse & Field, 1995). Prior to undertaking the research I reviewed the literature in order to sensitize myself to the topic under investigation, to provide an overview of the state of the knowledge, and to decide upon the compatibility of using grounded theory to answer my research question (Stern, 1980). As the data was collected and analysis began, a more in-depth review of the literature, theoretical sampling, was guided by the emergence of the core category. Concepts pertinent to the investigation of coming-out at mid-life are: transition, coming-out, culture theory, lesbian culture, and lesbian healthcare.

Transition

Understanding the coming-out process as a transition from heterosexual to lesbian is important to the practice of nursing because with understanding and awareness comes sensitivity and more culturally appropriate care. Ultimately this knowledge will result in care that will be identified as positive.

Many social scientists have studied the phenomenon of transition and transformation. Meleis, a nurse, has an extensive research background in this area (Chick & Meleis, 1986; Meleis, Sawyer, Im, Messias & Schumacher, 2000; Meleis & Rogers, 1986; Schumacher & Meleis, 1994). In a review of the literature Schumacher and Meleis identify four types of transitions: developmental, situational, health-illness, and organizational. Meleis and her colleagues define the process of transition “as a passage or movement from one state, condition or place to another” (p. 119). The phases of the process include a time where the person feels disconnected from present reality and the world around, a new perception of life and a pattern of response to assimilation of the new reality.

Bronfenbrenner’s (1979) ecological transition theory acknowledges the impact that activities, perceptions and social context have on transition. Hollander and Haber (1992), using Bronfenbrenner’s theory, found the transition of coming-out to be a cognitive process that is mediated by both environmental and contextual factors. Bronfenbrenner’s theoretical perspective highlights the range of internal and external structural factors that influence the systems encompassing the person’s life. The systems include: microsystem (family), mesosystem (social networks), exosystem (relations with the wider community), and macrosystem (cultural values) (Birkholtz & Blair, 1999).

Transition tends to occur as the result of or following a crisis: diagnosis of a chronic condition, menopause, change in mental health, divorce, children leaving home, or death of children, spouse or parents (Fishbein, 1992; Parkes, 1971; Paterson, Thorne, Crawford & Tarko, 1990; Schumacher & Meleis; Wolfe,

O'Connor & Crary, 1990). Parkes (1971) cites that as a result of research on stress, crisis, and loss there has been a growing tendency to investigate transition from a psychosocial paradigm. Psychosocial transitions are seen as turning points for psychosocial adjustment and can be experienced in either a positive or negative manner. Regardless, Parkes suggests that transition states require that a person must "restructure his ways of looking at the world and his plans for living in it" (p. 102). This need to readjust their lives is a consistent theme in lesbian coming-out literature.

Coming-out

There is a substantial body of research that has investigated the coming-out process for gays and lesbians. Both lesbians and gay men follow similar developmental coming-out patterns (Cass, 1984; Coleman, 1982; Kahn, 1991; Kus, 1985; Troiden, 1988). However, the majority of the literature concentrates on the coming-out process as it applies to gay men (Cass, 1984; Harry, 1993; Kus, 1985), male and female youths (Sanders & Kroll, 2000; Taylor, 2000), and issues related to parenting gay and lesbian children (Fields, 2001). (see Appendix A, Summary of Coming-Out Models)

Coming-out frameworks

Coleman (1982) synthesized earlier research and identified a developmental process of coming-out that involves five linear stages: pre-coming-out, coming-out, exploration, first relationship, and identity integration. In contrast more recent research indicates that although the stages are discrete, the progression is not linear but rather iterative and very individual (Fields, 2001;

Grammick, 1984; Kahn, 1991; Lynch & Murray, 2000). Kus (1985) utilized grounded theory to investigate the coming-out process of gay men and lesbians. His research findings demonstrated that “the process was neither random nor unsystematic. Rather, it is an observable and systematic life process” (p.178). A limitation of this study for understanding the process of coming-out for lesbians was that only six of 31 participants were lesbians.

Kahn (1991) tested the utility of Cass’s six-stage model of LGBT identity formation for understanding the coming-out process for lesbians through a survey of 250 lesbians. The six stages include: identity confusion, identity comparison, identity tolerance, identity acceptance, identity pride and finally identity synthesis. Findings from the 81 returned questionnaires reinforced that coming out is complex, variable and influenced by: internalized homophobia, intergenerational intimidation, and feminist identity. Because more than half of the participants did not report age it is difficult to draw a conclusion for the mid-life coming-out experience.

Grammick (1984), using a combination of qualitative and quantitative methods developed a stage-sequential model that focused on lesbian identity formation, the first stage of coming-out. While interviewing 97 lesbians Grammick questioned factors that were found to have implications for the timing of the development of lesbian identity formation. Grammick went on to suggest that the process of coming-out is non-linear and that each woman will progress in her own way and at her own pace. The results of this study suggested that unlike gay men whose journey into same-sex attraction generally focused on the

physical/sexual contact, these lesbians spent longer periods of time in stages prior to sexual contact with someone of the same sex. This study, along with a number of other studies on coming-out, did not examine the context in which the participants were coming-out, nor was there any look into the impact of coming-out on health.

Lynch and Murray (2000) interviewed 23 urban American couples in a qualitative investigation of the coming-out process for lesbian and gay parents. Lynch and Murray focused on how the demands of parenting affected the timing of women's coming-out. The participants of this study indicated that although they had come-out to themselves the decision to disclose more publicly was based on what was best for their children. Lynch and Murray cautioned that although the coming-out process comprises clearly delineated stages, these stages lose applicability with real people because individual life situations impact dramatically on peoples' lives and the decisions they make.

Women coming-out at mid-life

There is a small yet growing body of research-based knowledge investigating the experiences of women coming-out as lesbians at mid-life (Birkholtz & Blair, 1999; Edwards, 2000; Kitzinger & Wilkinson, 1995; Wolfe, 1998). Levinson (1996) defined mid-life as beginning at the age of 38-40. In contrast to much of the dated research on women's developmental stages, Levinson investigated men and women separately. Caffarella and Olson (1993), Peck (1986), and Brandtstadter, Rothermund, and Schmitz (1998) are among several researchers who acknowledged the need to highlight the difference

between the developmental stages of women and men (Erikson, 1963; Maslow, 1970).

Levinson (1986) found that mid-life was a time of transition in which women reappraise their lives, including their attachments to others, who they know themselves to be, and move towards the person that they want to be. Merriam and Clark (1991) found that for mid-life women working was as important to their identity as love was to feeling connected. Finally, Labe (1982) suggested that mid-life was a time of movement for women towards a more secure adulthood, and that it was achieved through occupation, parenting and claiming distance from parents.

Kitzinger and Wilkinson (1995) in a study of the transition from heterosexuality to lesbianism interviewed 80 self-identified lesbians, each with 10 years prior heterosexual experience. The mean age for their participants identifying themselves as lesbian was 34. In this study, Kitzinger and Wilkinson proposed that women who have spent a considerable amount of time as heterosexual women make the transition outside of the usual patterns found in linear and stage theory models. Many participants described their transition as “finally discovering their ‘real’ selves after a long period of repression or denial...” (p. 96). Kitzinger and Wilkinson cautioned that transition to lesbian does not always follow a retrospective ability of having felt different but includes women who “reported constructing their lesbian identities anew” (p. 102) based on their changing social situations. The results of this study, brought to the forefront the possibility of both an essentialist theoretical framework based on the assumption

that lesbian identity has always been a part of the person, and a social constructionist framework that highlighted the women's process of analytical reasoning in the social production of a lesbian identity at mid-life.

Kitzinger and Wilkinson (1995) looked at transition as a psychological process. The qualitative study carried out in the United Kingdom proposed a three-step transitional coming-out process: getting there, making and describing the transition, and going on. *Getting there* is that part of the process when women do what they call the 'prep work'; this includes creating a context in which they can examine their feelings of being lesbian, as well as working through, "assuming an identity they were taught to avoid" (p.98). *Making and describing the transition* to lesbian identity is a time of self-discovery in which they both acknowledged and claimed their identity. Finally, *going on*, is a post-transition period. Kitzinger and Wilkinson stressed that as a staged process it is not the end of the journey. Many researchers concur that transition occurs over time and along a continuum (Grammick, 1984; Harry, 1993; Kahn, 1991; Kus, 1985; Lynch & Murray, 2000; Morrow, 1996).

Edwards (2000), a social worker, interviewed 10 women over age 50 in a qualitative, descriptive oral history to accumulate the lived experiences of women moving from "being heterosexually married and having emotionally committed and sexual relationships with men, to having emotional and sexual relationships with women..." (p. iii). The participants of this study entered puberty in the 1940's and 1950's, the social and cultural expectations of this era had a significant impact on the ability of these women to develop a lesbian identity and accounts

in some way for the postponement of this transition until mid-life. This research sought answers to the question of how women make meaning of transitions and changes in their sexual identity. Using an inductive method to search for patterns, similarities and differences, Edwards's data revealed three themes: social, cultural and historical influences, relationships, and knowledge of self and the world.

Wolfe (1998) conducted an anthropological study in which she used interviews, focus groups, participant observation and demographic survey data to investigate 22 urban women who made the transition from heterosexual to lesbian between the ages of 40 and 55. The women in Wolfe's study faced 40 years of cultural influences that negatively impacted their transition, similar to findings in Edwards' study. By investigating the transition from this point of view, Wolfe was able to identify both factors that were important to transition and some reasons for it occurring later in life. Wolfe found that some of the women related stories that highlighted their subconscious taking over the transition when their conscious cognitive self was unable to recognize or act upon the developing changes in their sexual identity formation. Wolfe also discovered that many of the women in her study redefined feminine roles during their transition in an effort to move from what they described as a patriarchal heterosexist culture to the lesbian culture.

A considerable body of research has been conducted to investigate coming-out. In summary, these research studies have focused on: the population, the process, and social, cultural, and psychological factors

influencing coming-out. The literature reviewed did not examine coming-out in terms of the impact this process might have on health. I feel that this is a very important question to ask in order to determine how and where the healthcare relationship of this population with nurses can be ameliorated.

Healthcare

Research reports that lesbians as a part of a sexually diverse subculture, do not obtain healthcare in a manner that they feel is congruent with their cultural values and beliefs (Eliason, 1993; Hall & Stevens, 1991; Mathieson, 1998; Rankow, 1995; Risdon, 1998; Robertson, 1992; Simkin, 1998; Stevens & Hall, 1988; Trippet & Bain, 1992). There is a lack of awareness and sensitivity on the part of healthcare providers in their dealings with lesbians (Lehmann, Lehmann & Kelly, 1998). It is suggested that healthcare providers and delivery systems assume these women are heterosexual because lesbians are not visually distinguishable from heterosexual women (Bella, 2001; Gentry, 1992; Stevens, 1995; Walpin, 1997).

In an action research project conducted in Newfoundland by Bella (2001) heterosexism, as a result of many healthcare providers being heterosexual was identified as the direct cause of negative healthcare received by lesbians. This web-based content analysis research asked lesbians in rural Newfoundland to discuss their healthcare experiences and to provide suggestions for solutions. The results contributed to the development of several tools that can be used to challenge heterosexism.

Acquisition of healthcare by lesbians has been negatively influenced by both homonegative attitudes and homophobia. It is important to understand the difference between homonegative attitudes and homophobia. Homonegative attitudes encompass those reactions to being LGBT that convey a message of disapproval, dislike, and misunderstanding. Homophobia is much stronger and refers to an irrational fear and hatred of LGBT people. O'Hanlan et al. (2001) conducted an extensive review of current literature, research and newspaper articles on the health problems of LGBTs. They used the term homophobia and identified it as a health hazard. Lesbians frequently face heterosexism, victimization, increased stress, pathologization of their sexuality, and violence. O'Hanlan et al. conclude that as a result of these negative factors, lesbians safeguard themselves by avoiding healthcare completely.

A Canadian study (Mathieson, Bailey & Gurevich, 2002), using a triangulation of qualitative and quantitative methods, delved into the lives of 98 lesbian women living in urban Atlantic Canada. They found that although 81% of respondents answered yes to the importance of being able to access a general physical examination, 38% of respondents avoided healthcare completely in order to avoid putting themselves in the hands of potentially homophobic healthcare providers. Participants in this study experienced inappropriate birth control advice, were told that their sexual orientation was pathological, endured 'rough' care and were refused care in some circumstances. A negative evaluation of healthcare was one of the results also found in Stevens' (1993) qualitative study evaluating client-caregiver interactions.

Culture theory

Defined in a number of ways, culture as a basic concept is a collection of people joined by commonalities. Definitions of culture range from including specific areas of impact such as morals, art, laws, customs, and beliefs to being very general by suggesting that as a tool culture helps to define reality for its members (Huff & Kline, 1999). Discussions of culture include sharing of behaviors and transmission of these behaviors from generation to generation. This expectation of passing along qualities within the culture speaks to sustainability of a culture. Common criteria that help define a culture are: language or communication patterns, dietary preferences, dress, relationship and socialization patterns, and a familiar set of shared values and beliefs (Slonim, 1991).

Leininger (1991) in the development of her Culture Care Theory observed that differences between her own cultural background and those of patients she was caring for were in part responsible for her inability to provide care appropriate to their needs. Her theory supports the impact of culture on the need to understand peoples' experience with health and illness in order to provide appropriate healthcare.

Lesbian Culture

Lesbians, as a group of women who share affectional and emotional attraction to other women, have a unique culture that incorporates many of the defining cultural criteria mentioned above. Wolfe (1998) described women becoming lesbians at mid-life as having to change cultures, and that in that

change they were battling some 40 years of cultural influences. Clear and Carryer (2001) found that lesbians draw strength and support from their perceived inclusion in the LGBT culture. For participants of their study, the importance of having cultural safety when accessing healthcare was paramount. Clear and Carryer found that the lesbians in their study felt that the cultural beliefs of healthcare professionals act as a barrier to being open to other cultures and therefore impeded their ability to respond in a positive manner to those who are LGBT. They also found that in order for healthcare providers to create an atmosphere of cultural safety they needed to have some knowledge and understanding of the culture of the person or population to whom they were providing the care.

Clear and Carryer's (2001) work also highlighted the universality of negative healthcare experiences for lesbians by identifying a pervasive heterosexual bias in New Zealand's healthcare system. They intended to provide information that would improve safe care provision for lesbians by exploring with these members of a marginalized population those factors that hindered or helped their sense of safety related to healthcare by including a discussion of both cultural diversity, and cultural safety. Lesbian participants felt it important that these two cultural phenomena: diversity and safety be combined in an effort to provide culturally congruent care.

Huff and Kline (1999) explored similar concerns in their discussion of health promotion with multicultural populations. Although Huff and Kline focused their work on ethnic populations and did not include the culture of LGBT, I would

suggest that the concepts are also applicable to gay and lesbian cultures. Cultural differences and the challenges they present are major barriers to effective healthcare.

Conclusion

Transition, the discontinuity in an individual's life requiring new behavioral responses (Birkholtz & Blair, 1999) has been studied extensively in nursing, sociology, and psychology. The coming-out transition from heterosexual to LGBT has been investigated using gay men, youths, and more recently family as the focus. Most of this research has focused on participants from urban American populations who were generally well educated and had moderate to high socio-economic status. A number of models have been developed that explain the coming-out process. Although useful, many feel that the transitional process changes in accordance with the uniqueness of the individual coming-out and her socio-cultural circumstances.

Research investigating the transition of mid-life women from heterosexual to lesbian is limited and primarily conducted within psychology or sociology. This body of research has previously attempted to find meaning in the postponement of coming-out for women at mid-life.

Understanding the culture in which people live in order to provide care that is culturally congruent has been reserved for those cultures of ethnic background. The culture of the LGBT community is poorly understood. The literature stresses the importance of understanding the cultures that people live in and identify with as the only way to provide effective care to that culture.

There is a significant amount of research that illustrates that lesbian's experience poor healthcare. They are faced with aggression, hostility, disgust, a desire to cure their sexual identity, and an attempt to ignore them or their identity as lesbians. Little research has been conducted that looks at the healthcare issues of mid-life lesbians. Nurses can optimize their role by developing a better understanding of the experiences of other cultures, and in particular the culture of lesbians. I believe that investigating the coming-out process of mid-life women and how it has or has not impacted on their acquisition of healthcare is important to the growth of knowledge for healthcare providers and should therefore be studied.

CHAPTER II

THE RESEARCH METHOD

Purpose

The intent of this study was to investigate the coming-out experiences of women at mid-life. Barney Glaser and Anselm Strauss created grounded theory in order to address a need to understand human behaviours within given situations (Glaser & Strauss, 1967). Adding a feminist perspective gives the voices of the women under investigation power and credibility. Grounded theory allows a researcher to observe and gather data from a number of people who might have experienced similar situations and to derive from their interview data common themes that eventually lead to the discovery of a basic social process (BSP) (Glaser, 1992; Kearney, 1998).

Epistemological Underpinnings

Grounded theory as developed by Glaser and Strauss (1967) draws on data from human interactions. Taking into account the social, psychological, and cultural context of participants is important in the development of grounded theory about basic social processes. As a result of the constant human interaction, meaning is given to the behaviour, and associated symbolism develops (Baker, Wuest & Stern, 1992; Beck, 1999). As a research methodology grounded theory is best used to discover the experiences of a population for which there is little known (Stern, 1980). It can also be used when a new perspective of an already familiar setting is required (Stern). Observing and dissecting the interactions of the population under investigation within their social

setting is the basis of grounded theory.

In analysing the data, meaning is found in the behaviour of people as they interact within their social environment. Further analysis of that meaning results in the identification of similar patterns (Artinian, 1998). The combination of feminist thinking and grounded theory is complimentary and particularly useful when studying women's lives, as both respect the value of the words and voices of the population being explored. Keddy, Sims, and Stern (1996) explained, "Language is a powerful force. It is revealing as it tells us about the people who are using the language and their own biases" (p. 450). In grounded theory, the researcher goes beyond simply describing given situations and delves into the underlying symbolic meanings of the actions and words used (Stern & Pyles, 1986). The researcher transcends description, by creating theory out of the meanings of the words, thus giving credibility and validity to women's experiences (Keddy et al.).

As a feminist nursing researcher my aim was to explore the everyday experiences of women in a way that recognized an understanding of the structure of gender relationships (Anderson, 1997). The philosophical varieties of feminism: liberal, cultural, radical, and socialist suggest that the causes of sexism and oppression have stemmed from characteristics of the gender relationship. Essentially, the power that men have had over women has been the reason for women's position in society (Enns, 1992). Legal, economic, educational, cultural, patriarchal, racial and social constraints have been the causes of women's oppression. Feminist theory focuses on these conditions and encourages the

possibility of emancipation through social change (Anderson).

Similar to the desire of the feminist researcher, the nursing researcher is seeking to hear the voices of the clients (Keddy et al., 1996). A common belief in both grounded and feminist theory is that the knowledge women possess is legitimate, and that their experiences are valuable sources of that knowledge (Wuest, 1995). The desire to examine the experiences of women and to improve their situation by using the theories that emerge from the data are common to grounded theory, feminist theory and nursing research (Campbell & Bunting, 1991; Wuest). Grounded theory lends itself to research within the field of nursing. It serves to make sense of otherwise complicated life events. Grounded theory provides a way to encompass the experience "... to move it from a description of what is happening to understanding the process by which it happens" (Artinian, 1998, p. 5). Some nurses use grounded theory as a research methodology that provides a framework to help them understand their client's behaviour, thereby enabling nurses to provide care more effectively to the specific population.

Objectives and Research Question

Within the scope of grounded theory, a research question or testable hypothesis is not required. The researcher begins the study with a question about a certain topic "...the research problem is discovered, as is the process that resolves it" (Beck, 1999, p. 208). The resultant findings depend entirely upon the contents of the data, the words of the participants, and the comparison of that data to existing research (Beck; Glaser & Strauss, 1967; Morse & Field, 1995). The purpose of this study was to examine the experiences of women coming-out

as lesbians at mid-life, their healthcare and healthcare relationships, and to identify from those experiences a substantive explanatory theory. The specific objectives were to assist in broadening the understanding of what lesbians experience as they come out at mid-life, to increase awareness for healthcare providers caring for them, to pay particular attention to their coming-out as it impacts their healthcare relationships, and to discover the basic social psychological process of coming-out at mid-life.

As a novice researcher and unsure what direction my questions would take me, I began this study by asking broad open-ended questions of participants, such as “Would you tell me about your personal experiences of coming-out?” (see Appendix B, Interview Guide). As the data was collected and analysed concurrently with the use of memoing and investigator thinking, theories emerged and were thoroughly examined.

Research Design

I proceeded with analysis of the data drawing on data collected during interviews, field notes, memos and theoretical review of the literature. I used a constant comparative method of analysis as well as substantive and theoretical coding to construct theoretical meaning (Glaser, 1978; Glaser & Strauss, 1967). The first step I took was to give the data substantive codes while being analyzed line by line (Glaser). This step fractures the interviews into fragments of data. The substantive codes were then further analyzed as the relationships between them became evident (Beck, 1999). The relationships helped to identify the categories within the data. As these categories related to one another, they led to

the emergence of the theory explaining the observed behavior. To maintain a focus on the data, I asked questions such as: What is actually happening in the data? What part of the emerging theory does this data indicate? What are the participants doing? What accounts for the answers to these questions? Glaser's coding families were used as a guide to the emerging relationships. Theoretical coding brought the fractured data back together and provided explanations for what had been observed, illustrated in the form of a basic psychological social process.

Sampling

For the purposes of this research, I sought to interview English-speaking women who had come-out as lesbians between the ages of 35 and 60. Participants were limited to those who lived within a two-hour drive of Fredericton, with the exception of one participant who I interviewed via the Internet. In grounded theory, the research participants are chosen using purposive sampling. Purposive sampling focuses on the participants' knowledge of the situation under investigation. As the concepts, categories, and theory emerged gaps or new insights indicated a need for further investigation at which point I used theoretical sampling to seek additional information (Glaser & Strauss, 1967). The initial data was so rich in content that themes emerged following the seventh interview. Five of the seven women that I interviewed up to that point had children when they came out. Thus for the final three participants I sought women who did not have children in an effort to determine how their experiences were similar or different. Once all of the ten interviews were

complete, I went back to the literature and half of the participants for clarification of the emerging themes and validation that the identified themes had a good fit with the participants and their experiences (Glaser, 1978; Kearney, 1998). It was also helpful to have new data strengthen the emerging theory by providing more definition to the properties of the categories.

Sample Size

Sample size in grounded theory is determined by saturation. Saturation is that point in the collection of data when repetition of information is achieved (Streubert & Carpenter, 1999). This study was conducted as a Master of Nursing thesis therefore due to time and financial constraints the sample size was limited to ten participants. Limiting the sample size meant that it was possible not all categories would be fully saturated thus potentially limiting the strength of the theoretical argument (Sandelowski, 1995).

Recruitment

To recruit the research participants an information letter (see Appendix C) was distributed using; (1) network sampling (Polit & Hungler, 1999), (2) posters at the AIDS/NB/Queer and Other Folks benefit dances (see Appendix D), and (3) the FLAG e-mail news line (see Appendix E). Network sampling is a technique used to gather participants based on people's social networks and the fact that friends and communities will tend to have similar characteristics. Knowing that there was a large lesbian community that included many women who met my criteria, I spoke to the participants who were drawn from within the community to ask them to speak to others about my study, this technique is known as

snowballing. Using the network technique, I explained the study and distributed letters of information to lesbian women who had come-out at mid-life, asking them to give the letters to others who met the criteria.

It was important that the women self-identified as lesbians and made the initial contact with me. Having women contact me, allowed for the protection of their identity, and the opportunity for them to decide their comfort level with participating. Women who agreed to participate were given the opportunity to read the consent form, ask questions, and then sign (see Appendix F). The consents were stored in a secure place.

Interviews were conducted in various locations based on the mutual agreement of participant and researcher. Several women were interviewed in their home, some in a quiet and secure room on the campus or at their place of work, and one via the Internet.

Participants

A total of ten women who identified themselves as having come-out at mid-life participated. The ages of the participants at the time of the interviews ranged between 40 and 65 years. The ages of the women at the time of their coming-out ranged between 32 and 50, with a mean age of acknowledging their lesbian identity at 37.8 years. While seven women had been in heterosexual marriages prior to coming-out, two of them were actively in the process of seeking a divorce prior to coming-out, three women subsequently divorced and two women had been widowed. While two women had never been married, one had been engaged but never married. Six women had children from their

marriages, one woman adopted the children of the man she married, and three women had no children. The number of children per family was two or three. There were six women who grew up in small communities, two in moderate-sized communities, and two in large centres. Education was varied, three women were in the process of completing university educations, three were university graduates and one had achieved a PhD. Two women were high school graduates while two had completed college/trade school education. One of the participants was retired at the time of the interview, while two were semi-retired, three were working as healthcare professionals, three were students, and one was working in sales. The religious make-up of the participants was varied, four were Catholic and had given up their faith due to negative experiences of coming-out, three were Anglican although one no longer practiced her faith, one had been Baptist and United, and two cited no particular faith. Five women had experienced some degree of sexual abuse; two of these women had been raped while the others had experienced abuse from a family member. The demographic data was collected throughout the interviews, I took notes to assist with accuracy, and the details were confirmed at the end of the interviews.

The participants in this study met many of the developmental stages typical for mid-life. They were generally happier than they had been when younger, lead productive and satisfying lives, had stable jobs, were settled in their communities, had well established social networks, had faced the major challenges of parenthood, had more disposable income and in general enjoyed good health both physically and mentally (Hoff, 1995).

Data Collection

I conducted interviews, using open-ended questioning (see Appendix B) that took from one to over two hours to complete. Some of the interviews were over two hours long as the participants found the process of telling their stories affirming. Field notes were recorded immediately following the interview in order to put meanings into context and highlight incongruent messages between what had been said and what had been communicated non-verbally (Glaser, 1978). I transcribed verbatim each tape-recorded interview. The informants were given the option of receiving the tapes or having them destroyed following completion of this thesis. This procedure allowed for the informants to have some control over their data, showed respect for their stories, and addressed part of the ethics of confidentiality. Follow-up interviews with five participants were not tape-recorded although extensive field notes were taken. Two of the participants at the time of the first interview stated that they would be moving to another province. I encouraged them to follow up with me when they were settled so that I could share and clarify the research findings with them. They did not follow up with me and were therefore unable to be consulted. I attempted to telephone one participant, who agreed to meet with me, but did not show up at the designated time and place. After three attempts to meet I decided that further contact could be considered harassment and unethical. Thus no further contact was attempted. The purpose of the second interview was to address credibility and confirmability of the findings and to increase the confidence in the validity. Giving the participants an opportunity to determine whether the theory reflected their

experience also served the feminist agenda of maintaining ownership of the data (Keddy et al., 1996). Having analysed the first interviews, and developed a basic social process of *confronting the taken-for-granted* to explain the central problem of personal and public credibility, the findings were discussed with the informants to establish whether they resonated with their experiences and to gather additional data to help with refining the core category. Processes of data collection and analysis were informed by my own experiences as a mid-life woman coming-out (Campbell & Bunting, 1991). My status as a lesbian made me more credible to the women, allowed them greater comfort in discussing a very personal experience, and eased the complexity of relaying their stories because I had similar cultural knowledge of the lesbian experience. Additionally, my perspective influenced the way I responded to what they told me and the development of questions and probes used in further data collection. My own experiences were one additional source of data for constant comparison with what I was learning from the women (Campbell & Bunting; Wuest, 1995).

Data Analysis

Analysis of the data occurred concurrently with further collection of the data, using a technique known as constant comparative analysis (Glaser & Strauss, 1967). I conducted the interviews, then transcribed and reviewed the data as analysis began. Initial coding at a substantive level raised questions that were followed up on in subsequent interviews. An example of the data trail for *seeking affirmation*, a sub-process of the BSP's second stage *finding me* is seen in Figure 1.

Substantive Coding

In using grounded theory I conducted two types of coding, substantive and theoretical. The first reading of the data was completed in order to code the data at a substantive level, identifying and naming the substance of what had been said. Line by line the data was analysed and as many codes as possible were assigned to represent what was going on (Glaser, 1978; Stern, 1980). I tried to stay as close to the participants' words as possible. Examples of substantive codes were *accepting*, *finding peace*, *softening the blow*, and *re-thinking*. As codes recurred, similarities and differences were compared, and gradually codes were grouped together into categories and emergent patterns identified. The use of gerund words (those ending in -ing) helped to maintain the essence of the action (Morse & Field, 1995). Structural conditions that influenced the action were also coded. Constant comparison of one pattern to the next generated relationships among concepts and illuminated the theory of *confronting the taken-for-granted* (Morse and Field). Subsequent interviews were coded while keeping the previous interview(s) in mind. Initially I compared data to data and later compared data to theory (Dick, 2000). This method is referred to as first-level, substantive or open coding (Morse & Field; Polit & Hungler, 1999). Coming-out, far from being a linear process, was a continuous process of negotiating and renegotiating the concepts and categories that emerged from the data, as with grounded theory (Stern & Pyles, 1986).

Theoretical Coding

Once substantive codes or concepts had been grouped into categories

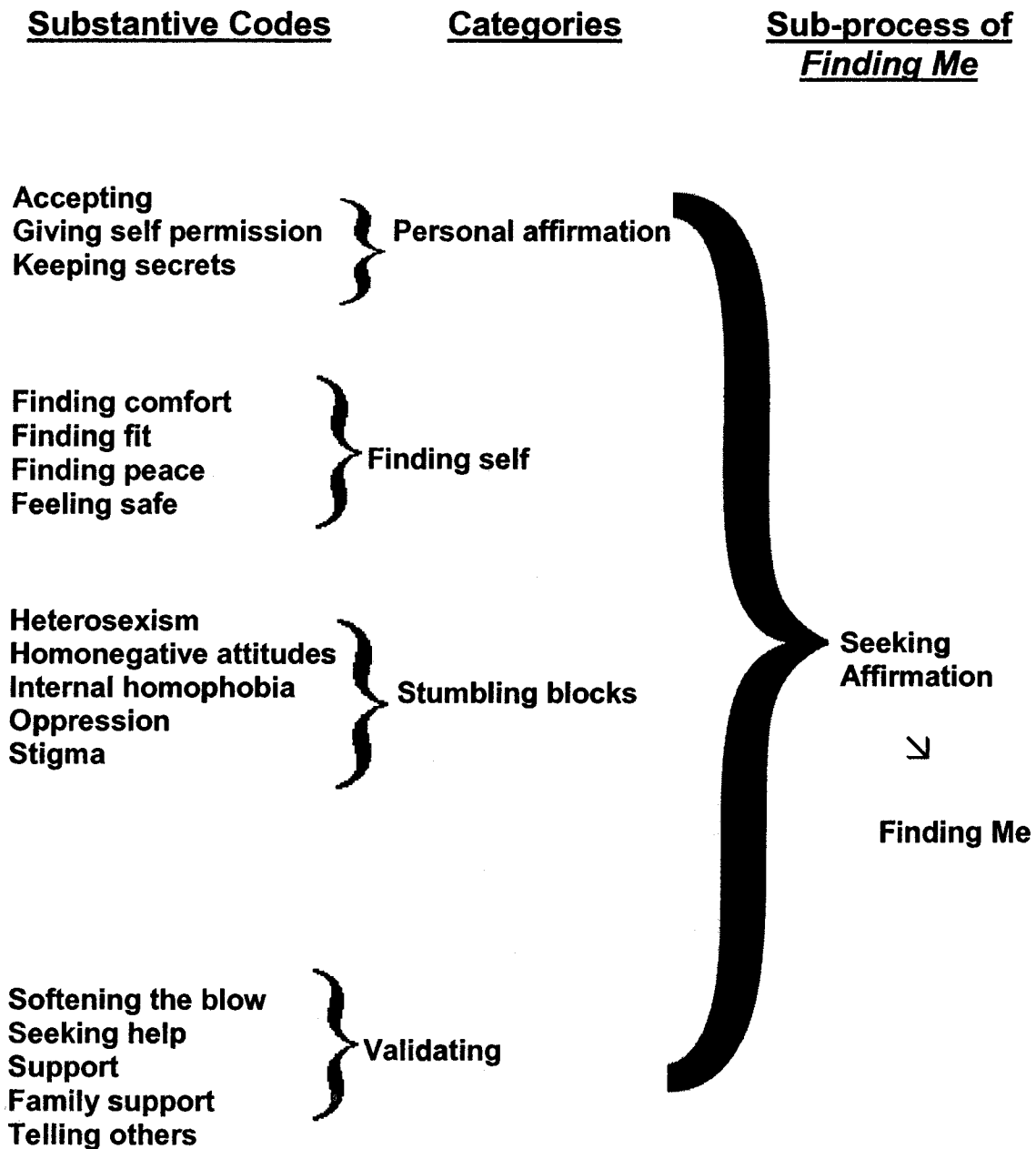


Figure 1. Example of data trail

they then needed to undergo theoretical analysis. Analysis was guided by the use of memoing and theoretical coding. Theoretical codes are a way of looking at the data in a more conceptual framework as opposed to substantive codes that are reflective of the data on a descriptive level (Glaser, 1978). Categories emerged through the linking of similar substantive codes. At this point, I began to ask how and why the categories linked to each other. Glaser's coding families were used as a guide to elevating the categories to a theoretical level. The first family is known as "the six C's" and includes "causes, context, contingencies, consequences, co-variances and conditions" (Glaser, p.74). I reflected upon the data by using these codes and related them to the data. Was the data linked by cause, or by context, were there similar consequences in the categories? The coding families gave me a mindset in which to examine the data. It was important to be open to all codes that applied rather than becoming attached to specific codes. For example, other theoretical codes such as, type and strategy were also useful for understanding the theoretical properties of, and relationships among concepts and categories.

The process of moving the data to a more theoretical level brought the data previously fragmented by substantive coding, back together in such a way as to explain theoretically what had been observed. This theoretical snapshot of the behaviour provided me with a new perspective of the phenomenon under investigation. I was then able to go beyond simple description of the event to construct a theoretical framework of women's behavior.

The development of the core category is important to the process of grounded theory. While focusing on a category as the core category too soon in the analysis can be a researcher's downfall, Glaser's (1978) criteria assisted me in identifying the core category within this theory. The core category was central, in that it was related to as many other categories as possible and explained most of the data. The core category reoccurred frequently, and as a result of this took the longest time to saturate. The core category of *confronting the taken-for-granted* helps explain the central problem of *credibility*.

A core category with two or more stages that change over time, is variable and pervasive, and a dimension of the problem has the criteria to be considered a basic social process (BSP). In this study, the core variable of *confronting the taken-for-granted* was considered a basic social psychological process with three stages emerging and resulting in resolution of the basic problem, *credibility*.

Theoretical memoing (Glaser, 1978) is another extremely important step that occurs concomitantly with coding in the grounded theory process. Memos have four important goals: to develop ideas, to have complete freedom in the creation of the ideas, to compile a memo fund and finally to be sortable (Glaser). In this study, I used memos for the purpose of collecting ideas on paper immediately without the constraints of correct grammar so as not to lose the question, idea, or theory under development. The memos were as important to the end result as the codes and theories.

Memos begot memos. As I developed the theory through the analysis of data along with the consideration of the memos, I wrote further memos as

categories emerged. In addition, the production of memos synthesized theoretical depth of the findings by elevating them beyond simple description of the data. As hypotheses about theoretical properties and relationships of categories emerged, they were followed up and confirmed, refined, or rejected. Memos and diagrams were used to record the inductive and deductive development of the emerging theory and formed the basis of the final written report (Glaser, 1978).

The literature was further reviewed once the theory emerged from the data and it became evident that the richness of the data had led to a sufficiently grounded and saturated theory (Beck, 1999). The literature was used as data to support the themes as they arose (Glaser, 1978). The literature review was also used to link the theories discovered with others already in existence, thus augmenting my explanation of the theory.

Rigour

In order for my research study to gain respect it had to be trustworthy. I focused on the existence of rigour by applying Glaser's (1978) four criteria of fit, grab, work, and modifiability. Fit meant that the emergent theory arose from the data itself, and the emergent categories were generated by the synthesis of the data. One of the basic tenets of feminism is a belief in the strength of women's voices and that the voice has a right to be heard (Keddy et al., 1996). When research participants were shown the BSP they were able to identify themselves within the process. Although the theory was more abstract than the women's specific experiences it did help to explain what they had been through in their

process of coming-out at mid-life. By discussing the emerging theory with participants I confirmed and refined the theory to fit the women's experiences.

A theory that is interesting and will be remembered has *grab*. In this research study, *grab* means that nurses will remember and use the theory when providing care to women experiencing the same phenomena. *Work* means that the theory is relevant to the persons and context of the study and can be used to explain mid-life women's coming-out experience. *Modifiability* is accounted for when the results can be modified through constant comparison to new data. I considered these points at all stages of the study by being cognizant of how including more data, asking different questions, or exploring the experiences of a different population might have modified the theory (Glaser, 1978).

Lincoln and Guba (1985) have additional criteria for judging adequacy of qualitative research, and Hall and Stevens (1991) suggested criteria for judging rigour in research. Detailed documentation about the decisions made while analysing the data, showing decision or audit trails of decisions concerning the interpretation of the data, and completing "member checks" (Lincoln & Guba, p. 314) ensured that the results of the study were derived from the data collected, the words of the women. I provided examples of the raw data and showed how and why my decisions about that data were made; it will allow someone else to follow my thought processes from the beginning thoughts through to the emergence of the BSP of *confronting the taken-for-granted*.

Finding that the richness of the initial ten interviews resulted in repetitive results with most categories and complete saturation with some, I decided to take

the results back to the participants to have them reflect upon the findings, establishing adequacy and increasing the confidence of the validity of the theory. Two of the participants were leaving to go to another province between the first and second interviews. I asked them to contact me when they were settled. They chose not to and so were unavailable for consultation. After three attempts to meet with one woman I felt that she was not interested in meeting with me and so rather than harass her I left it up to her to contact me. She did not and so was also unavailable for consultation. I went back to half of the participants, three with children and two without. The theory had emerged from the data, achieving saturation in most categories. I reviewed the framework, finding that the participants could easily identify themselves within the theory with variations dependent upon their context. Having spoken to the women prior to meeting in order to arrange the second interviews I briefly discussed the emergent theory. The women were overwhelmed with the accuracy of the theory and the fit with their experiences. As a result of this positive reaction I did not feel that audio taping the second interviews would be necessary. I planned to take extensive field notes both during and following the interviews.

Adequacy, another measure of rigour, suggests that the research was well thought out, sensible, justifiable, and meaningful and that it will have some relevance to the practice I hoped to impact (Hall & Stevens, 1991). The five participants who gave me feedback on the theory felt strongly that it explained the process that they had been through. Despite being surprised by some of the results, these five participants were able to see themselves and in the end

gained a better understanding of how much credibility had impacted the process of coming-out at mid-life. Research conducted in a feminist context can be considered credible when the participants can recognize themselves within the interpretations of their experiences (Keddy et al., 1996). Confirming the findings with the participants was conducted as a part of "member validation" (Hall & Stevens, p.21).

In grounded theory the investigator explores the participant's point of view and minimizes her own, thereby giving women's voices the ultimate power. Although, having said this, feminist researchers using grounded theory cannot deny that they can become very much involved with the data. I made every attempt to remain open to the data and to ground the theory in the data as it presented itself, while being aware of my own bias concerning the experience of coming-out at mid-life. As Keddy et al. (1996) stated: "We live with the data as they become part of our essence, constantly revising the analysis either by checking in with the participants or allowing our own values, intuitions and hunches to permeate the process" (p. 451). This methodology relies on constant comparison of the participants' words to create accuracy and rigour by grounding the theory in the data.

Ethical Consideration

This study met the guidelines set out in the Tri Council policy statement on ethical conduct of research and was submitted for ethical approval to the Faculty of Nursing Ethics Review Committee and subsequently to the UNB Ethical Review Board. Recruitment of participants commenced with receipt of

ethical approval. When considering ethical issues the concept of beneficence was paramount in the scope of research. The Ethics Committee considered the following issues when reviewing this study and I believe that I took the necessary steps to meet them all: “respect for human dignity, for free and informed consent, for vulnerable person, for privacy and confidentiality, for justice and inclusiveness, and for the need to balance harms and benefits.” (University {of New Brunswick} Policy on Research Involving Humans, 2000).

Although there were no anticipated physical health risks involved in this study, harm could have been rendered, careful consideration safeguarded the participants. As an experienced nurse, I have the skills needed to identify signs of distress during the interviews. I remained acutely aware of cues indicating such and was prepared to ask the participants if they wanted to stop the interview. I followed the interviews with a phone call a day or two later to connect with the participants and asked if they had been troubled by or if concerns had arisen as a result of participation in the interview process. Family Enrichment and Counselling Services of Fredericton (FECSF) and Anne Moore MSW RSW, had agreed to see anyone who wished to be referred. Both of these counselling services are associated with Employee Assistance Programs, FECSF also offered a sliding scale fee structure for and could provide bilingual services. The consent form included the contact information for these two counselling services; the participants were given a copy of the consent.

When each of the potential participants contacted me I reviewed the purpose of the study, and offered the opportunity to ask questions. Having self-

identified, the lesbian's participation, was considered non-coerced. The letter of information ensured a consistent explanation of the study, and allowed potential informants time to think about their participation. Once I was satisfied that the participants had no further questions I discussed the consent form (see Appendix F) with them and asked that they indicate their understanding and acceptance to participate in this study by signing it. As participants might not have wanted to sign using their real name they were offered the opportunity of signing using a pseudonym.

To ensure confidentiality the participants were assured that there would be no identifiers included in transcriptions. I assigned code names to each participant. The cassette tapes, interview transcriptions and consents were stored in a safe and secure location. Participants were offered both the transcription of their interview and/or the cassette tape that holds their interview. In the event that they did not want to receive their tape-recorded interviews, the cassettes were erased.

In the following chapter, I will explore and explain the BSP of *confronting the taken-for-granted*.

CHAPTER III
CONDITIONS THAT INFLUENCE
CONFRONTING THE TAKEN-FOR-GRANTED

The purpose of this grounded theory study was to explore the coming-out experiences of women at mid-life. In this chapter I provide an overview of the basic social process (BSP) of *confronting the taken-for-granted*, discuss the influencing conditions of support and the micro-process of *enduring perpetual outing*, and provide an explanation of credibility, the basic social problem.

Overview of the Substantive Theory

For women coming-out as lesbian at mid-life, the basic problem is their *credibility*. Coming-out results in women themselves and others questioning their credibility with the consequence that the status that they had achieved living as a heterosexual in a taken-for-granted heterosexual context is undermined. Credibility is lost and regained by *confronting the taken-for-granted*, a basic social process of assimilating a new-found sense of self, learning how to be in a same-sex relationship when they have few role models, carving a place within a predominantly heterosexual social and cultural framework, and discovering how to manage perpetual coming-out. The *taken-for-granted* is the often unspoken understanding that all people are heterosexual and fall into the socially constructed definition of heterosexuality. Women's own reactions to coming-out, combined with the reactions of others lead to a shifting sense of self. When family, friends, religious leadership/community, and others who have been supportive to the woman in the past respond negatively to her coming-out, they

threaten her public credibility. Moreover, their negative response results in the woman questioning her judgment, her understanding of who she is and what is important to her, which is her personal credibility. In contrast, supportive responses from family, friends, and others counter the undermining effects of negative reactions and strengthen credibility for women coming-out at mid-life.

Confronting the taken-for-granted includes three stages: *facing scary love*, *finding me*, and *settling in*. Occurring concurrently as an interpersonal micro-process of repeatedly coming-out, *enduring perpetual outing* fosters growth of the woman and enables development of skills and strategies needed to be able to successfully *confront the taken-for-granted*. *Enduring perpetual outing* begins within *facing scary love* during the first experience of disclosing emotional or romantic feelings to oneself and to that first lesbian partner and results in the understanding that coming-out will occur and recur daily. *Enduring perpetual outing* takes place as women *gauge*, *brace*, and *move on*. *Gauging* involves assessing the consequences of disclosing orientation. *Bracing* is waiting and preparing for the reaction to disclosure. Finally, *moving on* is taking-in and learning from information obtained during coming-out interactions.

Enduring perpetual outing takes place over and over again and informs how women move from stage to stage, back and forth along the continuum of *confronting the taken-for-granted*. *Enduring perpetual outing* begins slowly and infrequently, increasing as women progress along the continuum. Each sequential *outing* informs and fosters the development of strategies for dealing with potential negativity. The number of experiences disclosing lesbian identity

and support are conditions that influence the variation of *enduring perpetual outing*.

Figure 2. Provides a diagram of the theory of *confronting the taken-for-granted*.

Facing Scary Love

Facing scary love is a process of making and acknowledging the first realizations of being lesbian, uncovering the implications, and deciding how to overcome them. The turning point within this process is becoming aware of falling in love with a woman, a discovery that facilitates understanding of the growing discomfort in heterosexual life. An inventory of relationship ideals is used as a benchmark to highlight the lack of fit for women in their heterosexual lives. The three sub-processes within *facing scary love* are: *...and then I met this woman, recognizing something is missing, and making sense*.

...And then I met this woman is the pivotal experience of recognizing emotional attraction towards women. *Recognizing something is missing* focuses light on the dissatisfaction with their heterosexual past. Having lived most of their lives in a heterosexual context and hearing mixed and negative messages, *making sense* is the process of coming to understand what both the implications of a heterosexual background and the negative messages will mean in light of a shifting sense of self.

Essentially, *facing scary love* is the turning point in women's lives and signifies the beginning of movement from heterosexual to lesbian. This process is characterized by being very abrupt, disruptive to daily life, and takes place

Confronting the Taken-for-Granted

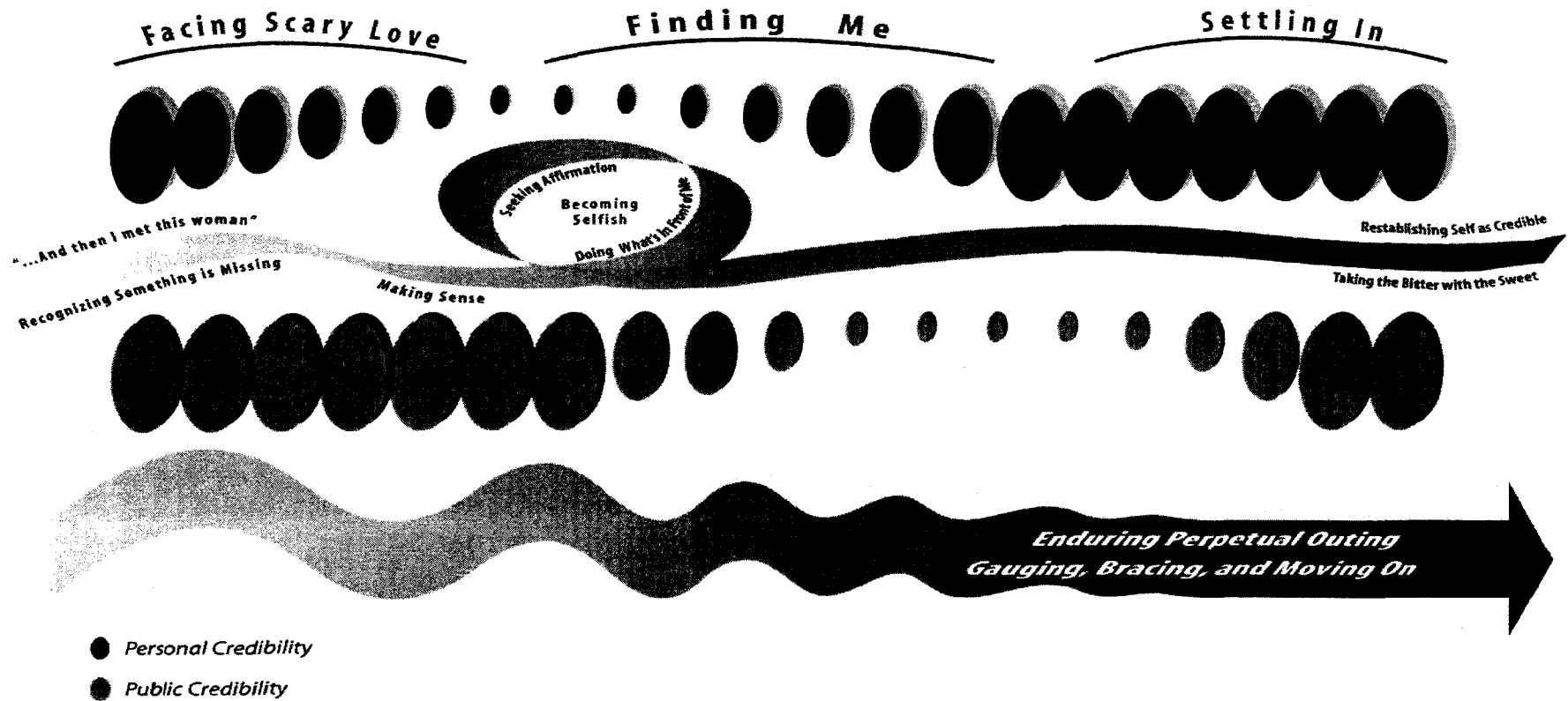


Figure 2. Diagram of *Confronting the Taken-for-Granted*

primarily within the woman herself. As a consequence of *facing scary love* a beginning acceptance of a lesbian identity is established initiating a shift in sense of self. The challenge is how to deal with the shift not only personally but socially. The disequilibria in her sense of self challenges her credibility on a personal level and complicates her ability to maintain her public credibility. Movement into the next stage of *finding me* is driven by a mounting recognition that shifting identity is both threatening personal credibility and undermining a previously well-established sense of self.

Finding Me

Finding me helps to form a bridge between the first stage of *facing scary love* and the final stage of *re-establishing self as credible*. In this process, coming-out becomes an important and informing act. Sub-processes of *finding me* include: *seeking affirmation*, *becoming selfish*, and *doing what's in front of me*.

Seeking affirmation is a process of cautious, thoughtful disclosure of lesbian identity with the goal of finding support for their shifting sense of self. Women come-out first to those people closest to them. Despite *gauging* the risk of negative reaction, motivation to proceed is greater than fear of loss. While obtaining support enables the recapturing of personal credibility, negative reactions to disclosures contribute to losing public credibility by questioning lesbians' decision-making, and highlighting consequences for daily life and status in community. *Seeking affirmation* informs the mid-life lesbian of who she is and helps her to assimilate the shifting identity that began in *facing scary love*.

Becoming selfish is a process of recognizing a need to nurture the self. Women realize the toll that coming-out at mid-life is having on personal and public credibility. They also understand the amount of energy required for the coming-out process and *enduring perpetual outing*. *Becoming selfish* is a time used to focus attention on oneself in an effort to continue bolstering one's personal credibility and nurture the evolving identity.

Doing what's in front of me is a process of maintaining stability in one's life by continuing to engage in as many established activities as possible. Life for these women has not stopped while they become accustomed to being lesbians. Concomitantly they continue to have responsibilities such as family and work, commitments that in fact serve to maintain some degree of stability while they affirm their lives as lesbians and begin to understand their shifted sense of self.

Having support from family, friends, and social contacts enables movement along the continuum from *finding me* to *settling in*. The process of *finding me* results in an integration of the additional facet of sense of self, a growing understanding of what it means to be lesbian in society today, that being lesbian has jeopardized her credibility, and that taking control is the way to regain credibility.

Settling in

Settling in is the process of cementing an authentic sense of self. The women having each achieved a sense of who she is as a lesbian, what her life is going to be like, including the challenges and rewards, will subsequently begin the work of putting her life back together. Support is again a condition that

influences variation in this process. The sub-processes of *settling in* are *re-establishing self as credible* and *taking the bitter with the sweet*.

During *re-establishing self as credible*, skills and strategies for *confronting the taken-for-granted* are used. The assumption that all women are heterosexual is enabled by the fact that lesbians and heterosexual women are visually indistinguishable. As mid-life women they have already developed skills to address male privilege and oppression. Now as lesbians their credibility has become so threatened that they have become very aware of the additionally controlling power of heterosexism. With shifting identity, women are increasingly aware of a need to increase skills and strategies for navigating through the building impediments of heterosexism in order to re-establish their public credibility.

Taking the bitter with the sweet is the process whereby *enduring perpetual outing* is understood as a legacy of daily living for lesbians. As a result of recognizing that pervasive heterosexuality is predominant, mid-life lesbians come to accept that *enduring perpetual outing* will be a part of their lives forever. This process also signifies the accumulation of skills and confidence for managing heterosexism and other forms of discrimination. Willingness to exercise the right to be treated as equal becomes an important part of life.

Conditions Influencing the Basic Social Process

Two conditions influence the degree to which each woman's credibility is affected as well as the way that each woman experiences the process of

confronting the taken-for-granted. One condition is *support*; the other is the micro-process of *enduring perpetual outing*.

Support

Support is a key condition influencing how women move through the process of *confronting the taken-for-granted*. Women in this study described support received as emotional. Emotional support includes being accepted, having continued love, knowing that important relationships are maintained, and having lesbian identity acknowledged.

Support is received from a number of sources: self, family, friends, religion, community, and society. Support impacts directly on a woman's ability to claim her place as lesbian at mid-life within a predominantly heterosexual society. Family members who provide support include: children, parents, siblings, and lesbian partners. Religious support stems from churches, church related activities, religious publications, and private spiritual relationships identified as important. Support from the larger community is reflected in societal attitudes, practices and legislation, media, healthcare, attitudes and behavior of friends, acquaintances and co-workers, and the size, cohesiveness, and quality of a woman's family of choice.

By mid-life the participant women had developed a network of support from sources that provided comfort and safety. However, these well-established networks had been developed within the context of heterosexual role expectations. The degree to which this support network is sustained through

women's transition from heterosexual to lesbian influences the process of *confronting the taken-for-granted*.

Family of choice is a source of support to the women evolving out of the coming-out process. Family of choice refers to the people who women choose to count as family. In this case family is not about biology but refers to close relationships with people who acknowledged the woman's lesbian identity and provided safety, care, and unconditional acceptance.

Family

The extent to which women turned to family members for support in *confronting the taken-for-granted* depended on the quality of their past relationship, particularly with parents and siblings. When participants had been sexually and/or physically abused by a family member or strangers as a child, their confidence in their interpersonal judgment and decision-making was undermined. Perpetrators of past abuse were not looked to as a source of emotional support. In contrast, family members with whom they had trusting relationships were more likely to be seen as sources of support.

Children. For women who were mothers, children had the potential to be their greatest source of support. Children were more accepting of their mother's shift to a lesbian identity when their mother's parenting style had conveyed an acceptance of diversity. A major source of support was stability in their defined role as mother during the process of *confronting the taken-for-granted*. Mothers of children age three-10 years were more able to maintain that supportive stability. However, teenage and adult children also were developmentally better

able to appreciate the significance of the transition their mothers were making.

Debbie's adult son simply explained how he felt.

It is interesting, my oldest son, he said it didn't surprise him and I don't know why, and I asked him and no he wasn't able to identify, no, no, but he did say, 'Mom, you are still my Mom, your life has been rough and if this is what makes you happy, then that is all I can ask'.

Parents. The extent to which women rely on parents for support depends on the woman's perception of how capable her parents will be of offering support. The participants expected that their parents would be less likely to be supportive if they were older, or were thought to be incapable of understanding because of their culture, beliefs, or past behavior. Women were more comfortable and likely to come-out to their parents if as children they had seen their parents convey an acceptance of diversity. Elspeth Cameron (1997) in her telling of coming-out at mid-life recalled the value of parental support of her shift in identity:

When I told them Paul (her husband) accused me of being a lesbian, they said they couldn't care less if I was. I was swept through with relief, peace and deep, deep appreciation, like a patient near death swimming up into some dim consciousness of recovery. (p.162)

Parents were identified as supportive when they focused on their daughter's happiness and expressed acceptance of her being lesbian. When parents responded in this way it was a source of continuing comfort and affirmation. However, van Dam's (2004) study found that women in lesbian stepfamilies (either or both partners started their relationship after having children) had less support from their family of origin than did lesbian families (women who chose to become parents after acknowledging their sexual identity). van Dam suggested that women in lesbian stepfamilies had less time in their

present intimate partnership than did the lesbian families, and that families of origin may require more time to accommodate and assimilate these changes of identity before becoming supportive.

Women without children draw on their parents, siblings, and other extended family members for family support. Despite never having discussed her orientation with her father, Holly received subtle yet pointed support following the break up with a long-term partner.

...and my Dad, I still didn't talk about this with my Dad, but when (Name) and I broke up, the next time I saw him, he just patted me on the hand and said 'I am so sorry Holly', and that was as much words as he could do.

Women with children stated that parental support was important, for the emotional well being of themselves and their children. Most of the women with children had a continued relationship with their children's grandparents. Support by parents for daughters and grandchildren was also found in van Dam's (2004) study; however, van Dam suggested that fewer women who became lesbian after they had their children had the stability of parental support (66%), this differs for the women in the present study whose parental support rate was 83%.

Interestingly, of the participants in this study, only three out of the 10 disclosed to their mothers. For many, their mothers had died before they came out, for others not disclosing was a conscious decision. Fathers seemed to be easier to come-out to, with seven fathers being told and three not. For those women who chose not to disclose to their parents, support was received from siblings, children, and friends. Gwen explained her reason for not telling her parents.

My parents were extremely strict with me (as a child). You know I never told my parents, my Dad is in his 90's, what's the point you know. My mother was sick, she was bed ridden at the time, no excuse, but I didn't feel like it would help, uhm, my relationship with my mother wasn't that good to begin with so I didn't want to put another, you know, or maybe I chickened out, I don't know, I just didn't feel it was necessary.

Gramling, Carr, and McCain (2000) found in their qualitative study of family responses to disclosure, that family was often the most difficult to come-out to. They noted that disclosure to family was impacted by deeply entangled previous family relationships, potential for support, and family dynamics. Further Armstrong (2003) discussed daughters' coming-out to their mothers as being emotionally charged because of the way that society has enforced the "major culturally-defined task of passing the baton of the traditional heterosexual role to her daughter" (p.43). Armstrong stated that "women's affiliative nature is a basic tenet and further proposes that relational being is the primary experience of a woman's sense of self" (p.41), and that much of women's development occurs within the interplay between each other's emotions. Cultural expectations make it difficult for mothers to accept and celebrate their daughter's lesbian identity without contradicting their own values. Despite fears of rejection, of the participant women who told their parents, none were shunned.

Siblings. For the mid-life participants support from siblings was mixed. It was unsupportive when siblings initially responded by questioning why this information was important, and why they needed to acknowledge it. Siblings who acknowledged the transition, stuck by them, and acted as a sounding board during times of difficulty were seen as supportive.

Religion

The extent to which religion was a support depended on the strength of the woman's previous affiliation with a particular church and the church's position on lesbianism. Women who drew support from their religion felt a profound value in the ability to maintain their religious affiliation. As Carol describes:

And then we had CHURCH A, and that was a whole experience in itself, a whole cleansing thing, 'OK we can be here'. Like I was raised in the CHURCH B, that was a big part of our lives, every Sunday, Sunday school and you know all through my life until I was in this relationship and gradually ditched away (she left the United church because she no longer felt welcome)... at CHURCH A we had a wonderful time, and we used to get in there and sing and just had a wonderful time singing, we would all be crying because you had to go, it was a cleansing, it was a cleansing, 'Oh I can be here!' and it has got nothing to do with men and the church, it was in here (pointing to her chest) it was our spirituality.

Women who have obtained support from their religious community as a result of participating in the women's groups or Sunday school experience a two-fold loss when abandoned by the church. Some searched without success for other churches that accept lesbians. Anne explains:

...but the worst thing was the fact that then I started questioning every religion. Then I found that as I searched for a place to fit that I didn't fit anywhere, because I had looked at United, I had looked at Anglican. My partner is Lutheran and we looked at Lutheran, and we looked at Unitarian, we looked at everything! And...nothing ever fits, I just didn't fit anywhere, or it didn't fit me.

Although organized religion often rejected them, women found spiritual relationships to be a source of great personal support. Similarly, when comparing the religious affiliations with lesbian and lesbian stepfamilies, van Dam (2004) found that although most of the participants had been raised in predominantly mainstream religions (Protestant and Roman Catholic), the frequency of their

present affiliation had greatly decreased whereas “the identity of spiritual without religion increased significantly” (p. 457). Morris, Balsam and Rothblum (2002) had similar findings. They found that women after they came-out tended to fracture their relationship with religion and focus on their spiritual beliefs. Betty explained her disdain for the church’s opinion on being gay, and her ability to receive spiritual support from her relationship with God.

I think that like the Bible sort of leads you to believe that homosexuality is wrong, well some people take it that way, some people say no. I think that somebody made me this way and so I’m ok with it. If He wants to make me gay then I am going to do my best job at it...and thank you for sending me what I asked for.

The Larger Community

Support from the larger community includes friends, acquaintances, co-workers, media, laws and policy, healthcare, and family of choice.

Friends, Acquaintances, and Co-workers. The extent to which women receive support from friends, acquaintances or co-workers depends on those people’s previous experiences with the entire issue of being gay. The smaller and more rural their home community, the less likely they were to have had first-hand experience with knowing another gay person and the more likely they were to have a negative response to disclosure.

Similarly, the background of women themselves in some cases was a source of support. Having that previous knowledge of gay persons created a buffer for some of the negative social messages. Knowing another gay person made it less likely that they would buy into the idea of gays as deviant and abnormal. It made their transition to lesbian less likely to be impacted by issues

of internalized homophobia attitude. Debbie talked about having had gay friends and she said that although it did not hinder her transition to lesbian it did help in some ways.

I did a lot of soul searching, you know, it wasn't an easy acceptance, yet I have gay friends, you know, I have one brother who had a (gay) relationship for ten years, and I was the only one in the family who accepted it!! I mean it was no big deal.

Co-workers. The extent to which co-workers provide support depends upon whether a woman has a career or a job. Women who had careers had established a level of respect and value. Co-workers to these women were identified as supportive. Conversely, women who had jobs were less likely to have developed as much respect or value and as a result identified that co-workers were often non-supportive.

Media. The extent to which the media provides support depends upon how much exposure the woman has to pop-culture. Inclusion in pop-culture of gay and lesbian issues fosters a sense of normalcy. Television programming more frequently includes lesbian and gay characters and storylines. At the time of the study, multiple news items concerning same-sex marriage, rights of widows in same-sex relationships, adoption laws, and other gay and lesbian issues dominated the news. Although a one-sided interaction, the reaction to media also serves to inform women about who they are and what it means to be lesbian.

Laws and Policy. The extent to which laws and regulations provide support depends on the woman's experience with them. Certainly the impending changes to the laws around same-sex marriage give some hope to women that they are being recognized as members of society deserving of rights and

protection. The difficulty is that having to listen to the rhetoric of discrimination is experienced as demeaning and devaluing of their lives. Women who are vulnerable to negative influences struggle to protect themselves from the harsh and often angry words. Regulations that include same-sex partners on health plans, pensions, or mortgages give women affirmation that their relationship is of value and as legitimate as those of heterosexual couples. Holly explained, "when I went to do my pension stuff and everything, you know, it is funny the change in attitude when you tell them nowadays, they are so friendly about it."

Healthcare. The extent to which healthcare is a support depends on women's position on the continuum of *confronting the taken-for-granted*. Women who are working to assimilate their lesbian identity, and who have developed fewer skills and strategies, find healthcare to be a potentially threatening environment. Conversely, women who have had sufficient experiences of *enduring perpetual outing* and have a stronger sense of themselves are better able to confront heterosexism within the healthcare system. Healthcare is experienced in a more positive and supportive light when women are acknowledged as lesbian and partners are included without question. Julie explained her experience with being out in her healthcare relationships.

As far as I can see, it hasn't caused any problems. My physicians are well aware of me being lesbian, and have had my partner in many times with me when I am seeing them. They include her when talking to me and they ask her opinion about issues as well. She is listed as next of kin for all my documents, as I am on hers.

Family of Choice. Yet another source of support is 'family of choice'. As women begin to disclose, in their contact with the gay community, they begin to

develop a family of choice. Integrating into the lesbian/gay/bisexual community increases the size of a lesbian's family of choice. Similarly, Bailey, Gurevich, and Mathieson (2000) found that community was "a key factor in both affirmation of identity and a vehicle for sustaining well being" (p. 8). However, Goldfried and Goldfried (2001) cautioned that although support from family of choice and social networks is important, "they cannot replace the shared history and ties one has with family (of origin) members" (p. 690). Support from family of choice is delayed until the later stages of *finding me* and *settling in* when women have begun to come-out to others, especially other members of the LGBT community.

Enduring Perpetual Outing

Enduring perpetual outing is a micro-process of repeatedly coming-out that informs the process of *confronting the taken-for-granted*. Each disclosure has the potential to undermine women's credibility. *Enduring perpetual outing* begins with a woman's first disclosure in *facing scary love*, and continues for the rest of her life as a lesbian. Most women will choose, in an effort to be authentic to themselves and others, to accept the legacy of *enduring perpetual outing* and learn how to manage it. Variations in how this micro-process unfolds are based on the amount of fear, uncertainty of identity, suitable support, and experience. Whitman, Cormier, and Boyd (2000) found similar variations in their qualitative exploration of lesbian identity management at various stages of the coming-out process. Whitman et al. asked women to journal about their decision-making processes for coming-out and not coming-out. Similar to the findings of the present study, Whitman et al.'s findings were that fear and desire for authenticity

were two salient reasons for developing strategies to cope with coming-out. The three sub-processes of *enduring perpetual outing* are *gauging*, *bracing* and *moving on*.

Gauging

Gauging is the process of assessing how safe it is to disclose sexual orientation. Having learnt from negative social messages and preliminary experiences in disclosing, women identify coming-out as a potentially charged situation. *Gauging* includes identifying situations in which coming-out will be required, assessing the beliefs of the audience, and recognizing degrees of risk. Whitman et al. (2000) found that trust was a key issue in gauging the coming-out situation, not only the trust placed on the person being disclosed to in respecting the information provided, but also trust in the lesbian's personal ability to know how that person will react. *Gauging* involves making a decision about whether or not to disclose. When a situation is deemed too frightening, dangerous, negative, or unnecessary then a woman might choose not to disclose.

The novice lesbian has a great deal more difficulty with gauging than those who have been out for longer periods of time. Practice makes perfect. With sequential coming-out experiences, women learn to identify those who will be more accepting, and conversely those who will likely be less accepting. Understanding that each and every separate situation must be assessed individually comes with time and experience. In the initial coming-out phase of Betty's experience she was able to gauge the openness of a co-worker. "Finding someone to talk to was really hard since I only knew the one girl at work, and she

was, she didn't want to talk to others. She was very private, uhm, people at work kind of knew but she never ever discussed it."

The amount of risk associated with *gauging* is dependent upon who is being disclosed to, the situation in which the disclosure happens, and the reason for disclosing. Persons to whom they disclose can be separated into two categories: people they know well such as family, friends, and co-workers, and people they do not know and/or those they encounter casually. The group of people whose opinion counts the most are those people closest to the person, due to the increased potential for loss and rejection. The opinions of those people who are not as well known can be more easily dismissed, although they continue to impact and inform the coming-out process.

The degree of anxiety inherent in *gauging* depends on the degree of control the woman has over the situation. Coming-out in crisis is deemed more stressful and requires a different balance of pros and cons. The need to come-out in an emergency room will often outweigh the estimation of safety because being treated as a lesbian is considered an important aspect of caring for the whole person. What is most important to the woman coming-out is that care is provided in a way that is culturally congruent with her beliefs and that when applicable, a partner is included in the healthcare relationship.

Bracing

Bracing is the process by which women wait and prepare for the response to their coming-out. Having identified the potential for reaction in *gauging* they now prepare to receive the response to their disclosure. It is called *bracing*

because of the potential for negativity and therefore the need to brace against this type of reaction. *Bracing* includes waiting for the response and planning for how that response will be received. Julie explained the very first time she indicated a same-sex attraction to her first partner.

I was at work, talking to my best friend about our dreams, when she told me about a particularly revealing dream about a lesbian attraction. It was like a vacuum had sucked me up, the air was still, and nothing around me mattered, I was desperate to make this connection, so I said 'I think that being with another woman would be exciting', the bomb drop! And I waited; I don't think I breathed, until she said, 'Yeah'. What ultimate joy and relief washed over me!

Women whose loss of both personal and public credibility has been affected negatively by coming-out will tend to brace as a strategy for self-protection. Women who have regained personal credibility but still have not addressed public credibility *brace* against further erosion of that public credibility. Finally, women who have regained both personal and public credibility have developed the ability to brace in order that they are able to confront any negativity.

In *bracing* as with *gauging*, past experiences help to inform the process. Having multiple experiences encourages growth in the collection of strategies. Strategies exhibited by the participants varied from both physically and emotionally cowering following disclosure to standing firm. Further, the extent of the variations in *bracing* are reliant upon the environment in which *enduring perpetual outing* occurs. In situations that are not perceived to be gay-positive, *bracing* includes such strategies as being prepared for negativity and therefore prepared to defend oneself. Focusing on the negative responses to disclosure,

women began collecting ways to respond in a respectful yet firm manner. Similarly, Deevey (1993) elaborated on the way in which she was able to counter negativity. "As I gained experience in coming out I began to collect typical homophobic responses. I gave each a 'homophobic attack' label and kept my friends laughing while I practiced calm rejoinders at lesbian potluck suppers" (p. 23).

The cause of the variation was the number of experiences, and the amount of support a woman had. New strategies are learned with each coming-out experience, such as giving others time and space to respond and presenting being lesbian as normal while covertly *bracing*. Other strategies are either reinforced as useful or discarded as ineffective.

Moving On

Moving on is the final sub-process and builds on what is learned from *gauging* and *bracing*. Using the information acquired from the experience of *gauging* and *bracing*, *moving on* is the opportunity for lesbians to take in the information, process it, learn from it, and carry on until the next time.

For women with a balance of positive experiences of *enduring perpetual outing*, *moving on* becomes a cementing process of strategies that are understood to be of value when *gauging* and *bracing*. Women who have more positive reactions receive the affirmation and support needed to rebuild their credibility. *Moving on* becomes the process of continuing to bolster their personal and public credibility. For other women *moving on* becomes a reminder of the need for continued vigilance in protecting themselves, due to the number of

negative reactions, and lack of support. Women who have had more negative reactions to their *perpetual outing* have to work towards countering the deleterious effects to their credibility. They have to decide if the reaction can be ignored or if the reaction comes from someone of importance, further eroding either their public or personal credibility. What women do with the information gleaned from the disclosure varies depending upon where they are on the continuum of *confronting the taken-for-granted*. Francis was not able to accomplish *moving on* until her family responded to her *enduring perpetual outing*. When they did, their negative reaction created significant loss to Francis' credibility.

My brother, who I had raised when my mother died, and was now married with a family of his own, knew he didn't want to lose me, but he really didn't know how to accept this. I recall a specific conversation between my brother and a guy who had asked 'so what's wrong with your sister?', and my brother says 'well nothing is wrong with her, but you know, she is celibate', and I thought what a slap in the face. It is like I am not, I may be a non-practicing lesbian right now, but. And to have the label 'celibate' was far more insulting than to have the label lesbian, even if he was challenged by it.

Variation in the ability to become more comfortable with *enduring perpetual outing* is influenced by the number of experiences, the amount of support the woman has, and whether the reactions have been more positive or negative. The greater number of experiences provides additional information with which to make future decisions about coming-out.

Summary

Enduring perpetual outing is a process that underpins and influences women's credibility and the process of *confronting the taken-for-granted*.

Enduring perpetual outing will occur and recur perpetually for the remainder of their lives as lesbians. With time, support, and frequency a woman's arsenal of skills and strategies evolves and grows such that the process of coming-out on a daily basis becomes easier and occurs less consciously.

For women at mid-life the interplay between being authentic to self and others, which in turn sustains their personal credibility, and the need to be constantly vigilant about coming-out because of issues of physical, emotional, and economic safety is the core of their decision making process. "Identity management, therefore, seems to impact identity development in terms of explicit consideration of how individuals make decisions and then act on the decisions to maintain self-esteem through the coming out process." (Whitman, et al. 2000, p. 16). *Enduring perpetual outing* may be a source of chronic stress for lesbians throughout their lives. van Dam (2004) suggested that the combined difficulty of living with stigma and constantly having to evaluate the cost-benefit of disclosing could be a source of chronic stress. Learning from *gauging, bracing* and *moving on* are vital to a lesbian's ability to decrease these levels of chronic stress in her life.

For some women the stress of *enduring perpetual outing* can become so unbearable that their progress along the continuum of *confronting the taken-for-granted* is stalled. These women find it very difficult to confront challenges when their personal credibility is undermined and their self-confidence is diminished. Stalling the progress becomes a strategy to counter the undermining of

credibility, and provide them with time to develop the strength and skills to feel more competent in *enduring perpetual outing*.

The Basic Social Problem

Credibility

The basic problem for women coming-out at mid-life is credibility, specifically the threat to their personal and public credibility. The manner in which credibility is framed is as individual as the person framing it however, basic similarities were found to exist in this study. Being able to define personal credibility was difficult. From the data, personal credibility involved knowing oneself, having confidence in decision-making abilities, feeling competent to personally fulfill roles, valuing oneself, feeling authentic, and respecting oneself. Gwen discussed her personal credibility in terms of knowing herself, being comfortable with the person that she was.

I hope it (the process of coming-out) has, it has made it better in the sense of knowing myself better. Also being aware of why we are doing what we are doing, the motivation. It has brought me to a better understanding of myself, and a desire to understand myself better.

On a personal level mid-life women are more likely to have a clear sense of who they are and their capability within a heterosexual context (Hoff, 1995). They have confidence in their ability to make sound decisions, and they have learned to work with their heterosexual status in society. On a public level, their credibility has been established socially based on how others view their status and value within their community. When they pattern their behaviours on other valued and credible members of the community they re-enforce both their personal and public credibility.

Participants of this study defined public credibility as having value in their community, being respected, being seen as having the competence to make sound judgments, and being able to fulfill roles and responsibilities. Anne described her public credibility in terms of the roles within her community.

I tried to live in as positive a way as possible, so that they could see me in a positive light, so that I would just look like the greatest person that ever walked. Because I was a super squeaky clean Girl Guide leader and super religious communion teacher, and...

Women at mid-life have established both personal and public credibility based on their lives as heterosexual women in a society that enables pervasive heterosexuality. Women who come-out at mid-life struggle to maintain the previously established credibility, that is now threatened by virtue of presenting themselves as being other than heterosexual. Credibility is often taken for granted, and it is not until these women shift to a lesbian identity that they realize what both their personal and public credibility encompassed and to what degree it has been impacted.

Public credibility is created in fulfilling roles within the community. Women enact a number of roles within their heterosexual lives. Public credibility is related to being able to measure up to societal expectations. For the most part public credibility is based on what is culturally sanctioned. Roles and behaviours that foster public credibility tend to "bear the social definition of being either good or bad" (Burgess in Canales, 2000, p. 21). Being a 'good' parent, daughter, sibling, and friend, being a 'good' citizen, being a 'good' Sunday school teacher, being a 'good' Girl Guide leader, being a 'good' student are all examples of how public credibility is created in the fulfilling of roles.

As a woman at mid-life, public credibility is linked to fulfilling those taken-for-granted heterosexual roles within a heterosexual context. Presenting themselves as lesbian places them outside of the socially constructed box in which they had existed as heterosexual women. Being outside that box encourages others to question their credibility.

Summary

The preceding conditions of *support* and *enduring perpetual outing* emerged during data analysis as the most consequential in *confronting the taken-for-granted*. Both of these conditions impact directly on the intensity of the basic social problem and the way women *confront the taken-for-granted*. The in-depth discussions of the three stages of the BSP will show how these findings influenced women's *credibility* through the process of coming-out at mid-life.

CHAPTER IV

THE THEORY OF CONFRONTING THE TAKEN-FOR-GRANTED

Confronting the taken-for-granted is the basic social process of women coming-out at mid-life, losing and regaining both personal and public credibility. In transitioning from a heterosexual to a lesbian identity, women experience a number of threats to their credibility. Facing the loss of taken for granted privilege while heterosexual, women are learning to work within the growing impediments of pervasive heterosexism.

There are three stages in *confronting the taken-for-granted*. *Facing scary love*, the first stage, is a time in which women discover an emotional affiliation with another woman. Women come to understand that being lesbian will cause upheaval in their lives, and begin to lose their personal credibility as they shift to a lesbian identity. The second stage, *finding me*, takes women through an iterative process of affirming their lesbian identity. Through the micro-process and work of *enduring perpetual outing* women begin to rebuild their personal credibility while losing public credibility. With each sequential disclosure there is a waxing and waning of personal credibility as informed by the reactions to their disclosure. *Settling in*, the third stage, is a process of growth and evolution in regaining public credibility through *re-establishing self as credible, and taking the bitter with the sweet*, the acceptance of the legacy of *enduring perpetual outing*.

In the following discussion, the strategies for overcoming the threats to credibility will be explored within the three stages of *confronting the taken-for-granted*. The iterative process of movement along the continuum is influenced by

several conditions and highlighted by the variations of strategies used by women as they emerge as lesbians at mid-life.

Facing Scary Love

Facing scary love is a process of coming to the realization one is lesbian and beginning to make sense of being lesbian. During this process mid-life women experience a conundrum in that they no longer know who they understood themselves to be nor are they familiar with the person they are becoming. This internal chaos results in a loss of personal credibility. Falling in love is not usually frightening however; in the present study mid-life lesbians discuss falling in love with a woman from the perspective of having heard that it was forbidden, unnatural, wrong, and immoral. Similarly, Degges-White, Rice, and Myers (2000) in their research on lesbian development found that older participants described their preliminary lesbian feelings as undesirable with comments such as, "I felt like a freak, I believed I was a sinner and was going to hell, I did not fit in, and I thought something was wrong with me" (p. 325). Negative social attitudes create the sense of love being scary for mid-life lesbians. Debbie explained,

...we became friends and I started realizing that I was caring about her, and that was kind of scary, you know, I wasn't prejudiced against anyone, I had gay friends, but you have all of this society, you know, saying that they are corrupt, and all of this stuff started coming back.

Whitman et al. (2000) also reported that revealing oneself, as lesbian needs to be negotiated in consideration of many societal influences. "Because of the stigmatized nature of a lesbian preference and societal homophobia, the potential lesbian woman must mediate her internal view of herself with the

perceived external view of her same sex preference” (Nemeyer, 1980 as cited in Whitman et al., 2000, p. 4). Within *facing scary love* the three sub-processes are ...*and then I met this woman, recognizing something is missing, and making sense.*

...*And Then I Met This Woman*

...*And then I met this woman* is the critical juncture impelling *facing scary love* to occur. Meeting a woman, realizing the growing sexual, erotic and/or emotional attraction to *that woman*, and then receiving positive signals in return is the catalyst that launches women into the journey of coming-out. This initial awareness of being attracted to another woman leads to a consciousness of an overwhelmingly evident sense of fit. This finding is supported by a number of anthologies of women’s stories of transitioning to lesbian after a heterosexual life that illuminated both the joys and challenges (Abbott & Farmer, 1995; Cassingham & O’Neill, 1993; Jensen, 1999).

The first awareness occurs as a result of either a physical closeness through a kiss, a hug, or a sensual touch, or through an emotional closeness and a blossoming friendship. Both lead to the eventual disclosure of attraction to that woman. Vitally important is the choice of woman with whom to have the first lesbian affiliation. The consequence of these encounters is that the first inklings of possibly being lesbian enters into their thoughts.

The first experience of disclosure with a lesbian who she perceives as expert confirms the reality of herself as lesbian and affirms a growing understanding of self as lesbian. Reciprocal messages of attraction between the

two women validate what is happening and fosters disclosure by the mid-life woman. Whitman et al. (2000) support this finding that in the early stages of coming-out women were more acutely aware of the need to *gauge*, looking for someone “she knew to be lesbian as a way of gaining information about being lesbian” (p. 15).

The very first experience of coming-out initiates the micro-process of *enduring perpetual outing* through *gauging*, *bracing*, and *moving on*, and sets a pattern for subsequent disclosing experiences. If in *gauging* she has identified a potentially negative response then *bracing* becomes an act of self-protection. Positive responses in contrast serve to validate being lesbian as normal. Jordan and Deluty (1998) in their research of the relationship between anxiety, positive affectivity, self-esteem, and social support found that being out and receiving positive responses fostered greater self-esteem, less anxiety, and greater positive affectivity. *Gauging* that the other woman is an out lesbian creates less of a need for *bracing*. *Bracing* becomes more active when the status of the other woman is unknown and causes some hesitancy and a need to acknowledge and prepare for a risk of rejection. Debbie used email as a strategy,

It was really scary, and E**** was the same way you know, we both just, I e-mailed her to let her know how I felt about her, (laughing) I didn't want to talk to her in person, I e-mailed her. OK so if I get rejected or something, something you know, she'll use her email right? You know, the big chicken...

Sense of self, the knowledge of oneself as one is in the world, impacts the way that women experience meeting *this woman*. For those with a better-developed ability to deal with negativity, the growing realization causes less

upheaval. Older women, who had lived at a time or in an environment with more controlling, patriarchal and/or fundamentalist expectations, found they had greater demands placed on them to behave in a socially prescribed heterosexual manner. However, facing and accepting their lesbian sexual orientation was less challenging as they had more life skills and strategies that provided them with the ability to better manage these difficult situations. Cameron (1997) described the overwhelming power of the social construction of gender to control and oppress women, suggesting that acknowledging a lesbian identity later in life is difficult because of the contradiction of societal expectations. However, in the present study, older women had more emotional and instrumental supports in place to act as a sounding board for their concerns about what was happening.

Those women who were well read and educated had an ability to contravene with greater ease the expectations of a patriarchal society. Younger women had fewer supports; more demands on their time, and were more vulnerable to the expectations of parents, church and friends.

The first sexual, erotic, and/or emotional intimacy evokes emotions describing key lesbian relationship ideals, for example the participants stated: 'finally feeling safe', 'feeling like my skin fits', 'finding where I belong', and 'being in the safest and most lovingest relationship'. Love, safety, comfort, and belonging are a few dimensions of an evolving inventory of relationship ideals that emerge as mid-life lesbians compare the previous uncertain fit of heterosexual relationships with the absolute fit of the lesbian relationship.

Some mid-life lesbians are able retrospectively to identify having had

'crushes' on girls as teenagers, understanding them to have been a passing phase in their adolescent emotional development. A growing sense of a lesbian sexual orientation may have occurred, although not until that first relationship with another woman does the word 'lesbian' surface in the context of her own reality. In contrast, when feelings of sexual, erotic, and emotional attraction towards women occur in adolescence, the times, events, and social understanding that being lesbian is considered deviant results in delaying the public affirmation of a lesbian identity. Armstrong (2003) suggested that socialization, heterosexism, and the fact that "girls are discouraged from seeing themselves as sexual beings at all and because it can be shameful to allow oneself to experience one's sexual feelings" (p.46) creates the difficulty for women in defining themselves in terms of a non-heterosexual identity. For some women the knowledge of self as lesbian did not occur until they met *that woman*. For these women having lived a heterosexual life felt as comfortable as being lesbian did at this point in their lives. These women seemed to embrace a sexual orientation that was fluid and changeable over time. Ingrid explained her feelings about having been married to a man and then falling in love with a woman.

But that transition uhm, extremely difficult. I never thought though, I mean I was married for a long time and uhm, you know, who knows what's normal, (laughing) I mean ups and downs and arounds and uhm, but I didn't dwell on that, in other words I didn't connect unhappiness in a marriage with uhm dealing with sexuality, and I still don't, and because maybe it is the passage of time, you know, certainly in my own marriage, who divides it up by, a lot of good times, a lot of happy memories, a lot of very positive experiences, very positive learnings, and having had children later in life and you know dealing with a lot of that at a time too when other things are happening in one's life anyway, just natural growth and development.

In the present study, 'passing' as a heterosexual until mid-life was one way of preventing the potential difficulties that could arise from being lesbian in a predominantly heterosexual society. For example, despite her growing sense of self as lesbian, Holly understood the ramifications of being lesbian in the military, and chose not to disclose:

Well at the time, I could not, in nursing in the 60's I would never, especially in the navy. I was in the new service, NAME OF REGIMENT, gay men were being thrown out of the navy then for being homosexual, so I just carried on as if I was heterosexual, went out with men, danced at the dances, you know, I did all the things that the other girls did, and never had a partner, a female partner until I was 30.

Feeling a sense of belonging in this new relationship leads women to move forward embracing a lesbian sexual orientation rather than abandoning it and returning to or continuing with a heterosexual life.

Recognizing Something is Missing

Happening at the same time as the process of *...and then I met this woman is recognizing something is missing*; a process of coming to understand what has been missing in their lives. Having a beginning inventory of relationship ideals enables confirmation of the ways in which heterosexual relationships have not been fulfilling relationship needs. Relationship ideals act as a benchmark for comparing attainment of satisfaction in heterosexual and lesbian relationships. How they feel in relationship with a woman is glaringly different from the way heterosexual relationships have been experienced.

As a result of developing the inventory of relationship ideals, women begin to understand that being in relationship with another woman fits with their identity, needs, and values but at the same time has the potential to undermine

personal credibility. Finding authenticity at a core level produces feelings of fit and comfort for women. Participants in Whitman's (2000) study mentioned "the need to be honest with self and others...being 'true' to themselves and to be 'known' by others" (p. 13).

At this early stage in *facing scary love*, women can articulate only a few ideals that the lesbian relationship fulfills and heterosexual does not, but over time as they compare and contrast their experiences this inventory grows. At this point lesbian relationships fulfill their ideals for safety, comfort, and belonging. Similarly, Rosenbluth (1997) found that lesbians described "potential for emotional fulfillment and intimacy, greater equality, sense of self-worth, integrity, and/or personal power" (p. 506) as key indicators for relationship satisfaction. The knowledge of, and the ability to identify, the growing inventory of relationship ideals is key to recognizing that being in a lesbian relationship fits better than previous heterosexual relationships. When women have a history of abusive, violent, oppressive, and/or dysfunctional relationships with men, the contrast with the comfort and belonging of the lesbian partnership is even more evident. Ellen, who had survived several years of sexual abuse by her father, described her feelings about being in a relationship with a woman.

At first it was overwhelming, because I thought I am not alone anymore, I have this person, but at the same time I never really got the chance to be alone, ...where you begin to realize that this person, you know, she is going to let you be yourself, that you can tell her things and I don't have to lie to her about things, you know, so for me that was the high point of the whole coming-out thing was just the realization of being given a chance of a relationship, that kind of relationship that I want, might not come around again, so you know, you have to do something right now with it.

Making Sense

Making Sense is a process of beginning to understand all the ramifications of accepting lesbian as a facet of self that includes the threat to personal credibility and the dawning of potential threat to women's public credibility. During this process women experience a number of emotional awakenings to the challenges that this new-found love brings. Growing acknowledgement of the discrimination to be faced when *confronting the taken-for-granted* informs their behavior and the knowledge that significant changes in their lives are looming. Debbie experienced much internal conflict, "I started thinking, Gosh, I am like one of THEM and people are going to hate me". Francis also experienced a very clear sense of what she felt she would be losing by coming-out.

I knew that the social loss was going to be tremendous because I had spent all of my time coming to terms with all the things that I had lost as a result of the abuse (sexual abuse from earliest memories until early adolescence), so I..., I... , unlike most people I had a measure of how much loss there is, in your emotional relationships, your physical relationships, your..., your..., health and your lifestyle.

In realizing that their lives are now changing dramatically, women experience significant turmoil. What they had envisioned for themselves and the lives of their family is no longer relevant. Further to this are the changes in the knowledge of who they are, that results in a loss of personal credibility. Kus (1985) found that in the first stage of coming-out labeled 'identification' "the gay undergoes a radical identity ("Who am I?") transformation" (p. 182). Women in this study described a loss of credibility due to loss of an understanding or recognition of themselves within the turmoil created by the shifting identity. A new understanding of self as lesbian is being discovered. Similarly, Saddul

(1996) found that confusion, guilt, ambivalence, and turmoil were common feelings experienced in the initial identification phase of coming-out. Despite the excitement and thrill of the changes, women nonetheless experience negative emotions that escalate the magnitude of their loss of personal credibility. Julie described a time of great pain and emotional turmoil.

This time in my life was very challenging. I was working 60-hour weeks in a demanding job. I was very attracted to lesbians, but I was convinced that I was a pervert for thinking like that. I had such feelings of worthlessness, and that I was 'bad', that I began to self medicate those feelings away.

Opinions about the gay community, most of which are homonegative in nature, have been heard in the discussions in media, amongst acquaintances, and in their families. This bombardment of negativity highlights for women that the transition may not be easy. Ingrid found it difficult to make progress until she was able to come to some understanding of her sexuality.

...it also you know, of course has a lot to do with re-carving your identity, your sense of yourself, and that was a tremendous locating, naming, what that piece was and it was the piece of the explanation, it was the piece of the understanding and until I got that piece I seemed to be kind of climbing halfway up the hill and sliding back down. But once I located that piece, you know, with some help, uhm, it was GET to the top of the hill and that was it.

Gonsiorek (1995) suggested that children quickly pick up what is considered acceptable and what is not, "children may not understand the sexual nature or precise meaning of their differentness, but they soon learn it is negatively regarded" (p.32). In an effort to reconcile the recognition of having a lesbian identity with the internalization of negative messages overheard since early childhood, women experienced a complex turmoil within themselves referred to as internalized homophobia.

By this point, I had realized that the previous 25 years of being attracted to women, but being unable to act on it, because I thought I was a pervert, and 'bad', was really my internalized homophobia.

Much of the internalized homophobia is fueled by feelings of guilt and shame.

Ingrid described the source of her struggle with coming-out.

...missing pieces for me was not why was I having such a struggle dealing with having fallen in love with a woman, but why was this so complex, and why was it so difficult to deal with. And uhm, the answer really was shame.

Eliason (1996) in her discussion of lesbian and gay family issues supported this finding, and further elaborated that internalized homophobia enables and initiates feelings of shame and guilt. Further, Jacoby (1996) explained the overlap between shame and guilt. "Shame results from the manner in which my entire being or self is valued – or, more precisely, devalued – not only by others but by myself" (p.2).

A major focus of *making sense* for women with children is sorting out how this change will affect their children and the mother-child relationship. Those with younger children recognized the need to proceed with caution because of the potential impact of their actions on the lives of their children. Anne took time to contemplate and then used caution in coming-out, "before I ever did that I knew, that it would be, it had to be the right thing. I had to be sure of what I was doing, because I knew what I was sentencing them (her children) to go through."

Women in this study hoped that children would simply accept Mom as Mom, essentially unchanged as the basic mother-child relationship values continued to be met.

Despite the recognition of risks, there is an overwhelming comprehension that forward is the only direction to go, as illustrated by Ellen's words, "...no I can't go back, I have to keep going forward, no matter how hard it is going to be I have to keep going forward with it." Anne also explained.

I said to myself, I am a lesbian, and I said I was comfortable with it. And that influenced my decision to come-out because I was, once I came to the realization I was very comfortable with it, I never doubted it for a moment, but I would, I would survive whatever storm happened you know, to get to the other side of it.

Prior to coming-out to others Betty needed to further explore the concept of being lesbian, to be completely sure about it. Experiencing happiness unlike any she had previously enjoyed confirmed her feelings, brought comfort, and decreased the magnitude of loss of personal credibility. Betty explained,

But I did end up confirming it in the long run, yeah, so I'm not looking back, No, I am much happier...I am where I am supposed to be now... Going back to living in a heterosexual context is not an option.

Help at this stage comes in the form of their own previously understood abilities to manage stress and change. Women look to what is known and familiar. Only being out to herself and to one other person, this process tends to be predominantly internal. Coming-out to others occurs following the development of a personal comfort level in being lesbian at mid-life within a dominantly heterosexual society. Gwen told of her coming to terms with her shifting sexuality and what it meant to her.

Just realizing that this is who I am takes a lot of courage because even if you don't formally come-out into a relationship the minute you begin to say 'well this is how I experience my sexuality' you know, you begin to distance yourself from who you were in the past, you are leaving your past behind and you know you can't go back.

Making sense of how this will impact their lives takes substantial energy, elicits a number of questions, and results in feelings of fear, confusion, and apprehension about what the future holds. Loss of personal credibility creates the imbalance that threatens women's mental health through questioning their knowledge of self and ability to make sound judgments. For some, the struggle to maintain a degree of mental health leads them to seek professional help, a strategy to decrease the amount of fear and confusion in their lives. Bringaze and White (2001) identified that two of the top three valuable resources during the coming-out process in the identity development of national lesbian leaders and role models were seeking counseling and resources such as self-help readings, meditations, and self-study. Simply *making sense* of what was happening in their lives for the women in this study was a paramount concern, leading them to seek additional help from information in books, on the Internet, and from their partners.

Understanding that the known life is unraveling is compounded by the fact that women have no language to describe being lesbian. Not being equipped with language as a tool is an obstacle to *making sense* of the shift in identity. Edwards (2000), conducted an oral descriptive historical inquiry of women's transitions to lesbian at mid-life. Language and the times in which women grew up were identified as reasons for the delay in coming-out; in the words of one of her participants "We had no language. We knew no other option" (p. 122). Betty explained her experiences as a teenager,

But I didn't know, I really didn't know, I remember when I was a teenager thinking "oh this is a secret and I can't tell anyone ever", but I didn't know what it was, this secret, just that I had crushes on girls.

The learned and taken for granted knowledge that has helped women frame their heterosexual life is no longer helpful in *making sense* of this new lesbian life. In this first stage of being lesbian, support from role models is not easy to find or is seemingly non-existent because of a lack of knowledge of how to identify them. Having come-out to only one other person, women must rely on their past experiences with their families to assess for potential support. Women who do not have family and/or social support close at hand are also at a disadvantage. In the situation where both women are coming-out to each other for the first time, there is no perceived expert and the challenges are compounded by the lack of experience in managing the reactions of the world at large. Women's feelings of isolation, loss of personal credibility, and need for self-protection are greater than those who had supports. Similarly, Gramling et al. (2000) identified the powerful role of family as support for the development of self-image.

In this study, a condition that caused variation in the way over half of women experienced *facing scary love* was the potential for encountering a change in health status following the crisis of coming-out at mid-life. For some women the crisis of coming-out at mid-life caused new health concerns, others experienced exacerbations of chronic health issues and a few dealt with short-term illnesses. Gwen reflected about being sick a month after meeting her first partner.

I was sick for all of the month of January, I actually got sick because it was such a shift in my..., and I hadn't done anything or said anything, I didn't even know what was going to happen, but I knew how I felt..., so I got a flu of some kind and stayed sick for about 2 ½ weeks.

Stress is a mediator for changes in health due to the physiological action of the stress response on the immune system, thereby making people who experience stress more susceptible to illness (Sandford, Hawley, & Pincus, 1998). Similarly, Bernhard and Applegate (1999) stated, "stress has physical and emotional manifestations that have consequences for health" (p.336).

Consequences of Facing Scary Love

Losing personal credibility. A consequence of *facing scary love* is loss of knowledge of self. Losing a sense of themselves and not having a clear understanding of who they are is one of the most significant factors that lead to loss of personal credibility. Not being in control creates a sense of chaos in their lives. The detrimental effect of losing personal credibility is lessened by the internal certainty of discovering their lesbian identity.

Once I had made love with this woman, my best friend, it was like a homecoming. It was like a part of me had been missing all my life and I was now whole. It was as if I was now complete and could die happy. I was able to say to myself that really and truly I was a lesbian. LESBIAN! Hooray. It had taken me 25 years to get to this point. Now that I was here, there was no going back. (Julie)

What was known is no longer and the foundation upon which they had built their lives has at the very least shifted and possibly even crumbled. As

Gwen described,

...and then I started all of a sudden, my thought process started to shift, and sort of started to feel attracted, you know, anyway by the month of December I realized that I was really attracted to her and thought 'now what am I going to do'. Well, it knocked the ground from underneath of me.

Based on the few experiences of *enduring perpetual outing* and their own knowledge of negative attitudes toward being gay, women are apprehensive that revealing this new persona may impact negatively on their public credibility with children, family, immediate circle of friends, co-workers, social contacts, and those with whom they interact on a daily basis. Women have a clear understanding that despite the chaos created by this revelation they have found a sense of fit so true to their core values that there is no choice but to reveal this new facet of self in order to lead an authentic life. Many coming-out models stress the importance of disclosure to the achievement of a healthy identity (Cass, 1984; Kitzinger & Wilkinson, 1995; Kus, 1985), however, MacCarn and Fassinger (1996) suggested that because of potential discrimination and negative social views disclosure might not be as related to healthy identity as once thought.

No going back. In addition, for most mid-life women this new state of chaos is blatantly juxtaposed to the life they knew. Most of the women have worked hard to achieve and maintain a sense of order in their lives as heterosexuals. The creation of this sense of order supports both their personal and public credibility. The effort to find peace and return to a sense of normalcy and equilibrium is reason enough for women to move to the next stage. The joy and comfort in discovering a life that feels authentic exists in contrast with the constant barrage of messages that are demeaning of gay and lesbian identity and threatening of personal credibility. In an effort to decrease the chaos in their life seizing the opportunity to live an authentic life is another reason for

movement forward. The effort required in maintaining a heterosexual façade while hiding the lesbian is prohibitive and counterproductive. As Ingrid stated,

There was no burying it, absolutely, but that was, who knows, that is part of my character anyway, I mean I could not live in this kind of identity conflict, uhm, I mean I don't know how anybody could.

Finally, all women, regardless of background, present life situation, with or without children expressed the knowledge of moving forward into a lesbian existence as the only option. Despite knowing that in being lesbian there is much identified as being threatening to social status and credibility, in accepting self as lesbian, women find personal affirmation through feelings of authenticity in self. *Facing scary love* is the catalyst that results in changes to the life structure of mid-life lesbians. Wolfe et al. (1990), in their research of transitions at mid-life found that changes to the life structure, "the underlying pattern or design of a person's life at any given time" (p. 958), becomes a catalyst for further changes and will result in a "new dynamic equilibrium" (p.970).

Seeking re-establishment of personal credibility while accepting a lesbian identity and thriving within the authenticity in relationship, both with self and with another woman are the goals and the motivation for moving from *facing scary love* to *finding me*.

Finding Me

Finding me, the second stage of *confronting the taken-for-granted*, is a process of rediscovering personal credibility within a shifting identity while at the same time losing public credibility. In this stage, an increasing number of experiences with *enduring perpetual outing* begins to illuminate and confirm loss

of credibility. Loss of both personal and public credibility created by the interactions women have while *enduring perpetual outing* impacted their understanding of self, as mothers, friends, siblings, daughters, members of a religious community, and as employees. The growing loss of public credibility is compounded by the previous loss of personal credibility experienced in *facing scary love*. A paradox is created in this stage when personal credibility lost in the first stage is found and public credibility is threatened by the commitment to a more public disclosure.

Finding me is the bridge between *facing scary love* and *settling in*. This stage represents the transition from heterosexual to lesbian through a transformation of self. During the transition, a growing number of interactions with others in *enduring perpetual outing* shape the way women see themselves in the world. Like waves radiating out from a stone dropped in water, each consecutive disclosure informs growth and/or evolution in the woman. Wolfe et al. (1990) found that in any transition at mid-life, growth is fostered by a "sense of self-in-the-world" (p. 967).

For the women in the present study experiences of *enduring perpetual outing* are at first rife with uncertainty, in part due to the paucity of disclosing experiences and therefore a novice ability to *gauge*. Knowledge is gained and growth experienced creating an ability to manage future disclosures with greater confidence. The three sub-processes within *finding me* are: *seeking affirmation*, *becoming selfish*, and *doing what's in front of me*.

Seeking Affirmation

Seeking affirmation is the crucial work of cautiously and purposefully disclosing to those around them. Each disclosure has positive and/or negative consequences that cumulatively inform the developing sense of self as lesbian. The process of *seeking affirmation* informs women's knowledge of themselves and of society and its expectations. Fortunately, *enduring perpetual outings* that evoke positive responses normalize being lesbian. Additionally, *seeking affirmation* informs others about what it means to be lesbian. Cass (1984) found that women exploring their sexuality experienced this stage as a turning point, either accepting a lesbian identity (as positive or negative), or discarding the possibility, halting further progress of coming-out.

Beginning with themselves and their first partner while still in *facing scary love*, the subsequent order in which women in this study disclosed to others was commonly to children (if applicable), family, social contacts, and cultural or faith-based contacts. The process of *seeking affirmation* is slow and tedious at times, because of a vigilant need to *gauge* and *brace* within *enduring perpetual outing*. Similarly, Whitman et al. (2000) found that when decisions about disclosure are being made "the relationship between information control and concern about being identified as lesbian is crucial to consider" (p. 4). As with the women in this study, Whitman et al. found that this balance between concern and being identified as lesbian changes over the life span of the lesbian as she becomes both more comfortable with herself and more competent in managing *enduring perpetual outing*.

Choosing when, and to whom, to disclose helps women control the amount of toxic information they receive and provides time for digestion of this information. Skills for such purposeful outing take time, support, and experience to hone. Finding balance between their need to be authentic to self and others by *seeking affirmation* and their capacity to deal with loss can be challenging.

For the women in this study the personal and the public are 'intertwined' in a pendular action as they progress along the continuum. Being lesbian fits without question. The challenges arise when women consider how they will be lesbian in their heterosexist and potentially homophobic community. Knowing the degree of threat to personal credibility in *making sense*, women now begin to see how *seeking affirmation* will also impact on public credibility. The development of their lesbian identity occurs in both a personal/intimate and the public/social sphere. Edwards (2000) suggested "knowledge of self and of the world are intertwined with public and private space" (p. 138).

Anxiety is greater when disclosing to people who hold a position of personal importance: children, family, and friends. Gramling et al. (2000) supported the findings that coming-out to family is a difficult task because of the potential disruption of family relationships. In the process of *making sense*, women had struggled with the potential ramifications of coming-out to children on the mother-child relationship. In *seeking affirmation* Gwen, whose children were older, stated, "You know I had thought, boy am I going to shake them up with this, they might not talk to me again." Additionally, public credibility was threatened when people demonstrated their lack of support by verbalizing doubt

about a woman's ability to parent effectively, calling into question her capacity to fulfill important roles.

The ages of the children at the time of coming-out influence the amount of concern and protectiveness displayed by women. Those with the youngest children, ranging from three to nine years old were most concerned about the effect that coming-out would have on their children's lives. They wondered if these children would face derision or isolation in social situations. Lynch and Murray (2000) identified that the greatest concerns and decision-making factor for parents' coming-out to children was children's age, concerns about homonegative attitudes, fear of rejection, and custody or other legal issues. A child being removed from custody was not a threat for the women in this study. In contrast to previous decades, the extensive litigation revolving around equality rights in general and gay and lesbian rights in particular, leading to the current litigation focusing on the legalization of same-sex marriage has reduced this threat by conveying a normalization of being gay. Anne elaborated on an attempt to use her children as a way of discrediting her parenting ability as a lesbian,

So when I came out to her (best friend) and he, her husband, when he found out wanted to call child welfare and see if they could do anything about removing my children from my home. It was not a fit environment for them.

Mothers of children ranging in age from 10 to 15 discussed a need to fortify their children's ability to manage negativity from others, and their own potentially negative responses. In *seeking affirmation* a strategy used by these women was to 'soften the blow' of the news by talking about being gay in generalities prior to coming-out to them. In "The National Lesbian Family Study",

Gartrell, Banks, Reed, Hamilton, Rodas, and Deck (2000) also found that women were concerned about the impact of discrimination on their children. Gartrell et al. stated that in anticipation of this concern lesbian mothers worked to prepare their children by having discussions of different kinds of families and appreciation of diversity. Women in this study felt that having these discussions gave their children time to think about what being gay meant and provided an opportunity for them to ask questions. Similarly, van Dam (2004) found that 94% of lesbian mothers helped their children understand differences; confront negativity, harassment and teasing; and provided suggestions for ways to disclose their lesbian family make-up.

In the present study, women with adult children at the time of coming-out were concerned about the impact this might have on the integrity of the mother-child relationship. Women wondered if the same negative messages that caused them internal conflict would influence their children. The irony was that although coming-out to adult children took great courage because of the risk of rejection, in this study it resulted in overwhelming support, as Gwen explained.

I thought about that for a week, so yup, I said, that is what you have to do. So I called my three kids and uhm, that was in May after it turned out that I called my son on Mother's Day. But my children were great with this, they were all great. It felt like it was the biggest gift that I had ever been given to have such a uhm, an acceptance from the kids.

'Softening the blow', a novice attempt at *gauging*, was also a strategy used in *enduring perpetual outing* to other members of the women's family and friends, allowing them to assess how some people felt about being gay in general. This strategy allowed women time to determine the best way of *bracing*.

The decision to *seek affirmation* from family members and friends was often not whether to disclose, but when and how. A greater blow to both public and personal credibility is the negative reactions of siblings and other family members when *enduring perpetual outing* is not celebrated but instead is a source of confusion for siblings. Francis experienced a loss of public credibility as a member of her immediate family while her extended family provided her with the support needed to regain personal credibility.

Well I have a large extended family who I am probably closer to than my family of origin, and my extended family said, 'well that makes perfect sense' and my family of origin said 'OH YUCK, I don't know how I am going to wear this on my skin, you know because it impacted them!

Amazingly, despite their increasing awareness that *enduring perpetual outing* is risky based on previous negative responses, women find the drive to be authentic with self, originating in *making sense*, continues to tip the balance in favor of coming-out during *seeking affirmation*.

Seeking affirmation also occurred with other lesbians within the community and served to expose them to women whose lives, as lesbians were perceived to be positive. Women learn about the myths perpetuated by or contained within homonegative attitudes during their childhood years, and it is not until they themselves start the process of accepting their lesbian identity that they realize they have not had the life experiences with which to validate or negate them (Edwards, 2000). In meeting other lesbians, women face the task of "deconstructing these myths, and then can begin to see themselves within their new conceptualizations of self, identity, and life-style" (p.140). These positive interactions with other lesbians are instrumental in supporting the re-

establishment of women's personal credibility. Likewise, Bailey et al. (2000) stated from their participant data of lesbian and bisexual women's healthcare experiences in Atlantic Canada that "notably, the issue of (LGBT) community was raised in the very first interview as a key factor in both the affirmation of identity and as a vehicle for sustaining well being" (p. 8).

In *making sense* women learn enough language to enable naming themselves as lesbians. In *seeking affirmation* the acquisition of language common to lesbian culture now fosters the ability to work through many of the issues and to *seek affirmation* from the world at large. Language in *seeking affirmation* is vital to helping women meet and talk to other lesbians about being lesbian. Language is one tool that is important in being able to decipher messages, sort them out, and build a stronger personal credibility. Betty said, "...and like I asked how do you know that somebody is gay, like I asked her all the questions, right? And is there like a code?" While having the language can empower and emancipate women in their journey, acquisition occurs at a pace set by the women. Gradual acquisition of language common to lesbian culture allows women to manage the integration of information in such a way that is harmonious with their ability to cope. Ingrid elaborated,

I didn't have the vocabulary around it. I couldn't name it then, and that was a very positive thing, you know in hindsight, it was very positive because what that did it, it kind of contained my experience as being something very personal that I was dealing with and somewhat isolated it from the broader context and that seemed to uhm, be good, for me.

For some, *seeking affirmation* involves purposefully seeking counseling with mental health professionals as they struggle to regain their personal

credibility while dealing with the loss of public credibility. In contrast to seeking help in *making sense* women now needed renewed affirmation of their lesbian identity. More importantly, they needed to be sure that the right thing to do was to proceed with *confronting the taken-for-granted* rather than staying in their heterosexual lives. Bernhard and Applegate (1998) supported these findings in a study of comparison between lesbian and heterosexual women's stress management strategies noting that lesbians seek counseling or therapy more frequently than heterosexual women. In the present study age influenced the likelihood of seeking professional help in that only younger women went to counselors and for them, it was seen as a source of support and affirmation, enabling the re-establishment of their personal credibility. Older women chose to find support from their partners and family as a sounding board for their concerns.

The extent to which women *seek affirmation* is dependent upon the volume of *enduring perpetual outings* that are negative, the amount of support available to them, and the extent to which they experience stigmatization associated with being lesbian. While Joachim and Acorn (2000) examined the connection between stigma, normalization, and chronic health problems, the similarity to women with a lesbian identity is noteworthy. Joachim and Acorn stated that people with non-visible illness such as well-controlled epilepsy may not be visually distinguishable from others but are very aware of "being discreditable but not yet discredited" (p. 352). Joachim and Acorn suggested that the 'discreditable' person must then make a decision about revealing the chronic

illness. Similarly, the women in this study who, as lesbians are indistinguishable from other women, experienced stigmatization and negative responses when *enduring perpetual outing*, and who lacked support systems to counter the negativity, tended to keep their sexual orientation hidden from others. In an effort to sustain their newly developed personal credibility, some women in this study identified and acknowledged the jeopardizing effects of *enduring perpetual outing* and chose to delay further *seeking affirmation*.

Women with careers tended to be in positions of greater authority and had established respect from others, found they were better able to maintain their public credibility. Many women found that their public credibility was more easily threatened by co-workers when their employment was of a lower calibre. Markowe (1996) identified that coming-out at work was similar to the stress of coming-out to family. She found that in coming-out at work, the “types of job and work environment are pertinent” (p. 7). Anne’s public and personal credibility in her job was undermined when she was told to disregard the derogatory comments of a male co-worker.

He said, he is one of the good old boys, he said., ‘don’t never mind NAME, he’s an asshole, just let him be an asshole and leave him alone!’ I was... that was all the support I got from that end.

Further compounding the assault to public credibility is the erosion of relationships with community organizations whose supportiveness was conditional on their heterosexual identity. Similarly, Edwards (2000) and Wolfe (1997) found that participants had to give up previous affiliations either because they were asked to or because they no longer felt comfortable within these

relationships. In the present study, women sought lesbian community organizations in order to find other women of like mind who would understand their experiences of *confronting the taken-for-granted*. Many women faced a double blow to both their personal and public credibility in that neither their employment situation nor their relationships with community organizations provided them with support.

Finally, both personal and public credibility was threatened when *seeking affirmation* within the healthcare community. When women are denied the right to register as their partner's next-of-kin, or be acknowledged as lesbian by a healthcare provider they experience the invisibility that signals the loss of public credibility. Carol explained how her relationship with her family physician was a source of loss of both personal and public credibility.

...she thought of me as being a single parent and that all come together when I was in university and I think that by that time I was on NAME's health plan... she (Doctor) was wanting to give me samples and I said to her 'look I've got coverage, you know, NAME and I are together' and I told her different times... you know when you finally get it through, you know when they've got it because they start doing things different, like for the next few years she didn't bother doing a breast examination.

Supporting the findings in this study, McNair (2003) found that lesbians wanting to disclose their orientation are "often silenced by the assumption that they are heterosexual" (p. 643). Moreover, Brotman, Ryan, Jalbert, and Rowe, (2002) noted in their discussion of the impact of coming-out on health and healthcare that "homophobia and heterosexism, in fact, are the most common forms of discrimination in the health care system" (p. 7).

Consequences of Seeking Affirmation

Seeking affirmation is the process that results in both the greatest joys with acceptance and their strengthening personal credibility, and the most acute losses with rejection and the loss of public credibility.

Regaining personal credibility. While personal credibility is re-established through *seeking affirmation*, it is not a simple linear process. Rather, sequentially *enduring perpetual outing* resulting in a barrage of both positive and negative reactions affects both personal and public credibility. Re-establishing personal credibility, similar to the coming-out process, is cyclical and iterative, encompassing the waxing and waning of both personal and public credibility and continues in the process of *becoming selfish* and *doing what's in front of me*. Likewise, Yoshida (1993) presented the concept of a 'pendular construction of identity', emphasizing the back and forth movement experienced when re-establishing a new or shifted identity.

Seeking affirmation engendered reactions that were both positive and negative. Women understand, from their knowledge and awareness of homonegative attitudes, that the potential for loss and the ability to 'blow everyone away' is a distinct and likely outcome of disclosure. Feeding their need to continue to *seek affirmation* is the recognition of personal growth as illustrated by a variety of positive descriptors: 'coming alive', feeling like 'a chrysanthemum opening up', 'parents seeing that the struggle to be alive in the heterosexual world is gone'. Women are able to bolster their personal credibility by feeling authentic, being free of secrets and true to themselves. Saddul (1996) noted that

the process of coming-out, regardless of whether the reactions are negative or positive, fosters the development of a positive self-image and identity. In the present study positive reactions to *enduring perpetual outing* enabled an understanding that being lesbian could feel legitimate and evoked a growing confidence in women's personal credibility. Similarly, Whitman et al. (2000) found that women in later stages of coming-out felt that being out contributed to their need to be honest with self and others and in turn supported their self-esteem and feelings of self-worth.

Losing public credibility. A consequence of *seeking affirmation* is an intensifying loss of public credibility occurring alongside repeated episodes of *enduring perpetual outing* further emphasizing the potential for loss of personal credibility. Edwards (2000) and Markowe (1996) found that personal and public identities are inextricably linked with one another thereby confirming the pendular action of losing and regaining both personal and public credibility as discovered in the present study.

Women encounter situations that result in undermining both personal and public credibility. Public credibility is lost when they realize that they have been made to feel invisible by no longer being seen as the same person that they were prior to coming-out. Whitman et al. (2000) postulated that invisibility is often created by the notion of the assumption of heterosexuality. "This results in not only an invisibility of one's sexual identity, but in a misclassification of it as well, leaving a lesbian with the need to control information about herself in order to either maintain or to dispel the myth of heterosexuality" (p. 4).

Another way that women are made to feel invisible is when some people react to disclosure by now seeing them only as lesbian and not as the multi-faceted persons they are. People who did not know other lesbians were uncomfortable and so ignored the lesbian facet and focused only on the person as a woman. Their identity and their need to be seen as living within a lesbian paradigm are collapsed into being treated as the gross generalization of 'woman'. Saari (2001) asserted that the action of imposing heterosexism on lesbians is more damaging and insidious to women's self-concept than physical blows may be. As a result of such reactions when *enduring perpetual outing*, women begin to develop a better understanding of who they are as mid-life lesbians.

The extent to which women choose to disclose through *seeking affirmation* also has consequences. Protecting one's lesbian identity was not without disadvantages. Decreasing the barrage of negativity by being judicious about who to come out to, resulted in women being able to protect their public credibility. However, this strategy limited the number of positive affirmations that could support the re-establishment of personal credibility. Controlling *enduring perpetual outing* deepened isolation from the larger community, further compounding not only their inability to seek but also achieve affirmation.

Some women felt that the risks of loss and rejection were so great that they outweighed the possible benefits of affirming their identity and re-building their personal credibility. Keeping their identity hidden, except in situations where they were certain they were safe, was a strategy used. Taylor (1999) discussed this behaviour as "retreatism or withdrawal" used when coming-out is

experienced as a solely negative experience. Some women fluctuated between being openly out and being more circumspect. For these women, the purpose of their fluctuating behavior was not to stay safe but to conserve energy drained by continually *enduring perpetual outing*. While Corrigan and Matthews (2003) identified the costs associated with disclosure as social avoidance, disapproval, and physical harm, the benefits of coming-out of the closet were improved psychological well being, increased self esteem, decreased distress, ability to facilitate interpersonal relations, greater support from families, and improved job satisfaction.

Finally, during *seeking affirmation* women begin to recognize the effects of being marginalized on their ability to regain both personal and public credibility. *Seeking affirmation* results in a dichotomy of events. Positive reactions to *enduring perpetual outing* legitimize and normalize being lesbian in an overwhelming heterosexual world, leading to the rebuilding and strengthening of a woman's personal credibility. Negative reactions enable the crumbling of the public credibility they enjoyed as heterosexual women. Unfortunately losing public credibility has the ability to once again make women question their personal credibility. Gladly, women feel affirmed by the authenticity of having at least some key people (family, friends, children, family of choice) accept them as lesbian allowing for the re-establishment of their personal credibility.

A key strategy in sustaining personal credibility is maintaining control over *enduring perpetual outing* at a time when their knowledge of who they are in the world is changing dramatically. Because personal credibility is still so fragile,

maintaining control is the best strategy used in sustaining credibility and is achieved in the processes of *becoming selfish* and *doing what's in front of me*.

Becoming Selfish

Becoming selfish is a process in which women in the middle of the coming-out process identify their need to care, nurture, and turn their attention to themselves. Participant women described this process in a number of ways from "taking the time" and "nurturing myself" to "sparing some attention for me".

Becoming selfish was the term used most frequently, best capturing the need to consciously care for themselves. For some women naming it *becoming selfish* was important and used as defiant affirmation. Debbie listed the reasons for her need to become selfish.

You know I had, I was a wife, then I was a mom, and then I was a student, and then all of a sudden my kids were out of the house, only thing was it was only temporarily and I could start finding ME, you know ME going back to school was for ME, I became selfish for ME, whether my kids understood it or not, I really didn't care at that point! So I think I was, I was trying to find me, and in the process I found me, and I am still trying to understand that, a lot of soul searching, a lot of trying to understand, I don't think I'll ever fully understand (laughing)!!

As a process, *becoming selfish* is interesting in how it is used by women at mid-life to counter the gender specific, cultural influences of their previous lives. For the better part of their adult lives women have engaged in socially constructed gender defined roles that are designed to support others: children, spouses, siblings, friends, employers, and community. Hoffman and Mitchell (1998) in their investigation of the historical perspective of caring found that women have been self-sacrificing in the caring they have provided; to the point of denying themselves care. In the process of losing self, and having their credibility

threatened, women identify a need for self-care and develop an ability to turn their attention away from others and onto themselves. "I think that somewhere along the line I just became a lot more selfish about things. It is more about me, and what I want, than it was before..." (Ellen). Thus, women do things that may not be perceived as being 'in character', may not be expected of them, or may not be acceptable according to someone else's rules. *Becoming selfish* helps them to focus some attention on themselves to facilitate their re-establishment of personal credibility and assimilation of lesbian sense of self. Making choices as adults, with a shifting allegiance from parents and family to self "suggests an increasing level of personal development and maturity in the women" (Edwards, 2000, p. 137). As one of Edwards' participants said, "now it is my turn" (p. 137).

Giving herself permission to revisit earlier teachings Francis said,

I think that a lot of it is gender stereotyping and not knowing how to be other than the gender stereotyped role...so even though we develop a different insight as we mature, we have to undo the learning of the early socialization, so that we can socialize, or begin to socialize in a way that is complimentary to the who we are, as opposed to in opposition.

Becoming selfish manifested itself in a number of ways, but generally the intent was to give themselves things they had denied themselves in the past. Women without children and not presently in a relationship did not have the responsibility of people dependant upon them and so had the freedom to make major changes in their lives during and following *confronting the taken-for-granted*. While one woman changed jobs despite being very comfortable with co-workers to whom she had recently disclosed another made the decision to

commence a course of university study in a program known for respecting diversity.

Johnston and Jenkins (2004) also found that both men and women coming-out at mid-life who changed jobs did so because they saw it as a move towards a non-judgmental and more affirming environment than the one in which they presently worked. Women without children, who were in a relationship with a woman with children, did what they could to support their partner's efforts to maintain stability within the household and find time for themselves.

Life circumstances and the decade in which women lived also inhibits their ability to stop and be selfish until a crisis like becoming lesbian forces them to take the time to care for self. In the forward of her dissertation, Edwards (2000) described her own observation of the societal expectations of girls and how the societal expectations were so pervasive as to leave few other choices.

There is no question in my mind that I am a woman of my time and that that time is the last half of the twentieth century. Born during the last 'great and noble' war, a cutting edge baby boomer, I grew up knowing that I was a girl and that expectations for girls and boys were different. Raised with three male cousins, there was no question in my mind who had the most fun in the contest between boys and girls.

Women also wanted to get out from under the heterosexist expectations being placed on them by their community and society at large. Anne explained,

Because you are what you are and you remain what you were, and they never let you forget that fact. They never let you be different, that you have got to be what it was that they expected you to be. And that is very much the way that I felt, so coming to CITY was like a whole new start for me. A chance to find more, different supports different social circle, and it was to me, was just the best thing to do at the time.

Being held captive by those expectations and having no time for self,

Carol elaborated,

I was going around seeing the world through rose-colored glasses. I wasn't looking at all of the stuff, issues about myself and my sexuality, and just kept pushing that away, to busy, to poor, to all of those things and not the time and energy to look at myself, until...

Heterosexual gender stereotyping and conditioning can make it difficult for women to turn their focus away from others and onto themselves. Doing so allows for time to reflect on the changes occurring in their lives, and is important to rebuilding their personal credibility. Exercising control over their lives, as in *doing what's in front of me*, also provides them with the opportunity to focus attention on themselves while maintaining some focus on people and situations that are important to them.

Doing What's in Front of Me

Concomitant with *seeking affirmation* and *becoming selfish* women engage in a process of *doing what's in front of me* in order to maintain a sense of control and stability in their lives. Women maintain routines, continue in important roles previously established, and remain in their jobs. *Doing what's in front of me* is one way of managing stressful situations as identified by Folkman (1984) in her theoretical analysis of personal control, stress and coping processes. The actions of *doing what's in front of me* are critical to holding onto the known. What is known is familiar and what is familiar offers a sense of safety by offsetting the unfamiliar territory of *seeking affirmation*. Trying to maintain balance with the familiar is a strategy used by women to avoid a crisis situation at a time when their lives are forever changing. Anne attempted to maintain those activities that

gave her a sense of purpose and that supported both her personal and public credibility.

...when you come out late you have already established yourself, like I was a girl guide leader at that time and I was district manager for the girl guide team in my area, and I kept that up for as long as I could because I knew what I was doing there, and I could be a good leader for the girls.

Having a sense of safety and stability offers women the opportunity to cement their personal credibility. Remaining in an environment where most things are known and familiar provides them with the time to 'restructure' their lives in a lesbian context and ways of living in it. As with any crisis situation, the need to maintain the status quo in order to decrease the stress of living, and find the energy to deal with crisis is typical human behavior (Friedman, Bowden & Jones, 2003). *Doing what's in front of me* allows for energy to be re-directed at *seeking affirmation*, thus also building and sustaining personal credibility while becoming authentic.

Doing what's in front of me is also a process of demonstrating to the outside world that their values remain the same. Consequently, some measure of public credibility is maintained. Rather than coming apart, women's lives are simply being reshaped. Ingrid explained.

I think it is quite right that my whole life was not unraveled. There was an aspect of my life that was uhm, under surveillance, under question, and you know, finding ourselves. One tire is flat, uhm it is imperative that the other three are still rolling along, and that is kind of the image in my mind.

They are still mothers, still go to work or school, still buy groceries, still seek healthcare. The difference is that the kaleidoscope through which they view their lives is now that much richer having added a lesbian facet. *Doing what's in front*

of me allows women the time to focus their energy on the cementing of personal credibility, on the assessment of loss of public credibility, and on deciding the best strategies for *re-establishing self as credible*.

The extent to which *doing what's in front of me* allows women to confirm their personal credibility depends upon the quality of their support system. Having an exceptional support system in place that continues to support after disclosure allows for personal credibility to be threatened, but never lost. Echoing the findings in this study, Bringaze and White (2001) identified the supports important to lesbian transition. First, the gay/lesbian/bisexual community was a significant resource to women coming-out. Second, women identified that family played an important role in helping them through the coming-out process. Third, religion and spirituality were cited as helpful. Taylor (1999) also found that connection with the LGBT community played an important role in validating and normalizing being gay as a viable way of life and in the "social construction and fixing of identity" (p. 521). While the previous literature cited focuses on the importance of establishing relationships specifically with the LGBT community, Birkholtz and Blair (1999) found that coping and successful navigation of the transition is fostered by women's support networks in general. Family of origin, family of choice, and spirituality were key supports for the women in this study.

Consequences of Finding Me

The consequences of *finding me* are interrelated, and revolve around the development of skills to deal with *enduring perpetual outing*, regaining of

personal credibility, learning that in order to manage this transition successfully they must learn to take care of themselves, and recognizing the magnitude of their lost public credibility. Women also begin to understand that the caring and nurturing they have provided to others over their lives now must focus on themselves in order to successfully navigate the continuum of *confronting the taken-for-granted*. For most women, this is difficult because of the guilt they feel related to the disruption *confronting the taken-for-granted* has caused to the lives of their family and friends. The balance becomes identifying that *becoming selfish* is in fact not selfish at all as the end result is a happier and healthier version of their previous selves. Similarly, Johnston and Jenkins (2004) found that their participants also struggled with feelings of selfishness, and that overcoming these feelings, while difficult, was an important step to a healthy coming-out process.

Regaining personal credibility. Women come to regain personal credibility from the loss experienced during the chaotic sub-processes of *making sense* and *seeking affirmation*. Lesbians eventually accept the extent to which they have lost both the personal and public credibility enjoyed while living in a heterosexual context. Similarly, Lynch and Murray (2000) stated that recognizing and accepting the loss of heterosexual privilege was important to women's understanding the magnitude of the shift at mid-life, as well as the likely loss of status within the heterosexual community.

Personal credibility is regained through the interactions that women have with other members of the LGBT community. Socializing with other lesbians

conveys a sense of normalcy for a lesbian life. The overwhelmingly positive feelings expressed when finding fit in a lesbian context provide women with the assurance that being lesbian is the right thing to do and thereby bolsters their personal credibility. Ellen described her sense of finding fit: "Yeah, my life that I have now fits me a lot better than the one I had before. It is a lot more truthful than it was before." Francis described the sense of peace and fit when she came-out.

I would say safety and comfort are the number one... yeah, yeah, that there is a quietness that comes about you because we thrash around all day long trying to fit somewhere, and trying to be somebody else's model of something that when we actually have quiet, internal quiet it is the safest place on the planet, there isn't any other place to be.

In turning the focus of care on themselves during *becoming selfish* women again work towards a stronger sense of who they are and a stronger personal credibility. Finally, personal credibility is regained as women accomplish tasks in *doing what's in front of me* developing a sense of being able, and being able signifies to them that being lesbian is not the overwhelming odyssey that they first anticipated.

Losing public credibility. Loss of public credibility during *finding me* contributes to the recognition of the magnitude of their lost self and experiences of growing invisibility. Realizing what is needed in order to counter loss of credibility brings a mounting understanding of who they are, how they have become invisible, and a beginning comprehension of what will be needed to re-establish public credibility.

Needing to rise above becoming invisible in order to regain credibility

in mid-life is one of the reasons that women move along the continuum to *settling in*. Until this point, they have worked hard to maintain control over their lives, to direct it in such a way as to feel it fits with their expectations, hopes and dreams for their life. Once they begin to rebuild their personal credibility women are able to take stock of the situation and recognize the need to develop skills and strategies that enable *re-establishing self as credible*. Taylor (1999) also found that movement through the stages of coming-out “is motivated by the desire to establish congruence between the individual’s self-perception and the environment” (p. 521). Regaining personal credibility while starting the process of re-establishing public credibility are outcomes of *finding me* and is the point at which women move to *settling in*.

Settling In

Settling in, the final stage of the BSP of *confronting the taken-for-granted* is the public transformation of self. This process includes consolidating personal credibility, restoring public credibility, and accepting the legacy of *enduring perpetual outing*. In *settling in* women complete the journey of *confronting the taken-for-granted* in their transition from heterosexual to lesbian, culminating in public transformation. Transition suggests movement from one state to another (Chick and Meleis, 1986), while transformation is described by Paterson et al. (1999) as a “dynamic evolution” (p. 791) of responding to the challenge of a problem and finding new ways of coping with that problem. The sub-processes of *settling in* are, *re-establishing self as credible* and *taking the bitter with the sweet*.

Re-establishing Self as Credible

Re-establishing self as credible is the process of cementing personal credibility and restoring public image, lost during *finding me*. Prior to being able to focus on their public credibility, women learn that their personal credibility must be intact. Through the continued interactions of *enduring perpetual outing*, women refine skills and strategies acquired, eventually increasing the competence of *confronting the taken-for-granted*. Julie described the variation in reactions to her coming-out, alluding to the challenges she would face and the differing ways that both her personal and public credibility were threatened.

When I first came out publicly, it was at my place of work. This happened very quickly, within two weeks of my first lesbian sexual experience. I was still dealing with the ramifications of this, when it seemed the entire building of hundreds also found out I was lesbian. It was very uncomfortable at first I had co-workers (female) who came up to me and said they'd never met a lesbian before. This was in wide-eyed innocence and it was hard not to laugh at them. I had other female co-workers, who had been what I thought of as friends; suddenly completely stop talking to me. I also had other female co-workers become 'curious'. I did not encourage these women.

Clarity in understanding one's lesbian identity is in part due to the cementing of their personal credibility, and in turn enables the reclaiming of their public credibility. Personal and public credibility are once again intertwined as women come to realize their existence both privately and in a societal context. Galatzer-Levy and Cohler (2002) also identified the importance of the struggle to reconcile both the personal and public lesbian identity within a predominantly heterosexual culture. Ingrid explained retrospectively how the process of coming-out unfolded in terms of her identity.

Out of all the pain comes all of the growth. I consider myself very fortunate, it could have been awful given different times and circumstances, it could have been totally undoable, because I have had wonderful support systems and wonderful experiences. It is interesting how it fades, it was a puzzle of 5000 pieces and now it is a big puzzle with one piece, and I have had the time to unwind, unravel, and analyze.

Yoshida (1993) explained the concept of controlling the definition of self of 'stigmatized' individuals by negotiating "between individuals' social and personal identities" (p. 218). Women develop a comprehension of the interplay of working within the back and forth influence of both personal and public credibility.

Having a strong sense of self, and integrating the new facet of lesbian into mid-life lesbian consciousness fosters the ability to define and refine relationship ideals. Focus on equality is realized when scrutinizing the inventory of relationship ideals accumulated throughout the process of *confronting the taken-for-granted*, informed and expanded in *enduring perpetual outing*. Engaging with other women as equals in intimate relationships is found to fulfill needs that were not being met within heterosexual relationships. Similarly, Rosenbluth (1997) found that lesbians strive for high levels of relationship equality that include equal power, independence, and fair distribution of household chores. "Although equality is associated with intimacy for all women, lesbian couples report a particularly positive association between equality of power and relationship satisfaction" (p. 597). In this study women found that as a result of attaining relationship equality, they also gained public credibility within the lesbian community in their recognition of each other's equal value in the partnership. Understanding that relationship ideals are being met also creates a sense of

finding safety within relationship. Debbie suggested that along with safety, communication is an important relationship ideal.

The safety for me is the communication, that is it. It is not that she is going to leave me, that is not the type of safety that I mean, it is unconditional, the love, for the first time in my life is unconditional. It is the gentleness and the most loving feeling, caring, safety.

While women understand that equality within intimate relationships is paramount to success, they come to understand that this same equality can be sought within their social relationships. A strong component of women's ability to complete the journey of *confronting the taken-for-granted* is their identifying that as women and in particular as lesbians, they too have rights to equality. The inventory of relationship ideals first identified in *recognizing something is missing* speaks to attainment of equality in relationship, and avoidance of power imbalances as motivators for being open and forthcoming with family. Carol identified the imbalance of power when she lost her public credibility as a person because within her community "I was not committed to a male, so was seen as valueless or less than that". Her frustration was with the ability of people to have completely overlooked her value as a stand-alone human being.

Women broadened supportive relationships within the LGBT community, finding that this fostered their personal identity and in turn provided them with the opportunity to *re-establish self as credible*. Similarly, Kus (1985) found that people coming-out sought the support of the LGBT community as the preferred venue for affirmation of their sexual orientation. Further to this, a woman whose family of origin continues to provide acceptance and support fosters a strong sense of personal and public credibility. As a result of having continued support

and identifying strategies, *enduring perpetual outing* becomes less threatening. Engaging in activities within the LGBT community fosters an ability to realize just how normal their lives can look. Holly explained the value of her circle of friends in helping *re-establish self as credible*.

It is mostly, mostly because we mix in a lesbian society that you know, you're there and you're a lesbian and they see and value me for who I am, and I am comfortable, so comfortable, I mean all these other places I was in before there was no comfort.

Carol described the relationship she has with her social support network.

But I have more friends now, more female friends. But that all happened because the children got older and I had more time. I had a lot more time for friendships after I met NAME, ...we spent a lot more time having people over to the home, or going with them, going to the club, oh God! The girls, we spent years going to the club. We had a lot of house parties, we started that women's group and had all of the dances and stuff and the coffee houses. But it was all about working in these friendships too.

Finally, the size of women's social circles has a positive effect on their ability to build and regain their public credibility. Women who are isolated, either by geography or by choice experience fewer coming-out interactions. Fewer interactions result in a delay in *re-establishing self as credible*. In the present study, women who had an ever-growing circle of social support, defined as family of origin and choice, friends, acquaintances, and co-workers, had the opportunity to live as lesbians in a normalizing setting thereby providing them with ample opportunities to regain public credibility. Saunders (1999) similarly identified the power of a lesbian community to support, nurture their members, and protect against "ill effects of society's negative consequences associated with membership in a stigmatized society" (p. 389). Julie described how finding an accepting community provided her with strength and comfort.

I now live in an area where it is common to be homosexual. I am out wherever I go. My friends, and co-workers know about my sexuality, and about my partner. The banks and stores where we have accounts and cards, all see us as a couple. As far as I can see, it hasn't caused any problems.

Receiving support from their heterosexual acquaintances reinforces the concept that women's lives are valued and just as normal as anyone else's. Observing experienced lesbians, within both their family of origin and choice, navigate through society and life, also informs and bolsters the new lesbian's personal and public credibility.

With a renewed confidence in their personal credibility women become aware of a need to overcome the oppression of a heterosexist and at times homophobic society and that being able to do so supports their growing strength of public credibility. Women proceed with *settling in* to new routines, seeking a way to continue old routines, and re-claiming their place in society. Anne explained, "I had to establish myself again as a credible member of my community because, it just kind of felt like I just kind of lost it all at that moment when everyone found out...". Anne suggested that the new Anne was not seen or acknowledged as the old Anne had been in her community. The discomfiture was that Anne, new or old, did not perceive herself to be that different, or deserving of such treatment.

Women experience the power of heterosexism as having the ability to render them invisible by disallowing their lesbian identity. Similarly, Bailey et al. (2000) identified the negative ramifications of making assumptions of heterosexuality and how it communicates disrespect to lesbians. The challenge

for women in this study was to channel the frustration and develop ways of finding solutions. Most women in this study went about this quietly, maintaining a steady course within their daily routines. Ingrid explained,

I didn't feel the need to be in the parade. You know, we all take on the cause in terms of our own personal lives, of being authentic period. Carrying the flag, or writing articles in the paper or uhm you know, or just quietly going about your life. Which is as important as all of the things.

The value of support received during *re-establishing self as credible* depends on the type and source of support. Experienced as encouragement for movement forward, support now conveys affirmation that lesbians are valued members of their community with the right to expect credibility similar to that experienced prior to coming-out. Receiving support from laws and regulations for example, being able to include a same-sex partner as beneficiary when applying for pension benefits, creates the understanding that for some members of society the issue of being lesbian is a non-issue.

Continued acts of selfishness, making time for themselves, starting new projects, and educational endeavors are other ways in which women work towards *re-establishing self as credible*. Johnston and Jenkins (2004) found in their study of coming-out at mid-life that acts of selfishness became effective strategies to regaining their sense of identity. Recognizing that as women and nurturers by nature, they have done for everyone else in their lives, they now focus on their own needs. Many previously important activities that had taken a backseat in the process of coming-out now find a place in their day-to-day living exposing them to opportunities that fosters their public credibility. Gwen spoke of

the activities that she had started prior to coming-out, and was now beginning to revisit.

I had started doing some painting before, but then so much was happening and my focus was no longer there, but now I have started taking classes and I find it helps me, it is soothing and allows me to have an outlet for my energies and is also a place where I can meet people as a lesbian and have them get to know me.

In re-establishing self as credible, women identify activities that were valuable to their identity as heterosexual women. They realize that while some activities do not compliment their lesbian identity, others contribute to feelings of being complete. Renewed interaction with old associations that continue to be accepting as well as those new relationships being established in gay positive venues convey a message of re-establishment of public credibility. Similarly, Wolfe (1998) found that in the transition from heterosexual to lesbian there was certain benefit to being middle aged because of the previous lived experiences and established relationships that continued following disclosure. The transition caused women to re-evaluate what had been socially important to their middle aged lives and how this would now fit within their lesbian identity.

Being empowered to establish self, as a self-sustaining entity is another way that public credibility was regained. Finding confidence in the ability to manage their lives is important to both women's personal and public credibility.

Francis explained as she planned to leave her final heterosexual relationship,

I realized that I wasn't going to rely on him to be my stable bread winner that I was going to need to retrain, ...I knew that I was going to have to make a career shift, with that career shift I knew that I would be able to financially afford my own lifestyle, that I wouldn't need to be financially dependent on anybody.

Surviving through the struggle helps to illuminate, in contrast, the positive, "...because it was the most difficult thing, when I got to the point of accepting myself and all of my flaws, or assets, or whatever, then the rest, the rest is not so large, where you can feel the confidence." (Ingrid)

Re-establishing self as credible and further cementing personal credibility occurs as a process of growth within social interactions. Moving from shame experienced in *making sense* to confidence in self occurred as a result of what was learned in interaction with others and affected the way women interacted with the outside world. Recovery from shame results in re-establishment of self-respect, an important aspect of personal credibility. Regardless of the source of support and assistance women in the present study found that having their lesbian identity recognized provided a much-needed boost to public credibility. Similarly, Galatzer-Levy and Cohler (2002) identified that their participants found needed support with both their families of origin and choice when gay and lesbian identity was acknowledged as an important part of who they were. Carol explained how having that support helped her.

Well it would be, about my growth and development and it is a mixture isn't it because you can see that before being gay, yeah I wasn't allowed to have that growth, and suddenly I had a partner who would encourage me to go to university instead of having a partner who said 'you don't need to do that, the kids need you'...and I needed that push out the door.

Being able to counter both internal shame and external acts of homonegative attitudes demonstrates to the women themselves and to the outside world that women have the strength of personhood for whom credibility is warranted. Anne explained the change in the way she dealt with homonegative attitudes.

I don't react as much or get those moments when the hair stands up on my neck, like this morning in class when a girl said 'I think that this guy might have been gay because he is kinda weird', I no longer feel that little prickly moment, I am able to ask with respect what makes her think that way.

Working their way back and forth along the continuum provides an opportunity for women to re-examine core values of identity. A vital piece of re-establishing self as credible is being authentic, establishing it as a core value of their everyday existence enables the growth of personal credibility and in turn fosters public credibility. Authenticity is vital to a woman's self-concept because being truthful about her identity is in stark contrast to having been untruthful prior to coming-out. Similarly, Galatzer-Levy and Cohler (2002) stated that a lesbian identity is an essential part of one's essence and to deny it is to live a life that is inauthentic. Gwen elaborated on what the journey had meant to her and how it helped her regain a sense of self as authentic.

...it has made me more conscious and aware, it has made me do a lot of soul searching about 'what about me?' and it has made me discover a lot of things about myself that I didn't know or didn't consciously think about. So, I hope that with all of this there will be a better version, I hope it has, it has made it better in the sense of knowing myself better...

Support from religious communities manifests itself in the continued discussion of human rights, inclusiveness, or lack thereof. Relationships with religion, tarnished or lost during the coming-out process are not always rekindled. The continued rhetoric of discrimination, due to rigid doctrines, impacts negatively on the meaningfulness of relationships with the church and in turn makes it difficult for women to re-establish their public credibility as members of a religious community. Gwen told of her frustration with her religion, "We have our

organized religions to thank for that, I think that is where that (homonegative attitude) all comes from, you know, not from **A** church but from every church that there is.”

In this study, women whose personal credibility had been cemented understood their value as members of their community and were better able to strive for regaining public credibility by pushing to have that value recognized by the people or organizations that had contributed to its loss. Women, for whom being a member of a religious community remained an important part of their lives created a place for themselves by standing their ground and persistently being a member of the congregation. *Enduring perpetual outing* informed women that finding their place would only be successful in a church that was accepting of diversity. Denominations that make an effort to include parishioners regardless of orientation were found to be more inviting. Being able to participate within supportive organized religion enables the regaining of public credibility.

Spirituality replaces organized religion for women who are unable to rekindle their religious relationships. Anne having been expelled by her church stated,

I don't even know in terms of spirituality, I guess, I believe in the life of every living thing, and that they deserve to live. I have come to a more educated and informed way of believing, maybe, ... but that (the tradition, ceremony, and belonging within the church) is definitely a big void in my life, no doubt about it.”

Although some women in the present study did not specifically identify their spirituality as a source of comfort, all of the participants conveyed spirituality in their values and stories. Spirituality, is defined as spiritual well being, having meaning and purpose, and for some participants it meant a relationship with a

higher power (Coleman, 2003). Spirituality, a separate and much more personal aspect of religion remained intact for women who drew strength from it prior to coming-out. Being able to protect spirituality as personal is a strategy used in sustaining personal credibility and fostering *re-establishment of self as credible*. Similarly, O'Neill and Kenny (1998) stated that there was a correlation between spirituality and ability to cope with difficult situations. Women, who did not recognize their spirituality prior to coming-out, found it to be a new source of comfort and support. Similarly, Coleman, in his study of the relationship between spirituality and sexual orientation, and the effects on mental well being found a positive correlation between mental well being, sense of purpose and spirituality.

Re-defining roles in and out of relationship is a strategy used in *re-establishing self as credible*. Even when the action often contravenes societal expectations based on heterosexism, identifying and pursuing strengths and skills regardless of whether they are sex-role stereotyped was a strategy used by some women in this study. Part of being publicly credible was not denying one's abilities. Finding ways to take the focus off their identity as lesbian in order to focus on their abilities as people was a strategy of *re-establishing self as credible*. As illustrated by Betty through humor,

...oh most of the man things were his (ex-husband) job, you know!! if something needed to be done I would be the first one there with the tool belt, like hold my purse I have to get my screwdriver out!! (laughing) So that kind of role has changed.

Mid-life lesbians who reach this stage of the continuum also find that through the struggles of having made the journey, skills are developed that actuates *re-establishing self as credible* by helping to push others into 'seeing'

them as credible people. Being aware of the power that others have to threaten public credibility is important to *re-establishing self as credible*.

Grappling with the confining elements of labels is a strategy of this sub-process that helps to define and alert the way that public credibility is threatened. Simmie and Nunes (2001) identified the ability to understand how labels harm people's individual identity. "The physical markings may be gone, but an invisible stamp of 'the other' is often squarely applied to the forehead..." (p. 294). The concept that labels led to stereotyping, causing people to be treated as a collective rather than, as an individual was problematic for the mid-life lesbians in this study. Ingrid likened stereotyping to, "wanting to miss the other layers or to be pigeon holed or to have a particular aspect of your identity highlighted or underscored and I still to this day, you know, that is not something that fits for me."

Women in this study realized that the best strategy for *re-establishing self as credible* was to carry on with their daily routines while assimilating new lesbian experiences and relationships into their lives. Conducting the mundane chores of family life, going to work and accomplishing levels of achievement, participating in community events are all activities that show the outside world that as lesbians they are just as 'normal' as the rest. They put their pants on one leg at a time. The important issue was that over time mid-life lesbians *re-established self as credible* with those who mattered most: themselves, their families, and friends.

Taking the Bitter With the Sweet

Taking the bitter with the sweet, the final sub-process of *settling in* is a process of learning to manage the legacy of *enduring perpetual outing*. Accepting and managing *enduring perpetual outing* is accomplished through consecutive experiences of coming-out and enacting confidence to *confront the taken-for-granted*. Identified as a challenge of *enduring perpetual outing*, having to continuously disclose one's orientation is a source of constant concern. It is the response to encountering heterosexism (McDonald, McIntyre, & Anderson, 2003). Similarly, McDonald et al. explained that coming-out should be viewed "as an ongoing part of the experience of lived life" (p706). Galatzer-Levy and Cohler (2002) also affirmed the importance of understanding that "one never stops coming out" (p. 280).

For every time that a new interaction is entered into and an assumption of heterosexuality is made, *taking the bitter with the sweet* confronts that assumption. *Taking the bitter with the sweet* becomes both the process and the strategy. Highlighting the inequality of privilege between heterosexuals and lesbians, Betty complained, "And if they (heterosexuals) said 'honey', nobody would bat an eyelash, kiss your husband at the mall, no problem, kiss your partner at the mall, whew!! " As simple a thing as kissing one's partner places a woman in jeopardy and requires her to revisit the stages of *enduring perpetual outing*.

A key strategy to overcoming the challenges of *taking the bitter with the sweet* is having a strong sense of both personal and public credibility, and the

right to respect. Having a strong sense of personal and public credibility is learnt from *enduring perpetual outing* those skills needed to challenge society at large. Again, part of the basic problem is the understanding that losing credibility has the potential to continue to play a role in women's lives. Carol never backed down in her attempts to have her physician acknowledge her lesbian identity. It was through Carol's respect as a member of a working team that the doctor finally acknowledged her.

Dr. NAME, now with her the only thing I had was I had the hardest time getting it through her head that I was a lesbian. I felt that she didn't really hear it, ...she finally got it because we are working on cases together and she is seeing me as a person again.

For Carol *the bitter* was that she had to be persistent with convincing the healthcare system to accept her partner as next of kin. Eventually, she had a legal document drawn up that defines their relationship, a document she will gladly show in order to be acknowledged.

...when I went back a couple of years later for something they said 'oh yes your next of kin is DAUGHTER' I said 'NO, my next of kin is NAME and the DAUGHTER is a child, she is not my next of kin, and this is what I show them. (Carol)

For Francis *the sweet* was that the struggle was worth the effort despite having to be tenacious.

Ah ok we have finally arrived at our destination and we're ok and just simmer down, just simmer down. We don't have to do all of this work, the big panic is over, we have arrived, we've made it, we're successful in our being and we don't have to put in all that energy anymore. (Francis)

For some women in this study a strategy for dealing with discriminatory behavior or lack of understanding of who they were was simply to stand up and stay put. Enacting strategies to manage discrimination allow them to counter the

loss of credibility within their broader community. Women in this study quietly demanded to be seen and acknowledged as lesbian, especially in situations of healthcare crisis. Francis explained the importance of making the healthcare system understand her.

They don't see how integrated we are with our lives as being relevant to the situation, and it is very relevant to the situation and they are not easily separated, and they think that, well you know, we flaunt ourselves in front of them and this and that and the other thing, and it is that "No, I can't separate myself for your convenience so that you can do your medical exam the way you generally do it, I can't be less for you right now, I can't be just a woman in here receiving healthcare, I am always going to be a lesbian and that makes me different than every other woman that you are going to be seeing today, ..."

Women who have not integrated the strategies identified were more likely to acquiesce to the demands of the person with whom they were interacting. In turn, this situation would be viewed as a new threat to both personal and public credibility causing a renewed need *confront the taken-for-granted*.

As difficult as *taking the bitter with the sweet* is, one of the most effective strategies was to have control over the outing. Maintaining control over when, where and, how they come-out provides a sense of comfort. In situations with strangers, identifying as lesbian at the beginning of the interaction gave women in this study the control of coming-out. Anne, saw this as an opportunity to ease discomfort for both parties.

I make sure that I am out to whoever or whenever or whatever, any part of my life that is important. Uhm, because it will matter and maybe it won't but why not just have it out front. I hate the discomfort that people go through when they make the realization you know, the moment that they have said something tactless. So I always try to make sure that they know ahead of time.

Julie made it a point to make introductions that announced her identity, "Hi, I'm NAME and this is my partner NAME." She identified this strategy as a way of controlling the outing. The variations are in who women come-out to, and how they do it. Having confidence in self as lesbian resulted in the ability to simply state the facts. Being less confident, or tired, or having other things on one's mind resulted in coming-out that was more cautious, enacting the sub-processes of *enduring perpetual outing, gauging, bracing and moving on*, as a way of controlling their coming-out.

Consequences of Settling In

Settling in culminates in women's ability to transition at mid-life and transform to a lesbian identity. Through *enduring perpetual outing* women learn about themselves, the world around them, their families, their religious connections, and their social support systems. Women learn what it means to be lesbian in a primarily heterosexual society and strategies to overcome pervasive heterosexism.

One of the most dramatic consequences of *settling in* is the ability to look back over the events of their coming-out experiences and recognize that they have 'lived two lives'. This concept is highlighted in the words of the women. Being able to identify the distinctness of the two lives allows for the comparison of and the recognition that both lives were unimaginably important. Similarly, Edwards (2000) found that despite her participants having questions about the timing of coming-out, they never regretted the route taken. In this study, women with children recognized that coming-out later in life afforded them the joys of

parenthood. Similarly, Edwards stated “children were the gifts they (participants in her study) perhaps would not have received had they lived their lives ‘otherwise’” (p. 134). Knowing heterosexual life and experiencing lesbian life creates a contrast that enables women to further understand the benefit of having made the journey in the way that they did. Julie said,

One of the few regrets I have in life is that it took me 25 years to come out to myself. I do believe though that I had to have my journey as I did, to come to where I am today. I honestly am so glad to be here, in this place, at this time. I believe it is where I should be.

Betty commented:

I don't know if I would have got that (comprehension of how the journey has given her strength) if I was 16 or 17, so I am kind of glad that it happened when it did. Its like it is having two lives, my life before and my life after but I am much happier. I guess that is where the term Gay comes from (laughter).

Finding the strength, strategies and tenacity to *confront the taken-for-granted* is another important consequence. While some women in this study continued to work on the strategies and their comfort with being lesbian, others had progressed further along the continuum. Several women in this study *faced the scary love*, found themselves in the confusion, realized the loss of personal and public credibility, and were now able and willing to go through *settling in to confront the taken-for-granted*. Proceeding through the continuum is seen as important in the development of a positive gay identity which Galatzer-Levy and Cohler (2002) stated “is essential for a continued sense of personal vitality across the years of adulthood” (p.281).

In *enduring perpetual outing*, women are ready to accept that coming-out will occur on an almost daily basis and will require constant vigilance with

gauging, bracing and moving on. Having accepted this as part of their lesbian identity women recognize that they are now living an authentic life. Being able to *confront the taken-for-granted* means being able to identify when, where, and what situations women are willing to challenge. Despite the physical, social, and personal costs associated with coming-out, women in this study felt that being out outweighed those costs and fostered healthier physical and mental well being. Similarly, Beals and Peplau (2001), Day and Schoenrade (1997), (2000), Hughes and Evans (2005), McNair (2000), and Saulnier (2002) found that coming-out and being-out were critical to developing a strong and healthy identity.

A final consequence of *settling in* is the realization that by being authentic 'out' women they have the ability to influence change in others. In the process of *enduring perpetual outing* women learned that those who knew a lesbian or gay man were less likely to be challenged by it. Similarly, Corrigan and Mathews (2003) found that being out and having interactions with others helps to convey the message that being gay or lesbian is as normal as being heterosexual.

Conclusion

Confronting the taken-for-granted is a social process that addresses the challenges for women coming-out at mid-life. Movement along this continuum is influenced by the identified conditions of support and *enduring perpetual outing*. The process of *confronting the taken-for-granted* is an framework of iterative pendular movement along a continuum addressing the basic problem of credibility, both personal and public. Successful movement along the continuum

is encouraged and competency in *enduring perpetual outing* is achieved when continued support is available to women during a shifting identity to lesbian. In the following chapter, I will discuss how the theory of *confronting the taken-for-granted* is additive to nursing knowledge of women coming-out at mid-life.

CHAPTER V

IMPLICATIONS

In this chapter I discuss the implications of the theory of *confronting the taken-for-granted* for nursing knowledge and practice, health and social policy, nursing education, and nursing research.

A Review of the Theory

The purpose of this study was to generate a substantive explanatory theory to examine the process for women coming-out at mid-life. *Confronting the taken-for-granted*, a three-stage process, addresses the central problem of personal and public credibility being threatened by coming-out at mid-life. In the first stage, *facing scary love*, women become aware of a shifting sexual orientation when they engage in *...and then I met this woman, recognizing something is missing, and making sense*. In this exciting, yet disruptive, stage women experience a loss of personal credibility. Acknowledging their lesbian identity and coming-out to their first partners, they begin the concomitant micro-process of *enduring perpetual outing*, including *gauging, bracing, and moving-on*. Stage two, *finding me*, is the process of reclaiming personal credibility and losing public credibility through *seeking affirmation, becoming selfish, and doing what's in front of me*. Personal and public credibility are influenced by multiple episodes of *enduring perpetual outing*. The consequences of outing are a pendular action for women as they swing between losing and regaining both types of credibility. During the final stage of *settling in* public credibility is reclaimed and acceptance of the legacy of *enduring perpetual outing* is achieved through *re-establishing self*

as credible and taking the bitter with the sweet. The catalyst for movement along the continuum is the effort to regain both personal and public credibility and live an authentic life. Variations in the process of *confronting the taken-for-granted* are influenced by women's differing supports and as informed by *enduring perpetual outing*.

Implications for Nursing Knowledge and Practice

To date, nursing has relied primarily on knowledge about coming-out derived largely from research in other disciplines about the process for gay men or adolescents. Few research studies have focused attention on women, particularly those coming-out at mid-life, fewer still have included the influences of women's social situations, and almost none have considered the impact to women's health in coming-out at mid-life. The theory of *confronting the taken-for-granted* offers important new knowledge to assist mid-life lesbians, nurses, and other health professionals to understand the complexity of the process, thus offering direction for practice and policy.

Findings from the present study demonstrate that the relationships that mid-life women had with others were vitally important to their access to support. According to Caffarella and Olson (1993), women at mid-life, (defined as 30-65 years) as opposed to men, place the greatest importance on their relationships with others. Stevenson (1977) stated that a primary developmental stage for women in this age group was meeting changing responsibilities between caring for the young to caring for the old, as was seen with some of the women in this study. As a large portion of the population, mid-life women are involved with

responsibilities of, family, employment, education, health and social services, religion, and politics (Hoff, 1995).

A major contribution of the substantive theory of *confronting the taken-for-granted* is that it clarifies the iterative nature of the process, and identifies internal and external factors that address the central problem of credibility. During the process of *making sense* and *seeking affirmation*, support is critical to managing or decreasing the threat to women's personal and public credibility. Several models previously generated to explain the process of coming-out (see Appendix A) have suggested a finite linear process. More recently, research has shown that the process is not as linear as first presented (Degges-Rice, White, & Myers, 2000; Armstrong, 2003). Previous models examined the process at an intra-psychic and/or psychological level (Cass, 1984; Coleman, 1982; Kitzinger & Wilkinson, 1995). The theory of *confronting the taken-for-granted* broadens our understanding by explicitly explaining the social-psychological process of coming-out for mid-life women. Rarely has the social context and the perpetual nature of coming-out been considered. The concepts of support, *enduring perpetual outing*, and credibility are particularly important for nursing knowledge and practice.

Additionally, previous foundational coming-out studies are becoming dated (Cass, 1984; Coleman, 1992; Kus, 1985). Kus, one of the few researchers to focus on the coming-out process for gays and lesbian from a nursing perspective suggested that acceptance of a gay identity was a stressful occurrence related to an environment that was non-accepting of gays. People coming-out after the

Stonewall riots of 1969 (Mondimore, 1996), which signaled the beginning of the Gay liberation movement, have faced less discrimination and homonegative attitudes than those people coming-out earlier. In Canada extensive human rights litigation and healthcare policy development over the past decade has resulted in a growing visibility and acceptance of LGBT people (Brotman, Ryan, Jalbert & Rowe, 2002; Ryan, Brotman & Rowe, 2000).

For the women in this study, the stress of transitioning to lesbian was negligible in comparison with the affront to both personal and public credibility experienced while *enduring perpetual outing and confronting the taken-for-granted*. This study provides more timely and relevant information than previous coming-out studies in that it brings to light the contributing threat to credibility of the underlying taken-for-granted assumption that everyone is heterosexual within a society that acknowledges the human right of diversity.

Credibility

The central problem emerging from the theory of *confronting the taken-for-granted* was that of credibility, both personal and public. Research into the coming-out process has not previously captured nor explored the concept of credibility. Kus (1985) briefly addressed how self-esteem can be affected in the early stages of coming-out, but did not link self-esteem to credibility. For the women in this study credibility encompasses a multitude of values. Personal credibility includes knowing oneself, having confidence in decision-making abilities, feeling competent to personally fulfill roles, valuing oneself, feeling authentic, and respecting oneself.

Public credibility, a key concept not previously identified in any coming-out literature provides new insight into the process of coming-out at mid-life. Public credibility for the women in this study included having value in their community, being respected, being seen as having the competence to make sound judgments, and being able to fulfill roles and responsibilities. Women who have little support and face multiple negative reactions to *enduring perpetual outing* find their public credibility so threatened that they enact protective strategies that are both isolating and unsupportive, stalling any further movement along the continuum.

While women's personal and public credibility is under constant barrage, women never once question their credibility as lesbians. The astounding sense of finding fit and feeling whole is an important concept that emerged from this study and provides nurses with a clear understanding that being lesbian is not the problem. Rather the challenge is how the outside world receives women in light of the news of their shift in sexual orientation. Being lesbian in a heterosexist world creates a situation that threatens both their personal and public credibility. Nurses have the opportunity to affirm and support women in this process by understanding the central issue of credibility in the lives of women facing *confronting the taken-for-granted*. Public credibility is most threatened when *seeking affirmation*, during the second stage of *confronting the taken-for-granted* and *re-establishing self as credible*, during the third stage. This theory offers direction for healthcare providers in creating conditions that support disclosure and prevent further erosion of public credibility.

Nurses need to focus more on understanding the central role that credibility plays in the process of *confronting the taken-for-granted*, while keeping in mind the issue of lesbianism. Given mid-life women's unique developmental challenges and stage in life (Caffarella & Olson, 1993), public credibility takes on added significance. Women at mid-life have lived the bulk of their lives within a heterosexual context and as a result have a strong sense of public credibility as mid-life heterosexual women. The taken-for-granted public credibility in women's heterosexual lives starkly contrasts with the threat to public credibility experienced by mid-life women *confronting the taken-for-granted*. The knowledge of how significant women's credibility is to their lives has not been studied previously in the coming-out research. The theory is additive in providing important knowledge of identifying credibility, support, and the considerable difference support can make to credibility in *making sense, seeking affirmation, and re-establishing self as credible*. In *confronting the taken-for-granted* many of women's previous activities are jeopardized or even lost along with public credibility as a result of pervasive heterosexuality and homonegative attitudes. Nurses who recognize that this loss of credibility leaves women feeling vulnerable and alone will be better prepared to provide support. *Seeking affirmation and re-establishing self as credible* are times when a woman's social connections as sources of support are extremely important to her ability to transition from heterosexual to lesbian in a manner that reinstates her personal and public credibility.

Support

Support was identified as a significant cause of variation in the way that women experience their coming-out at mid-life. Family, friends, religion, community including the healthcare system, and society provide women with varying degrees of support during *confronting the taken-for-granted*. When mid-life lesbians do not receive support from these sources, they experience social exclusion because their public credibility is threatened. The European Social Policy White Paper (1994) identified that social exclusion, the polar opposite of social inclusion, is fostered when discrimination and exclusion in the local community is allowed to continue.

This theory illuminates situations that threaten lesbian's public credibility. A lesbian's public credibility as family member is threatened when her ability to retain previous status as child and/or sibling is lost. Within a woman's social support network, when her lesbian identity causes her to be shunned, her public credibility is threatened and she experiences social exclusion. Finally, when a woman's lesbian identity is the cause of discrimination within her community, her public credibility and social status are once again threatened. The theory of *confronting the taken-for-granted* provides nurses with new knowledge about the significance and mechanisms of support from family, social network, and community both for lesbians who are presently coming-out and those who have been out. Additionally, the theory provides explicit direction for healthcare that fosters social inclusion by ensuring safe spaces for lesbians.

Healthcare, included within community as a source of support, was

identified as being problematic because care was experienced as predominantly non-supportive. When personal and public credibility are threatened, lesbians seek support from various healthcare professionals to assist in *making sense*, or *seeking affirmation*. Healthcare for mid-life lesbians in this study was important because of the intense stress experienced during *facing scary love* resulting in new health problems for some and exacerbation of chronic conditions for others. Women in general, within the developmental stage of mid-life face multiple age related issues that make them the highest percentage of healthcare users (Bird & Reiker, 1999). Nurses have the opportunity to strengthen mid-life lesbians' capacity to empower themselves by using this theory to support them in making sense of *enduring perpetual outing*. By naming what is involved in *confronting the taken-for-granted* and being able to discuss conditions that influence the process for their clients, nurses can normalize the process and convey to the lesbian client respect, value, and understanding. Nurses can play a role in the emancipation of women by validating their experience and conveying to them, what is to be expected, that they are not deviant, and that it is reasonable to aspire to having a healthy sexual identity. The theory of *confronting the taken-for-granted* reinforces the benefit of nurses treating mid-life lesbians with an ethic of inclusivity by affirming their credibility and valuing the transitioning mid-life lesbian experience.

An unexpected and troubling outcome of this study was the high percentage of participant women who had experienced abuse in their lives. While Heise, Ellsberg and Gottemeoller (1999) reported that around the world at least

one woman in three will experience abuse in her lifetime, Bernhard (2000) found that there was little difference in the rate of sexual violence in relationship for lesbian and heterosexual women. The United Nations (1993) offered this first official definition of violence against women.

Any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life.

Several women in this study reported sexual abuse by immediate family members, others told of incidences of rape, assault, and physical abuse by people they felt they should have been able to trust. Women who experienced abuse exhibited suspicion and distrust of those previously identified as supportive thereby limiting their support network. Given the statistics available and the results of this study, healthcare providers must be sensitive to and/or ask about the very real possibility of abuse and its detrimental effects on support within this population.

The theory also offers insights regarding how nurses can ensure that lesbians have supportive healthcare experiences that result in less threat to their personal and public credibility through culturally competent care. According to Health Canada (1998), health services are a social determinant of health. Dootson (2000) identified that the social determinants of health are an important facet of culturally competent care. A nurse who practices within a culturally competent paradigm is one who recognizes differences amongst people, is able to identify patterns of responses, avoids stereotyping through the acknowledgment of variations in backgrounds, and is able to balance the care

provided with recognition of those differences while avoiding stereotyping (Meleis, 1999).

Culturally competent care means being “sensitive to issues related to culture, race, gender, and sexual orientation” (Abrums & Leppa, 2001, p. 270). Further, it refers to the use of “*emic* (local cultural knowledge and lifeways)”, combined in a thoughtful way that fits with “*etic* (largely professional outsiders’ knowledge)” (Leininger, 1999, p. 9) in framing a healthcare system that provides congruent care to all cultures. An understanding of the process of *confronting the taken-for-granted* may assist nurses to provide respectful and culturally congruent care that is sensitive to the significant discrimination faced by mid-life lesbians in the process of *enduring perpetual outing*.

One of the most telling experiences women had in the process of *confronting the taken-for-granted* was being made to feel invisible when their identity as lesbian and the relevance of their intimate and/or supportive relationships was ignored. Understanding the power of threatening personal and public credibility by rendering people invisible is essential to being able to provide care that is culturally congruent. The theory demonstrates that the assumption of heterosexuality is by far the most pervasive contributing factor to undermining credibility. The consequence is that women rendered invisible in the healthcare system, feel unwelcome and are unlikely to return willingly to the healthcare system in their community. Much research has been generated to support this finding (Clear and Carryer, 2001; O’Hanlan et al., 1997; Ryan, Brotman, and Rowe, 2000; Stevens, 1994). The present study contributes to closing the

knowledge gap for nurses in particular and healthcare providers in general, when providing care within a socially inclusive healthcare system. Stevens (1998) outlined a way in which culturally congruent care can be provided without causing invisibility.

Don't make assumptions about me or anybody else. Take your chalkboard and wipe it clean every time you enter into conversation with a new patient. Go in with clear eyes and pure heart, understanding that we are all persons, even though the way we are in the world is different. You might say you don't have time. I say time is relative. There is always time to treat other people like human beings. (as cited in Hudspith, 2001, p.3)

The additive knowledge that the theory of *confronting the taken-for-granted* provides to nursing is the importance of understanding how timely constructive support can improve the process for mid-life women by decreasing the threat to personal and public credibility. Further, it is imperative for nurses to understand *enduring perpetual outing*, in order to be able to identify key times and ways that support can be provided to women coming-out at mid-life.

Enduring Perpetual Outing

Enduring perpetual outing, a three part micro-process of *gauging*, *bracing* and *moving on* is additive to the knowledge of women's experiences of coming-out at mid-life. Previous research has identified that homonegative attitudes are a challenging aspect of coming-out (Kus, 1985). *Enduring perpetual outing* provides a framework for ways in which nurses can offset the discriminatory effects of homonegative attitudes and heterosexism. By naming the process, indicating that it is normal, healthy, and indeed protective, nurses will counter the detrimental impact to women's credibility of often-negative reactions. Being able

to advise women of what to expect, nurses will acknowledge lesbian identity and in doing so convey acceptance and support.

Nurses, who understand that in *taking the bitter with the sweet*, women accept the legacy of *enduring perpetual outing*, will have greater insight into the challenges faced by mid-life lesbians on a day-to-day basis. Women develop strategies to deal with reactions to their *perpetual outing* based on past experiences. Knowledge of the theory provides nurses with the ability to recognize the energy needed and stress engendered for women over time as they repeatedly need to *gauge, brace, and move on*. The theory illuminates points of interventions where nurses can help women build the skills and confidence needed to enable a more positive and accepting experience of *confronting the taken-for-granted*.

Implications for Health Policy

“Government policies are especially important in either increasing or decreasing the extent of social exclusion within a society” (Raphael, 2003, p. 4). The theory of *confronting the taken-for-granted* identifies the vulnerability of women’s credibility during their mid-life transition from heterosexual to lesbian. The theory also highlights the impact that healthcare providers have on mid-life women *enduring perpetual outing* when they treat without considering the possibility of differing sexual identities. For the women in this study, healthcare providers had the power to convey a message of invisibility when their lesbian identity was neither considered nor acknowledged. The theory illustrates the importance of acknowledging women’s same-sex relationships. Such

acknowledgment diminishes the threat to both personal and public credibility, thus supporting lesbians' health and well being.

Policies and laws that create barriers and discrimination for the LGBT community convey a message of exclusion and rejection. Policy makers who acknowledge the destructive impact of heterosexism on lesbians' public credibility and the cost of *enduring perpetual outing* will be able to create policies that convey inclusivity of all people regardless of sexual orientation. Many changes have been made in terms of same-sex rights. Being able to include a same-sex partner on pension benefits, medical and dental plans, as beneficiary on life insurance policies, and as next of kin on healthcare documents conveys that message of acceptance and acknowledgment of gay and lesbian partnerships.

Implications for Nursing Education

The theory of *confronting the taken-for-granted* is important for nurses to understand as it illuminates the challenges to personal and public credibility faced by women who come-out at mid-life. Mid-life women frequently seek health care due to either their own health or that of their family. The theory reveals that the people who mid-life lesbians deal with daily as they continue *doing what's in front of me* and *enduring perpetual outing* have the power to influence the loss and reclaiming of credibility. Nurses, who make assumptions of heterosexuality, ignore lesbian partners, act dismissively, express discomfort when women disclose their sexual orientation, and/or display homonegative attitudes become part of the problem. Learning about the process of *confronting*

the taken-for-granted, nursing students and nurses participating in ongoing education will be able to provide more constructive support at key times to mid-life lesbians, thereby decreasing the threat to their credibility and helping mid-life lesbians to become empowered.

The theory highlights the power that healthcare professionals have in rendering lesbians invisible by not acknowledging or supporting their lesbian identity. Despite being removed from the Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1987 (Brotman et al., 2003), there has not been a significant shift in basic nursing curriculum that frames LGBT identity as having a position of normalcy on the sexual continuum (Abrums & Leppa, 2001). Nurses need to be mindful of the taken-for-granted heterosexual privilege and conversely the detrimental effect that ignoring or not addressing a lesbian's sexual orientation has on her ability to feel validated and respected.

Schools of nursing have been identified as some of the most heterosexist and homonegative areas of higher education (Eliason, 1998; Eliason & Randall, 1991; Gray, Kramer, Minick, McGehee, Thomas, & Greiner, 1996; Randall, 1989). Ironically, other research has found nurses to be increasingly aware of a need to become educated about the differing cultural backgrounds of their clients in order to provide care that is culturally competent (Walpin, 1997). Nurses' awareness and desire for greater knowledge supports the need for their educational programs to cultivate learning environments that acknowledge the power nurses have to make their clients feel either affirmed or invisible.

The theory provides knowledge that particular sources of support at key

times can be instrumental in decreasing the threat to credibility. Nursing curriculum should focus on using gender-neutral language when completing health assessments so that questions about people's lives, social situations, and support networks are asked broadly and inclusively, demonstrating support for diversity such as sexual orientation. Nurses should understand that while they may reject LGBT sexual orientation they have an ethical responsibility as defined by their Code of Ethics to provide people of all diverse cultures with empathic and accepting care.

Implications for Nursing Research

As a result of completing this Master of Nursing study, I have examined the experiences of women coming-out at mid-life and developed a theory of *confronting the taken-for-granted* to explain how credibility is lost and regained. The value of support to the sustaining of credibility is important knowledge as support has already been identified as a key component to many aspects of coming-out transitions (Bailey et al., 2000; Bringaze & White, 2001; Goldfried & Goldfried, 2001).

The findings of this study suggest the need for further research to find out if, why, and how the process of coming-out is different for adolescent females than mid-life women. Do adolescents experience the same loss of credibility, and what is the process for them in regaining it? It might also be beneficial to determine if there is a difference between the experiences of mid-life men and women, furthering an understanding of the gay and lesbian population. Yet another area of interest would be to explore the experiences of both mid-life men

and women who identify as bisexual to determine if credibility and support are critical to the process that they encounter. This study found that women did not comment at length on their relationships with former male partners. This is different from the research on gay men's experiences (Johnston & Jenkins, 2004). Further research might help illuminate the meaning and significance of this difference.

The data collected in this study proved to be rich and fertile contributing to the development of the process of *confronting the taken-for-granted*. Because the participants are all Caucasian the theory may not apply to the experiences of women from other cultures coming-out at mid-life. Women who are further marginalized by being members of additional minority cultures may experience coming-out at mid-life as an even greater challenge. Despite the fact that the participants varied in where they grew up, all of them came-out in New Brunswick, a province known for being predominantly rural, and valuing its history, social and religious family traditions. It would be interesting to explore the experiences of women who come-out in larger centers, areas with more varied cultural make-up, and places known more for their acceptance of diversity.

In terms of healthcare, I found that in the process of *enduring perpetual outing*, mid-life lesbians' credibility was threatened when their sexual identity was not acknowledged or accepted. In an effort to make a change in this situation, exploring the attitudes, experiences, and understanding of nurses and policy makers about mid-life lesbians would help to illuminate where the gaps exist and what can be done to close them. Closing these gaps would improve the provision

of care that is both supportive and culturally competent, for women coming-out at mid-life.

Conclusion

Confronting the taken-for-granted is a process that can assist mid-life lesbians, nurses, and other healthcare providers in understanding the complex transition faced by women coming-out at mid-life. Support, *enduring perpetual outing* and credibility are concepts that influence the process and are important additive information for the state of coming-out knowledge.

Healthcare providers who acknowledge the process and stages of *confronting the taken-for-granted* will convey to mid-life women who come-out that there will be appropriate supports to assist them. The theory identifies that appropriate support offered at key times contributes to mid-life women experiencing a more positive transition while *enduring perpetual outing*. Support decreases the threat and damage to public credibility, mitigating the necessity of reclaiming and sustaining both personal and public credibility.

Women in this age group are the biggest consumers of healthcare (Roos, Burchill, and Carrrier, 2003) therefore, nurses have a unique opportunity to be able to provide the care and support needed to assist women in making healthy transitions from heterosexual to lesbian. Heterosexism and homonegative attitudes are two of the greatest barriers to healthcare for this population (Ryan et al., 2000, O'Hanlan et al., 2001). Despite significant improvements to LGBT rights, there are still a great number of stumbling blocks to overcome before LGBT people feel that they live in a world without discrimination and threats to their personal and public credibility.

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Appendix A

Summary of Coming-Out Processes

Phases	Coleman (1982)	Cass (1984)	Wolfe, O'Connor and Crary (1990)	Schumacher and Meleis (1994)	Kitzinger and Wilkinson (1995)
1	Pre-coming-out	Confusion	Stable Pre- transition	Disconnected from present reality	Getting there
2	Coming-out	Comparison	Rising discontent Crisis		
3	Exploration	Tolerance Acceptance	Re- direction and Adaptation	A new perception of life	Making and describing the transition to lesbian identity
4	1 st Relationship	Pride			
5	Identity Integration	Synthesis	Re- stabilizing	Response to assimilation of the new reality	Going on

Appendix B
Interview Guide

1. Would you tell me about your personal experience of coming-out?

Probes:

- factors impacting the timing,
- what was happening before,
- influences,
- challenges,
- key times within?

2. How has this experience been for you? Probes

- altered social network,
- priorities on life,
- your health,
- regular routines,
- how do you see the future?

3. Tell me about your healthcare now that you are out as a lesbian?

4. As a mid-life lesbian, what does health mean to you?

- Physical
- Mental

5. Coming out happens constantly, especially in situations where you're meeting someone new or are in a new situation. Tell me about the perpetual experience of coming-out?

- Does it get easier with time or frequency?
- Are there situations when it is less or more difficult
- What coping skills have you used or developed in order to do this?

Appendix F

Informed Consent

Project Title: EXPLORING THE PROCESS FOR LESBIANS OF COMING-OUT AT MID-LIFE

Researcher: Tracey Rickards

Supervisor: Judy Wuest and Marilyn Merritt-Gray, Faculty of Nursing, UNB

- The nursing research project has been explained to me.
- I understand that I am being asked to participate in a research project about my coming-out experience at mid-life. The goal of the project is to get a better understanding of that process and its influence on my navigation of the healthcare system.
- I understand that if I agree to participate it will involve two taped interviews. During the first interview I will be asked questions about my experiences of coming-out at mid-life. I will also be asked about what impact, if any, it has had on my healthcare relationships and health promotion.
- I understand that Tracey Rickards will use this interview data to outline common themes concerning this process of coming-out at mid-life.
- I understand that during the second interview I will have an opportunity to discuss the findings and add to the interpretations.

- I understand that the taped interviews will be transcribed, by a typist who has been reminded of the need for confidentiality. Tracey Rickards will be the only person who reads the transcriptions.
- I understand that there are no known health risks to participating. Participation is voluntary and I may refrain from answering any question(s). I may withdraw from the study at any time without penalty.
- I understand that every effort will be made to protect my confidentiality. If agreeable, I will be asked to provide a pseudonym so that my real name is not used.
- I understand that I can indicate my intention to participate by signing this consent form using a pseudonym in an effort to further protect my identity.
- I understand that at the end of the study I may keep my tape-recorded interviews or consent to having them destroyed.
- I understand that the final report will be offered for publication, and that Tracey Rickards may use the findings in presentations.
- I understand that the study proposal has been reviewed and given approval by the Faculty of Nursing Ethics Committee and the University of New Brunswick Research Ethics Board.
- I understand that if I become upset as a result of my participation in this study I can contact either Family Enrichment and Counselling Services of Fredericton at 458-8211 or Anne Moore, MSW RSW at

VITA

Name: Suzan Tracey Selby Rickards

Universities Attended: University of New Brunswick, 1986 BN

Publications:

MacBride, J. & Rickards, T. (2001). He said, she said: Personal Narratives on Same-Sex Marriage. *Torquere, Journal of the Lesbian and Gay Studies Association*, 4-5, 184-193.

Conference Presentations:

Rickards, T. (2001, October). Lesbian Health Priorities: A report of focus group findings. Presentation at the Canadian Federation for the Humanities and Social Science Symposium, Toronto, ON.

Rickards, T. (2004, May). Coming-out at mid-life: An investigation of lesbian coming-out experiences and its effects on their health. Presentation at the UNB 9th Annual Nursing Research Day, Fredericton, NB.

Rickards, T. (2005, May). Confronting the take-for-granted: The process of losing and regaining credibility when coming-out at mid-life. Presentation at the UNB 10th Annual Nursing Research Day, Fredericton, NB