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Ageing with a twist: Intimacy and care amongst LGB older adults in Portugal

Ana Cristina Santos

<https://orcid.org/0000-0002-9597-7150>

Centre for Social Studies, University of Coimbra

Abstract:

Ageing is increasingly at the centre of both local and international politics and policies. However, the attention on the intersection of ageing and sexual diversity has remained largely absent from research agendas in the Portuguese context. This article addresses issues of care and intimacy experienced by self-identified lesbian, gay and bisexual (LGB) people over the age of 60 both before and during the COVID-19 outbreak in Portugal. The article is divided into four sections. In the introduction, the main issue addressed will be an explanation that draws on a theoretical framework informed by both LGBTQI+ and ageing and life course studies. The second section gives a necessarily brief overview of the socio-legal context of LGBTQI+ issues in Portugal and provides information regarding methodological aspects of the research. The third section explores experiences, prior and during the pandemic, of older adults who self-identify as LGB in the Portuguese context. Accompanied by excerpts from interviews originally carried out in 2019 and 2020, this section is structured around three topics: pandemic 2.0.; isolation and relational loneliness and health and care networks. The last section discusses the current impact of ageing and of ageism on older LGB adults, while also offering recommendations for future policy and scholarly work.

Keywords:

ageism; lesbian; gay; bisexual; COVID-19; intimate citizenship

Introduction: Ageing and Ageism in Times of Pandemic

Sociological literature on sexual and gender diversity and care demonstrates the importance of qualitative research on older LGBTI+ adults, especially in relation to the absence of adequate policies and care training that protect people from additional layers of vulnerability in later life (Almack 2018; King 2016; King et al. 2019; Westwood 2015). King (2016) explains how the sociological interest in life course points towards an analysis that considers age and ageing from a multitude of individual, collective and historical changes, exploring biographical transitions that are part of an ongoing process of transformation. Conducting research on LGBTI+ ageing demands careful attention to the sociopolitical and historical contexts. This article will focus on

older lesbian, gay and bisexual (LGB) adults in Portugal, both before and during the COVID-19 pandemic.

In July 2020, the Aging in Europe Research Network of the European Sociology Association issued a publication dedicated to the relationship between the pandemic and ageing. It was argued that COVID-19 had a profound impact on older adults, especially in terms of socio-economic well-being and healthcare provision, ultimately shaping 'the nature of intergenerational relationships and conceptualizations of aging and old age' (European Sociological Association 2020: 2). Later in the same publication, a list of age-related discriminatory situations during COVID-19 was offered, together with a definition of ageism:

We have witnessed ageist accounts, as well as the ageist implementation of policies in social security and medical care systems, in the labour market, in access to services and technologies and media coverage. We have witnessed debates on prioritizing lives based on age, neglect in care homes, and age-based isolation restrictions among other ageist acts. We emphasise the importance of recognizing ageism as prejudice, stereotypes and discrimination based on age, and acknowledging its dangerous impact on the ongoing pandemic. (European Sociological Association 2020: n.pag.)

Similar to situations described above, in Portugal, much effort was made to keep older adults away from face-to-face interactions. Initiated by institutions and supported by families, these efforts were encouraged by official statements from the Health Ministry, which, disturbingly and unannounced, returned to the language used during the late 1980s and abandoned in the late 1990s, of the so-called risk groups. The first of these identified in official documents issued by the Health Ministry was 'the elderly' (SNS n.d.).

Conjuring up a shared imaginary, the expression 'the elderly' remained as a stand-alone category, almost self-explanatory, demanding no further justification as to why it became acceptable to use it unquestioningly. The official data released daily about COVID-19-related deaths reinforced the same homogenizing imaginary: 'elderly people' were at risk because they were elderly, they died but they were elderly, they should not leave their homes if they are elderly. This rationale contributed to a lockdown moral regime according to which the good old citizen would be the stay-at-home citizen. Despite the constitution of the republic ensuring protection against discrimination based on age, in the emergency state resulting from the global pandemic, a new discourse emerged: one that was supported by opinion makers and health experts.

Arguably, the dominant discourse regarding older adults during COVID-19 was characterized by disregard for individual agency and self-determination. The focus of this article is on the experiences of LGB people over the age of 60 and who for that reason have been considered part of a risk group for the second time in their lifetimes. Before moving to the empirically based analysis, the next section provides the background information about LGBTQI+ history in Portugal, as well as the main methodological aspects of the research. Subsequently, the article will investigate the experiences of older adults who self-identify as LGB in the Portuguese context. The last section discusses the impact of ageing and ageism on older LGB adults in present times, offering recommendations for future policy and scholarly work.

Background and Methodology

After experiencing the longest dictatorship in western Europe, which involved a great deal of repression aimed at women and sexual minorities (Afonso 2019), Portugal has been considered one of the most inclusive countries in respect of LGBTQI+ legislation, as well as one of the safest destinations for LGBTQI+ people, with low rates of both trans and homophobic hate crime (FRA 2020; OECD 2020; Santos 2021). In addition to the *de facto* union law dating from 2001, significant changes include a constitutional ban on discrimination based on sexual orientation (among other grounds such as gender, class, etc.) (2004); the recognition of same-sex domestic violence and an equalization of the age of consent at 16, regardless of sexual orientation (2007); same-sex marriage without joint adoption rights (2010); adoption and assisted reproduction, regardless of sexual orientation and marital status (2016); a gender recognition law based on self-determination (2018, substantially improving the former 2011 version) and a ban on by-default surgeries on intersex newborns (2018). This impressive change was possible due to a variety of factors, among which the determination and syncretic activism performed by the LGBT movement as it was known then (Santos 2013).

Despite these important transformations, Portuguese society is still struggling with discrimination against LGBTQI+ people, as recent studies have highlighted. The EU DIAL-funded 'Comparing intersectional life course inequalities among LGBTQI+ citizens in four European countries (CILIA LGBTQI+ Lives)' took a first look at the intersectional inequalities experienced by LGBTQI+ people across their life course in England, Scotland, Portugal and Germany.¹ It also examined how inequalities relating to gender identity and sexuality vary and intersect with other factors, such as social class, ethnicity, citizenship status, health, (dis)ability, religion and geographical location. We were concerned with inequalities at key points of transition in the life course, including entering the labour market; the middle of their career or the so-called rush hour, from the age of 40 and entering retirement and the respective plans for preparing for the end of life. Involving more than 200 interlocutors between 2018 and 2021, the project has gathered extensive interview data on the life course of self-identified LGBTQI+ people. This original dataset offered first-hand access to the complexity of lived experiences, providing insights into areas that require urgent action.

This article in particular is based on the analysis of fifteen semi-structured interviews conducted in late 2019 and early 2020 in Portugal with self-identified LGB people between the ages of 60 and 74,² and the online qualitative follow-up that included one-third of this sample during the first lockdown (March–May 2020). Recruitment was carried out using a variety of resources, both digital and on paper, and relied heavily on LGBTQI+ organization key informants as gatekeepers and snowballing from different sets of participants. All participants were living independently, with or without a partner, and their educational and class backgrounds varied greatly. Interviews were conducted from the north to the south of mainland Portugal, including urban and rural areas. All interviews were transcribed and anonymized and subject to thematic network analysis using NVivo. Three main analytical aspects prompting an unexpected

¹ Dynamics of Inequality Across the Life-course (DIAL) is a multidisciplinary research programme consisting of thirteen European projects. The projects examine the sources, structures and consequences of inequalities in contemporary societies. The programme was funded by NORFACE for the period 2017–21.

² Fieldwork was impacted by COVID-19. By the time we decided it was no longer safe to proceed with face-to-face interviews, all of the participants over 60 were self-identified as LGB, with other participants between 55 and 59 self-identifying as trans and non-binary. Our efforts to include intersex and trans participants over 60 had to be interrupted then. For this reason, the article is focused on LGB participants only.

conversation between the initial moment of the interview (2019) and the subsequent follow-up regarding experiences during the first COVID-19 lockdown (2020) will be highlighted in the next sections. These aspects are related to having experienced two pandemics in one's lifetime: isolation and relational loneliness; and health and care networks.

The next section is structured on three main topics stemming from the analysis of the narratives and experiences of people over the age of 60 who self-identify as LGB (lesbian, gay or bisexual), prior and during the pandemic. The chosen analytical categories are pandemic 2.0, isolation and relational loneliness and health and care networks. Each topic will consider excerpts from interviews originally carried out within the scope of the CILIA LGBTQI+ Lives research project in 2019 and 2020, which are part of the dataset currently under analysis in light of age and ageism as part of the REMEMBER research project.

Ageing as a LGB Person in 2020s

Pandemic 2.0

One of the least discussed aspects of the COVID-19 pandemic is the symbolic impact of identifying the so-called risk groups allegedly vulnerable to contagion. This conceptual and political choice, far from being neutral, has several implications that require a closer analytical exploration. The notion of a risk group resonates with the reality experienced by many during the 1980s and the early 1990s, when another virus, equally unknown and devastating, led to the socially condoned segregation of a very specific group of people who were then labelled as a risk group. Those were the times of HIV/AIDS, initially referred to as the gay plague. There is an extensive literature that investigates the multiple political and individual impacts of that category (Epstein 1996; Jarman 1993; Sturken 1997; Watkins-Hayes 2014). Even if that impact has not been fully undone at the sociocultural level, it took several decades to reverse the stigmatizing discourse at least in health-related policies, replacing risk groups with 'risk behaviours', without again falling into the trap of making an immediate link between illness and any homogeneous group of individuals. Such historical understanding of health-related concepts and why they changed over time is necessary to contextualize why the use of the term 'risk group' by the Health Ministry in 2020 triggered discomfort. With a 40-year hiatus between the 1980s and the 2020s, this unexpected confluence of meanings and emotions associated with the topic of illness has been experienced in a dramatic and, again, silent way by LGBTQI+ people.

One of the participants in this study, Adolfo, explained in detail how AIDS affected his personal and family life, having lost several significant people during the 1980s. One of the most striking episodes refers to the period when his partner died, after which he decided to spend time at the home of his father, with whom he had a close relationship:

At that time, I wanted to be with my father. My father lived in the north with the woman he had married in the meantime. I went to the north, and stayed at his house, of course. But she said that I couldn't take a bath using the bathtub, because she was afraid the bathtub would become infected [...]. I never, ever forgot it. So, OK, I didn't take a bath using the bathtub, I had to shower using the maids' facilities. (Adolfo, gay, 70–74 years old, initial interview)

Another interviewee described what he considered to have been a crucial time for the people of his generation:

It was a terrible time, because it affected several friends of mine, also acquaintances, and they were dying, people I related to. And it was a time of panic, absolute panic, because there was little information and there was a lot of fake news. And, quite often, we realized that we could get the disease very easily, right? As if it were [...] you know, any relationship, any kiss, anything could go wrong. So it was a real panic, a horrible thing. [...] Any symptom, any belly problem, I thought 'OK, diarrhoea, this is a symptom of AIDS'. I was always scared, you see. I was doing a lot of tests, a lot of HIV tests. It was a terrible time, really, and a time of great sadness. And we would avoid clubbing, no, I didn't really go out at that time, no [...]. I mean, people didn't leave the house, did they? (Luís, gay, 70–74 years old, initial interview)

Like Luís, several people interviewed felt that history repeated itself in the beginning and towards the final stages of their lives. Despite contrasting differences between the AIDS-related stigma and how health authorities behaved in the 1980s, on the one hand, and the global and almost instant mobilization that happened regarding COVID-19, on the other, the experience of several interviewees in 2020 resembles much of what they had already lived through during the 1980s. Indeed, even the language commonly used to speak of the present moment – including concepts such as viruses, contagion, transmission, infected, symptom, having the test, staying in isolation and risk group – seems to have been transferred from another time. And not just the concepts, but also the proposed measures and practices adopted to face the disease – the condom of the 1980s converted into the FFP2 mask of the 2020s, safe sex transformed into social distancing and the same kind of diffuse, generalized fear that converts illness and infection into stigma. A participant, referring to his kidney illness, reported:

When I got sick, I was admitted to hospital, and then there was the question [from a co-worker]: 'People are spreading rumours. Have you got AIDS or not? Colleagues are spreading this rumour'. [...] And even today, after 20 years, I think that's what they think still. They took away all of the work from me, they thought I was going to die, treated it as if I was dying. In their minds, they think: 'That faggot has got AIDS and he's not dead yet'. And this is it, my life. (Salvador, gay, 60–64 years old, initial interview)

Manuel also mentioned how stigmatizing it was for the gay community at the time and the lingering effects of that:

That was a serious setback, something that dropped right on us. On top of everything else that was going on, people would say that 'homosexual groups' were the ones at risk and so it was almost like a curse. And then being pointed out, like: 'because of them, this. And now, they will all be infected'. [...] Now, those things are over [...]. But that stigma was always there, right? (Manuel, gay, 60–64 years old, initial interview)

During the follow-up interviews, when asked if present times were reminiscent of anything they had experienced before, the parallel between HIV/AIDS and COVID-19 was immediate:

This period reminds me of when my life partner died of HIV. Some people were afraid of me, even if I had not been infected. It was annoying, but I could understand it from a rational point of view. (Adolfo, gay, 70–74 years old, COVID-19 follow-up interview)

The outbreak of the current pandemic caused me fear, anguish and anxiety, but less so than at the height of HIV/AIDS infections, the only comparable circumstance I experienced. And that was

because in the earlier case I lost several very close friends, including one with whom I cohabited. In both cases, I internalised the fear of being infected, to the point of feeling panic attacks relating AIDS to small spots on my skin or some belly issues or COVID-19 to trivial coughs and insignificant hot flushes. (Luís, gay, 70-74 years old, COVID-19 follow-up interview)

The feeling of being in a pandemic for the second time in one's life, when the first had devastating personal and sociopolitical consequences, has had an impact on mental health and emotional well-being, bringing to the surface memories associated with latent fear and loss since the 1980s. This leads us to the second main aspect resulting from the interview data.

Isolation and relational loneliness

The second aspect related to the narratives that we ought to highlight is the strong isolation and relational loneliness, sometimes associated with the sexual invisibility felt by LGB people over the age of 60. Many of the participants interviewed before the pandemic identified as their main difficulty as older LGB people was the fact that they were no longer subjects of sexual desire. This change was felt by women and men from 'a certain age', which varied according to each person's intimate biography, resulting in discouragement in a transversal way, aggravated in cases in which the relational situation did not already include a partner:

[Interviewer: Does age affect this possibility of enjoying sexuality?] Interviewee: Ouch! It does. It affects us, because we are seen as: 'Look, those pigs, old people and still [...]'. When you're young, everything is forgiven, but when you're old. [...] [Interviewer: And at what age do you stop being forgiving?] Interviewee: I don't know. I do not know. But, look, from my age onwards! Perhaps it also depends on the person's looks, right? Older people are seen in a certain way: 'Look at those, that old, and they haven't been cured yet'. (Manuel, gay, 60-64 years old, initial interview)

[Interviewer: What challenges do you encounter in your daily life?] Interviewee: There's isolation [...]. What is left as we age? Friendship, tenderness, presence, cuddles [...]. But it's not like one can no longer have an active, physical and sexual life [...]. I have to be honest here: what I'm afraid is of not having a satisfying relationship ever again. (Anabela, lesbian, 60-64 years old, initial interview)

In times of pandemic, the possibility of overcoming relational difficulties experienced by older adults in enjoying intimate and sexual citizenship is even more compromised:

Much of the self-confidence, trust and freedom of occasional encounters is lost now. (Miriam, lesbian, 60-64 years old, COVID-19 follow-up interview)

I miss being with my 'traveling' friends and companions, hugging them, looking at them, touching them. (Mafalda, bisexual, 60-64 years, COVID-19 follow-up interview)

Obviously, confinement has led to greater isolation among the LGBT people of my generation. Everyone I know has stopped socializing. (Luís, gay, 70-74 years old, COVID-19 follow-up interview)

In general, both before and after the pandemic, respondents said they did not feel part of a LGBTQI+ community, which, otherwise, could be expected to act as an important source of (sexual or other) sociability. Logistical difficulties in participating in events, such as support

groups or marches, were mentioned in interviews, especially by women. The gendered aspects of politics and collective action in the context of a patriarchal, family-oriented society in which women are overburdened with care-related responsibilities and scarce resources explain these difficulties expressed mostly by lesbian and bisexual women (Ferreira 2014). Since almost every event happens face-to-face and is based in cities such as Lisbon or Porto, participation involves travel arrangements and expense, as well as additional logistical difficulties that contribute to isolation.

It is also important to notice that policies aiming at promoting the so-called active ageing in the twenty-first century have not been able to place sexuality at the centre of the narrative, and therefore sex involving older adults remains taboo. There is indeed a deafening silence about sex in old age, which is in sharp contrast to the amount of information related to health care that, to a great extent, invariably excludes sexual health (Segal 2014). If this silence involving sexuality is oppressive for the over-60s, it becomes doubly oppressive for those whose sexuality or gender identity were always different from the majority and therefore became key features in the construction – and performance – of the self. Arguably, ageism pushes LGBTQI+ older people in general into a multiple invisibility and an amplified oppression, which ultimately results in the denial of their existence.

Based on the responses during the interviews, contacts with other people since March 2020 were often restricted to the partner, when participants had a partner. This reveals an additional dimension of the pandemic: relational loneliness, sometimes associated with risk behaviour. Asked to comment about the impact of social distancing, Salvador replied:

[The impact is] huge on older people who live alone and who are sick (HIV and other illnesses). With the closing down of places in which to socialize, it came to my attention that people with an intense sexual drive are engaging in risky behaviours, not only for COVID-19 in the case of casual sexual encounters, but also in relation to sexually-transmitted infections. (Salvador, gay, 60–64 years old, COVID-19 follow-up interview)

This excerpt raises important questions in the area of health, leading us to the third and final aspect to be highlighted.

Health and care provision networks

Parallel to the previously mentioned detachment from the LGBTQI+ community, the sources of care cited during interviews were surprisingly scarce, considering the age group. In addition, where the interviewee had one, care provision was centred on their partner and there was a tendency to overemphasize independence and self-sufficiency, downplaying the potential need for care.

As far as the family of origin is concerned, very few of the interviewees had at any moment in time held an open conversation with their parents, siblings, nieces or other relatives about their sexual orientation. Most assumed their family knew, abiding with the tacit policy of ‘don’t ask, don’t tell’. Life partners are accepted at family events as if they were close friends, and even in cases when people are married, the family of origin was not always informed or invited to the ceremony. For the majority, the closet remains largely unchallenged by the secret wish that relatives somehow know. The role of neighbourhood and friendship seems significant, assuming greater importance than the biological family, including descendants.

As for end-of-life plans and preparation, most of those interviewed did not have a structured plan or any idea about how they wanted to spend their final years. Some mentioned their partner as their only end-of-life support network, which is a powerful example of what we elsewhere define as the tenacity of the couple norm (Roseneil et al. 2020), while others decide to leave it to chance although nevertheless showing concern for the future. The absence of plans is not the same as the absence of dreams – the possibility of living in a community, independently, but surrounded by people who think and live gender and sexuality in an identical way, is part of the desire of several of the people interviewed. Co-housing or LGBTQI-specific forms of housing thus emerge as forms of preparation for older age that would be welcomed by LGB participants over the age of 60, a finding that is consistent with previous studies (Almack 2018; Lottmann and King 2020; Westwood 2015).

The absence of informal support networks that can be trusted over time, especially in relation to healthcare provision, is particularly concerning in the context of a pandemic. Once again, it seems the care network deficit is not a novelty brought about by the pandemic but rather is aggravated by it.

Salvador, reflecting on his present life as a gay man over the age of 60 and with a degenerative disease diagnosed several years ago, summarizes many of the points that are important to retain in relation to the deficit care networks in a context of structural homophobia and ageism:

I know this suffering all too well, my progressive isolation [...]. My loneliness, which is very, very prominent, led me to not having a real network [...]. People are too scared, certain situations of mine are too unbearable. I get it, I don't have any expectations [...]. People who don't have these problems simply run away. (Salvador, gay, 60–64 years old, initial interview)

[This time reminds me] of the many times I was admitted to hospital previously, having to depend on others for many tasks or having to postpone them altogether, with what that implies in terms of losing the control of daily life. In this sense, the difficulties of lockdown were not unknown to me, but they got worse, mainly because I am now much more alone and weaker than when I was young and the same thing happened to me. (Salvador, gay, 60–64 years, COVID-19 follow-up interview)

In fact, many older LGBTQI+ people were already in lockdown years before lockdown became a hashtag.

Discrimination based on sexual orientation or gender diversity triggers situations of great concern that involve formal healthcare provision in hospitals, clinics and health centres, with evident consequences on emotional well-being before, during and after the pandemic. Before the pandemic, Salvador said:

At the hospital, I was asked 'Who's your next-of-kin? Who should we notify in the event of death?' I gave the name of my partner. 'Do you have a relative, someone in your family? Have you no family? Is he a stranger?' Silence, everything freezes [...]. [On another occasion, at a consultation] I noticed the doctor's anger because I flatly refused, I moved away from the conversation and was visibly upset when she said: 'Don't you have family? But why didn't you get married? Is there no one to treat you, then?' She understood exactly what it was about, but she wanted me to confess, you see? [...] And I didn't want to get to the situation of having to get

up and say, 'I refuse to be treated', and then go home, knowing that I would be going home to die. (Salvador, gay, 60–64 years old, initial interview)

And then, during lockdown:

[In what ways, if any, did the pandemic impact on your physical and/or emotional well-being?] It had too much of an impact, given the isolation and the fact that I'm not able to move to do everyday tasks. I felt permanent distress with changes and problems in the health system (purchase of medicines, inability to travel to the hospital and fear of resorting to the A&E department of other hospitals [...]). My deteriorating health situation [...] admission to hospital and recovery in progress trying to overcome the moments of exhaustion and panic. However, I made an emergency will and a funeral plan for myself with all the arrangements and post-mortem services. (Salvador, gay, 60–64 years old, COVID-19 follow-up interview)

Several participants reported mental health issues, particularly about how they were coping with fears, general anxiety, isolation and suicidal ideation. Our interviewee, Castro, for instance, reported the loneliness and sadness this pandemic brought upon him, despite being married and having socio-economic stability:

I feel like I'm stuck [...]. I miss going out. We communicate much less. I am saddened by everything that is going on. (Castro, gay, 65–69 years, COVID-19 follow-up interview)

Past experiences of inequality and discrimination continue to impact upon present lives and thoughts about the future. When asked about what they feared in the future, several interviewees mentioned homophobic violence, the escalation of extreme-right populism and the anti-gender backlash that may erase rights that are simultaneously considered fundamental and fragile (Santos 2021).

Healthcare provided to older LGBTQI+ people must necessarily include attention to the area of emotional well-being and mental health (Bailey et al. 2019), which was very delicate in most of the interviews we conducted before the pandemic and got worse in a context of crisis.

Employing a sexual- and gender-sensitive lens, in the next and final section, the impact of ageing and ageism on older LGBTQI+ adults in present times will be discussed, including recommendations for future policy and scholarly work.

Impacts of Ageing and Ageism on Older LGBTQI+ Adults: Concluding Notes

According to the Portuguese Observatory of Loneliness (ISCET n.d.), it is among older adults that the pandemic has the most damaging effects on a psychological and behavioural level. Avoiding simplistic generalizations, these effects must be analysed in the light of a particularly ageist context that pushes people over the age of 60 into an artificially homogenized category, without taking into account that the life course, including ageing, results from individual, collective and historical factors. Context-based conditions become particularly significant in moments of crisis or transition in the life course, as they are determinant by the type of response available to face vulnerability, as well as to the ability to imagine brighter and inclusive futures (Jones 2011).

This article focused on ageing through a lens of gender and sexuality that, instead of obliterating nuances, values multiple belongings and the sexed body as a place of speech and resistance (King 2016; King et al. 2019; Traies 2016). In Portugal, despite positive social and political changes, the topic of LGBTQI+ ageing remains hidden, locked down in a persisting closet

for different socio-historical reasons that now find an additional layer offered by COVID-19-related lockdown and social distancing.³ Life stories narrated in the first person are crucial tools for understanding the experiences and concerns of a significant portion of the population that is often invisible. Evidence-based research is also fundamental for the design of policy measures and targeted intervention seeking to bring relief, justice and repair in a context of more and better citizenship for all. Portuguese academe is taking its first steps in the study of ageing and sexual diversity (Afonso 2019; Cascais 2020; Rodrigues 2021; Silva 2018), and this article seeks to contribute to future scholarship in the field of LGBTQI+ ageing studies in southern Europe.⁴

The three aspects highlighted in this article – going through a pandemic for the second time, relational loneliness and the deficit of care networks – contain an enormous sociological value that will hopefully inform future work. The stories unfolded express needs and concerns that are shared cross-nationally, which enable the formation of connections and the identification of patterns in the way vulnerability deriving from discrimination is aggravated in contexts of crisis, such as a global pandemic. It is important to note that the people who responded to our call for a follow-up on lockdown experiences had tended to be better off and were generally digitally literate, which was not characteristic of the overall sample of interviewees nor of the older LGBTQI+ population in general.⁵

Older LGB citizens continue to experience inequalities later in life, amplified by the fact that stigma and discrimination at the workplace can affect material resources during retirement. This is a reason for additional concern, due to the general absence of informal care and support networks in daily life, lack of end-of-life plans and recognition of how ageing and ageism intersect with discrimination based on sexual orientation, gender identity, gender expression and sex characteristics. These findings, based on a small LGB sample, are undoubtedly applicable to the broader LGBTQI+ population. Therefore, claims that life has improved for LGBTQI+ people do not always hold up to scrutiny nor match the lived experiences of individuals. Policymakers should note that despite social and political progress towards recognition, protection and for valuing diversity and equality for LGBTQI+ citizens in Europe, the implementation of policy at national and local levels is uneven and lacks monitoring, consolidation and mainstreaming.

Considering the experiences of LGB people over the age of 60, it is safe to argue that a pandemic constitutes a scenario of biopolitical intervention through which inequality is aggravated, surveillance is encouraged and citizenship rights are disputed alongside the duties of discipline and civil obedience. In this process, some bodies emerge as experts, as strong or reliable, while others remain fragile, silent and are rendered subordinate, even if this is allegedly for their own safety. In all of this, it is important to note that discrimination is intersectional and cumulative, which historically puts LGBTQI+ people at an increased risk. The isolation of LGBTQI+ people over the age of 60 aggravates the dangers to which this heavily neglected population is

³ For a more detailed account, please refer to the DIAL Podcast: 'From outcast to citizen: The time travels of LGBTQI+ elders, 2020' (Garrington 2020).

⁴ In addition to scholarly work, it is important to acknowledge the social awareness project Best4OlderLGBTI, which finished in 2020, and previous initiatives by NGO Opus Diversidades.

⁵ Data made available by the Fundamental Rights Agency for Portugal, for example reveal that 32 per cent of LGBTI people over 55 have economic difficulties. In this sense, since March 2020, there have been several calls to alleviate shortages due to job insecurity and lack of financial resources (including informal economy) during lockdown. These efforts were validated by the Portuguese Assembly of the Republic, which, in August 2020, approved a recommendation to the government to support LGBTQI+ organizations in the context of the epidemic crisis.

exposed, in particular situations related to economic and emotional fragility, chronic illness and mental health, especially in cases in which ageing is associated with digital illiteracy and the absence of an adequate support and care network. In parallel with ageing-related policies (Paulino and Costa 2018; Perista and Perista 2012), it is necessary to invest in sociocultural change by promoting visibility and affirmative action in the sphere of sexual and gender diversity in old age.

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