

“We were in a partnership that wasn’t recognised by anyone else”: Examining the Effects of Male Gay Partner Bereavement, Masculinity and Identity

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Abstract

Research with older gay 'widowers'¹ is relatively rare and the majority focuses on the AIDS/HIV context, rather than on broader causes of death. However, drawing on studies of heterosexual spousal bereavement, we suggest that older widowers are faced with two competing challenges which impact on their identity. They are expected to grieve in a socially acceptable manner, while at the same time conform to hegemonic masculine identity. We investigate whether gay widowers face the same challenges and whether there are additional challenges compared to heterosexual widowers following the loss of their partners. We interviewed 20 older gay widowers about their experiences. We illustrate our findings with four case-studies. We find that gay men, like heterosexual men, manage the challenges of normative grieving as defined by hegemonic masculinity. However, gay men also face challenges of gay identity. We discuss the ways in which these men negotiate the intersectionality of grieving, masculinity, and being gay. In addition, identities are reconstructed in response to expectations of the gay community. Finally, gay men have to negotiate their position as grieving widower within the wider social context.

Key words: Gay men, spousal bereavement, masculinity, identity

¹We use the term widower to refer to the loss of a gay man's partner, regardless of legal marital status

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Effects of Male Gay Partner Bereavement, Masculinity and Identity

Relatively little empirical research has examined the impact of same-sex male spousal bereavement (Hansen et al. 2006; Hatzenbuehler, Nolen-Hoeksema and Erickson 2008). Of this work the majority has focused on those whose partner died from the HIV/AIDS virus (see Campbell 1999 for a review). Much less work has focused on gay partner loss from other causes of death such as stroke, cancer or heart disease (Hornjakkevyc and Alderson 2011). The focus of these studies has been on the psychosocial effects of the bereavement, without emphasis on the wider bereavement context. Almack, Seymour and Bellamy (2010)'s work on end-of-life care amongst lesbian, gay and bisexual older people in the UK touches on bereavement issues. They point to the importance of support that comes from 'non-traditional' sources or families of choice. However, no work to date has examined the impact of spousal bereavement with respect to normative grieving, masculinity and gay identity. In this paper, we address this deficit and examine the relationships among normative grief, masculinity and ageing and their implications for gay men's identity.

Bereavement challenges how one views oneself and how one is viewed by others, and this especially so when one is bereaved of a partner, whether one is gay or straight. Stryker and Burke (2000) argue for a reciprocal relationship between self and society where identity is constructed, in part, through relationships with others; how one understands themselves as a member of a social group as well as how one distinguishes themselves from these others. Bereavement forces individuals to acquire new information about the self, and has the potential to change identity as a consequence of challenges to values and through disruption to social

relationships and roles (Shaefer and Moos 2001). Buss (1980) detailed how most theoretical formulations of identity comprise both public and private conceptualisations. He described private identity as "that which is me, mine, and personally and uniquely mine" (p.121), while the public identity was found in "roles, relationships and membership in groups" (p.121) (see also Brewer and Gardner, 2004; Marcus and Cross, 1990 and Trafimow, Triandis and Goto 1991) Both identities are challenged by bereavement for both widows and widowers (Bennett 2007 2010; Soulsby 2011).

Another way to understand identity in the context of long-term intimate relationships is relational identity. Although, the majority of this research has focused on married couples (Berger and Kellner 1970; Burke 2006; Lopata 1973), recent work has begun to focus on cohabiting relationships as well (Soulsby and Bennett, submitted). Lopata was the first scholar to address issues of identity and widowhood. She argued that married couples experienced a depersonalisation of identity over time. In her study of widowed women she argued for the pervasive identity of widow, following their bereavement. More recently, van den Hoonaard (1997) argued that widowed women experienced identity foreclosure when their husbands died. However, Bennett (2010) found that widowed women reported an augmented identity. Here women did not lose their identities as married women, rather they maintained their identity as a wife and also acquired the identity of widow. Therefore, women experienced conflicts between how they viewed themselves and how they were viewed by others.

The same researchers have also focused on older widowed men (Bennett, Hughes and Smith 2003; Bennett 2007; van den Hoonaard 2009; van den Hoonaard, Bennett and Evans 2013; see also Moore and Stratton 2003). They have called attention to the relationship between widowers' identity and masculinity performances that reveal the influences of hegemonic masculinities. For example, Bennett (2007) examined the challenges faced by widowed men in

reconciling the expectations of normative grief and hegemonic masculinity and found that bereavement challenged the 'No Sissy Stuff', 'The Big Wheel', and 'The Sturdy Oak' standards of masculinity that Brannon (1976) identified. However, she concluded that widowers were able to express their emotions whilst preserving their masculinity by using rhetorical devices of emotional control, rationality, responsibility and successful action. van den Hoonaard (2009), in her study of older widowed Canadians living alone, observed that men used the interview situation to assert their masculinity, and that it was important for them to do so because their position as men was precarious since they were not young, not employed and no longer in a heterosexual relationship. She discussed how the interview provided an opportunity for widowers to make sense of their wife's death and for them to "reinforce their masculinity" (p. 264). Interviews with older widowed women do not display the same dynamics, nor an equivalent stance of demonstrating that they are women. In later work, van den Hoonaard, Bennett and Evans (2013) explored the narratives of the events leading up to the death of their wives, using data from both North America and the UK. They utilised Kirsi, Hervonen and Jylhä (2004)'s work on narratives of men caring for their wives. van den Hoonaard et al. found that widowers' masculine identity was challenged by the events leading up to the death of their wives. Widowers used the masculine speech of agency, fact, family responsibility, and destiny to recount the stories of the deaths of their wives, once more emphasising their masculine identities. In agentic speech men described what they had done to look after their wives. In factual speech, they remembered names and dates and reported events in an unemotional manner. In familistic speech they demonstrated their responsibility for their wives. Destiny speech was used only when they were unable to control the situation. van den Hoonaard et al. introduced two additional sub-types. Self-blame was a sub-type of familistic speech, where men blamed

themselves for not doing enough for their wives, and medical-negligence was a sub-type of destiny speech when health professionals had failed (from the perspective of the widower) to act appropriately. van den Hoonaard et al. argue that widowers reconstruct their masculine identities through speech following spousal loss.

Implicit in the discussions about widowers' self-presentation, even during interviews, is the concept of normative grieving. Because there is an expected, culturally specific way of grieving, the bereaved are expected to behave in particular ways: show certain emotions; not marry too soon afterwards; and publicly mourn their loved ones (Hansson and Stroebe 2007). For men, the challenge is negotiating the experiences of bereavement with the expectations to be a man. The challenge has the potential to become greater when men are gay. Gay men are faced with three challenges: their private bereavement; managing masculinity performances; and all while being gay in a straight world. Too little is known about how these challenges intersect.

The majority of research on bereavement in gay men has taken HIV/AIDS as its focus. Campbell (1999) found that the HIV/AIDS bereavement experience was influenced by the effects of multiple losses. Bereaved partners, other caregivers, and some friends were uniquely challenged by concern with their own HIV status and the stigma or discrimination of an HIV/AIDS death. Nord (1997) argued that experiencing the multiple losses of friends and/or partners through HIV/AIDS, in particular at a young age, impacted on wellbeing. He suggested that identity disruption was, therefore, inevitable. His work is especially relevant in the context of public and relational identity, since the loss of multiple relationships leads to frequent readjustments in identity.

Wright and Coyle's (1996) qualitative study examined sixteen gay men whose partners or friends had died from HIV/AIDS. They found that social stigmatisation following bereavement

was common, as were dysfunctional grief reactions (e.g. smoking and drinking more, and increased levels of anxiety), and they identified a variety of positive coping strategies which included engaging with HIV agencies. Hornjatkevyc and Alderson (2011) conducted a non-HIV/AIDS bereavement context study. They interviewed eight bereaved men and a central finding was the importance of relationship validation to the bereavement experience. Another key feature was sexual identity. They also found that men were keen to distinguish their losses from HIV/AIDS to avoid prejudice. Shernoff found bereaved gay men experienced isolation and unacknowledged bereavement (1997). Unacknowledged bereavement refers to situations where the deceased's family and/or their wider community do not recognise the deceased partner's position as mourner or accept the partner's right to grieve. Shernoff suggested that, unlike heterosexual widowers who received some support, bereaved gay men experienced "disenfranchised grief" (p144).

This disenfranchisement comes from at least three sources – gay men's positions within wider society, gay men's position within gay society, and the relationship between being a gay man and hegemonic masculine expectations. First, gay men are typically marginalised in society (Connell and Messerschmidt 2005; Kushner, Neville and Adams 2013). In many countries gay men do not have the same rights as straight men. They do not have the same rights to marry, are not free to engage in gay sexual behaviour or to parent children (Patterson and Redding 1996), and the position of gay men within many organised religions is tenuous at best. Gay marriage was only legalised in the UK in 2014, and in the majority of states in the USA gay marriage is not legally sanctioned. Thus, few Western societies have been equipped to support gay men who have lost their partners with the context of normative grief.

Second, middle-aged and older bereaved gay men's positions within gay society are also tenuous. This stems from two sources. On the one hand, in the context of HIV/AIDS, there remains stigma for men who divulge their status as widowers. In Hornjatkevyc and Alderson (2011)'s study, for example, participants were keen to distance themselves from HIV/AIDS, and Wright and Coyle (1996) found that stigmatisation was a key theme in their study of men bereaved through HIV/AIDS. On the other hand, in most gay communities the emphasis is on youth, physical appearance and sexual experience, which disenfranchises older gay men, or gay men who are unwell. Haber (2009) suggests gay men who look young and attractive are privileged, especially when on 'the scene' (see also, Halkitis 2001). Only recently, has research focused on the experiences of older gay men, whether bereaved or not (Heaphy 2009; Herdt and De Vries 2004). Third, the available research hints that there is an overlap between expectations of gay men by gay men and masculine ideals more generally that privilege the importance of youth and sexual prowess. However, as Fischgrund, Halkitis and Carroll (2012) note, research has not focused greatly on the influence of masculine norms on the wellbeing of gay men.

To the best of our knowledge no study has considered the impact of normative bereavement and hegemonic masculinities on widowed gay men. This paper addresses this deficit. Our primary research interests are on: 1. the influence of hegemonic masculinity and normative grief on the experience of gay spousally bereaved men; 2. the ways in which these experiences impact on identity and identity reconstruction; and 3. the impact of aging, both at time of bereavement, and time of interview on the experience of bereavement and identity reconstruction. We select four case-studies from our 20 interviews to illustrate our findings. The case-studies represent the commonalities of experience of the wider sample with respect to age (younger vs older) and cause of bereavement (HIV/AIDS vs. other causes).

Method

Participants

Participants were 20 middle-aged and older gay men whose partners had died between six months and twenty-three years earlier (range = 37-83; mean = 9 years). 14 were not repartnered at time of interview. They had lived with their partners between 3 and 47 years (mean = 15.6). Nine men were British living in the UK, a further 5 men were born elsewhere but were living the UK. The remainder were living in North America or Mexico (one of whom was born in the UK) (n=6). Table 1 shows brief demographic information for the sample and greater detail for the four illustrative cases. Participants were from a variety of socio-economic backgrounds, and the majority were in employment (n=16). Reported causes of deaths were HIV/AIDS, (n= 9), and non-HIV causes including suicide, cancer and cardiovascular disease (n=11). The analysis focuses on four case-studies of British men, living in Britain. We focus on British men living in Britain because, whilst wider cultural issues were of interest in the wider study, we wanted to streamline our focus on men with a shared culture. Of these four men, two were bereaved aged 40 or under, and two aged 60 and over. Two were bereaved from HIV/AIDS and two from other causes.

Recruitment

Participants were recruited via a poster, leaflet, e-mail and social media campaign focusing on HIV/AIDS charities, regional and national gay men's health and wellbeing organisations, and hard to reach bereaved gay men who lived in rural locations who were involved in UK based social groups such as walking, gay men's health and wellbeing organisations. Interested participants contacted the first author via email or by telephone if they wished to participate and an information sheet was provided and any questions or concerns the

men had about the research were fully addressed at that stage either through email or over the telephone. Participants were not remunerated.

Before the interview commenced the men were invited to ask questions about the research and confidentiality and anonymity were assured. Informed consent was obtained. Pseudonyms are used and identifying features changed. The men were given the right to withdraw their data without prejudice at any stage of the research process.

The study received ethical approval from the University of Liverpool's Research Governance Committee and was part of research examining ageing and bereavement involving men and women during later life. Signed informed consent was obtained from all participants and issues regarding confidentiality were addressed before the interview was undertaken.

The Interview

Interviews lasted between 50 and 250 minutes and were digitally voice recorded. Seventeen of the men were interviewed in person or using online video conferencing. Three men preferred to complete text free boxes asking the same questions. All four of the case-studies were interviewed in person. The interview itself was semi-structured and asked initial questions about age, ethnic origin, and the participant's job and deceased partner's sociodemographic background. Participants were asked to describe what life was like when his partner was alive on a daily basis with questions such as: 'Can you tell me what life was like when your partner was alive?' and 'What did you do on a day-to-day basis when he was alive?' The interview then moved to the events leading up to the death: 'Can you tell me about the circumstances of your partner's death?' This was followed by questions about what life was like a year after he died. Participants were also asked to talk about their life now. Questions were asked about any changes in identity. These included: 'how would you describe yourself to me now?', 'how would

your closest friend describe you now?’ and ‘how would you say your identity has changed during this time as well?’. Participants were also asked about their views of society's tolerance of LGBT issues, the adequacy of LGBT bereavement agency support in their own area, and what general advice they would give to a bereaved gay man in the same position as themselves today.

Analysis

There were three stages to assure the rigor of our analysis. First, interviews were coded using grounded theory (see for example, Bennett and Vidal-Hall 2000; Charmaz 1995). The interviews were transcribed verbatim, then read line by line by the first author to gain an impression, and then reread to identify themes. All interviews were read by the second and third authors. The second independently coded half of the interviews and the third, one quarter. The team then came together to discuss their coding and the emerging themes. Thus, developing themes were agreed through a process of discussion and consensus. In this initial analysis more than 50 codes were generated by the research team, and from these eight super-ordinate themes emerged: bereavement experiences; identity; masculinity; LGBT issues; ageing; social support; emotional responses; and cultural issues. Second, the super-ordinate themes of masculinity, identity, ageing and bereavement experiences were analysed in fine-grained detail, following the broad principles outlined in 1 above. Finally, four case studies were chosen to represent age at bereavement and age at time of interview and HIV/AIDS, non-HIV/AIDS causes of death. For simplicity of comparison, only British born, British resident men were selected.

Findings

The data show that bereaved gay men share similar identity concerns to heterosexual widowed men. Issues around normative grieving, hegemonic masculinity, and identity

challenges are common. However, in addition, the gay men face expectations of the gay community and issues around gay identity, which include ageing in relationship to the gay scene.

Adrian

Adrian was a British gay man who had lived with his partner for four years. His partner committed suicide nine and half years ago. He was bereaved when he was 40 and was 49 at the time of interview. Adrian represents one of our younger bereaved men both at time of bereavement and at time of interview. He is now repartnered.

Responses to Hegemonic Masculinity and Normative Grief. In speaking of the events which led up to his partner's suicide, Adrian describes actions, and uses language, in similar ways to those of older straight widowers (van den Hoonaard et al. 2013). He describes how he went with his partner to seek medical help and how he remains angry about the form of treatment his partner received. Drawing on van den Hoonaard's paper, we suggest that he demonstrates his agency by making the doctors appointment, and like the straight widowers he invokes the medical negligence component of fatalistic speech, by referring to the 'locum' (i.e. a stand-in doctor):

He was diagnosed as being depressed and prescribed anti depressants. I went with him to the Doctor's. You know to the appointment, and the doctor, it was a locum, and I'm still angry about it.

He goes on to say that, like the other men in the sample, in the weeks before his partner's death he was juggling the competing demands of work and caregiving. He continues to use masculine language to describe how he wanted his partner to respond to his illness; he wanted his partner to *fight* (our italics) the depression and instead his partner was passive.

So I was angry for him but he was quite passive about it That thing where you're spinning plates on sticks, and I'm trying to keep everything going. And working night shifts and getting up at 6 o' clock in the morning, and getting home and finding Ben is still in bed and getting angry with him. 'Come on fight against this depression!'

He also speaks of the challenges that bereavement brings to masculine ideals. In the first quote, below, he speaks of his mother in a way that differs from older heterosexual widowers. Adrian is also reflecting on his own struggle living up to, or indeed failing to live up to the masculine standards he would like to attain:

I said I don't want to go back and I went to the doctor's and they gave me a sick note. I sound like a mummy's boy, as I mention my mum a lot. She said, 'do what you want'.

That Adrian's mother is an important support after his partner's death may be a reflection of his relatively young age: unlike many older men (and women), Adrian still has a parent on which to draw support. In interviews with younger widowers, Soulsby (2011) found that parents were an important source of support for widowed children.

Adrian also highlights the two differing approaches that people take to dealing with bereavement and the uncertainty about which approach would be best for him.

Take the time you need for yourself. As I was actually contemplating work as it would keep me busy and take my mind off things. But part of me was saying look after yourself.

Taking time for himself would be a more nurturing and prototypically feminine response, especially with the use of the words *look after yourself*. It certainly is not a prototypical

masculine response. Although throwing himself into work is a typically masculine response - the use of the word *actually* suggests that Adrian surprised himself by his own response. The push and pull of the need to grieve and the need to perform gender as a man is also reflected in this next quote:

Part of me was wanting to get on with life, the other was wanting to crawl under a stone. I was pretty...pretty early on after he died I was in bed and I was crying a lot. But I thought he didn't do this to stop me, or harm me, or stop my life moving forward.

Adrian describes his response:

Stoic I suppose – it's a horrible word but that's how I felt.

Adrian illustrates well the challenges that bereavement places on hegemonic masculinity and experienced by other men in the sample. His interview differs from straight widower's interviews in his acknowledgment of a more typically feminine or nurturing response to his bereavement. Rather than reflecting a masculine-feminine dichotomy in bereavement response, Adrian's responses may instead reflect a differentiation between straight and gay responses to bereavement. In interviews with the younger men, in particular, there were differences between straight and gay responses to bereavement, including a more openly emotional response to grief and these differences were noted by the men themselves.

Public and Private Identity. Adrian faced additional challenges as a bereaved gay man. At the time of his partner's death in the UK there were no civil partnerships nor gay marriages. As Adrian says:

We were in a partnership that wasn't recognised by anyone else.

Adrian is faced with a challenge to his relational identity. If Adrian's understanding of himself is, at least in part, defined by his relationship with Ben, then like other widowed people, Ben's death creates a crisis of identity. If this relationship is not validated by others after Ben's death, then this part of his identity is disenfranchised. The lack of recognition, an unacknowledged bereavement, of his relationship also presented Adrian with difficulties over funeral arrangements and a degree of disenfranchised grief (Shernoff 1997).

His Mum organised the funeral. She didn't let me into that at all really. Her words were, 'I'm next of kin, I'll organise everything'.

Nonetheless, Adrian did try to assert his position as bereaved partner and at the same time he maintained his masculine identity by keeping busy and being organised:

So I tried to keep in touch with his friends and my friends.

This may also have been a means of maintaining his shared identity with his partner and the friends of his partner. It may represent a validation of his relationship which was denied by his partner's family so to minimise identity disruption.

Whilst the experiences of the funeral and the emotional challenges of bereavement more generally can be seen as negative, there were more positive outcomes associated with his partner's death. Adrian's bereavement encouraged changes in his public identity, especially around his sexuality. Before his partner's death he worked in a masculine and environment and so he says:

Work was a bit of a grey area ... it was very masculine, very male, and very hetero.

So I wasn't out at work

His bereavement made him re-evaluate his life and how he wanted to live it:

When Ben died I came out [at work]. I wasn't going to take any bullshit or bullying like that. I felt liberated because I wasn't going to hide no more. So I wasn't taking crap from anyone. I think I had a shorter temper, a shorter erhm fuse. I was quite placid before and just got on with things. I wouldn't stand bullshit or anything like that. I'll always remember there was this guy, and he was the one you would walk past and he would say puff or something like that and after Ben died he gave me a big hug. A proper sorry mate hug.

By coming out at work Adrian was affirming his relationship with his deceased partner, and asserting his identity as a gay man. Interestingly, Adrian left his job shortly afterwards. Several of the men in the sample changed their occupations and were also more 'out' following their loss.

As with interviews with widowed women, Adrian talks about his personal growth and having "grown in confidence" since Ben's death. It is possible that this, in part stems, from his decision to be more open about his sexuality. He talks too about his emotional literacy owing to his bereavement in a way which older heterosexual widowers tend not to:

Emotionally I'm more in tune with how I feel. Emotionally, I'm more prepared to express my own feeling rather than pretend I'm alright when I'm not.

Adrian's experience of bereavement resonates with the bereavement experiences of widowed heterosexual men and widowed women, although there are additional challenges which arise from being gay in a straight world. In terms of identity Adrian's story reflects the issues of masculinity reconstruction experienced by straight widowers. However, there are important differences and these are most marked where masculinity intersects with being gay. In particular, the disenfranchisement of grief stems from the lack of public recognition for the relationship, alongside the negotiations between normative grief, masculinity and sexual identity

Philip

Philip was a 50-year old gay man who was bereaved 23 years ago. His partner died from HIV/AIDS after they had been together for three and a half years. At the time of his bereavement, Philip was only 27, and like Adrian, he represents one of our younger widowers both with respect to his current age and the age at which he was bereaved. He is now repartnered.

Responses to Hegemonic Masculinity and Normative Grief. Philip, like many of the men in this study, and in van den Hoonaard et al.'s (2013) study of straight widowed men, gave a detailed narrative of the death of his partner. In this extract, Philip talks of challenges he and his partner faced with respect to his partner's family. They wanted to organise the death in a particular way, whilst Philip and his partner did not. He talks about resolving disagreements and toughness, both characteristics of hegemonic masculinity:

Darren decided he wanted to die at home. So he was at home for I think it was 10 days in the end before he actually died. During that period we had to inform his family and his DadWe kind of negotiated all that and [his Dad] wanted to do prayers around him and [Darren] saying no way. Because he had really lost any faith he did have. Trying to negotiate all that was pretty tough

In the quote above, Philip is demonstrating familistic speech – referring to his family role with respect to Darren. At the same time Philip was also demonstrating his masculinity in agentic speech and in action (van den Hoonaard et al., 2013):

I think looking back on it I was probably just in shock. I was coping and organising everything and kind of doing lots of things, but making sure we had time together

Philip also discusses how the practicalities take over from the emotional experience in a manner which is typical of a masculine script for both straight and gay widowers.

When they took him away to the funeral parlour I felt really bereft. It kind of then hit me! There were tons of practicalities to do and that's what happens isn't it? You just get caught in the practicalities.

However, as with Bennett (2007)'s analysis of widowers, Philip renegotiates his masculinity by "Abandoning the role – at least sometimes" (p. 350):

That was the thing that pushed me over the edge. I ended up under the table in the kitchen just shaking and crying and sobbing, I was completely out of control.

As time passed the negotiation between the expectations of masculine ideals and normative grief continued:

I suspect quite detached. Quite mechanical. Going through the motions. I mean it hadn't really, really hit me until after a year after he died that he isn't coming back.

You end up doing the things like searching round the flat and wondering from room to room, and then you think what am I doing? Then you realise I'm looking for him

In this passage, he speaks of detachment and uses masculine language (mechanical) and at the same time the realisation of loss. In the next passage he also speaks of prototypical masculine behaviour such as smoking too much and staying up late. He also speaks of not wishing to live, which Bennett (2005) found in her study of older widowed men but not in interviews with women:

I'd kind of lost everything ... I lost my job. So a year afterwards, I was unemployed smoking 20 odd a day and unable to sleep properly, and watching awful TV at 3 in the morning. I was really, really, really hoping I was HIV positive but I wasn't.

On the other hand, Philip also reports feelings reported by widowed women (Bennett and Bennett 2000-1) of resentment, when he says:

Hating most people, hating seeing couples on the street, hating old people, why are they alive and Darren had died at 36?

Straight men, on the other hand when commenting on other couples were more likely to report the structural changes in couple friendships around no longer being invited out (Soulsby 2011).

Finally his comment on age is interesting since he specifically comments on the pain of seeing older people, and the unfairness of losing his partner at such a young age.

Public and Private Identity. Whilst the previous section dealt with issues of hegemonic masculinity and normative grieving, they also over-lap with issues of identity and gay-identity in particular. At the beginning of the previous section, we discussed how Philip had to resolve disagreements with his partner's family over the type of death his partner wanted. This reflects the construction of public identity. This is particularly the case with respect to discussions around HIV/AIDS. For example, Philip drew support from his close friends² and his identity was associated with an HIV/AIDS identity both in public with his friends and in private even though he, himself, did not have HIV/AIDS. He wanted to only associate with people with HIV/AIDS:

The support from my close friends was amazing. Particularly from Katherine and Carol who were both HIV positive. It was just during the 2 years after Darren died they were an amazing support to me [both women died following this]. I only wanted to be around people with HIV.

Although he only wanted support from people who understood HIV/AIDS, it is interesting that they were women and not men. It is possible that in associating himself with people with HIV/AIDS he was in some way maintaining a bond with Darren (Klass, Silverman and Nickman 1996).

² It is not clear from his interview whether his friends were lesbians or not, although he speaks of them as if they were a couple

Philip speaks about survivor guilt, which is not uncommon in HIV/AIDS in particular (Hansen et al., 2006). This next quote shows the intersection between masculine scripts and gay identity. The masculine script is that of the sub-set of familistic speech – self-blame – identified by van den Hoonaard et al. (2013). There is a sense that Philip believed he had failed to save his partner. It also reflects the gay identity in the context of HIV/AIDS; that is, Philip believed he should have acquired HIV/AIDS instead of Darren:

Yes it did. It helped me to understand as well why I was riddled with guilt, I felt I should have died instead of him. I should have saved him and I should have been able to save him

Philip speaks of his changed partner-status and identity as a consequence of his partner's death. Before his death his identities were many-fold, but following the death those roles were lost. He experienced the 'ontological assault' of a shattered identity:

Because I felt like before he died I did have several roles such as worker, carer for him and also as his partner. I felt like I don't really have much point to me really. So not having a job, and not having him to look after and not to be with, I questioned a lot. Why am I here? What is the purpose? ... I'm thinking what is my role? I don't know. I think I lost most of them.

However, despite the identity crisis facilitated by the loss of roles following his partner's death, the need for a purpose, the need to be useful, could be seen as another aspect of masculinity.

Philip suggests that he experienced growth and development which resembles that found amongst widowed women (Bennett et al. 2010a):

His dying changed me or deepened me in a way that I could or would never have.

Philip's case study illustrates the challenges of reconstructing identity in relationship to masculinity, normative grieving and being gay. In addition, it illustrates the disenfranchisement of grief and the challenges of a partner's death from HIV/AIDS.

Donald

Unlike the previous two case-studies, Donald was our oldest participant and had been bereaved at similar age to our straight widowers. He was an 82 year old man who had lived with his partner for forty years before his partner died 3 years ago of a stroke. It is also important to note that Donald met his partner at a time when it was illegal to be gay in the UK. He had not repartnered. Donald was clear that he had been fortunate in having lived with his partner for so long:

I...really consider that I have had a lucky life, and the fact that I met him...and he is the only partner that I've had. It was you know...love at first sight. And we met and it was love at first site. And...I never thought anything, I was never worried about my sexuality because my sexuality because I realised that I have found someone that I had fallen in love with and who I could form a rich and fulfilling relationship with.

This quote, apart from the reflection on his sexuality, resembles many of our older widowed men and women, who had had long and happy married lives (Bennett and Bennett, 2000-1; Bennett, Arnott and Soulsby, 2013). It also may serve as an explanation or justification for his grief reaction, necessary in the context of masculinity.

Responses to Hegemonic Masculinity and Normative Grief. Donald's description of the events which preceded the death of his partner are typical of those found by van den Hoonaard et al. (2013) with respects to the types of masculine speech that he uses, notably factual, agentic and destiny speech:

The actual incident happened on December 8th no warning and what used to happen we slept separately, he used to come in at 7 o'clock and draw the curtains give me a kiss and that was it and then go and let the dog out and so on and so forth. At 7pm I was awake expecting him to come in and suddenly there was the most terrible bang...and I thought 'god what is that?' (Factual)

I turned him on his side and put a blanket over him and dialled 999. (Agentic)

I talked to him again, goodbye and I knew in my soul this was the final time I would have with him (Destiny)

Donald's description of his feelings of bereavement is also masculine in tone, using an analogy of wild animals:

You know a partnership has been broken apart you are on your own, you are almost and it may sound like I'm exaggerating and it may feel from time to time and it feels like you are a wounded animal at the edge of the herd. You no longer count as you did before.

Donald had thought about the expectations of how men should behave when they are bereaved:

Men don't find it very easy to deal with grief, to burst into tears. On one occasion I remember someone who is a neighbour of mine up the road. I was out just put my car away, and he said 'Donald, how are you?' and I said 'well you may not know but Raphael died a week ago!' Well... erhm... I burst into tears and he grabbed my arm and he said, 'be careful men don't cry in public!'

This illustrates the dilemma men encounter when they wish to express their emotions and do the 'sissy stuff' that society reprimands them for doing. Donald was equally aware of cultural specificity of masculinity and grief:

In a Mediterranean country people unburden themselves that much more easily. It's taken for granted that people will cry, but in this country 'Stiff Upper Lip'. People don't!

In addition, Donald suggests that the difficulties that people have dealing with men's grief are not bound by sexuality; gay men and women are no better equipped than straight:

I knew that there was really only a handful of friends who I could unburden myself to. And who knew how to deal with me because they realised I needed help, they realised I needed to talk and talk I did. We knew that a lot of people whether they are straight or gay don't know how to deal with male grief

He suggests that women, both straight and lesbian, are not bound by the same societal expectations of the stiff upper lip. He suggests that they are more able to draw on their nurturing skills to support themselves and others, and that it is socially sanctioned – a sisterhood:

If you are straight or...a lesbian you have got a kind of sisterhood that you could depend on. Women find it more easy to comfort other women

Public and Private Identity. Donald found that bereavement impacted on his identity both with respect to his public and private identities. In the earlier quote Donald says, "You no longer count as you did before". Thus, he feels that his public identity has become diminished. The impact of his bereavement also impacts negatively on his personal identity. Donald became less confident and less self-assured following and as a consequence of his loss. In earlier parts of the interview it is clear that Donald was a confident man when he met his partner. However, as the next quote demonstrates he became even more so with his partner. With the loss of his partner he loses not only the confidence they shared but also the confidence he originally had. He is

conscious of how his relationship helped him understand himself. Like many of women and men he speaks of amputation (Bennett and Bennett 2000-1; Bandini and Thompson 2013-2014):

I used to be extremely self-confident and Raphael and I simply, we were the two halves of the same whole. He was very confident and erhm and we would discuss ideas together. Now since he died and I have in the last 6 months I've tended to take the line of least resistance.

Donald's decreasing sense of confidence also suggests that his bereavement has challenged his sense of masculinity and his ability to exercise his masculine strengths. He continues in a similar vein:

So...I'm not the optimistic person that I used to be. I've lost confidence...I've become much more withdrawn

Perhaps he is reflecting on the fragility of life, which at his age, as a man, is not unreasonable (Bennett 2005).

Although Donald reports having a strong network of friends, both gay and straight, he discusses how difficult he is finding life. This reflects the struggles not only with respect to public identity but also with respect to the tensions between masculinity and grief:

And so we had... I still have, thanks to him, a wonderful circle of friends. It was very much due to him. We found we got on well with them; they responded to us. And I've also got a number of straight friend's erhm and so it was a good balance really. I'm struggling on, I'm papering over the cracks but at time's I'm very, very lonely.

The quote demonstrates the tensions between his public identity – supported by friends – and his private identity – as a lonely man. The complexities of loneliness reflect those of other widowed people (Bennett and Victor 2012). Finally Donald refers to being an older

gay person and the difficulties that accompany it. Despite his own distress he is willing to speak up for other men and women in the same situation to raise the profile of older gay people:

My role is best if you want somebody to talk about the plight about the older gay bereaved person I would be very willing to do it.

Donald's narrative reflects the stories of many older widows and widowers who had enjoyed long and fulfilling relationships with their partners. Over time his identity had merged with that of his partner (Lopata, 1973) and following his partner's death, he was struggling to re-establish his individual identity. He also illustrated the challenges of reconstructing his masculine identity while managing the expectations of normative grief. His experiences are influenced by his later years.

James

Finally, James was a 77 year old gay man who had been with his partner for 27 years before his death 17 years ago from AIDs. James did not have HIV. His bereavement experience dates from the 1980s and the gay scene in San Francisco when HIV and AIDS were not well-understood. He has not repartnered.

Responses to Hegemonic Masculinity.

James comments directly on how standards of masculinity influenced his socialisation with respect to emotional expression. His quote draws attention to the way in which masculinity trumps the expectations of normative grief:

Yes and I'm not an emotional person as were my family. Stiff upper lip! We didn't show it. I've never been particularly emotional and I just accepted that was it and get

on with it. I think I have always been fairly independent sort of guy, military background ... so I just got on.

However, he is aware that perhaps he should have responded more to those normative grief expectations. He suggests that perhaps he should have been more upset and emotional than he was:

I was fine I think. Erhm...I didn't go to pieces in any way I just got on with life. I almost feel that I should have been more knocked back than what I was but erhm...I just got on. I think I've always adjusted to whatever circumstances life threw at me, and I just did.

He reflects, as did Adrian, on his stoicism.

In this next extract James reflects the common masculine practice of falling back on work. But what is interesting is that he compares himself to a married woman and not to a married man:

Well I fell back on work, I think I was lucky. I think that will be one of the differences with gay relationships because I think it's likely that men are working and in a marriage, a straight marriage the woman is not working and she hasn't got work to fall back on in a way which I had so I had to get back to work so that obviously support...no it's very odd if you have been with someone for 27 years and suddenly alone in the house.

In these respects James's experiences of bereavement and hegemonic masculinity do not seem to differ from those experiences by heterosexual bereavement. However, he does suggest that being a gay man is an advantage in adjusting to bereavement:

I think [bereavement] is a bit different probably erhm...possibly it's easier, because a lot of gay couples erhm I'm talking about men I wouldn't know about women. Gay couples, I have quite a few friends who have lost their partners and they have coped very well.

It may be that the cumulative adversity of being a gay man fosters resilience in some of them (Seery, Holman and Silver 2010).

Public and Private Identity.

When James' partner became ill, James' in-laws came in and took-over and James was unhappy about this state of affairs. It is not clear whether this stemmed from them believing, because he was a man, James could not look after his dying partner. The in-laws may also have been concerned about the stigma attached to their brother by being cared for by a gay man. Finally, it may also have been that his partner's family did not recognise the relationship between James and his partner. Whatever the case, James was unable to take on the primary caring role, which he wanted to adopt.

Because his brother erhm...I don't think this would happen with a married couple but his brother and sister in law moved into the house, I think they felt that I was unable to look after him or something and rather took over which was difficult for me.

This quote reflects James's disenfranchisement from his role as a caring partner and deceased spouse (Shernoff 1997). James suggests that opportunities for civil partnerships and now, marriage, may reduce the practical barriers faced by bereaved gay partners and a problem reported by Adrian in the first case-study (not so long ago):

That's another thing that is solved by civil partnership. The days before civil partnership there was no legal connection which entitled the living partner to anything. Well you know all the old stories of the partner being forbidden by the family to come to the funeral in the old days because they didn't approve.

James reflects the views of older widowed women who are comfortable being alone, compared to widowers' greater inclination or preference to repartner (Bennett, Hughes and Smith 2005). But at the same time, he is also aware of the importance of going out.

I'm very content with my own company and I'm not lonely, there are times however when I've gone a couple of days and I haven't spoken to anyone apart from on the phone or something and you think won't do I must get out.

James comments on the importance of having a variety of friends and supports from a range of sources, not only from the gay community. There is a sense in this next excerpt that he wants to ensure that his identity includes but is not exclusively defined by his being gay:

I think the other dangerous thing is when you're on your own and that you surround yourself with your gay friends, you lose the rest of the world and I deliberately don't

He reflects on ageing and how his identity has changed as a consequence of being older:

Up to then I had some work to do and now I'm very much a retired old fart. ...I'm not chairman for anything any longer I'm too old for one organisation or another.

As with older heterosexual men, James positions himself in terms of the loss of Big Wheel roles – no longer the chairman.

He also reflects on how times have changed and how they have changed his identity
Nowadays I'm fairly widely known to be gay but in the old days I wasn't. I would never have denied it but people don't ask do they. In my life you get erhm...it's a

little bit open now as it was but that hasn't changed me I'm just a bit more involved and angry.

This quote suggests that as an older man, and perhaps as a consequence of retirement, James can be more open about his sexuality, and express his anger towards society's prejudices. He no longer has to be concerned about how his sexual identity would influence his public and, in particular, his professional identity (which even today would not be tolerant of his sexuality). James is comfortable with ageing, and recognises that the pain of loss has receded. He says:

After 17 years it's all rather faded into the past now and life is good.

Conclusion

The data presented in this paper represents the largest qualitative study of spousal bereavement in gay men. We have focused the analysis on two aspects of bereavement which impact on identity. First, we have examined how gay men negotiate the tensions between hegemonic masculinity and normative grieving, and how the added context of gay identity further influences identity reconstruction. Second, we looked at the ways in which both private and public identity are challenged following bereavement and the influences that masculinity and bereavement experiences have on identity reconstruction. We have focused our paper on four case-studies to illustrate our findings. These four men represent the broad experiences of gay spousal bereavement. They represent the experience of older and younger participants at time of interview and at age of bereavement, and represent deaths related and not related to HIV/AIDS. They were chosen because they spoke most eloquently to the issues of sexuality, identity, masculinity and normative grief. Although the other men did so too, we feel the case-study approach focuses the arguments and brings the emotional experience to life.

Our data suggests that the men's bereavement experiences in general, and with respect to both normative grief and hegemonic masculinities are similar to those experienced by straight bereaved widowers. Gay men, like straight men, are conscious of the societal expectations concerning what it is to be a man, and what it is to be a bereaved person. They recognise the tensions that arise between these expectations and their own needs to grieve in their own way. They are at times frustrated by unrealistic expectations, and struggle to find a balance between their needs and the needs of others.

However, there were also important differences between the interviews with gay men in this study and straight widowers in earlier research. The gay men spoke more emotionally about their experiences, unlike the straight widowers who would demonstrate how they had overcome their emotions (Bennett 2007). They also spoke more frequently of the emotional work, or grief work, that they had to undertake (Hanson and Stroebe 1997). An interesting feature of the interviews was the gay widowers' similarities to the experiences of older widowed women. For example, one of the men described the resentment he felt seeing other couples, not something reported by older straight widowers (Bennett and Bennett 2000-1).

A key theme running through the interviews is disenfranchisement, especially of grief (Shernoff, 1997). The men spoke of the ways in which their partner's relatives took control, or attempted to take control of either the funeral or the events leading up to the death. In some cases, this disenfranchisement stemmed from the lack of recognition of the men's relationship. However, in other cases it was less clear. Hegemonic masculinity appeared to play its role. Family perhaps believed that because the partner was a man, he would not be able to care effectively. Disenfranchisement draws together issues of masculinity, normative grieving and

identity. When men are not allowed to mourn and grieve in their own way because of societal expectations it provokes identity disruption.

Men described crises in their public and private identities which took time to resolve, and in the case of our oldest participant, had not yet resolved. In reconstructing identity following bereavement, a common theme was that the men became more confident about their sexuality as a consequence of their bereavement. This may be a means of managing their public identity as a gay man following unacknowledged bereavement from their partners' families. Men who had not been out at work became out at work. Some of the men changed their occupations as a consequence, and therefore adopted a new role.

The experiences of the gay bereaved men in the study were also influenced by the social and death context. There were differences between those men who had lost their partners through HIV/AIDS and those who did not. The former dealt with the stigma associated with the disease and with guilt at having survived. Those men who lost their partners at a younger age resembled those straight widowers who also had lost their partners whilst young. New relationships and reliance on family was more common (Soulsby 2011). As with studies with straight widowed men and women the length of time since bereavement also impacted on their negotiation of identity changes. But as with straight widowed men and women, adaptation to widowed status did not come easily or quickly.

The men in our study have also experienced great social changes with respect to increasing tolerance of gay sexuality and recent legal changes including civil partnerships and same-sex marriage. The men's stories suggested that with greater public acknowledgement and acceptance of their relationships with their spouses, their bereavement experience may have been quite different. Outside of the gay sexuality arena there have also been changes in hegemonic

masculinity, and more blurring of traditional gender roles. The men are confronted with unclear expectations, as a man, and as a gay man, in bereavement which require negotiation and resolution.

The data are novel, focusing as they do on middle-aged and older gay spousally bereaved men, whose partners have died from causes which include both HIV/AIDS and non-HIV/AIDS. Nor have studies to date utilised case-studies as a means of illustrating such rich and theoretically interesting data. To conclude, gay spousally bereaved men reconstruct their identities influenced by hegemonic masculinities both in the wider context, and within the context of gay identity, by normative grieving, and by contextual factors including ageing, circumstance of death, and the changing social attitudes towards gay men.

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Table 1: Demographic Details

	Age	Age at Bereavem	Years Since	Years with	Cause of Death
	Mean (range)		Bereavement	Partner	
Whole Sample	56.2 (37-83)	49	9 (.5-23)	15.6 (3-47)	-
Case-Studies					
Adrian	49	40	9 Years	4 years	Suicide
James	77	60	17 Years	27 Years	HIV/AIDS
Philip	50	27	23 years	3 years	HIV/AIDS
Donald	83	80	3 years	40 Years	Stroke