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Heteronormative silences and queer resistance in queer people's experiences of eldercare and home

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Abstract

The meaning of home for queer people has been widely empirically explored as well as theorized. Not least has the home been important for the older generations of queer people, who lived in times where their sexualities and gender identities have been criminalized and pathologized and where there have been few public meeting places historically. However, having care needs may blur the lines between private and public and complicate notions of integrity in one's home. This article is based on qualitative interviews and aims to explore experiences of queer people in a Swedish context who have eldercare services—either people who have home-care-services or who are living in care homes. A queer theoretical framework and reflexive thematic analysis was used. The results illustrate how there is a silence around gender and sexuality in the everyday life within eldercare. This in turn is caused by material conditions where downsizing and effectivization of the eldercare have created pressed working conditions that leave little room for small talk between staff and recipients of care. Norms on age, gender, and sexuality with notions on older people as asexual (as well as cisgender and straight) may play into this silence as well. The boundaries between the private (home) and the public (eldercare) become blurred. This in turn conditions which intimacy practices that become im/possible. Simultaneously, there is a presence of queer resistance as well as of longings for other (queer) futures.

Keywords

Aging, eldercare, home, LGBTQ

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Introduction

In a Western context, the private sphere of the home is traditionally associated with the heterosexual nuclear family. However, queer studies have illustrated how the home may be a crucial site for expressing queerness. It may work as a subversive site with the potential for resistance to a heteronormative order (Barrett, 2015; Kentlyn, 2008; Siverskog, 2016; Waitt and Gorman-Murray, 2007). The meaning of home for queer people has been widely empirically explored and theorized. Not least has the home been important for the older generations of queer people, who lived in times where their sexualities and gender identities have been criminalized and pathologized and where there have been few public meeting places historically. This history of exclusion has shaped relationships with domestic materiality (Pilkey, 2014). The possibility of being private in one's home also enables people to break from heteronormative disciplinary practices. This, in turn, may create possibilities for other ways of materializing subjectivities (Waitt and Gorman-Murray, 2007: 577). The meaning of home may also be emphasized in later life, where it may shift from a place from where to start and return to life activities outside of the home to constituting a place for activities all day round. In addition, the materiality of the home, such as the arrangement of furniture, objects of the home, and personal items, may help older people emphasize life course events and significant others from the past and present. For older people, the objects of the home can provide a link to the past; who you are as well as who you have been can be expressed in your surroundings (Pijpers, 2022: 27; Twigg, 1999).

However, having care needs may blur the lines between private and public and complicate notions of integrity in one's home. Receiving eldercare, such as receiving home care services or living in a care home, means that the home is also someone else's workplace, and the ability to be able to choose who is in the home is decreased. As Twigg (1999) pointed out, care needs may impose a new social ordering since they disturb the spatial ordering within the home as well as the spatial ordering of the body. She argued that domiciliary help needs to be understood in the context of the structured intimacy of the home (Twigg, 1999). Home is about privacy, security, and identity and embodies the self. Formal care services entering this territory need to negotiate their way through these structures, transgressing boundaries and reordering social categories, but in ways that recognize the power that lies within them (Twigg, 1999:397–298). It is well documented how lesbian, gay, bisexual, transgender, and queer (LGBTQ) people in later life worry about future needs of care; in addition to fears shared by the general population of becoming sick and dependent, there are also worries about being discriminated against from staff or other residents in housing accommodation (Fredriksen-Goldsen et al., 2011; Meggers Matthiesen, 2019; Siverskog, 2016; Witten and Eyler, 2012). At the same time, knowledge of actual experiences from receiving elder care is more scarce.

This article aims to explore the experiences of queer people in a Swedish context who have elder care services—either people who have home care services or who are living in care homes. It is guided by the following research questions: How are gender and sexuality negotiated and materialized in everyday life within eldercare? How are the experiences of home affected by elder care needs in relation to heteronormativity, privacy,

and integrity? How are hopes and wishes for the future described in relation to past, present, and queerness?

Home belonging, queer belonging

Domestic space has always been a space, sometimes the *only* space, where queer identities and practices have flourished. The queer home provides a safe space (where people can cast off the constraints of heteronormativity) and thus a subversive space, but it is also a scrutinized space (not only from outside but also from within, as queer people reflexively engage with the construction of queer domesticity). Thus, the private place of the home can be seen not only to embody the tension between being a safe space to be queer in but also a place where the subversive performance of gender, sexuality, and family comes under scrutiny (Kentlyn, 2008). The home is a place of security, somewhere to be at ease, but it can of course also be a place of restriction and abuse (Twigg, 1999).

In Ahmed's (2006) words, feeling at home is being orientated, knowing where one stands, having certain objects at reach, and being able to let the body dwell and take up space—feeling comfortable (Ahmed, 2006). The common metaphor of arriving at queer spaces and community as “coming home” also points to how the queer home has come in a variety of forms beyond the domestic home (Weston, 1991). Bryant (2015) understands “queer” and “home” conceptually in relation to be/longing. The term be/long points to both zones of contact that the home relation implies. To “be” at home is to reference the home's material qualities, a spatial site. To “long” suggests the emotional imaginary at work within the home relation, evoking the sense that one can feel “at home” in any number of spaces, relationships, and conditions (Bryant, 2015:262–263). Thus, materiality is not the only component of the home; rather, it is, as Gorman-Murray and Dowling (2007) pointed to, multifaceted and saturated with the meanings, memories, emotions, experiences, and relationships of everyday life and an outcome of the ongoing interaction among self, others, and place. Bryant (2015) emphasized how, similar to “home,” we can imagine queer as a concept of be/longing. To “be” queer is to be just who one is. To “long” is to imagine, to pine for, or to claim agency as a creative practice despite others' opinions that one's biological makeup, sexual desires (or lack thereof), or affective affinities frustrate tradition. The queer relation of be/longing implies a subject position as well as an orientation that imagines non-normative ways of feeling “at home” with gender and sexual desires (Bryant, 2015:262–263). Whereas Bryant (2015) understands queer as being “just who one is,” I understand queerness as less static and less bound to a mode of being, more in line with how he understands queer as longing and as something emerging from practices falling outside of heteronormative order, logics, and temporalities (Halberstam, 2005). I also find Muñoz's (2009) concept of queer utopia helpful here, where queerness is understood as something “not yet here” but rather an ideality used to imagine a future and to critique the present as well as the notion of the only future promised to us being that of reproductive sexuality. He conceptualizes hope (as affect and methodology) as something that dwells in the region of the “not yet,” where entrance and final content are marked by indeterminacy and potentiality (Muñoz, 2009). I believe this is interesting in relation to later life, where older people are often discursively understood as

“has beens” with only death ahead, while younger people connotate with “not yet” with the future ahead of them (Krekula et al., 2005). This also leads to the question of where this leaves people in their later lives to imagine (queer) futures.

Methodology

This article is based on empirical data from a qualitative study with queer people that focuses on their experiences of receiving elder care in Sweden. The sample consisted of interviews with seven people born between 1935 and 1953 (aged 67 to 85 at the time of the interviews). The respondents were recruited via social media ads, at Pride events, and by snowball sampling. Three of them lived in care homes for older people with care needs (of which two identified as gay cis men and one as a lesbian cis woman), and four had home care services (of which one identified as a lesbian transwoman, one as a gay cis man, and one as a lesbian woman). They were all white and had different class backgrounds. During the interviews with one person with cognitive difficulties, a partner was also present. Semi-structured interviews were conducted in 2019, just before the outbreak of COVID-19, which halted the recruiting process and the fieldwork, which is why the sample was small. Instead, follow-up interviews on how the participants had experienced COVID-19 were carried out during the fall of 2020. These experiences from the pandemic are analyzed and published elsewhere, while this article is primarily based on first-round interviews. The small sample can be seen as a limitation and cannot be generalized. However, the study still constitutes an important empirical contribution since the research on queer experiences of eldercare is still scarce globally. Ethical considerations were made throughout the research process, and the study was approved by the Swedish Ethical Review Authority (Dnr 2019-01056). The author conducted all interviews. The respondents were informed of the aim of the study, and consent was obtained. Pseudonyms are used in the text to maintain anonymity.

The interviews were recorded, transcribed, and analyzed with reflexive thematic analysis. Social psychologists Braun and Clarke (2006) described thematic analysis as a fundamental form of qualitative analysis that builds on the identification of patterns and themes in the research material. They argued that reflexive thematic analysis is a method that can be used in studies, taking a number of different theoretical and epistemological starting points, and that it can be a flexible and useful tool that can generate detailed and complex data (Braun and Clarke, 2006). The final analysis is the product of deep immersion, thoughtfulness, reflection, and theoretical engagement (Braun and Clarke, 2006, 2019). The coding of the data took place simultaneously with the collection of more data to allow for the development of future interviews based on the findings of the interviews already conducted (Silverman, 2006). The thematic analysis resulted in three themes: (heteronormative) silence, compromised integrity, and (queer) futures.

Setting the scene: Swedish eldercare

Elder care services in Sweden are regulated by the Social Services Act (1980:620), a goal-oriented framework law. People in need of services and support apply and have their

needs assessed. Although the position of the Swedish welfare state has been strong, and eldercare experienced a “golden era” during 1960s and 1970s, it has, since the 1980s, been subjected to marketization, privatization, and down-sizing. This, in turn, has led to structural problems, such as stricter assessments and poor working conditions, in the eldercare sector, with more clients with greater help needs. There is still a strong emphasis on the concept of aging in place, where moving to a care home is often considered the very last alternative that is only offered to people with large help needs (Meagher and Szebehely, 2013). The respondents in this study use a mix of private and public providers of care. The National Board of Health and Welfare states that people’s personal lives should also be respected in care homes for older people. Furthermore, it is declared that the care and services provided in the housing should be adjusted to the residents’ needs of security/safeness, community, and autonomy (Socialstyrelsen, 2016:8). In practice, though, this may be more complex, where formal care services entering the territory of the home need to negotiate structures and boundaries and reordering social categories (Twigg, 1999).

A (heteronormative) silence on gender and sexuality

When I asked during the interviews whether gender or sexuality ever came up in the meeting with the care staff, all the respondents said that this was rarely the case. Several of them talked about the staff being too busy to have time for small talk. Viktor, a gay man aged 82 who lived in a care home for a year, says that the staff “works as robots, they have their paragraphs” and that they clean and perform their tasks, but that there is no room for personal care. Gabriel, 67, a gay man who had home care services, says he can feel how the staff from the private company is pressed by the minute: “They don’t give a crap about my care, they try to make money, that is their primary goal.” Here, organizing elder care on a structural level pours down into everyday life, creating certain pre-conditions where there is little room to attend to gender or sexuality. For the Netherlands, Pijpers (2022) warned that older LGBTQ people may find themselves in trimmed-down localized structures of provision subject to budget cuts, with little attention paid to sexual and gender diversity, which also seems to be the case here. Helle, an 84-year-old lesbian woman who lives in a care home, replies to my question of whether sexuality ever comes up: “Are you totally crazy?” She continues by talking about how sex is never mentioned and even an unthinkable topic in that environment. Hence, ageist notions of older people as asexual as well as care homes as asexual (as well as cis- and heteronormative) sites may also play into silence (cf Calasanti, 2007; Simpson et al., 2017). Thus, coming out of or attending to gender identity or sexuality becomes the responsibility of those receiving care.

When it comes to being open, it varies among the participants. Helle, who had lived openly for many years before, had not come out in her 4 years of living in the care home. She talks about the impossibility of coming out “in her age” and says she often thinks about why she does not come out of the closet there and says it is “a bit silly I haven’t” and “I do feel I am a bit of a coward.” This is recurrent in the existing empirical work on LGBTQ people in elder care settings from Ireland, the Netherlands, and the United States,

where it is common among participants not to be out due to fear of social exclusion from staff or other residents (Butler, 2017, 2018; Leyerzapf et al., 2018; Rainbow Project and Age Northern Ireland, 2011). Lova, a 72-year-old transwoman who has lived full time as a woman for the past 10 years, says that while having home care services, her gender identity “just did not come up” and that the staff did not say anything “at least not to me.” Gottfrid, a 67-year-old gay man, has lived in a care home for a year. His partner for 33 years comes to see him often, and he says that the staff members “know I am gay, they are okay with that, they approve that.” That his (homo)sexuality would be something in need of approval, however, assumes a heteronormative order. Several of the participants emphasized the importance of being open and how this is an important strategy for them. Karl, who is 84 years old and has home care services, has been open since he was 16 years old. He says:

If you are open, then it’s no problems. Rather the opposite, “Oh, ok, is it like that,” absolutely, no one cares about that. I think openness is very important. If you tell it like it is, then that’s that. There is nothing to discuss. That worked so far (Karl).

This strategy points to the position of taking interpretative prerogatives by being open. Karl’s experience corresponds with the findings of Pijpers’s (2022) survey study of 115 LGBTQ people 65 years or older who received health and social services. The respondents had almost always disclosed their identity and/or life history to caregivers, and this openness was reported to almost always improve the perceived quality of contact with caregivers. The reverse, namely, that the quality would decrease with openness, was never the case (Pijpers, 2022:36). However, coming out is not a one-time event but rather something that needs to happen recurrently. Not least since there are so many different providers, which is something several of the respondents talk about. People with home care services in Sweden meet an average of 16 workers during a 2-week period (Coronakommissionen, 2020; Granberg et al., 2021).

However, being open also includes a readiness to protest in case they encounter homophobia or transphobia. When I talk to Marita about being open, she says she rarely brings it up, but if someone asks, “She has nothing to conceal.” She states:

If that does not suit you, the door is there, and this is my home. I mean, when you are my age, it is totally irrelevant what they think and feel about me (Marita).

Gabriel reasons in a similar manner and says that if he met homophobia, he would respond:

Oh, you don’t like gays, that is too bad, then you have to make sure your boss, give me the number to your boss so I can ask someone that do like gay men, because I don’t want anyone here who doesn’t, fuck you (Gabriel).

Marita and Gabriel refer to their homes as sites where they set rules and where homophobia is not accepted or welcomed. Homophobic attitudes disturb the notion of the

home as a queer site—a place in which to feel at home and comfortable (cf. [Ahmed, 2006](#); [Bryant, 2015](#)). For those living in care homes, it is not just staff but also other residents that one encounters. Viktor, who concealed his sexuality during long periods of his life, says it is a relief to be open since a life of pretending was hard. However, his openness is also conditioned: “I don’t go around talking loudly about this, because you have those generations around where this was something deviant, there is no point in talking about that with these generations.”

Beyond coming out in conversations, queerness can also be manifested and materialized through physical objects in the home. Gabriel says he is always open as gay and that his home “reveals his sexuality”; it is impossible to walk in there without understanding that a gay man lives there, nodding his head to the fridge where there are pictures of gay men. This has not been negative for him; rather, it helps him open up for conversations with care staff. During the interview with Lova, she showed me a room in which she framed the certificate on her name change. Next to that was a framed contract with her domina, illustrated by a picture of a flogger. Here, trans practices, as well as bondage and discipline, dominance and submission, and sadism and masochism (BDSM) and kink practices, became visible, which were materialized through symbols. Other examples from the respondents’ homes were photos, rainbow flags, books, etc. This also corresponds to [Pijper’s \(2022\)](#) study in which the interviews displayed a range of domestic materialities that signaled clues about LGBTQ life histories, as well as identities and homoerotic art and rainbow flags, to more subtle clues, such as photos and books (2022:37–38). However, as [Pilkey \(2014\)](#) pointed out, being able to read or recognize queer domestic objects and symbols often requires some preunderstanding or insider position. Thus, several factors play into how gender identity and sexuality are negotiated and made in/visible in everyday life eldercare settings: material conditions with pressed working conditions; norms on age, gender, and sexuality; and past and present strategies of coming out.

Relationships are also important for how queerness is manifested and confirmed, as well as for social and material support in later life. Karl had a large social network and had been part of the gay community his entire life. He had one friend helping him with practical matters in everyday life. Gottfrid, Lova, and Gabriel had live-apart partners, which were described by Lova and Gottfrid as important support in everyday life. For Gabriel, it was a biological family in the form of siblings who offered support. Lova was the only participant who had children, but they lived far away. Marita and Viktor had a rather small network and no social or practical help from friends or relatives. They all talk about how a consequence of aging is to lose people who have previously been close and important throughout life. This, in turn, also means that certain experiences and memories cannot be shared (cf. [Mortimer-Sandilands, 2008](#)).

Compromised integrity

As [Twigg \(1999\)](#) pointed out, care needs disturb patterns of privacy. Marita talks about having a hard time getting used to having care staff in her home:

I have a lot of integrity, so I think it was really hard to have them here (...) It is really good to have home care services if you need it, but I thanked god when they left, that I managed on my own.

When one's home also constitutes a workplace for someone else, it means that the boundaries between private and public are blurred and that the feeling of integrity may become compromised. Viktor says:

They come in here, and it is not "knock knock," and "come on in," but it is "knock knock, hi Viktor." And I had a former sex mate, a man here, and we had sex with each other and all of a sudden, a person walks into the room, staff. I mean, your integrity is completely gone (Viktor).

The man never came back to visit him, and that was the last time he had had a sexual encounter. During the interview with Gottfrid, his partner Urban talks about how they used to spoon each other in the morning, which is something he misses. I ask if they never do that in Gottfrid's room in the facility where we do the interview, and he responds:

U: No, no, oh no, I never ever lie down in that bed. You could imagine spooning in that bed sometime during the day. But it feels a bit tricky, people come in here.

A: But they should knock and wait for an answer?

U: Yes, they do knock, but they don't wait for an answer. They knock and they come in (Urban, partner to Gottfrid).

Since the move to the care home, the intimacy they previously shared has diminished, which is due to a lack of integrity and the risk that someone may walk into the room. He also points to the bed that stands out in the otherwise "homey" environment—a hospital bed to facilitate care practices intended to fit one person. Thus, I interpret this as a lack of integrity, along with a bed discursively as well as materially constructed as incompatible with intimacy. The National Board of Health and Welfare clearly stated that the rooms in facilities are people's private homes where their personal lives should be respected ([Socialstyrelsens författningssamling, 2012](#)). Integrity is about the possibility of making decisions over one's private sphere and has several dimensions, such as physical, psychological, social, and informative integrity ([Leino-Kilpi et al., 2003](#)). However, in practice, this may be more complex, and several studies have illustrated a gap between policy and practice ([Harnett, 2010; Leino-Kilpi et al., 2003](#)). One study in a care home illustrated how twice as many of the workers reported knocking before entering a room as compared to residents ([Scott et al., 2003](#)).

Another example of how the elder care context may mean limited conditions for intimacy is actualized in the interview with Gabriel. He talks about how he sometimes cancels his home care services "in case an intimate situation may happen." He says that at some point, when home care workers came to his home, "there was a man in my bed, and I came out from the shower with a towel." The quotes from Viktor, Gottfrid, and Gabriel

illustrate how the lack of integrity conditions which intimacies are im/possible, but there are other material factors playing into this as well. The possibility of privacy is a crucial part of a home, and, as [Waitt and Gorman-Murray \(2007\)](#) noted, this possibility also allows people a break from disciplinary practices, which, in turn, might open for queer subjectivities. The entrance of elder care staff into this private sphere disturbs patterns of privacy and imposes a new social order ([Twigg, 1999](#)).

During the interview, Viktor talks about 10 years before he moved to the care home during his 70s; it was a time when he enjoyed life, was feeling vigorous for his age, biked everywhere, and got access to the Internet, which was revolutionary for meeting other men: “It blew my mind, how common it was among both older and younger people.” He met many men who came to his apartment and had extensive contact with the gay community online. During the year in the care home, he had not received help getting access to Wi-Fi, despite repeatedly asking for help with that. This has led to him losing all his contacts since “everything was through the computer, all my contacts,” and now he says he is “completely isolated.” When I ask if he ever goes to Pride events in the city where he lives, he responds, “Go to Pride with a walker, no.” I do not interpret this as the walker physically complicates attending Pride but rather as the walker being incompatible with (ageist) Pride/gay events since it signals aging and disability. Gabriel needs to be at home when the home care visits him due to a door lock. This, in combination with the staff rarely arriving when they are supposed to, means that he must often stay at home more than he should. One of the activities he often abstains from is weekly gay senior social meetings. Thus, the material conditions of elder care may make accessing queer communities more difficult. The importance of community (used here as an umbrella term for groups, organizations, events, meeting places, and social relationships by and for LGBTQ people) throughout life, as well as in old age, is recurrently emphasized in international research on LGBTQ aging ([Cronin and King, 2014](#); [Fredriksen-Goldsen et al., 2013](#); [Siverskog and Bromseth, 2019](#); [Valentine and Skelton, 2003](#); [Weston, 1991](#)). A larger American survey study on LGBTQ aging illustrated how those who reported having social support and felt that they belonged to the LGBTQ community also reported better health and lower levels of depressive symptoms and stress ([Fredriksen-Goldsen et al., 2013](#)).

(Queer) futures?

The respondents’ ages and health varied, as did their responses when I asked what they thought about the future. Gabriel says, “If I live for another 10 years, can I still live here? How will I plan for the care I might need?” Karl says he has “come too far to think about the future,” that he knows “he will die soon,” and that he has started to think about what to do with all his belongings in his home. Death is present, and they are aware that the time left to live may be limited. While Gabriel, Karl, and others who are receiving home care services live in their homes where they have lived for a long time, the people living in care homes have moved there more recently, which also includes moving to a smaller space and making choices about what furniture and belongings to bring with them. Viktor says that the move to the care home was terrible. Even though he moved many times, “it has

never felt as total as this. Because this, moving to the last stop before the end point, the graveyard, that felt...". Helle says:

We had a meeting here, everyone was around and suddenly I say, "Hey, what are your plans for the future?" No one said anything. We get taken in here, until we die. Several have died during my time here. It was all quiet. And then I said, "Well okay, I can just say that I am not ready to die now. I wanna continue living" (Helle).

These quotes from Viktor and Helle illustrate an awareness that these are the last homes they will inhabit. They both talked about how they were not satisfied with the social situation in the care home. Viktor says that it is sometimes just quiet around the table during meals, or people talk about "the weather" and that it is hard to grasp much of the talk from the others who have cognitive difficulties. He says that it feels "contagious, I am about to become as imbecile, as destroyed as the others here."

There is, however, a refusal to accept the idea of life not holding a future, even if the horizon of the future may be diminished. Helle says she is longing to get out of there: "I long to go to Copenhagen and to Berlin." She also says she has passion in her body and that she not only fantasizes about a woman working there but also about a woman she used to date earlier in life: "I want her again, I thought about her all these years, but she met another person." Now, the woman is single again, and Helle longs for her. Viktor talks about a friend he has on another floor in the care home, with whom he often meets to talk old memories:

She is as discontent as me, "we will get out of here, we gotta get away," she fantasizes. "We will get an apartment and then we will get home care services." I can vent with her.

When [Muñoz \(2009\)](#) understands the here and now as a "prison house," it is easily applicable to the situation in the care home. Care homes are characterized by heteronormativity and of a lack of integrity as well as of agency. While being dependent on others and receiving help can be difficult for anyone in a care home, it may be even harder for queer people for whom independence has worked as a strategy to not, in [Ahmed's \(2006\)](#) words, follow the straight line or the expectations of heteronormativity. Hope for the future, the queer utopia, is, for [Muñoz \(2009\)](#), closely related to moments of ecstasy and sexual pleasure, whereas in these interviews, it is depicted as a fantasy about a longing away from the present, not necessarily ecstatic or sexual but dreams of something other than the restrictive and socially deficient present. This also holds what [Muñoz \(2009\)](#) referred to as a utopian potentiality: a refusal to accept the order of the present. Another example of this is a quote from the first analytical section by Marita, who says in relation to acting against homophobia, "I mean, when you are my age, it is totally irrelevant what they think and feel about me." Here, old age comes with a nothing-to-lose attitude that may enable resistance to heteronormativity and demand something else.

Concluding discussion

The analysis has illustrated how there is silence around gender and sexuality in everyday life within elder care. This, in turn, is caused by material conditions where

downsizing and effectivization of elder care have created pressed working conditions that leave little room for small talk between staff and recipients of care. Norms on age, gender, and sexuality, with notions of older people as asexual (as well as cisgender and straight), may play into this silence as well. This creates situations in which the responsibility to raise issues of gender and sexuality depends on the recipients of care. This silence could, on the one hand, be interpreted as a respectful approach by staff, where it can be questioned whether knowledge of people's gender identities or sexualities is relevant to caregiving. On the other hand, this heteronormative silence risks making LGBTQ people, their identities, relationships, and life stories invisible. This also stands in contrast to the person-centered approach recurrently emphasized and recommended as an approach within elder care, in which collecting people's life stories is a central method. While some people who have previously been open with their queer identities in their lives have chosen not to be in elder care contexts, others emphasize openness as an important strategy. However, being open also follows a constant readiness to act if encountering homophobia or transphobia. In this readiness, it is emphasized how, in their homes, they set the rules where homophobia is not accepted. As [Twigg \(1999\)](#) stated, home is a complex cultural construct embodying both material and ideological aspects. Through its structures, it both embodies and produces social reality ([Twigg, 1999: 384](#)). Queerness is expressed in a variety of ways: material objects such as rainbow symbols, photographs reflecting important relationships, and queer life experiences, along with symbols of kink and BDSM practices. Homophobic attitudes disturb the notion of the home as a queer site—a place in which to feel at home and comfortable.

This privacy rests on the material affordance of home: the capacity to exclude—to shut the door on the outside world ([Twigg, 1999: 384](#)). However, we can discern a difference here with people living at home with home care services seemingly having more agency when it comes to the ability to shut the door to the outside world compared to those living in care homes who talk about staff recurrently coming in without knocking. The notion of the home as a private sphere, including a sense of integrity, is disturbed when it also constitutes a workplace for someone else who can walk in at any given moment. The boundaries between the private (home) and the public (elder care) become blurred. This, in turn, conditions which intimacy practices become im/possible. The material conditions of elder care, such as lack of Internet and home care services rarely coming when they are scheduled to, also complicate the ability to participate in queer spaces, activities, and community. As previously mentioned, domestic space has always been a space, sometimes the only space, where queer identities and practices have flourished, especially for older generations of LGBTQ people. During the older generations of LGBTQ people's lives, there has been an increase in community spaces, groups, and events in public; however, these might not always be accessible in later life due to ageism, functionality, and geographical situatedness. Economic, social, and cultural resources may also affect the ability to participate in public queer life ([Cronin and King, 2010](#); [Siverskog and Bromseth, 2019](#)). Thus, the importance of the home as a queer site may be emphasized in later life. Queering home is a necessary and valuable practice for queer people and operates as a relation of be/longing. This requires intimate space to develop personality in relation to gender, sexuality, and community, as well as privacy, to satisfy claims of

emotional and mental well-being (Bryant, 2015:280). Care needs, especially those requiring a move to a care home, complicate ensuring this.

Thoughts about the future include thoughts about dying, taking care of one's belongings, and planning to move if that becomes necessary. For those living in care homes, there is an awareness that it is the last place they will inhabit. Simultaneously, they fantasize to get away from there by traveling or moving to an apartment. I interpret this as longing after other spaces to dwell in and feel comfortable in—other homes that permit greater agency and the potential to shape their lives differently than what the present allows. These longings, dreams of something other than a restrictive present, can be understood as utopian potentiality, which Muñoz (2009) understood as queer utopia, an act of queer world-making. This may also come in the form of memory, where remembrances have world-making potentialities that can link queer generations to each other (Muñoz, 2009: 47). The analysis illustrates how this too is present in narratives from the past and present—on queer romances, desires, sexual and kink pleasures, and home-making beyond heteronormative expectations as well as beyond ageist expectations on old age and later life.

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