

Gifted Stories

How Well Do We Retell the Stories that Research Participants Give Us?

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Figure 1 Participants in a Focus Group

We strain to hear the story, almost whispered. We strain because, as human beings we love stories, particularly when they are told to us . . . or narrated. There is a magical quality in listening to a story. We listen because we want to know how a life can be different from our own, or how it can be exactly the same. Stories compel us to compare. (Jones, 2010)

Abstract:

Narrative methods contribute greatly to the advances made in qualitative research. A narrative style should also be promoted in publications and presentations. A study on older LGBT citizens in rural Britain highlights this by means of a report on one part of that study—a Focus Group.

The paper demonstrates two ways of writing Focus Group material for publication. First, “data bits” extracted from the transcript are imbedded by interpretive categories. The authors ask, “How did this come about? Isn’t it time to shift our approach and report these experiences in a different way? Was this not a story of the interactions of strangers and a growing social group cohesion that was taking place by means of this very research exercise?”

Secondly, a large section of the Focus Group transcript is presented, including nuances such as breaks, how one person’s thought follows another’s, and the energy created when several people talk at once. Doing this without comment or interruption brings the reader closer to the group experience itself.

The Focus Group provided an opportunity for participants to share a common history and identify individual experiences. Focus Groups can provide marginalised groups with an opportunity to collectively create new knowledge and understanding about shared cultural and historical experiences.

Narrative researchers are natural storytellers and need to foreground this when reporting studies for publication. Qualitative research is always about story reporting and story making, and narrative research (listening to and retelling stories) is a key democratising factor in qualitative social science research.

Keywords: biography, focus group, narrative, older lesbians & gay men, qualitative, storytelling

A Case for Narrativity

We passionately believe that as narrative researchers and storytellers we must promote narrative in the content and styles of our publications. To revert to a style of publication or presentation that is counter to this does a disservice to our commitments as narrativists.

Qualitative research is no longer the poor stepchild of quantitative enquiries. During the past quarter century, qualitative research has come into its own, particularly in terms of wider acceptance in academic and policy communities (Jones, 2004). Qualitative research has always been about story reporting and story making (beginning with *The Polish Peasant in Europe and America* in the 1920s [Thomas & Znaniecki 1958]). Narrative is, indeed, a democratising factor in social science research.

According to Denzin (2001, p. 23), the turn to narrative in the social sciences had been taken by the start of this century, by then a *fait accompli*. It is now evident that since then the interviewer has evolved into a willing and often visible participant in a dialogic process as well. No longer simply a “good listener”, s/he is becoming a “good storyteller” too. Narrative storytelling offers up the opportunity to democratise the encounter of teller and listener (or performer and audience) by sharing the goal of participating in an experience, which reveals a shared ‘sameness’ (Porter cited in Denzin 2001, p. 25). Reporting this shared understanding to the best of our ability is the key to qualitative procedures and processes truly becoming liberated from slavish imitation of quantitative procedures.

We can no longer afford to ignore the great advances made in representation of qualitative data. These have been overwhelmingly demonstrated by the successes achieved in auto-ethnography, poetic enquiry, ethno drama, film, Performative Social Science and/or other arts-based efforts in research and dissemination (Leavy 2015). Once and for all, we must put aside a reporting system and a language that is imitative of quantitative reporting, strip off the lab coats of clichéd rigor, tick-box ethics, and pseudo-analyses, and finally take up a unique language and style of publication that we can truly claim as our own. We propose that the inspiration for this language and style is frequently found in the arts and humanities (Jones 2012a).

Background to our Study

What follows is a report on a research project and, more particularly, a Focus Group that was included as an element of that study. The *Gay and Pleasant Land? Project* was a research effort that took place as part of the *New Dynamics of Ageing (NDA) Programme* (a unique collaboration between five UK Research Councils—*ESRC, EPSRC, BBSRC, MRC* and *AHRC*) on ageing in 21st Century Britain. The project at *Bournemouth University* was one of the seven projects in *The Grey and Pleasant Land?* group of projects funded by the NDA in southwest England and Wales. The Bournemouth project, “*Gay and Pleasant Land? —a study about positioning, ageing and gay life in rural South West England and Wales*” took place over three years. Through an exploration of the recollections, perceptions and storied biographies of older lesbians and gay men and their rural experiences, the project focused on connectivity and the intersections between place, space, age and identity for older lesbians and gay men.

The project used multi-methods which included visual ethnography, interviews using a biographic method, and later, a follow-up Focus Group. The aim of the project was to use a range of qualitative methods within an overarching multi-method participatory action research design to engage the voices of older lesbians and gay men not typically captured in traditional research. The project

was conceived as “multi-method” from its outset and includes ‘the conduct of two or more research methods, each conducted rigorously and complete in itself, in one project’ (Morse, 2003, p. 190). In this project, however, methods and stages in the research process informed one another and did not remain discrete in terms of knowledge sharing. These methods include the core Biographic Narrative Interpretive Method (BNIM) (Jones, 2001, 2003; Wengraf, 2001), a visual ethnographic study, a Focus Group and two days of improvisation of interview data led by a professional theatre director. In depth discussion of the methodological focus of the study, including Performative Social Science as the overarching methodological philosophy, are offered elsewhere (Fenge, L. A., Jones, K., & Read, R., 2010; Fenge, L. & Jones, K., 2011; Jones, K., Fenge, L., Read, R. & Cash, M., 2013).

Using a multi-method approach, early findings were able to inform later investigations. For example, after the biographic interviews were completed, it was clear that those interviewed who were now living in rural South West England or Wales did not necessarily have a history of continuous rural residency *in situ*—most had relocated over the life course from/to villages, towns and/or cities throughout England and Wales and even to other countries. Thus, mobility across the life course in terms of types of geographic locations was typical for the majority.

In spite of mountains of data accumulated from the study, there were a few questions that remained unanswered for the team following the biographic and site visit data collection. For this reason, we decided to hold a Focus Group, a device that could give us quick access to a variety of responses to the few remaining questions. The Focus Group (N=12), comprised of older gay (55years plus) and lesbian volunteers, was assembled so that the researchers could explore further questions which had arisen after the biographic interviews as well as bring fresh perspectives and additional information to the study. Because of the geographic varieties over lifetimes uncovered earlier in the study, criteria for participation in the Focus Group was expanded to include those who had experience of living in the British countryside during one of more periods in their lives, but not necessarily continually or even at the time of the Focus Group. This contributed to the “multi-method” approach, by allowing one method to inform another.

Discussion in the Focus Group was facilitated by a number of questions that focused on sexual identity and rural living. These included:

1. What is/was it like being gay and living in the countryside?
2. How do you/did you cope with being gay and living in a small community?

3. How open are you/were you about being gay to neighbours and other people in the village?
4. How do people treat you differently because you are gay or when they suspect that you are different?
5. How do you/did you maintain friendships with other gay people in the countryside?
6. What is the worst thing that has ever happened to you because you are gay? What is the best thing?
7. How has growing older made a difference in the place that you live? Or how has the place that you live made a difference in growing older?

Before and After: A Worked Example

We will begin by reporting on the findings from the focus group in the fashion that has by now become routine in qualitative interview reports, i.e., breaking up the responses into categorised data chunks (coding and thematic analysis). We sorted responses by grouping them together with others that fit into similar niches. For those with a fondness for order, this is often justified as taking “messy” data and making it “neat”; in short, “data management”. We begin with examples of this “tried and true” reporting method below.

Hidden Identities

Participants described how same sex relationships have often been hidden in rural communities in order to find acceptance.

Female participant: My companion was very interested in politics, she went into politics in a big way. . . and she literally used to lie and used to refer to me as her sister and then I was accepted as her sister, and anybody can imagine we were so different she was about 5ft 2” and I am 5ft 9” I mean we are so different, we were obviously a couple and not sisters, but as long as the word sister was used, it was ok.

A Male participant: described a similar process in which the true nature of his relationship with his partner was hidden from view:

Male participant: I was thinking to myself how things have changed over the years I know, and I was with my partner for 23 years and we got together in 1974. . . we used to call each other in company my friend and um, things devel-

oped as things went on. It got to the point where I suppose you could say I came out to the world, in the early 90's.

Keeping the nature of same-sex relationships hidden from view reinforces conformity to heteronormative assumptions about marriage and family life that are often imposed on individuals at certain key phases of their life course.

Male participant: Well it was all very much expected wasn't it? When I was in my teens, early 20's, er you were expected, you know, where's your girlfriend? Are you getting married kind of thing? Friends were 20, 21, 22 and getting married, is there something, what's wrong with you?

Such expectations about the nature of relationships and family, including having children and grandchildren, also were raised.

Although some participants spoke about experiencing acceptance in their rural communities, this was often tempered by a feeling that people's curiosity was equally upsetting as facing overt prejudice or hostility. Capturing this, one Male participant concluded:

Male participant: Hostility is one thing, but being a constant source of curiosity, I think is just equal in irritation.

Loneliness and Fear

Fear of disclosing identity due to concerns about acceptance and prejudice can make life lonely for older lesbians and gay men, particularly in rural areas where opportunities for meeting other gay people may be limited. As one older lesbian participant commented:

Female participant: It was lonely, yes. Yes. That's it, yes'. . . Well, in the rural areas, and teaching in the rural areas, and um, I had a partner for 37 years, but it was just us, yes.

As older lesbians and gay men people grew up during a time when homosexuality was illegal, many older gay men faced barriers to coming out due to fear of prosecution and/or mental health interventions. The oldest generation of gay men still live in fear of coming out because they came out when it was classed as illegal and this fear carried on throughout their lives. As a result this has made it difficult to explore a "gay identity", particularly in rural communities where opportunities for meeting other gay people were limited. Participants within the Focus Group identified how they had to visit towns and cities to engage with a gay lifestyle.

Male participant: I was going away from the rural area to find other gay people and of course there was no coming out. . . because again I'm talking about years ago when one didn't come out.

Another Male participant: recounted how he had encountered hostility from other residents after moving into a rural community due to his sexual orientation.

Male participant: I came out to a few people there, um, and one day these men turned up at the flat, and I didn't know who they were and said, 'Who are you?' 'We are the police'. . . apparently, to cut a long story short, some people were trying to stitch me up because I was a gay man. . . people would not talk to me where I lived on this scheme.

These experiences make individuals wary of coming out and being judged, and this seems to be particularly acute in insular rural communities.

Intersections across Age, Place, Gender and Class

It is important to recognise that the experience of being an older lesbian or gay male individual is nuanced and subject to many different intersections across age, gender, place, class, ethnicity, religion etc. It is, therefore, import to engage with individual experiences and narratives, alongside an appreciation of how a shared history can punctuate certain aspects of one's life course. Some participants identified that socio-economic status in particular was an important factor in being able to come out, and that it may have been easier for those with a professional status to find acceptance than those from more working class origins.

Male participant: I think that's another thing too I tended to perceive and that was while we professionally may be able to be fairly free and out, there were people that might be called 'in' and sort of working classes who weren't free and they are still today and I know a couple of people who are in this awful situation um who couldn't be 'out' they are essentially working class people, they have their families and are married but they're also gay.

The Need for Healthcare Stories

From the Focus Group, we learned that participants had both positive and negative healthcare experiences. Some recounted understanding and sensitivity from health care professionals, whilst others had experienced discrimination and bias from nurses and other medical staff. Some had experienced labelling and identification based on their sexual orientation rather than their wider health care needs. There was a perception by researchers that interfacing with healthcare providers may or might be a problem, but was always a challenge to navigate, particularly for isolated older gay and lesbian citizens.

Particularly burning questions around healthcare experiences remained unanswered for the team following the biographic interview phase of the research. These included:

1. How might service providers such as doctors, nurses, and social workers treated older gay and lesbian study participants differently if they knew they were gay or suspected so?
2. How would participants handle it if they had to go to the doctor with a problem that may require them to say to the doctor, “I’m gay”?

Often cut off from the support of peer groups and others in rural settings, the Focus Group opportunity was particularly important to raising these issues amongst this particular group of participants (Jones & Fenge 2013).

Freeze Frame! Stop the Press!

Up to this point, we have been extracting quotations from the initial conversations and then reorganising them in a very familiar way. We have given them our own particular interpretive “spin” by delineating a “category” for each grouping, often reformatting them within our own interpretive “bracketing”. Nevertheless, where are the storytellers’ “stories”? How did they unfold on this particular occasion? Are we missing the point that the real “interpretation”, the “action” if you will, was the interactions between the narrators themselves within the storytelling setting? (What *IS* taking place between the anonymised participants in the photograph at the beginning of this article? [Figure 1.]) Is that not the “story” that needs to be explored instead? By erasure are we not camouflaging and masking the stories themselves, and even removing the possibility of retelling the stories that we meant to tell? Was this, in fact, not a story of the interactions of strangers and a growing social group cohesion that was taking place by means of this very research exercise? This certainly was the profoundly deep impression that remained following the researcher’s interaction with the participants. Particularly noted was that when the time ran out at the conclusion of the Focus Group, participants were very reluctant to leave and wanted to continue with the newfound group’s interactions.

Now we will try something else, something perhaps even somewhat daring. We will present the following extract from the Focus Group transcript verbatim and at length. By doing this, we hope to give the reader a sense of how the gathered participants interacted with one another and the researcher and began to coalesce by forming a new group dynamic through the very Focus Group process itself. This also allows the reader to engage more directly with the participants’ stories and begin to make interpretations of her/his own—also becoming a participant in the dialogic.

As we saw in the biographic interviews conducted using only one initial question, interview participants, when given the space and opportunity, will respond

by telling their stories in full. Rather than the more typical interview with a battery of questions prepared by a researcher, both the open-ended BNIM interviews and the Focus Group discussion, with its “light touch” questioning, led to in-depth responses. These were often embedded in life story detail told through conversation. In one sense, our investigations became more anthropological; *i.e.*, the researcher as observer and scribe. By means of telling their stories to a group of peers, participants at last remembered them together, finally gaining strength in each other for something often misunderstood and/or condemned in their past isolated rural experiences. By honouring the (tran)script that demonstrates this, we reaffirm our positions as narrativists, dramurgists, and authors, acknowledging the potential readers as active audience members.

Researcher: OK, one question, how do service providers such as doctors, nurses, social service treat you differently, if they know you’re gay, suspect your gay or if you have to go say to the doctor with a problem that may need you to have to say to the doctor, I’m gay and he wouldn’t have any experience with?

Male participant: Our experience is very good I have to say, because my partner er died in January and had to go into intensive care and I hadn’t been with him very long and we didn’t have a partnership agreement or anything like that. It was just his partner and I was put at the head of the list above his family and everything, which I was very surprised and there was his sister who is difficult and other members of the family and when I sort of said who I was, I was at the head of the list to be informed about anything to do with, anything at all. They were XXX hospital and they were brilliant even though I didn’t have a legal thing at all but er they were marvellous.

Members of the group in unison—‘that’s good to hear’ etc.

Male participant: It’s funny you say that as I have a friend at the moment who her partner is in XXX hospital totally paralysed all through from a boil on her spine or something, no an abscess sorry er they’ve operated and she’s totally paralysed at the moment and she has daughters as she was previously married and the daughters won’t let her partner go anywhere near her and I think that is so sad.

The daughters have rights, but the partner is not on the list. They have said to the hospital, ‘No, you don’t let her in’. They’d been together years.

Female participant: Well I had a friend who was taken very ill to XXX hospital in Cornwall and er, I wanted to see her you see and um he said,

‘Are you a relative?’

I said, ‘No’.

‘Oh, you can’t go in’.

'I'm her partner, let me in'.

When I used the word "partner: they let me in. So I used the word partner and they let me in though I wasn't at the time, though I suppose I was, but anyway, that's irrelevant whether I was or wasn't.

Male participant: Unless you have that piece of paper . . .

Male participant: I was also very lucky my partner and I . . .

Female participant: If you use the word partner you are okay.

Male participant: By the time my partner and I had moved down here, we were in a civil partnership, we had to wait for the legislation to come through we had been together for 13 years and er he died last year and um we found um that the XX XXX Medical Centre in XXX excellent. We had absolutely no problem, it was common knowledge, and I must say moving, having moved from London we lived in Richmond, I've got to say the doctor's facilities were horrible, but again the doctor was fine. We both had the same doctor and he was extremely supportive. One doctor went away to do research and the doctor who replaced him was equally good. We've been lucky in healthcare, extremely lucky.

Researcher: 'Has anybody had any negative experiences?'

Male participant: I don't know if this negative but I was asked by a consultant not long ago was I married and what I should have said but I didn't, I said no, but what I should have said is 'no I'm not in' . . .

speech unclear due to laughter

. . . and that's what I'll do next time'. But I don't know how he meant by married.

Male participant: I don't know if this is negative um, I didn't really know how to take this at the time. I er went to my doctor with um with questions about an irritable bowel problem that I have got and er my doctor er I can't quite remember how he phrased it, but raised the question of gay sex and um er, and I wasn't quite sure whether it was prejudice or not um you know. It shouldn't have really been an issue with this condition, he as a doctor a medical person should know that um that is not something that affects the bowel. Yeah, yeah I was a little bit taken aback by his suggestion that maybe abstinence from gay sex, how does he know I'm not abstinent, because he didn't ask um er and what's that got to do with my condition. So I'm not quite sure where that was going.

Male participant: I suffer from the same condition so I can empathise with you, and no it has absolutely nothing to, I am a celiac so I have to . . .

Male participant: That's right but it was raised as a question, this might help you with, considering no, considering your gay this might be counter productive, that sort of thing you know.

Male participant: It's a ridiculous as saying oh you have an earache are you sure that might not have something to do with it!

Male participant: That's right, that's right!

Male participant: There still are doctors even in a town like XXX that when they know you are gay they say when did you last have an HIV test. That's one of the first questions.

Male participant: I had major issues with the blood service um as a blanket policy because you're gay you can't give blood.

Female participant: Really?

Male participant: Yes!

Researcher: Oh yes, ever since the AIDS thing came in.

Female participant: They won't take my blood because I'm too old.

Male participant: But because your gay you cannot give blood. This leads onto something else um . . .

Female participant: That's outrageous!

**Group all talking at once cannot distinguish what is being said*

Male participant: There was a report the other day that they are very short of blood donors and they reckon that the amount of people that were refused because of being gay is the amount that they are short.

Female participant: Why are people so silly, I mean I have a very rare blood group you know, so it would be quite useful, they won't take mine because I'm too old, it's nonsense, you know they can have anything they like you know.

Male participant: I'm with the Dorset Echo online and um, whenever they raise questions or try or try to have a blood donation drive, very boringly, and I don't give a damn if I'm tub-thumping or not, but boringly I keep raising this issue to make people aware.

Female participant: I had no idea they did that.

Male participant: I did raise this question with someone um, not too far from Wareham um, about who was connected with the blood transfusion service and it was thought of as perhaps my ideas on this were, because I'm gay, sensitive and um er, but it is um, very common to have sexually transmitted diseases if you're gay er so if you're straight you're clean.

**Group laughter*

Male participant: But that leads onto something that you were raising, the political side of being gay um, I um, I have difficulty because I am Christian but at the same time I think that there is a lot of accountability that straight people are avoiding now that they're friends of the gay community um because of the accountability factor with the stiff upper lip business. It has caused so many problems that we have heard, suicides whatever, its caused so many problems and I don't think um, and I don't think that, gay people are now very happy to be accepted, this is fine and um I'm not advocating that um this should change but at the same time I don't think that straight people need to be let off the hook for the damage that they have done over so many years um, by sending gay people into the closet. Um, I think they need to be held, to a certain level accountable for it. Um, they just do not realise.

Male participant: But that applies to all forms of discrimination . . . those people in minority groups who tended to suffer at the hands of the majority.

Researcher: How do you undo years of ill treatment?

Female participant: Ignore them; go away.

Group all talking at once cannot distinguish what is being said

Male participant: The damage is done. I thought when my late partner was sent from our local doctor to the hospital, I saw months and months later on his file that the original letter had said white, gay, active homosexual; that's how the letter started and I was rather upset by that, would they have put um white, straight, active, mind you they would not have done that no, no. The other thing was the operation that was vital was held up for quite a time because they had been trying to get my late partner to agree to the AIDS test and he wouldn't do it and he said it was a joint decision we had to make so it was held up because they hadn't mentioned about this to me for nearly a week. Later I was having counselling and the councillor said to me well you should have insisted that the surgeon and anybody else involved in the operation should have also taken an AIDS test!

Male participant: Yes that's true.

Male participant: Yes, because it could easily go from one to another. They automatically ordered the AIDS test, as he was the one gay male. He was referred to the Marie Curie cancer hospice and they didn't for a week, didn't bath him, didn't shower him, didn't do anything for him and I had to say that his catheter

bag was full to bursting and they hadn't changed it, and I was having to leave my work and go to the hospice and change his catheter bag it was the only way for it to be done. I had to do it, and um I went to the matron and um told her about it, and the assistant matron got in trouble and my partner was moved from there back into the district hospital. . . . within an hour of my complaint and when he got back he'd only been gone about a week, he was transferred because there is a system where you are not allowed to stay in a hospital more than a certain time, they have to move on somewhere else and when he went back to the district hospital. The sister on the ward recognised him and said why are you back and we said we like this better than the Marie Curie hospital, she asked that three times, and she said, 'It's because you're bloody gay isn't it?' This out to be brought. . . but nothing was ever done about it, I had enough problems going on. . . well I guess I should have done for other people, but it was quite distressing.

**Group talking all together cannot distinguish what is being said*

Male participant: (continuing) Extremely good things as well. Like he was in a private ward for a few months and one day they said, "Can we put, do you mind going into the general ward?" and I said, 'Come to think of it, why has he been in here?', and they said, 'You know, don't you?', and I said, 'No!' They said, 'It's to give you privacy', which I thought was absolutely fantastic. So there were many good things. Also his sister went to ask about him in the later stages of his illness and she hadn't asked for weeks and weeks before, so the ward sister said we had some woman come in purporting to be his sister, she said she had no evidence of it, of being his sister, she said 'Kyle knows everything, do you know Kyle?', and she said, 'Oh yes', and she said, 'Well, you must ask Kyle then'. I thought that was all right. That was good. So those are the positives.

Male participant: I think the thing that maybe in the back of my mind is how I might have to face up to the experience of maybe having to go into a rest home. . . I think that's the frightening thing for me. . . we do want to be integrated we don't want to be isolated.

Male participant: I don't think it is just about where you live and your living accommodation, it's about people trying to be supportive in their own homes and how you are treated by others, social services, district nurses, whatever and it's their attitude as well.

Discussion

The issues arising from the Focus Group discussion illuminate how coming together through the research process provided a valuable opportunity for participants to share a common history, as well as to identify individual experiences. In addition, the group experience offered an opportunity to say what many times had remained unsaid—sharing experiences lends credence and substance to individual thoughts and feelings. Focus Groups are a potentially empowering approach for

marginalised groups, enabling individuals to can come together collectively to produce new knowledge and understanding (Hyams, 2004). This gives insight into the historical context of older lesbians' and gay men's lives (Sharek, 2014), and the impact of discrimination and prejudice across the life course. This is not presented as a “fail-safe” approach with lots of rules and procedures, but rather an opening up of the interview experience to possibility.

The *Gay and Pleasant Land? Project's* Advisory Committee also provided an opportunity for a “talking shop” for another group of participants to share individual narratives where a natural group identity formed *via* gatherings over time (Jones *et al* 2013). What was not expected, however, was that the same sense of “comradeship” from shared experiences would develop so quickly in the one-off Focus Group as well. Allowing participants to truly engage in conversation, rather than constantly being interrupted (methodologically) by a facilitator, may be one reason that the reported conversations grew out of the group's interactions, as represented in the detail-rich description above.

Indeed, the Advisory Committee for the *Gay and Pleasant Land? Project* itself had become an opportunity for older gay and lesbian citizens to report their experiences in an informal setting, express their views, and often raise group consensus around various topics as well. They took on “ownership” of the project early, and many remained embedded in the process over six or seven years, up to and beyond the premier and distribution of the film, *RUFUS STONE* (Jones, 2012b), the key output of the Project.

Key issues arising from both the Focus Group and Advisory Committee meeting discussions illuminated the impact of hidden identities—often intersected by age, time, place, gender and class. Fear and loneliness can punctuate the lives of some older lesbian and gay male citizens, and this is a result of lifetime experiences including homophobia and heterosexism. Stories of suicide amongst older gay men were prevalent in the accounts that research participants told in their biographies as well as in stories reported by Advisory Committee members during meetings. The given reasons for these tragedies ranged from a profound inability to accept one's sexuality, being “outed” or fear of being outed in the local community or becoming overwhelmed by family pressures. When these reports over time became too frequent to ignore, a decision was made to include suicide in the story for the film, [RUFUS STONE](#).

As reported elsewhere (Jones *et al.*, 2013, para 72):

A secondary danger was uncovered in an attitude of “We don't like to mention it” regarding the sexuality of others amongst rural dwellers—a rural version of a ‘don't ask, don't tell’ mentality. We found that many older gay and lesbian citizens needed to negotiate ‘acceptance’ in rural areas by being extremely cautious about to whom and when they ‘came out’, if at all. Negotiation with service

providers also was often either fraught with difficulties or non-existent in many of the reported cases.

Although laws have changed as well as the attitudes of many towards sexual differences, we found that prejudice and fear of “the other” continues to run deep, particularly in rural British culture. In order to underscore this prevailing attitude, in the film *RUFUS STONE* (Jones, 2012b), the owner of the local Tea Shoppe, when happening upon the distressing suicide scene, remarks:

But we all knew he was. . .
I mean we all. . .
we didn't like to say but...
we all knew.

Conclusions

The case put forth by this paper is that as narrative researchers we are natural storytellers and need to keep this in the foreground when reporting studies, particularly in publications. This study has demonstrated that Focus Groups can provide marginalised groups with an important opportunity to collectively create new knowledge and understanding about shared cultural and historical experiences. As enlightened qualitative researchers, we must insist that qualitative research is always about story reporting and story making, and that narrative research (listening to and retelling stories) is a key democratising factor in social science research. Not only what research participants say, but also how they say it—both are equally important to report.

One of the virtues of qualitative research is its inclusionary nature and ability to give the quotidian a voice, both through the research process itself (for example, through a wide range of qualitative social science practices that include participatory action research, in-depth interviewing, ethnographic studies, visual anthropology, biographic narrative studies and so forth) and in reports, documents and presentations. Narrative is the bread and butter of qualitative work. Adopting a narrative rather than an empirical mode of inquiry allows investigators to get closer to the phenomena studied in several ways. First, the narrative provides access to the specific rather than the abstract; secondly, narratives allow experience to unfold in a temporal way; thirdly, everyday language and its nuances are encouraged; finally, narrative permits dynamics to reveal themselves in the actions and relationships presented.

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