Non-heterosexual ageing has developed from an ‘unmentionable topic’ for academic study in the 1970s (Kimmel et al. 2006: 2), to a subject on which full-length books and special issues of journals have been published. The key to understanding non-heterosexual ageing is to interrogate the very meanings of sexual and gender identities. Research and theory that takes a biological approach to homosexuality focuses on why and how homosexual orientation develops ‘against the nature’ of reproduction. This differs radically from a socio-cultural approach that analyzes the historical and cultural contingencies of sexuality (Foucault 1978). This social constructionist approach ‘is about understanding the historical context which shapes the sexual’ (Weeks 2003: 18). Evidence from historical and anthropological research across times and cultures has revealed that same-sex sexual practices take a number of forms, and can be assigned very different meanings and hence be socially received very differently. Religious authorities, through defining sexual norms, and sexologists, through medicalizing sexuality, played crucial roles in the formation of a sexual hierarchy (Rubin 1984) that privileges heterosexuality as a dominant, all-pervading social category that is naturalized, universalized and absolved from scrutiny (Wilkinson and Kitzinger 1993: 3). This social organization of sexuality in turn influences the lived realities of non-heterosexual people (Plummer 2003), informally through social discourses and stereotypes, and formally through laws, policies and practice on an everyday basis. Sexual minorities, including but not limited to LGBT (Lesbian, Gay, Bisexual, Transgender) people, are as a result Othered, stigmatized, marginalized, excluded and persecuted. These social and cultural configurations influence how sexual desires are expressed through different behaviours, and whether and how sexual identities are formed.

Such recognition of the socially constructed nature of sexual and gender identities implies that attempts to understand LGBT ageing need to take to heart the influences of the social and cultural environment. Life course approaches, which suggest that ‘no period of life can be understood in isolation from people’s prior experiences, as well as their aspirations for the future’ (Mortimer and Shanahan 2003: xi), are especially useful. It reminds us of the need to examine how formative experiences in older LGBT people’s earlier lives can contribute to a unique world view or frame of reference that remains powerful throughout their lives (Mannheim 1952: 298).
When this current cohort of older gay men and lesbians were born, male homosexuality was criminalized in most parts of the world, and ‘homosexuality as a stigma was not only dominant, but exclusive’ (Rosenfeld 1999: 128). Take England for example: homosexuality in private between two consenting male adults over the age of 21 was decriminalized as recently as 1967, and the age of consent was equalized to 16 between heterosexual and gay men only in 1997. This social and historical backdrop means that many older gay men and lesbians learned from a very early age that they had to keep their sexual orientation secret. It is therefore not difficult to understand how 37 per cent of older gay men and lesbians in the UK reported that they had always hidden their sexual identity throughout their lives (Heaphy, Yip and Thompson 2004).

Staying in the closet can lead to chronic stress and internalized homophobia, which has been shown to be related to lower self-esteem, relationship dissatisfaction, increased psychological distress, increased likelihood of depression and weaker ego strength (see reviews in Allen and Oleson 1999: 41, Mayfield 2001: 72). On the other hand, it has been found that the more open older gay men and lesbians were about their sexual orientation and the less time they spent before disclosing their sexual orientation, the more victimization, in particular physical victimization, they reported. Those who had been physically attacked reported lower self-esteem, more loneliness, poorer mental health and more suicide attempts than others (D’Augelli and Grossman 2001).

That said, the current cohort of older gay men in England witnessed the Gay Liberation Front set up in London in 1970, Britain's first gay pride march held in London in 1972, the opening of the London Lesbian and Gay switchboard in 1974, and the onset of the HIV/AIDS epidemic in the 1980s. In 2004 the Gender Recognition Act and Civil Partnership Act were enacted. The Equality Act 2010 has made it ‘illegal to discriminate on the grounds of sexual orientation when providing goods, facilities or services, in education, when selling or letting premises or when exercising public functions’. It thus seems entirely possible that older LGBT people of future cohorts will have faced very different social circumstances during their upbringing compared with the current cohort of older LGBT people. One speculation would be that they would be much more open about their sexuality than the current cohort. Therefore, to understand older LGBT people, or LGBT people more generally, it is imperative to identify the ‘identity cohort’ (Rosenfeld 1999) or ‘sexual generation’ (Plummer 2010) that they come from.

Such a social constructionist approach also highlights the difficulty in defining older LGBT people. Identity categories are fluid and changeable, depending on time and culture. There are myriad social forces at work in shaping how individuals are defined and self-define themselves, and such decisions can be ‘pragmatic, related to concerns of situational advantage, political gain, and conceptual utility’ (Seidman 1994: 173). Queer Theory, which suggests the need to expand, transgress and even subvert any kind of identity category, argues that ‘older LGBT people’ as a category for analysis is itself a construct, and may be too restrictive, failing to include those individuals who choose not to label themselves along the socially defined binary imaginary of sexual orientation and gender.

**Cultural representations and ageism**

Although representations of gay men and lesbians in the media have been increasing and becoming more diverse, the portrayals of gay and lesbian characters are still criticised for legitimizing and reinforcing, rather than challenging, heteronormativity (Shugart 2003). Younger Caucasian men and women who support the family logic are still represented more prominently and positively, whereas older gay men and lesbians, alongside members of ethnic minorities, are generally
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absent in the mainstream media as well as gay media. Older lesbian women are particularly invisible due to the intersecting influences of ageism, homophobia and sexism (Kehoe 1986).

There is a suggestion that because of alternative appearance norms and standards in the lesbian community, older lesbians may be less affected by bodily changes related to ageing, but the evidence is inconclusive (Clarke and Griffin 2008, Slevin 2010). Older gay men, like heterosexual women in general, are subject to the ‘male gaze’ because their sexual partners are men who put more focus on physical appearance. The gay culture’s focus on physique, fashion and personal grooming (Drummond 2006: 60) and the archetypal gay male body, which is ‘muscular, athletic, devoid of fat and hairless’ (Drummond 2010: 31), together set an ideal that is difficult to achieve and has adverse effects on many gay men’s body image (Levesque and Vichesky 2006). Such emphasis on youth is supported by an analysis of the age preferences of men and women of different sexual orientations when it comes to dating. Gay men are more likely than heterosexual men, heterosexual women and lesbians to state a preference for a younger partner (Hayes 1995). Research focusing only on gay men has repeatedly documented such a preference for younger partners (Heaphy 2007: 200, Kaufman and Chin Phua 2003). In one study of phone advertisements from men seeking men, it was found that almost seven times more gay men advertised for younger partners than for older ones (Bartholome, Tewksbury and Bruzzone 2000). Because of this emphasis on youth in the gay community, gay men face more pressure as they age than heterosexual men. They think of themselves and others as middle-aged and old earlier than heterosexual men, a phenomenon referred to as ‘accelerated ageing’ (Bennett and Thompson 1991: 66). It has been commented that older gay men are excluded from ‘a world in which being old equates to being unattractive and being attractive is a precondition for entry’ (Jones and Pugh 2005: 258). Some older gay men expressed that their wish to ‘locate a setting that was not dominated by younger men’ was difficult to realize (Christian and Keefe 1997: 69).

Lack of culturally appropriate care

A growing strand of research focuses on how older LGBT people face ‘a number of forms of discrimination which may impact upon the provision of, access to and take up of health, social care and housing services’ (Addis et al. 2009). Because of their experience of growing up under strong sexual stigma, in particular facing prosecution, older LGBT people show mistrust towards ‘authorities’, including police and health care providers (Brotman, Ryan and Cormier 2003), and assume them to be homophobic until proven otherwise. As a result, while relocating into a care home is a stressful process for any person, older LGBT people face the added concerns of possibly being rejected or neglected by healthcare providers, particularly personal care assistants, on the ground of their sexual and gender identities; not being accepted and respected by other residents; and having to go back into the closet (Stein, Beckerman and Sherman 2010). Administration, care staff and residents of retirement care facilities were all perceived as potential sources of discrimination by older LGBT people (Johnson et al. 2005).

It is not therefore surprising that many older LGBT people showed a preference for LGBT-specific care. More than half of those interviewed in a study in New Zealand preferred LGB-specific facilities, and such preferences were held regardless of educational attainment, annual income or gender (Nevill and Henriksson 2010: 589). Such support for LGBT-specific care was also found in the US (Stein, Beckerman and Sherman 2010, Johnson et al. 2005) and Australia (Hughes 2007). On the other hand, there is concern about whether such specific care facilities might bring about some form of ‘ghettoization’ (Stein, Beckerman and Sherman 2010).
‘Families of choice’ and ‘new’ care cultures

Older LGBT people transcend the normative framework of understanding how care is provided and received (King and Cronin 2010). Although non-heterosexual older people are less likely to receive informal care from their spouses and children than heterosexual people, they have been found to receive significant social support from their ‘families of choice’, which may consist of friends, former lovers, or members of a partner’s family (Weeks, Heaphy and Donovan 2001). These ‘chosen families’ carry with them special concern over mutual care, responsibility and commitment. In one study, more than one-third of older lesbian, gay and bisexual (LGB) people interviewed reported receiving care from people other than healthcare providers in the past 5 years and more than two-thirds provided care to other older LGB people. More than 75 per cent of those interviewed said they would be willing to provide care to LGB people in the future (Grossman, D’Augelli and Dragowski 2007). This shakes the prevalent understanding in Western societies that caregiving is typically a family activity undertaken by opposite-sex partners and adult children (Manthorpe 2003). It also challenges the assumption that a single individual is usually the primary caregiver. Instead, the term ‘networks of care’ seems more appropriate to describe older LGBT people’s support system (Hughes and Kentlyn 2011).

It also leads to a more fundamental questioning of whether the heterosexual couple, and particularly the married, co-resident heterosexual couple with children, is still the unquestionable centre ground of Western societies, and whether it can be taken for granted as the basic site of care exchange in society. Roseneil and Budgeon (2004) have pointed out the importance of recognizing that care increasingly takes place beyond the ‘family’—between partners who are not living together ‘as family’, and within networks of friends. However, there seems to be a lag in policy thinking, which has failed to move beyond a focus on families and conjugal couples. Fiscal benefits, inheritance and other ‘next of kin’ rights remain difficult to access for networks of care surrounding older LGBT people, as well as those who do not fit within the ‘care norms’.

Bisexual and transgender ageing

There are very few empirical studies on bisexual ageing. Most articles are speculative in nature, drawing on existing knowledge about bisexuality and envisaging the lives of bisexuals in later life. In that sense bisexual older people are even less recognized and more invisible than older lesbian and gay people. Bisexual people are subject to misunderstanding and stereotypes from the general public, as well as from the lesbian and gay community itself. The definition of bisexual older people can itself be problematic, as sexual desire, behaviour and identity may not overlap. Also, such desire, behaviour and identity are not stable and may change through the life (Jones 2010).

Transgender is an umbrella term, encompassing people who live in a variety of ways that vary from the socially expected gender performances, including people who either have a wish to undergo or have undergone male-to-female or female-to-male surgeries (transexuals); those who cross-dress (transvestites); and gender-queer people (who do not identify with any gender category at all). Transgender ageing, like bisexual ageing, remains under-researched. One of the reasons is that it is only now that the first generation of transsexual people living with the hormone surgeries that started in 1960s and 1970s, some of which were experimental in nature, is entering into old age.

Applying the life course perspective described earlier in this chapter, the discrimination experienced by older transgender people in their earlier lives needs to be taken into account. Many transgender people have experienced major mental health problems prior to transitioning. Even
after transition, support losses related to gender transition, including the support of parents, children, spouses, friends and colleagues are often reported. Verbal and financial abuse, sexual assault (including rape) and physical violence are events not uncommonly experienced by transgender people. Such life course experiences mean that some older transgender people may be at risk of poverty and a lack of health insurance coverage. The formation of social support networks may have been hampered (Finkenauer et al. 2012). There is a great shortage of care providers who are knowledgeable about transgender issues. Older transgender people can face discriminatory practices or ignorant health care providers, whom ‘patients with transgender concerns are usually required to educate’ (McMahon 2003).

Race, ethnicity and geographical location

Intersectionality theory suggests that various socio-economic variables are interlocked (Crenshaw 1991). It is important to recognize how being old and self-identifying as LGBT intersects with social class, race, ethnicity, nationality, partnership status, living arrangements (living alone/rural/urban), having children or not, HIV status and physical/mental health statuses, among other social variables. Here, race, ethnicity and geographical location are used as examples to illustrate how the differences among older LGBT people can be as marked as the similarities.

Research on older LGBT people from black and ethnic minority (BME) communities is lacking, and the few studies that have been conducted are mostly on black older gay men and lesbians. It has been found in the US that black older gay men reported significantly higher levels of perceived racism than younger black gay men, and significantly higher levels of homonegativity than younger black gay men and white gay men (David and Knight 2008), suggesting that identity struggles and acceptance can be made even more difficult for BME older non-heterosexual people.

Older LGBT people from BME communities can be trapped in a situation of not being able to call any community home. While racism is not uncommon in the gay community (Chan 1989), racial and ethnic communities that put a strong emphasis on family ideals and gender norms can also marginalize LGBT people. For example, a study of older African American lesbians and gay men in the US (Battle et al. 2013) revealed that they showed an aversion to LGBT labels because of the cultural connotations attached to the terms. They faced alienation in the African American community, in which they had to deliberately conceal their sexual identity. They expressed a need to find alternative communities away from their community of origin, yet they also faced racism in the gay community.

In addition to such social isolation, racial discrimination throughout the life course can affect educational attainment and employment market participation, which may also mean that some older BME LGBT people are financially disadvantaged in later life, resulting in barriers to accessing health services.

Most research about older LGBT people has been conducted in the UK, US, Australia and Canada, leaving older LGBT people’s lives in other parts of the world almost unknown. This reflects the way sexual rights have developed unevenly across the globe. In Iran and Afghanistan, for examples, male homosexuality is still punishable by death. Legislation against discrimination on the ground of sexual orientation is still being fiercely debated and resisted in many parts of the world. In many parts of the world, conducting research into older LGBT people, or LGBT people in general, still involves tremendous difficulties in terms of the stigma attached, funding and sampling. Also, as noted earlier, sexual identities are developed in specific cultural and historical contexts. It may be the case that older people from different cultures, despite sexual attraction towards the same sex or various gender performances, reject the labels of LGBT.
Resilience and strengths

While it is important to recognize the challenges older LGBT people face, they are not ‘victims’. It has been argued that LGBT people have learned to live with a stigmatized identity in their earlier lives. For example, in cases where they have come out, ‘confronting the reactions of family members or friends’ (Jones and Hill 2002: 23) and transphobia; having experienced negative life events (e.g. loss of custody of children, anti-gay violence); more chronic daily hassles such as hearing anti-gay jokes, always being on guard (Garnets and Kimmel 2003)—all these are likely to be stressful or even traumatic. This means that when LGBT people enter into old age, they may well have achieved ‘crisis competence’ (Friend 1980, Kimmel 1978) through ‘learning to manage an identity that was in disfavour almost everywhere’ (Berger 1982: 38). These ‘adaptive coping talents’ (D’Augelli 1994) that have been developed may help them to better adapt to acquiring another, also often marginalized, status of being old. In addition, it has been suggested that more flexible gender roles throughout their lives mean that they can more easily face life transitions in later life.

Conclusion

Applying life course approaches, this chapter highlights that LGBT ageing should be understood as a phenomenon contingent on cohort membership. Older LGBT people remain invisible and marginalized in cultural representations, and ageism within the LGBT community prevails, particularly among older gay men. There is also a lack of culturally appropriate care for older LGBT people. Through forming ‘families of choice’, older LGBT people exemplify the emergence of ‘new’ care cultures that are increasingly common among both heterosexual and non-heterosexual people but remain under-recognized by research, policy and practice. The experiences of older LGBT people from BME communities illustrate how cultural differences among older LGBT people may be as marked as the similarities they share. Older bisexual and transgender people’s experiences remain under-researched. The lives of older LGBT people outside the UK, US, Canada and Australia remain largely unresearched. Most research on older LGBT people has been based on convenience samples of white, relatively affluent, well-educated and physically and mentally healthy people, whereas working-class and ethnic minority members continue to be under-represented in almost all samples. The older LGBT people studied were also often recruited through LGBT groups or organizations, or venues in the gay scene. Although the volume of research into LGBT ageing has been increasing, more nuanced academic studies and public policy responses are needed in order to allow LGBT people to age well and have their sexual citizenship recognized.

References


