

THOSE OF A QUEER AGE: INSIGHTS INTO AGING IN THE GAY AND LESBIAN COMMUNITY

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Aging is not a homogeneous experience, but rather a process guided by the life experiences and life course decisions made by the individual. Each person is uniquely affected by generational and cultural cohort experiences that shape not only the contexts of her or his life, but the manner in which the individual experiences the aging process. Gay and lesbian individuals experience an aging process that is uniquely different from that of heterosexual individuals. Additionally, gays and lesbians from different generational cohorts will have disparate aging experiences. This article examines aging among different gay and lesbian generational cohorts.

Aging is commonly viewed as both a complex biological process and as the result of the environmental contexts in which people live and grow older. If the process of aging is viewed as a congress of these social and physiological forces, it becomes easier to understand how individuals can experience aging differently. Aging is grounded in the various life-course directions and life experiences of people from different generational eras. Accordingly, this article seeks to introduce the particular issues of aging among gays and lesbians.

A BRIEF HISTORY OF BEING GAY AND LESBIAN IN THE UNITED STATES

The gay and lesbian experience has a rich history in the United States. This study examines the current context of aging as a gay or lesbian individual by briefly highlighting elements of that history. Thus, this section focuses on 2 distinct periods in gay and lesbian life: pre-Stonewall and post-Stonewall life. Pre-Stonewall life is defined as the period of time from the 1930s to the 1960s,

when gay and lesbian communities were still very much underground. The post-Stonewall life is defined as the years following the 1969 Stonewall riot and the beginning of the gay and lesbian liberation movement.

Gay and lesbian life in the 1930s and early 1940s was characterized by a lack of community (Faderman, 1992). Even among groups of gay and lesbian friends, few individuals publicly affirmed their homosexuality. As in earlier decades, many gays and lesbians lived in heterosexual marriages and had clandestine affairs with other married gay and lesbian individuals, keeping their preferred relationships a closely guarded secret (Faderman, 1992). However, a strong gay and lesbian subculture emerged after World War II.

Although some major U.S. cities had businesses catering to gay and lesbian individuals as early as 1930, the U.S. military may have inadvertently helped to create gay and lesbian neighborhoods in the 1950s (Faderman, 1992). Following a sweep of the ranks to rid the officer corps of gays and lesbians, a large number of these former officers permanently settled in a handful of urban neighborhoods (Faderman, 1992; Witt, Thomas, and Marcus, 1995). This migration to certain urban neighborhoods allowed for the creation of gay and lesbian bars and social centers. Of course, this increased visibility also brought the increased risk of harassment. With constant threats of blackmail and imprisonment from local police departments, many gays and lesbians attempted to live their lives in anonymity (Morrow, 2001). Although there was a more visible gay and lesbian community, heterosexual marriage was still a common life decision.

In addition to the growth of gay and lesbian community in the 1950s and 1960s, one event is widely recognized as the pivotal tipping point in the struggle for positive gay and lesbian recognition. In June 1969, during a routine Friday night police raid on a gay bar in New York City, transgender, gay, and lesbian patrons fought back against the police and refused to be arrested (Faderman, 1992). Tensions had been mounting between the police and the patrons following a raid earlier in the week (Witt et al., 1995). As the patrons were being removed from the bar, the crowd became increasingly agitated, and what began as a scuffle between patrons and police ended in the patrons torching the bar (Witt et al., 1995). The next 2 evenings, community members again confronted the police outside of the bar, refusing to leave. These 3 evenings kicked off a flurry of activity and organizing in gay and lesbian neighborhoods across the United States (Witt, Thomas, and Marcus, 1995). Following the Stonewall riot, a national gay and lesbian liberation movement quickly grew to promote the visibility of the community and to begin to advocate for important civil rights.

Due to the increased interest in gay and lesbian rights following the riot, it would be safe to say that the life experiences of gays and lesbians born before the Stonewall riot would be, in some ways, significantly different from the life experiences of those individuals born after the riot. The current population of elderly gays and lesbians is interesting in that it includes those born both before and after the Stonewall riot. The oldest members of this population were born and came of age during a time when it was very socially disadvantageous to identify as gay.

By contrast, the youngest members of the elderly gay and lesbian population, born in the late 1940s, experienced different concerns as they grew into their adult gay and lesbian identities in the 1960s. By the time many of these younger elderly gay and lesbian individuals were experiencing homosexual life and culture, the gay and lesbian community had begun to slowly press for visibility and rights. Although homosexuality was still viewed as a social stigma when this younger group came of age, members of this cohort of gays and lesbians were more likely than those in the previous generations to be accepting of their homosexuality. So too, those in this cohort were also less likely than their predecessors to suffer the intensely serious repercussions that marked the gay and lesbian life of the 1950s and early 1960s.

These different generational experiences have profound effects on the life choices of the members of the respective generational cohorts. In turn, those life choices affect how this population ages. A few researchers have begun to look at the specifics of aging in the gay and lesbian community, asking questions about the social support structures, family structures, caregiving patterns, health concerns, and policy issues.

SOCIAL SERVICE ISSUES IN GAY AND LESBIAN AGING

As the Baby Boomer generation reaches traditional retirement age, the United States enters a unique period. This generation will significantly affect the delivery and limitations of eldercare services, both for this generation and for generations to come. The sheer size of the Baby Boom population and the increasing visibility of gays and lesbians ensure that the Baby Boomers will include the largest number of older gay and lesbian individuals in U.S. history. As a proportion of the total U.S. population, the percentage of adults over age 65 is expected to grow significantly through 2030; it follows that the percentage of older gay and lesbian individuals will also grow significantly (Boxer, 1997).

At the present time, social services for gay and lesbian individuals are not as affirming or supportive as they may grow to be in future years. Current gay and lesbian service recipients recognized their own homosexuality at a time

when homosexuality was viewed as both immoral and pathological. As a result of this strong social disapproval of homosexuality, many of the gay and lesbian elders fear disclosure of their gay and lesbian status. This cohort of gays and lesbians has been found to distrust the health care and social service systems. This distrust is due in part to historical experiences with discrimination and oppression and in part to socialized cues to keep one's homosexuality a closely guarded secret (Brotman, Ryan, and Cormier, 2003). Although this tendency to guard against self-disclosure helps to protect older gay and lesbian individuals from harassment or service neglect on the basis of their sexual orientation, it also severely complicates efforts to design effective services for this group.

A gay or lesbian's concern about disclosure is not the only barrier to the provision of effective services. Research on aging agencies in New York State finds that almost half of the senior centers in the state would not welcome openly gay and lesbian seniors at their centers (Cahill and South, 2002). Additionally, previous studies find that homophobia is widespread in nursing homes. Gay and lesbian residents in assisted living facilities often report that their same-gender relationships are not honored and their sexual affections are pathologized by the workers (Cahill and South, 2002). Under those circumstances, elderly gays and lesbians may feel that it is safer and easier to hide their homosexuality while living in eldercare institutions.

In noninstitutional settings, elder gays and lesbians may face additional challenges. Although one study of senior service agencies located in the Cleveland metropolitan area shows that almost 70 percent of the agencies develop policies to prevent discrimination on the basis of sexual orientation, discrimination may occur in more subtle ways (Anetzberger et al., 2004). Less than 35 percent of the agency participants in the study by Georgia Anetzberger and associates (2004) used an inclusive intake form that acknowledged homosexual or bisexual orientation, and less than 25 percent of the agencies provided gay and lesbian-specific programs for seniors. As this research suggests, providing supportive care for elderly gay and lesbian individuals involves much more than simply reprimanding employees or volunteers for making derogatory statements. The larger problem may be the social context of assumed heterosexuality. The decision to create intake forms, develop programs, and assign living arrangements under the assumption of client heterosexuality prohibits the client and the service provider from exploring supportive services that affirm gays and lesbians. As younger workers, raised in an era of gay and lesbian visibility, begin to enter the field of eldercare, it is possible that health and social services will become increasingly supportive of gays and lesbians.

AGING AS A GAY OR LESBIAN INDIVIDUAL

To truly understand the subtleties of aging among gays and lesbians, it is important to understand not only the experiences of older individuals, but also the process of aging as it is experienced by gays or lesbians (Gabbay and Wahler, 2002). The process of coming out as a gay or lesbian individual is different for every person, and each attaches different meanings to the process. However, in spite of these differences, coming out is generally recognized as a highly important event in gay and lesbian identity formation. This process of discovery, the birth of a new self-identity, can also be defined as the creation of a new identity that supplants the original birth identity (Rosenfeld, 1999). In other words, if 2 individuals are born in 1940, but 1 acknowledges his or her homosexuality in 1965 and the other does not, the 2, though born into the same generational cohort, will not have the same life experiences. Each will, instead, experience life as a member of his or her respective cohort. This clarification is an important one because it is a necessary condition in understanding why gay and lesbian individuals born during different stages of gay and lesbian liberation may experience differences in aging.

Those individuals who came out in the period before the Stonewall riot, when gays and lesbians were highly concerned about openly acknowledging their homosexuality, generally feared that their self-disclosure would discredit them socially, putting them at risk of imprisonment, unemployment, and public humiliation (Rosenfeld, 1999). Pre-Stonewall gays often felt the need to pass as heterosexual, often married, and often had children despite their homosexual orientation. By contrast, gays and lesbians who came out after the Stonewall riot found an environment in which homosexuality was increasingly viewed as positive and acceptable; they were discouraged from making attempts to pass as a heterosexual (Rosenfeld, 1999). Perhaps as a result of increased acceptance, fewer gays and lesbians of this later cohort participated in heterosexual marriages of convenience, and fewer gay individuals had children from heterosexual couplings (Herdt, Beeler, and Rawls, 1997).

The differences between the 2 older generations of gays and lesbians elucidate the ways in which their experiences of aging might differ. Because pre-Stonewall gays and lesbians frequently entered into heterosexual marriages, many of them had families and thus may benefit from large kin networks to assist them as they grow older. However, due to possible concerns about self-disclosure, pre-Stonewall gays and lesbians may find their same-sex relationships and living arrangement preferences ignored or challenged, preventing many from receiving services that are supportive of gays and lesbians. In contrast, the elderly gays and lesbians who came of age after the Stonewall riot may have broader personal and social support in advocating for their own needs.

Such support includes services that are supportive of gays and lesbians. Most current aging research continues to focus on the older, pre-Stonewall cohort, identifying three recurring themes the process of aging. These themes include concerns about aging, participation in gay life, and ageism.

Concerns About Aging

In one study exploring the social lives of elderly gays and lesbians, respondents voiced concern about loneliness and the ability to develop personal relationships as they age (Quam and Whitford, 1992). Although more than half of all respondents reported having a current same-sex partner, a number of respondents expressed concern about being able to find a partner as they grow older (Quam and Whitford, 1992). Research indicates that gays and lesbians may differ by gender in the level of concern about the development of relationships, with women voicing this concern more often than men (Heaphy, Yip, and Thompson, 2004). This is a surprising because research also shows that, compared to gay men, lesbian women generally have more people in their lives (Heaphy et al., 2004).

Participation in Gay Life

In a review of four ethnographic studies of elderly gay men, Lester Brown and associates (2001) present findings that elderly gay men still see gay bars and nightclubs as important places to socialize but that their advancing age sometimes makes them feel out of place. Some of the respondents reported feeling that the younger members of the gay community viewed them as over the hill. These feelings that they are marginalized from the younger gay community may contribute to reportedly high levels of loneliness among elderly gay men (Heaphy et al., 2004). However, research seems to indicate that lesbians and gay men do participate in social groups and clubs. In one study, 77 percent of the lesbian respondents and 52 percent of their gay counterparts reported that they participate in social clubs and events (Quam and Whitford, 1992). The same study reports that almost 79 percent of the respondents indicated interest in services designed specifically for gay and lesbian seniors (Quam and Whitford, 1992).

Ageism

In a study exploring the manner in which elderly gays and lesbians negotiate aging, lesbian respondents reported that age is not as significant of an issue for women in the lesbian community as it is in the heterosexual community

(Heaphy et al., 2004). In contrast to this, most of the gay men report that age is a significant factor for men in the gay community (Heaphy et al., 2004). Specifically, while lesbian respondents reported that lesbians are generally less youth-focused and more accepting of age, gay respondents reported feeling unwelcome in the youth-centered social world of bars and dance clubs (Heaphy et al., 2004). These differing experiences with ageism can have differing impacts on the support available to elderly gays and lesbians within their communities. If the gay community preferentially caters to young gay men, elderly gay men may find it challenging to identify age-sensitive resources and support.

Some researchers argue, however, that gays and lesbians acquire unique skills through their life course, and these skills will help to ease the transition from middle age to older years. In one study exploring the link between acceptance of lesbianism and acceptance of aging, several lesbians responded that they were able to come to terms with their lesbianism, so they reported feeling equally able to come to terms with the fact that they were getting older (Sharp, 1997). Findings from this study suggest that the skills needed to adapt to a new, stigmatized sexual identity (lesbianism) are some of the same skills necessary to adapt to the stigmatized position of being aged in American society (Sharp, 1997). In a study that also includes gay male participants, Marcy Adelman (1991) finds a relationship between adjustment to aging and satisfaction with being gay. Adelman (1991) suggests that coming to terms with one's homosexuality and experiencing self-acceptance may indicate that the individual has the psychosocial resources to adapt to new identities and new life experiences.

Although elderly gay and lesbian individuals may be disadvantaged by the scarcity of services designed to address their needs, these individuals may be psychologically better able to adapt to the process of aging than their heterosexual peers. Elderly gays and lesbians may possess life practice in adapting to new identities, new social opinions, and new expectations regarding their individual value. Further research is needed to examine these aspects of gay and lesbian aging, but the current findings raise 2 general questions: Who are these older gays and lesbians, and what are their lives like?

OLDER GAYS AND LESBIANS: A BRIEF INTRODUCTION TO THEIR LIVES

In painting a broad picture of life for elderly gays and lesbians, Gilbert Herdt and colleagues (1997) compare the relationships, living arrangements, and family structures of younger (age 45–50) gays and lesbians with those of their older (age 51 or older) counterparts. They find that 40 percent of the older

men in the sample were married at some point; only 29 percent of the younger men reported marriage (Herdt et al., 1997). Additionally, over 91 percent of the respondents in the older sample have disclosed their homosexuality to at least half of their friends, and more than two-thirds of this sample have acknowledged creating a family by choice that includes these supportive friends. Roughly 79 percent of the women and 46 percent of the men in the total sample were partnered. In terms of socialization, 63 percent of the men and 27 percent of the women use bars to socialize. Finally, lesbian respondents reported feeling more confident about themselves as they aged; gay men in the study reportedly grew increasingly anxious as they grow older (Herdt et al., 1997).

The study by Herdt and colleagues (1997) reveals several interesting findings. First, many elderly gays and lesbians have been married at one point, and although the study does not address it, many probably have children from these marriages. This may mean that those who have children may have ties to younger generations. It may also indicate that this younger generation can provide support or care for these elderly individuals. The study by Herdt and colleagues (1997) also finds that the younger gays and lesbians in the sample were not as likely to marry. This tendency may have implications for the succeeding generations of gays and lesbians, as those individuals will be considerably less likely than members of older cohorts to have married and borne children. Herdt and associates (1997) also present further evidence that although gays and lesbians share some similarities, their lives are quite different; the social and support needs of gay men and lesbian women are very different. Finally, Herdt and associates (1997) suggest that gays and lesbians create family and supportive networks to supplement or replace the support of the traditional blood relative kin network. This suggests that, as gays and lesbians age, the lack of a spouse or children may not be as detrimental to addressing support needs if the individual can call upon an assembled care network.

Previous research finds that the created family network does have a significant role in the lives of older gay and lesbian individuals (Grossman, D'Augelli and Herschberger, 2000). Many older gays and lesbians rely on their friends as sources of support. In one study, 90 percent of all respondents listed close friends as their support group (Grossman et al., 2000). In this same study, Arnold Grossman and colleagues (2000) find that these created support networks provide 64 percent of the emotional support for elderly gays and lesbians, 54 percent of the practical support, 13 percent of the financial support, and 72 percent of the social support.

If these informal networks do provide common sources of support for elderly gays and lesbians, that awareness should guide eldercare for gays and lesbians in medical, long-term care and social service settings. While such created family networks can be beneficial to elderly gays and lesbians, medical and social service settings generally do not recognize the importance of these networks. The created informal care network, which does not limit itself to blood relatives, can sometimes be a difficult arrangement for families, friends, health care, and social service workers to understand and honor. In one study exploring the informal care networks of lesbians, lesbians who were providing care to nonrelatives reported that they were required to continually justify the caretaker role to family members, other friends, and health care workers (Aronson, 1998). Additionally, same-sex care providers reported that they did not generally receive support from the family or medical team of the care recipient (Hash, 2001). They also reported restrictive institutional policies, offensive comments and questions from workers, and resistance to honoring the wishes of the same-sex partner (Hash, 2001). As the population of ailing elderly grows, it may be in the best interest of society to begin to question the value of obstacles that prevent individuals from caring for loved ones in a manner that best meets the needs of the care provider and the care recipient.

DISCUSSION

This article briefly introduces some of the salient themes emerging in the very limited research on gay and lesbian aging. Further research should explore how aging differs by gender and other forms of sexual identity. Although research is limited on aging among gays and lesbians, there is practically no research on aging issues among bisexuals and transgendered individuals.

In order to further clarify cohort differences with respect to life decisions and aging of gays and lesbians, it will be necessary for researchers to seek greater diversity. Current research draws overwhelmingly from samples of white, middle-class, educated gays and lesbians. While this sort of sample has historically been the easiest to recruit, the resulting findings present an extremely limited vision of what it means to age as a gay or lesbian. Research should also consider the effects of race, ethnicity, and socioeconomic status. Also important are differences between out and closeted individuals, and those among gays, lesbians, bisexuals, and transgender individuals. Additionally, sample sizes have historically been very small. If funding limitations do not allow for a large national survey of gay and lesbian aging, it becomes all the more important that national aging studies include questions about sexual

orientation, created family care networks, same-gender care providers, and agency participation in special programs for gays and lesbians.

Finally, current research on gay and lesbian aging in the United States and other Western countries, as well as research on the aged individuals themselves and on the policies created to address their needs, has most recently reflected the experiences of the pre-Stonewall cohort of gays and lesbians. Individuals in this cohort have an experience of homosexuality that is uniquely different from that of gays and lesbians who came out after the Stonewall riot. Further research must periodically redetermine whose experiences represent the elderly gay and lesbian population. Each subsequent cohort will age differently, having been guided by different life goals, different life opportunities, and different life decisions. In a varied and changing homosexual population, there is no such thing as homogeneous aging.

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