



Aging

by Teresa Theophano

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The aging process includes many positive aspects, among which are sometimes the attainment of maturity, wisdom, and perspective. Indeed, many people, especially those fortunate enough to enjoy good health and financial security, find their senior years truly golden, the most fulfilling and satisfying time of their lives. Still, few will deny that growing older in a youth-centered society poses both emotional and physical challenges.

While much of the dread of aging is based on stereotypes and myths rather than reality, there is no doubt that the prospect of aging brings with it numerous concerns, ranging from health and financial worries and problems to the struggle to maintain autonomy, the fear of loneliness, and the possibility of social isolation. Nearly all of these problems are exacerbated by pervasive ageism on both institutional and individual levels. Most of these concerns are shared by older adults regardless of sexual orientation or gender identity.

Although there is a popular mythology that presents elderly homosexuals as pathetic and lonely figures, research shows that gay and lesbian seniors do not differ significantly from their heterosexual counterparts in respect to satisfaction with life and other key indicators of mental health in the adjustment to aging. Indeed, there is some evidence that lesbians and gay men, having coped with issues of stigma and discrimination, are actually better able to deal with the stresses of aging than their heterosexual cohorts.

In addition, gay men and lesbians who have been well integrated into queer communities have often developed networks of close friends and lead active social lives. Such networks and such social activity often prove beneficial in easing the aging process.

Challenges Faced by GLBTQ Seniors

Gay, lesbian, bisexual, transgender, and queer people do, however, often encounter a particular set of challenges that can make aging especially difficult. For example, persistent institutional heterosexism and homophobia often present major obstacles to the older glbtq adult seeking housing, social services, or medical care. The widespread presumption of both heterosexuality and asexuality among older people has an effect on glbtq seniors whether they are living independently or in long-term care facilities. Moreover, the devaluing of same-sex sexual relationships by officials and institutions may result in denying recognition to caregivers and long-time partners when medical and other decisions need to be made on behalf of incapacitated individuals.

In addition, glbtq culture is hardly exempt from the ageism widely present in mainstream society. Indeed, ageism may be more severe in glbtq communities. Aging gay men, for instance, rarely find themselves represented in queer media, which tends to uphold a homogeneous archetype of youthful male attractiveness.

Due to this lack of representation, indeed invisibility, one might speculate that older glbtq adults are not a significant presence in the United States. But this is not the reality. Estimates of the current number of

American glbtq adults over age sixty vary from 1.75 to 3.5 million. This number is expected to increase substantially beginning in the year 2011, when the baby boomer generation approaches retirement age. By the year 2030, between four and six million glbtq adults will be senior citizens.

Coming Out: A Generational Issue

The lack of visibility of older glbtq people is also related to the differing social environments in which older and younger generations have been reared. Attitudes toward homosexuality in earlier decades were far more repressive than those of today. Gay, lesbian, and bisexual elders who grew up in oppressive eras and places may have never identified themselves as such; while the term "transgender" has only come into our lexicon fairly recently.

Same-sex partnerships of decades past were often self-defined as "friendships" and may have borne similarities to the Boston marriages of the late nineteenth century. In other words, there was no "gay lifestyle" to speak of for many of the elderly people we now term glbtq. Because of these circumstances, many older individuals may have never felt safe enough to come out except perhaps to their closest friends and partners. Without coming out, they are also likely not to have made the legal arrangements that might guarantee the rights of their partners or the recognition of alternative families.

Glbtc elders who did come out may encounter discrimination in the health care system, in long-term care, and in employment opportunities, based not only on their age but on their sexual orientation. Without culturally competent care in geriatricians' offices, senior centers, adult homes, or assisted living facilities, glbtq seniors may feel vulnerable and alone.

Issues of Safety

Glbtc elders may feel uncomfortable disclosing their sexual orientation every time they work with a new health care provider or social worker, and many care facilities--and agencies that provide home attendant services--do not demonstrate an acceptance of and respect for minority orientations and gender identities.

For many closeted glbtq elders, having paid attendants in their homes to provide personal care is simply not an option. Meanwhile, sensitivity to alternative gender identities and expressions--such as butch lesbians, feminine gay men, and transgender people who have not undergone a physical transition--is rare in long-term care facilities, and can pose a very real threat to the physical and emotional safety of glbtq people.

Most states do not prohibit housing discrimination on the basis of sexual orientation, and long-term care facilities may not permit same-sex partners to live together. Indeed, some facilities even disallow visitations from same-sex partners. These policies can place glbtq older adults in a terrible dilemma: if they are indeed out, they may feel that they need either to go back in the closet or face dire consequences from staff and other clients at such institutions, particularly long-term care facilities. Whether they are out or not, glbtq elders may find themselves dependent on institutions that have long perpetuated heterosexist attitudes.

In addition, out glbtq elders must deal not only with risks of elder abuse, to which any older person may be exposed, but also to the harassment and violence for which any *queer* person may be at risk. Moreover, their awareness of--or first-hand experiences with--police brutality may make glbtq elders reluctant to report violence or abuse to the authorities.

Legal Issues

In most jurisdictions, same-sex marriage, domestic partnerships, or civil unions have yet to be legalized, so in most places there is no guarantee that glbtq partners will be extended the same recognition and rights

as legal spouses when they seek medical care or enter long-term care facilities. In addition, surviving same-sex life partners are not granted the Social Security benefits or property inheritance rights that a widowed spouse would receive. Similarly, pension and 401(K) regulations, Medicaid regulations, and tax law do not recognize same-sex partners.

Given these circumstances, it is crucial for glbtq couples, particularly those approaching later life, to entrust each other with financial and medical decision-making capabilities via legal procedures such as powers of attorney, health care proxies, and living wills. Domestic partnership laws--which vary according to locality--can help ensure some rights for same-sex couples; in New York City, for example, domestic partners are entitled to visit each other in city-run hospital facilities, and if they are partners of city employees, they can take bereavement leave, receive health benefits, and share an existing tenancy in public housing.

Strengths: Community and Family

Family, as defined by glbtq people, does not always imply a network of blood relations. When parents, children, and sometimes siblings are unable or unwilling to accept glbtq people as we are, historically we have turned to our friends. These members of our "chosen families" often become caregivers of glbtq people in later life, and help prevent the loneliness and isolation that affects many seniors, gay and straight alike.

The sense of community that glbtq people can experience among ourselves is an important and powerful tool that carries into older age. It is a support system that can remain in place throughout life, and may be especially important in later life.

Another strength among older gay men and lesbians is their resilience in the face of the stigma and discrimination of homophobia. It has been hypothesized that this resilience has prepared them for the stigma and discrimination sometimes perpetrated upon the elderly. For example, glbtq elders may have learned coping skills that heterosexual elders did not need to develop earlier in life.

In addition, older individuals may experience retirement as an opportunity to become more fully involved in glbtq culture and in the movement for equality, since being out at this stage in their lives poses fewer financial and social risks. Being involved in the glbtq rights movement often gives individuals a sense of empowerment, which is especially important for the elderly.

Transgender Elders

Lesbian, gay, and bisexual elders are sometimes described as an invisible population; but transgender older adults tend to be entirely off the radar even for professionals who deal with the aging. The term "transgender" is relatively new and can imply many different kinds of gender transgression; thus it is unlikely that many elders self-identify using this term.

Many transgender elders have always experienced a discrepancy between their physical bodies and their gender identities. Though some older transgender people may receive hormone therapy, the trans elder who has undergone gender-confirming surgery is a rarity. Such surgeries did not emerge until the 1940s and were simply not an option for many people who are now over age 75. The procedures' high cost persists into the present, keeping them inaccessible for the majority of transgender individuals.

For an older adult whose anatomy does not correspond with his or her gender identity, privacy is tremendously important. This means that medical care requiring one to undress may, even in an emergency, be refused, and all of the caveats regarding in-home care and long-term facilities may have yet more dire consequences for the transgender elder.

It is crucial that anyone working in the field of aging develop a further understanding of transgender concerns. Ideally, that understanding will begin to spread to the general public.

Conclusion

As the population of glbtq elders expands, one can expect that research on this community will increase and additional resources made available. Fortunately, a number of organizations dedicated to providing much-needed services and information--along with socialization and activism opportunities--to glbtq senior citizens have emerged recently, ranging from SAGE (Services and Advocacy for GLBT Elders), Pride Senior Network, Old Lesbians Organizing for Change (OLOC), Prime Timers, and the Transgender Aging Network. These groups can help provide a sense of safety and empowerment for sexual minority elders--something not always provided by mainstream seniors' organizations.

While they currently number only a handful, retirement homes and facilities catering specifically to glbtq seniors are likely to be developed on a larger scale. If such facilities meet the special needs and concerns of the glbtq elderly, they may become an important community resource.

Many aspects of the aging process are universal; however, until acceptance of glbtq people becomes commonplace, awareness of the issues affecting glbtq seniors in particular needs to be promoted both within and outside of the queer community.

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