

Gay and Lesbian Issues and Psychology Review

Editors Jo Harrison &
Damien W. Riggs

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Gay and Lesbian Issues and Psychology Review

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The Review is a peer-reviewed publication that is available online through the Australian Psychological Society website. Its remit is to encourage research that challenges the stereotypes and assumptions of pathology that have often inhered to research on lesbians and gay men (amongst others). The aim of the Review is thus to facilitate discussion over the direction of lesbian and gay psychology in Australia, and to provide a forum within which academics, practitioners and lay people may publish.

The Review is open to a broad range of material, and especially welcomes research, commentary and reviews that critically evaluate the status quo in regards to lesbian and gay issues. The Review also seeks papers that redress the imbalance that has thus far focused on the issues facing white lesbians and gay men, to the exclusion of other sexual and racial groups.

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Gay and Lesbian Issues and Psychology Review

Volume 2 Number 2

Contents

Editorial 42
Jo Harrison & Damien W. Riggs

Articles

Coming out ready or not! Gay, lesbian, bisexual, transgender and intersex ageing and aged care in Australia: Reflections, contemporary developments and the road ahead 44
Jo Harrison

Queer ageing 54
Mark Hughes

Ageing gay men's bodies 60
Murray Drummond

Coming out, coming in: How do dominant discourse around aged care facilities take into account the identities and needs of ageing lesbians? 67
Joy Phillips & Genée Marks

Heteronormativity amongst staff of residential aged care facilities 78
Carolyn Tolley & Rob Ranzijn

Commentaries

Non-technical equivalence for lesbians, gay men and transgender people in community services for seniors 87
Kendall Lovett & Mannie De Saxe

Addressing gay, lesbian, bisexual, transgender and intersex ageing in Western Australia 91
Graham Lovelock

We are aged, we are queer, we are here 93
Charles Lo

Book Reviews

Reeling in the years: Gay men's perspectives on age and ageing 98
Jeffery Adams

Calls for Papers

Gay & Lesbian Issues & Psychology Review: LGBTI parenting

Sexualities: Recognising and celebrating non-heterosexual relationships: Current developments in theory and research

Gay & Lesbian Issues & Psychology Review: Research and theory in lesbian & gay psychology



EDITORIAL: LGBTI AGEING

JO HARRISON & DAMIEN W. RIGGS

This issue of *GLIP Review* marks the first occasion on which a peer-reviewed Australian journal has focused on the theme of lesbian, gay, bisexual, transgender and intersex (LGBTI) ageing. In this respect, this issue breaks new ground in Australian academic research. The contributors to this special issue of *GLIP Review*, in a relatively consistent voice, suggest that the issues facing older LGBTI people continue to be widely ignored. This lack of attention ranges across public policy, gerontology research, aged care education programs, service provision interventions, and legal representation. There is also a serious lack of attention to LGBTI ageing issues within queer communities. This issue of *GLIP Review* is a testament to the burgeoning body of research and action taking place in Australia, much of which challenges the history of silence surrounding LGBTI ageing issues, while seeking to develop methods for accountability that take the needs of older LGBTI people as their starting point.

Most importantly, this growing body of research on LGBTI ageing has refused to use research on heterosexual ageing as its benchmark, and has instead set its own agenda on the basis of consultations with community members and organisations. This we believe to be of considerable significance, as all too often research on marginalised groups takes as its starting place a desire to produce 'comparison studies'. It is particularly exciting that this issue starts from what we consider to be an obvious starting place (that LGBTI older people experience discrimination both within the wider community, and within LGBTI communities), and seeks to address this from a range of variously queer perspectives. Our suggestion here of course is not that all of the authors identify as queer *per se*, or employ queer theory in their writing. Rather, their approach to researching the lives of older LGBTI people significantly queers the norms for understanding marginalised groups as they typically appear within the field of gerontology.

It is significant to us that a growing number of postgraduate and early career researchers are taking up this field of interest. In this issue we are very pleased to have a number of exciting research papers and commentaries written by

up and coming academics in the field of LGBTI gerontology.

It is also important to note that the issue reflects some of the broader aims of *GLIP Review*, namely to explore how discrimination functions *within* queer communities, and how those who identify as variously queer are also located within a relationship to concurrent identities in relation to race, ethnicity, class, religion, gender, age and ability. Exploring how marginalisation functions *amongst* older LGBTI people is an important feature of this issue, as it is often far too easy for researchers to assume that the category 'older LGBTI people' is homogenous.

Finally, we are very pleased that the issue includes reports 'from the field', and that many papers provide very concrete suggestions for addressing the issues faced by older LGBTI people. The placement of research within the context of action, activism and an awareness of the broader impact of ageism is significant and we are delighted to have been able to provide this context within this issue of the journal. As such, the issue will be of relevance to a wide range of people, not just those connected to or working in the aged care industry.

The issue includes five research articles, three commentaries and one book review. In regards to research articles, the issue begins with Harrison, who provides an historical account of the development of the field of LGBTI gerontology in Australia, and places it in the context of Doctoral research which revealed the importance of personal biography. Harrison discusses prospects for a positive future for LGBTI ageing. Hughes then overviews developments in lesbian and gay gerontology and questions heteronormative influences within the literature, particularly in relation to the reliance on concepts such as 'successful ageing' which permeate gerontological writing and practice. Hughes examines the potential of queer ideas for social gerontology and aged care. In the third article, Drummond reports emergent body-based issues for older gay men, highlighting an ultimately positive perspective emerging from the data. Phillips and Marks interrogate dominant discourse around the promotional material used by residential aged

care providers, and also present valuable data from focus group research. Finally, Tolley and Ranzijn then report on an examination of heteronormativity and heterosexism amongst staff of residential aged care facilities and conclude that factually-based educational strategies need to include exposure to non-heterosexual older people.

In regards to commentaries, Lovett and De Saxe contribute to providing a vitally important voice – that of older LGT people. They outline activist-based work in which they have been involved over many years, and emphasise the importance of older LGBTI people speaking for themselves, particularly in the context of the current politically discriminatory environment. Lo's commentary is a valuable overview of background information which underpins Doctoral research which is currently in progress investigating the experiences of older gay men. Finally, Lovelock reports on the establishment, achievements and plans of a Western Australian group that has made significant progress towards the recognition of sexual and gender

identity in aged care in a very short time period, through education, strategic planning and partnership development.

Adams provides a book review of the text *Reeling Through the Years*, and raises insightful responses to an examination of intergenerational issues around gay men and ageing. Importantly, he refers to the Australian and New Zealand setting and the ways in which responses need to take the nature of local LGBTI culture into account when examining overseas experience.

Several of the articles report or reference research and action which is occurring across Australia in relation to LGBTI ageing that is not directly reported in this issue. That this is the case is itself cause for optimism and buoyancy as it indicates that the field of LGBTI ageing is undergoing rapid development. It also heralds an exciting and rich future for this new area of interest. We are both pleased that this issue of *GLIP Review* contributes to breaking new ground at this time.



COMING OUT READY OR NOT! GAY, LESBIAN, BISEXUAL TRANSGENDER AND INTERSEX AGEING AND AGED CARE IN AUSTRALIA: REFLECTIONS, CONTEMPORARY DEVELOPMENTS AND THE ROAD AHEAD

JO HARRISON

Abstract

The ageing of the Australian population is receiving increasing attention and public commentary, much of which is of a negative flavour. Gerontological activity in Australia has been predominantly heteronormative to date, although there is evidence of change taking place. This article presents a historical perspective on change which has occurred in relation to GLBTI ageing in Australia since 1988. This is discussed in the context of data from Doctoral research which indicated the importance of a personal dimension to action in the United States of America. The author's personal biographical narrative is presented in the context of individual biography, which was one of the elements of the personal dimension of action. Contemporary developments, challenges to discrimination and issues connected to GLBTI elder abuse are addressed. Future prospects for GLBTI ageing in Australia are also discussed.

Background

The Ageing 'Tidal Wave'

During the past decade, the prevailing Australian neo-conservative political and economic climate has yielded considerable speculation and discussion about how the Australian future might be coloured by the impact of a rapidly ageing population (Marris, 2003). Rarely has this discussion, which often refers to the supposed impact of an impending 'explosion' as baby boomers retire from the workforce, taken into account issues which impact on gay, lesbian, bisexual, transgender or intersex (GLBTI) people.

The current Australian aged care industry is not one in which sexual and gender diversity are generally seen as a cause for celebration (Harrison, 2005). Conversely, discussions of ageing frequently centre around costs, fears and even 'tidal waves' which conjure up notions of impending doom and gloom. Rarely are older

people regarded as a resource, a source of positive societal input, or a demographic cohort of which to be proud. Ageism itself impacts on social and political understandings around the construction of age as something to be feared and avoided, rather than celebrated. In this respect, ageism and homophobia share common characteristics.

Heteronormativity in Gerontology

In the Australian context, issues related to gay, lesbian, bisexual, transgender and intersex ageing have been almost completely neglected in gerontology, which is defined by this author as all research and action around ageing (Harrison, 2001). This neglect has been reflected in textual discourse, clinical and service practices, training and education, research approaches, policy development and lack of legal reform. However, the more recent past has seen a burgeoning interest and an acceleration of action around GLBTI ageing issues. Most of these advancements have been initiated by GLBTI individuals or organisations, while the development of partnerships between GLBTI and mainstream organisations is also taking place at a rapid pace. There is also a slowly growing interest in GLBTI issues within the aged care industry itself.

To date, the field of Australian gerontology has been predominantly heteronormative, given that heterosexual experience has been almost completely regarded as the only or central view of the world (Johnson, 2002). Heteronormative intervention currently occurs in the ageing or aged care-related work of professionals from a wide variety of fields including the areas of: psychology; occupational therapy; medicine; physiotherapy; nursing and social work. The field of gerontology also includes advocacy, policy and legal work as well as activism which relates to ageing issues or aged care concerns (Harrison, 2004a).

Heteronormative discussion of concepts related to: the family; the nature of caring relationships;

household composition; gender; taxation; superannuation arrangements; and special needs groups are prevalent in gerontology (Harrison, 2001,2004). Other than in Victoria, Australian Federal, State and Territory governments make rare mention of or completely exclude GLBTI issues in aged care policy or discussion documents (Harrison, 2005; McNair & Harrison, 2002). This assumption of heterosexuality, which underpins the current Australian gerontological perspective, results in the cyclical perpetuation of an absence of GLBTI ageing concerns. This 'cycle of invisibility' operates through a process in which consumers' fears of persecution are reinforced by practitioners' lack of understanding of the significance of sexual orientation and gender identity in gerontology.

Collective Action in the USA and Australia

Doctoral research conducted by the author investigated whether lessons might be drawn from the experience of activists in the United States of America (USA) and then applied to Australian gerontology, with regard to the recognition of GLBTI ageing (Harrison, 2004a, 2005a). The research aimed to provide guideposts for a process of change in Australia, by the investigation of the factors involved in collective action in the USA, where GLBTI ageing issues have received significant attention for more than two decades (Raphael & Meyer, 1988; Raphael, 1995).

A deliberative stance shaped the research as characterised by the promotion of a stated goal around informing the creation of change through overtly political, activist research (Ladwig & Gore, 1994) In particular, the research approach was informed by new social movement theory and the role of activism and sought to bridge the gap between the structural and cultural social movement paradigms (Fisher & Kling, 1994; Johnston, 1984). It was also informed by the researcher's history of activism. In this respect, the researcher was both 'insider' and 'outsider' during the research process.

Qualitative research was conducted in Australia and the State of California in the USA. The research findings revealed: a personal dimension of action; the importance of self-determinist approaches in the USA; and the status of the Australian situation. In addition to the 'structural' and 'cultural' dimensions of collective action recognised within the field, the research findings

revealed a 'personal' dimension of action. Such a dimension has received limited attention in social movement literature to date (Goodwin, Jasper & Polletta, 2001; Kling, 1995).

Reflections

The Personal Dimension and the History of Action in Australia

In particular, the personal dimension of action included three elements: personal style; individual biography; and the notion of devotion to the cause. These factors formed vital elements of collective action in relation to GLBTI ageing in the USA. Indeed, the personal dimension of action could be seen as providing a crucial underpinning to developments which have taken place and are currently taking place in Australia. Further, the personal dimension could serve to inform a future direction for action in relation to GLBTI ageing from which all stakeholders, including consumers, reap optimal benefits. In addition, the three phases of data collection were encompassed by a process which involved the researcher documenting a log of relevant Australian action related to GLBTI ageing as the research was in progress. While not constituting a specific phase of the fieldwork, the Log of Action involved continuous documentation of incidents of action with which the researcher was involved, as well as action which occurred independently of the researcher (Harrison, 2004a, p. 158-167). An overview or discussion of the events and individuals included in the Log of Action is not possible within the scope of this short article. However, the organisations, groups and individuals listed in the Log of Action played and in many cases continue to play vitally important roles in furthering research, action and education in relation to GLBTI ageing issues. While the Log of Action included only action which took place between 1999 and 2003, during the period of the research, the history of action and interest in GLBTI ageing in Australia dates back well before 1999.

Prior to 1999, several Australian organisations focused on age-related GLBTI issues. This included groups such as: Intersection (2006a, 2006b), Lesbian and Gay Solidarity (2006); The Matrix Guild in Victoria and other States (2006); Ten Forty Matrix (2006); and Mature Age Gays (2006). Numerous others operate, including groups such as Vintage Men (Birch, 2004), The Gentlemen's Club and the Golden Club. Such

groups have existed and in many cases continue to do so in various parts of Australia. They focus on GLBTI age-related issues and concerns including: housing; overcoming social isolation; promotion of mental and physical health; working for GLBTI political rights; taking action towards the education of the aged care industry; and the promotion of age-related social justice, regardless of sexual or gender identity. In almost every case, these groups have received minimal or no funding and have relied on in-kind assistance to undertake this groundbreaking work. This continues to be the case for many of these groups today.

Preserving the History of GLBTI Ageing in Australia

As was demonstrated in the outcomes of the author's Doctoral research (Harrison, 2004a), the related history of change was poly-vocal, and individuals and groups involved in change in the USA had their own understandings of events and reported multiple perspectives on the way in which change came about. Clearly, historical understandings, stories of change and recall of events are contingent on the memories of those involved and the availability of documentation which records those events.

While conducting Doctoral fieldwork in the USA, access to collections including: items held by the GLBT Historical Society; the archival papers of the American Society on Aging; the Raphael and Meyer Collection; the Lyon and Martin Collection; and the Catalano Gerontology papers at San Francisco State University (now housed at the GLBT Historical Society) was vitally important in enabling the author to uncover and understand the story which underpinned the process of change in that site. Access to historical documents provided insights which fed into and informed the interviews which were conducted with significant key players in the process of change under investigation. The documents, along with the recall of colleagues of those who had died served to provide a sense of the roles played by individuals who had passed away during the era of rapid change in relation to GLBTI ageing, including those who had died from AIDS related illnesses.

In Australia, the GLBTI community, including young people, baby boomers and older people, has taken steps to preserve the history of the community and the fight for justice in Australia (Australian Lesbian and Gay Archives, 2006;

Pride History Group, 2006). In the light of this it is vitally important that the story which links past action to the current burgeoning interest in GLBTI ageing be documented and conserved so that future researchers and others may be able to access materials which reflect the patchwork of action which created the story of Australian progress in this area.

Personal Biography

In the context of this article, the author, as insider to research, can contribute some glimpses of an individual perspective on the history of GLBTI ageing-related change in Australia. In this respect, the reported experience serves as biographical narrative informed by and building upon the outcomes of prior research. When this narrative is intermixed with the experiences of others who have been and are a part of the process of change taking place within our midst, it may serve to inform our own story of change. In the view of this writer, these stories need to be documented, preserved and updated in order to be available for those who may hold a future interest in looking back at the story of change as it occurred in Australia.

The author's GLBTI ageing-related biographical narrative dates back to 1988, and follows experience working in gerontology and aged care since being employed in a residential aged care facility at the age of 16, in 1974, in Sydney. An interest in ageing issues was fostered through studying and publishing in gerontology in 1979 (Swain & Harrison, 1979). During this period of time the author began volunteering at the Feminist Bookshop which was first established near her home suburb in Sydney, while attending a Catholic high school, where social justice issues were discussed. The author was involved in feminist activism while studying at the University in Sydney and was part of the first Sydney Gay and Lesbian Mardi Gras in 1978.

A personal background involving work in ageing-related research, advocacy, service provision, consumer rights and education while living in Sydney informed the author's approach to gerontology. An interest in Indigenous political concerns led to a move to take up employment in Central Australia in 1985. Working in aged care training, service provision, project development and research for Indigenous community controlled organisations, along with

establishing an aged care advocacy service, meant that issues related to the under-recognition of Aboriginal and Torres Strait Islander old people in government policies and programs were of central importance to the action with which the author was involved.

In this way, facilitative action aimed at the creation of change towards the recognition within gerontology of a previously under-recognised special needs group became the crux of the author's experience for over a decade in the Northern Territory. The notion of Indigenous self-determination underpinned an approach to change which saw Indigenous people as essentially needing to be in control of their own decisions and taking responsibility for their own affairs. This notion is currently receiving some negative media commentary amidst discussions of the prevalence of Indigenous concerns related to alcohol and violence. In the view of this author, such an approach remains of key importance to solutions to matters impacting on Indigenous communities today, given that genuine self-determination and self-governance have not been afforded to Indigenous people in Australia to date (Dodson, 2006; Harrison, 1997). Alternate positions such as that of the current Federal Health Minister, who recently publicly advocated a 'new paternalism' serve to reinforce assimilation perspectives which have already proven problematic and patronising (Grattan, 2006).

While in Sydney and Central Australia, the author collected information relating to GLBTI ageing and aged care. This writer developed a rapid awareness of the serious nature of the invisibility of GLBTI older people and the way in which the experience of non-recognition in gerontology linked Indigenous and GLBTI issues. This was particularly the case with regard to the neglect of groups with special needs in governmental aged care policies and programs. Personal and professional contact with Indigenous gay and lesbian community members, some of whom were closely involved with the AIDS Council of Central Australia and the Central Australian Advocacy Service (Harrison & White, 1994, 1996; Harrison, 1997) impacted further on thinking around GLBTI ageing concerns.

The author travelled to San Francisco in 1988 armed with a collection of GLBTI age-related books and articles, along with phone numbers and names of key players in sexual and gender

identify and ageing in San Francisco and Los Angeles. Visits were made to feminist and gay bookstores in San Francisco and items that mentioned GLBTI aged care or ageing issues were purchased. The San Francisco Women's Building was visited and newsletters and other information about GLBTI ageing were obtained. Brief communication was made with people identified as key players in GLBTI ageing, including academics, authors and service providers. Contact was made with people from Gay and Lesbian Outreach to Elders (New Leaf Outreach to Elders, 2006) and the author vividly recalls a conversation with a project worker about providing advocacy for a lesbian who was 90 years of age, living in a nursing home and being denied the right to wear 'men's clothes'. Visits to AIDS organisations and other significant GLBTI and Indigenous organisations and events across the USA led the author to return to San Francisco and the USA many times.

Visits to the USA during the 1990s, including a visit to undertake Summer Studies on Community Development at the University of California, Berkeley, led the author to directly meet many people actively involved in Indigenous aged care, including conducting field visits with Deborah Taylor from the Alaskan Ombudsman's Office, investigating Indigenous aged advocacy. During one 48 hour period in 1993, the author attended the Gathering of Nations, the USA's largest pow wow open to the public, held in New Mexico, and the Gay and Lesbian March on Washington DC, attended by over one million people. The common threads running through both events related to the importance of the right to: expression of culture; freedom from discrimination; and the reinforcement of a sense of pride. On those occasions, these threads were woven together through collective action.

While in the USA, the author consulted key people involved in action and education around GLBTI ageing. This included experts such as Professor Sharon Raphael and Mina Meyer from Long Beach, who were vital in the establishment of the National Association of Lesbian and Gay Gerontology (NALGG), which operated between 1977 and 1995, and the organisation Old Lesbians Organising for Change (OLOC, 2006), with which they are now integrally involved. The author also held discussions with Linda Wells, who held responsibility for the ASA Lesbian and Gay Aging Issues Network (LGAIN, 2006). Linda is a close colleague of renowned lesbian activists

Del Martin and Phyllis Lyon, both of whom the author would later meet and interview in the context of Doctoral research. LGAIN continues to be a vitally important resource on GLBTI ageing throughout the USA and internationally. Gerard Koskovitch, current staff liaison for GLBT ageing issues at ASA, was integral to assisting the author during the Doctoral data collection phase.

Being able to meet and communicate with many people over several visits to the USA culminated in the author's sense of certainty that planned Doctoral research could include fieldwork in California. The research was also informed by the experiences of people from New York and other parts of the USA. Many of these individuals visited Sydney for the 2002 Gay Games and were invited to speak on GLBTI ageing at a panel session and plenary held during the Health in Difference Conference (Harrison, 2004a). During 1997, the author had completed a Master of Gerontology program which included research incorporating interviews with Australian key people, including heterosexuals, with knowledge about or interest in aged care, GLBTI ageing issues, or both (Harrison, 1999).

Following the completion of that exploratory research, the author continued to communicate with many Australians active in aged consumer rights and GLBTI activism, who provided bountiful supplies of information, support and ideas. Many of these people would later contribute to the first and third phases of the Doctoral research (Harrison, 2004a). In 2000, the author conducted data collection in the USA and Australia. This included attending the Conference of the ASA in San Diego, which was attended by key stakeholders in GLBTI ageing from across the USA. In 2004, the findings of the Doctoral research were presented at the ASA and American Council on Aging Joint Conference in San Francisco.

Contemporary Developments

Since 2004, Australia has seen a snowballing of interest in and action around GLBTI ageing issues. The contrast between 1999 (Harrison, 1999a) and 2002 (Harrison, 2002a) provides some early glimpses of this process. Certainly, Australian research, education and action which are recently completed, currently in progress, or being proposed are contributing significantly to the growing picture of GLBTI ageing (Chamberlain & Robinson, 2002; Chandler et al,

2004, 2005; de Saxe & Lovett, 2004; Ellis & Ranzijn, in press; Hughes, 2003, 2005; MacDonald, 2004; Robinson, 2004, 2006 Skaines, 2005).

The web site of Rainbow Visions Hunter (2006) reveals an invaluable list of resources related to GLBTI ageing and provides an indication of snowballing interest in GLBTI ageing issues from across Australia. Groups and organisations such as Rainbow Visions Hunter, The GLBTI Retirement Association Incorporated (GRAI, 2006), the ALSO Foundation (ALSO Foundation, 2006) Gay and Lesbian Health Victoria (GLHV 2006) and Intersection (2006) continue to take action in relation to GLBTI ageing and form partnerships with key stakeholders to advance efforts to redress discrimination, invisibility and abuse. A range of organisations such as the AIDS Council of New South Wales (ACON), the ALSO Foundation and the New South Wales Anti-Discrimination Board have conducted important workshops, held significant public events and produced documents related to GLBTI ageing, discrimination, and strategic forward planning. (AIDS Council of New South Wales, 2006; ALSO Foundation, 2006; Harrison, 2004b; New South Wales Anti-Discrimination Board, 2006).

Further relevant research and action (Matrix Guild Victoria, 2006; Robinson, in progress) has taken place or is underway. Indeed, action about which this author may be currently unaware may well be taking place, including student projects. The author is often contacted by students, older GLBTI people, service providers and others with an interest in or working on GLBTI ageing issues. This is a signal that the process of change in Australia is most definitely underway and gathering pace. A meeting of individuals with an interest in GLBTI ageing issues took place in Melbourne in February 2006, and was a collaborative exercise organised by the ALSO Foundation's Seniors Project Advisory Committee (ALSO, 2006).

At the time of writing this article, a combined proposal focused on GLBTI ageing which includes 9 conference paper abstracts from across Australia and a film-in-progress is with the Australian Association of Gerontology (AAG) for consideration. The AAG has chosen 'diversity' as the theme for its Annual Conference in Sydney in November, 2006. The 'coming out' of GLBTI ageing issues in Australia has been enhanced by the AAG referring to 'gay and

lesbian communities' in its call for papers for the conference, the first time that the National AAG has included sexual or gender identity in its promotional material. The GLBTI-related conference proposals have been developed by academics, service providers, activists and non-government organisations. They also include reference to partnerships with government, universities and aged care agencies. GLBTI older activists will be present at the conference as speakers and commentators. This is clear evidence of a rapidly moving process of change in Australia.

The Road Ahead

There can be no doubt that great strides have been made around GLBTI ageing in the local context. Conversely, it is important to note that there remains an almost complete lack of research or other local action which focuses specifically on the needs of bisexual, transgender or intersex older people. Noble (2001) refers to general issues associated with intersex experience in Australia. While in the USA, the author was approached and commended by intersex activists for including them in ageing research. More recently, some Australian organisations have taken steps to include bisexual, transgender or intersex ageing issues in action and reports based on experiences conveyed during consultations conducted by agencies committed to working on GLBTI ageing and caring-related matters.

It is also important to note that action in Australia continues to be almost completely undertaken by activists, organisations and others in receipt of minimal or no financial resources for specific GLBTI ageing work. Although small specific grants have been successful and date back to the year 2000 (Harrison, 2004a), Australia has yet to see GLBTI ageing projects or organisations receive substantial ongoing funding to provide urgently needed advocacy, services, research or education. This remains a serious issue yet to be addressed in the local context.

GLBTI Elder Abuse

One of the most urgent unmet issues requiring attention is the matter of GLBTI elder abuse. Until policy, legal and program responses of governments reflect the importance of GLBTI ageing as integral rather than 'peripheral' or 'specialist' to aged care in Australia, matters

related to discrimination and elder abuse in connection with sexual and gender identity will continue to go unaddressed. The author is aware of many confidential anecdotal examples of abuse of GLBTI consumers in residential and home based aged care situations. The potential harm of threats of 'outing', verbal, physical, emotional or financial abuse ensures that GLBTI older people continue to live in fear and hide their identities, particularly when they are consumers of services. There is a need for education within the aged care industry around the way in which the experience or fear of discrimination is itself a form of abuse. Aged Care Advocacy Services across Australia have yet to take up the issue in a substantive fashion, although the author is aware that legal advice has been provided to individual GLBTI clients in certain States.

In South Australia, the Ministerial Advisory Committee on Gay and Lesbian Health, of which the author is a member, has raised issues related to GLBTI ageing in its communications and deliberations. The author has raised concerns around elder abuse with the South Australian Health and Community Services Complaints Commissioner and in documentation provided to the current Inquiry being conducted by the Human Rights and Equal Opportunity Commission regarding same-sex discrimination (Harrison, 2006). Matters concerning discrimination, including current serious inequities in relation to: superannuation; taxation; Medicare; Centrelink Entitlements; and Fee and Eligibility Assessment for Residential Aged Care have a particular impact on older GLBTI people in same-sex partnerships, as well as those whose partners are seriously ill or have died. An audit of all Federal and State legislation, including aged care legislation, in relation to the extent to which it impacts negatively on older GLBTI people, including those in same-sex partnerships, is required as a matter of urgency (Harrison, 2006). Such an audit could include an examination of legislation which relates to financial elder abuse. While several States have identified legislative discrimination against GLBTI people and taken steps to rectify this, attention has not been paid to the extent to which older GLBTI people in same-sex relationships are particularly vulnerable and specifically affected by lack of protections and current inequitable situations. A similar situation exists at the Commonwealth level, where GLBTI older people have yet to be recognised in Federal aged care elder abuse

policy.

Older GLBTI people have not been the subject of any serious attempt to identify legislative barriers to equity which impact on financial and work related matters. This contrasts starkly with the situation in the USA, where legal cases involving attempts to redress discrimination as it impacts on older same-sex couples have met with some significant successes (Lambda, 2006). Similarly, a significant report from the USA's National Taskforce on Gay and Lesbian Rights has outlined legislative inequity impacting on GLBTI older people including those in same-sex relationships (Cahill, South & Spade, 2000). Such investigation needs to occur in the Australian context.

Envisaging a Positive Future

Certainly, developments in Australia are moving forward at a rapid pace. Indeed, that this article is one of many in a journal edition focused on GLBTI ageing issues is clear indication that interest and action centred around this vitally important area of concern are gaining momentum in Australia. The development taking place and the historical context within which interest in the issue has grown is cause for optimism, particularly in the light of the role of the personal dimension of action in the process of change. In Australia, we are in a position to demonstrate that along with the structural and cultural factors which create positive change, we are in possession of the factors that relate directly to that personal dimension. Our own responses to ageing will be informed by the notions of: the right to expression of culture; freedom from discrimination; and a sense of pride in oneself.

Further, the Australian aged care industry itself will learn from our experiences and benefit from our innovative approaches to ageing. We hold rich multiple biographies and narratives which will eventually contribute to the tapestry of our own story of change. We are also fortunate to have growing numbers of committed individuals integrally involved in creating change. In particular, we are seeing the involvement of GLBTI people over 60 years of age whose personal style and devotion to the cause of GLBTI ageing are key factors in the creation of a positive future. In the future, when we or others look back on our history it will be evident that we have mixed the ingredients of change in relation to GLBTI ageing into a story which has

its own distinctly successful Australian flavour.

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QUEER AGEING

MARK HUGHES

Abstract

This paper examines the potential of queer ideas for social gerontology and aged care practice. It overviews developments in lesbian and gay gerontology, and questions heteronormative influences within this literature, particularly in relation to its reliance on concepts such as 'successful ageing'. The value of a queer approach to ageing and aged care practice lies in its challenging of restrictive binary definitions of both homosexuality and old age. It is argued that a queer ageing approach would encounter older people not just as bodies with sexual needs, but also as erotic beings with diverse sexualities to be celebrated and desired. In aged care practice, awareness of the multiplicity and constructedness of older people's identities highlights the value of facilitating their narratives so that they might present their own understanding of their identity in their own way.

The Stigmatised Queer

Queer can refer to feeling out of sorts, to suspicious behaviour or to an individual who appears strange. At a basic level it infers a disconnection from what is normal or everyday. Thus its use in relation to homosexuality highlights the unusualness and deviance of those who are not heterosexual. In the 1940s and 1950s when those we now consider old were in their early adulthood, the open homosexual was considered 'queer': they were different, unusual, and marked as separate from the everyday. And to be labeled as queer was to be publicly shamed. The queerness of the homosexual was particularly apparent in the image of the old homosexual who, forsaking marriage and grandparenthood, had only loneliness and despair to look forward to. This is reflected in the following quote from Allen, a consultant psychiatrist writing in a homophile (or early gay activism) booklet:

The homosexual rarely builds up a home or a permanent circle of friends. Whatever the causes the homosexual often tends to end up lonely and sometimes boring others in a rooming house, or, if he is better off, in a club because he must find someone to talk to in order to relieve his solitude. The female homosexual often ends in the same way. Not all women homosexuals are the

masculine, chain-smoking, short-haired dragons they are usually imagined to be, but a great many are (Allen, 1961, p. 95).

For much of the last century, and indeed often still at times in the present, queer represented the stigmatised identity. Understandably some older homosexuals may fear taking on this identity, of becoming the 'old queer'.

The Successful Gay

It is not surprising, then, that following the initial burst of gay liberation in the late 1960s and early 1970s, gay and lesbian gerontologists (writing mainly in the United States) would want to challenge the image of the lonely and bitter old queer. Much of this challenge has come from psychosocial research, based on small samples and comprised mainly of affluent white gay men. This research draws substantially on Erikson's lifespan theory and applies concepts and measures of coping, adaptation and successful ageing (e.g. Brown et al., 2001; Friend, 1980; Kimmel, 1978; Peacock, 2000; Quam & Whitford, 1992). Some researchers (e.g. Kimmel, 1978; Friend, 1980) argue not just that lesbians and gays are as well adjusted as heterosexuals, but that they are able to age even more successfully because they have resolved major life crises, such as coming out as gay or lesbian and adopting less rigid gender roles. By developing a degree of 'crisis competence' they are said to be better prepared for the challenges of older age. Considerable emphasis is thus placed on the importance of formulating an integrated gay or lesbian identity and supporting people through the coming out process. This is no more evident than in psychologists' use of a model of homosexual identity formation (e.g., Cass, 1979) in therapeutic work with people coming out as lesbian or gay in later life (Pope, 1997). More recent larger survey work, which has sampled more widely, also confirms the importance of identifying and coming out as gay or lesbian for maintaining mental health and self esteem, although some of the problems associated with openly identifying as homosexual (such as victimisation) have also been explored in regards to lesbian and gay ageing (D'Augelli & Grossman, 2001; Grossman et al., 2001). Thus, for the most part, gay and lesbian gerontology

constructs lesbian and gay identities as inherently positive and thus 'normal' in pluralistic societies and implicitly argues that such identities should be afforded public recognition.

As with the assertion of fixed identities, coming out stories are said to be a modernist enterprise, which rely on and help construct a lesbian and gay community (Crawley & Broad, 2004). However, in the presentation of lesbian and gay identities as normal and suited to full citizenship there is a danger that only certain representations of these identities are accepted. According to Seidman (2001) distinctions continue to be made between the good homosexual (e.g. those who conduct their affairs in private and who are in quasi-marital partnerships) and the bad homosexual (e.g. the person who goes cruising in parks or toilets or who has multiple sexual partners). Thus the normalisation of gay and lesbian identities may reinforce heteronormativity – the universal presumption of heterosexual desire, behaviour and identity (Warner, 1993) – by valuing only a homosexuality that apes heterosexuality. This, in turn, reinforces a hierarchy of sexualities, identities, and lifestyles with an idealised and sanctified form of heterosexuality at the apex (i.e., one that centers on heterosexual monogamous marriage and reproduction). This idealised form of heterosexuality thus impacts upon both heterosexual and lesbian and gay individuals, albeit in highly differential ways. Thus those heterosexual individuals who do not live up to this particular idealised form of heterosexuality (e.g. those who never marry or who have extra-marital affairs) "experience something of the polluted status of homosexuals" (Seidman, 2001, p. 322). Whilst this is true, it is nonetheless the case that gay and lesbian people in general are accorded a status considered lesser than that of heterosexual individuals, though it is important to recognise that this is always already mediated not only by discourses of sexuality, but by *concurrent* discourses of race, gender, class and age to name but a few.

The Reclaimed Queer

Given their investment in fixed lesbian and gay identities and the power of coming out, it is unsurprising that gay and lesbian gerontologists do not fully engage with queer theory and queer politics. Queer theorists, in turn, seem little interested in ageing issues, focusing more on "younger, sexier bodies" (Twigg, 2004, p. 60).

Nevertheless, with the integration of queer ideas into discussions of postmodern citizenship (e.g. Seidman, 2001) and with increased scrutiny of the fixedness and fluidity of gender and ageing identities in critical gerontology (e.g. Biggs, 2004), there appears much to gain from looking at how queer ideas speak to ageing issues and experiences.

Queer theory emerged from post-structural approaches in the humanities, notably the work of Foucault and Derrida, as well as Lacanian psychoanalysis. While queer ideas predate the 1990s, they came to prominence through the work of feminist/gender theorists, such as Butler (1990) and Sedgwick (1990), who wrestled with the construction and regulation of gender identities. The more recent development of queer ideas in the social sciences has drawn on postmodern and social constructionist perspectives. Queer theory is probably best considered a critical standpoint (or multiple standpoints) rather than a formally constructed theory. Queer politics, while drawing – at times uneasily – on queer theory, emerged initially from the radical politics of AIDS-activist groups and has recently been concerned with the commodification of gay and lesbian identities (Saalfeld & Navarro, 1991).

The new queer reclaims the word and its stigmatising connotations. Drawing on Foucault's (1978) critique, queer theorists (such as Sedgwick, 1990) challenge the homosexual/heterosexual binary as an organising principle of western societies, where the marked homosexual category is the marginalised identity and the default heterosexual category is the privileged identity. By fracturing the binary and examining the inconsistencies within it, the tensions and variations within and across identity groups become visible and important (Roseneil, 2000). It then becomes apparent that individuals might have multiple identities that shift in visibility and importance according to context. The troubling distinctions between categories of the self, or our different identities, are thus embraced as useful challenges to heteronormativity, rather than being seen as problems to be overcome.

While these ideas are not unique to queer theory, their application to the homosexual/heterosexual binary provides the basis for public expressions of diverse sexualities; sexualities that might otherwise remain private and invisible. Additionally, as

Leonard (2005, p. 93) argues, a queer approach "takes as its object of enquiry not simply sexuality, but also the ways in which, in Western societies at least, sex, gender and sexuality are mutually constitutive." And importantly, as an alternative to homosexuality, queer becomes a rallying concept which brings together a range of sexual and gender outsiders who see themselves as non- or anti-straight and who resist being normalised as another identity group. These might include lesbians, gay men, bisexuals, transgendered people, and others, who for reasons such as disability or ethnicity, might feel disconnected from a western consumerised lesbian or gay identity, and its particular representation of the desired body. Queer might also bring together those who engage in or identify with particular sexual practices, such as cyber-sex, sadomasochism, the use of leather or rubber, etc. This is not to say that queer can incorporate any sexual practice, regardless of its effects. But rather than imposing normative social controls on particular sexual practices, a queer stance would assume a communicative ethic where the moral significance of sexual behaviour emerges from any particular communicative context. Thus, "instead of determining whether a specific sex act is normal, critical judgment would focus on the moral features of a social exchange, for example, does it involve mutual consent, are the agents acting responsibly and respectfully?" (Seidman, 2001, p. 327).

Awareness of the constructedness and fluidity of identity brings with it the possibility of subverting identity categories and asserting alternative constructions, although, as Butler (1993) points out, this should not assume an agency which extends beyond or precedes social norms. Nevertheless an awareness of the way norms are performed and enacted provides opportunities for strategic transgression. Queer political activism emphasises the performance of transgression, such as public kiss-ins, usually with an element of playfulness. Recent queer activist groups (e.g. San Francisco's Gay Shame, Vancouver's Queers United Against Kapitalism, London's Queer Mutiny and Montreal's Pink Panthers) have targeted gay assimilationism, consumerisation of lesbian and gay identities and narrow definitions of bodily attractiveness. The Pink Panthers, who describe themselves as a militant group of bilingual queers, recently demonstrated by 'throwing up' fake pink vomit outside gay businesses (Hewings, 2004). Gay Shame is targeting the legitimisation of lesbian

and gay marriage. They ask on their website (Gay Shame, 2004): "Whatever happened to the time when being queer was an automatic challenge to the disgusting, oppressive, patriarchal institution of holy matrimony?"

While queer theory may seem an abstract academic enterprise, these political strategies provide evidence that "queer theorising, and the questioning of the regulatory aspects of lesbian and gay identity and community, is an everyday activity for many within contemporary lesbian and gay communities" (Roseneil, 2000, para 3.9). Coming out stories are also said to be facilitated less by those in authority positions (like psychologists facilitating homosexual identity formation) and more by average people whose stories are "more ambiguous – less organised around a singular identity" (Crawley & Broad, 2004, p. 43).

Implications for Social Gerontology and Aged Care Practice

The heteronormativity of Australian gerontology, in particular, has been highlighted by Harrison (1999, 2001, 2002), whose work displays a queer sensibility and an awareness of the constructedness of identities. Queer ideas can inform a rigorous cultural analysis of the specific ways in which aged care policy, research and professional practice assume a universal heterosexuality for older people, where the category 'sexuality' is taken to represent an *a priori* meaningful category, rather than one that only makes sense within particular contexts. Thus, rather than adding in homosexuality (or gay and lesbian identities) as a new group to be afforded recognition by such practices, a queer approach may aim to challenge identity binaries and raise awareness of older people's multiple and shifting identities. This would include an awareness of the constructedness of notions of old age, and the attendant medicalisation and devaluation of the category 'old age' in relation to the category 'youth'. It would also question the construction of sexuality as a commodity solely of the young.

In particular, the application of queer ideas to gerontology would emphasise the diverse sexualities that are present in older people's lives. It would give recognition to the non-coital expression of sexuality and intimacy: to hugging, kissing, masturbation, rubbing, holding, oral sex and the wide range of intimacy and sexual behaviours expressed by oneself or

between people of the same or opposite genders. However a queering of old age might encounter older people not just as bodies with sexual needs (as a medicalised approach might) but also as erotic beings. An awareness and exposure of the erotic in older age affirms older people's sexualities as things to be celebrated and desired. It would not be a celebration of the older person as youthful, as sometimes implied by successful and active ageing (Katz & Marshall, 2003), nor would it be a celebration of agelessness. Rather, it would entail embracing and appreciating both abilities and disabilities (Morell, 2003). It would be a celebration of the erotic in *oldfulness* and deep old age (Twigg, 2004) and the changes this brings. Exposure of the erotic in oldfulness may help disrupt binaries such as young/old, sexual/asexual, attractive/unattractive and potentially heterosexual/homosexual.

Awareness of queer perspectives thus emphasises for aged care professionals the constructedness of sexuality and eroticism and the possibility of multiple subjective identities. For practitioners, some of whom may themselves be considered 'older', this may involve resisting the tendency towards fitting the 'older person' into one of the boxes on an assessment form, such as an Aged Care Assessment Team form. It may mean initiating a conversation with the person so that they are able to express their own identity in their own way. As Heaphy et al. (1998) argue, identities and their contingencies are often best expressed through narratives: stories about an actual and imagined past that reveal what is important for that individual and what they want from the aged care professional, as their audience, to know and understand. This challenges the aged care worker and their organisation to undertake the responsibility of spending time with the older person and develop the type of relationship in which the older person feels able to trust the practitioner enough to disclose intimate and potentially ambiguous information. It may also involve practitioners giving 'signals' to consumers which indicate their own non-homophobic and non-discriminatory attitudes.

Aged care professionals should be attuned to hearing stories that both assert and undermine modernist notions of identity. Gerontology education has a significant role to play here. As Crawley & Broad (2004) argue, the coming out formula story should not necessarily be dismissed, as it remains for many – and is

promoted by the media – as a template for stories that explain how people see themselves and how they feel alternately liberated and restricted by relating to an identity. And for older people, particularly those in institutional settings, the assertion of identity through narratives can be experienced as empowering and as challenging the identities that might be imposed on them by aged care workers (Paterniti, 2000).

Aged care professionals also need to be concerned with the wider policy context, which determines not just the range of services available but also the expression of older people's citizenship. When government policies (e.g. Commonwealth Department of Health and Aged Care, 2000) promote positive, active and successful ageing, what images are represented? Are only particular lifestyles and identities presented as normal and worthy of recognition? Do positive ageing policies reflect the diversity of older people's relationships and sexualities? There could certainly be a role for older persons' activist groups to be involved in challenging limited representations of older people through public policy. As Leonard (2005) demonstrates in relation to Victoria's Gay, Lesbian, Bisexual, Transgender and Intersex Health and Wellbeing Action Plan, there is also much to be gained from the application of queer ideas to the development of community-informed policy initiatives.

Conclusions

To actively promote recognition of diverse sexualities and relationships, it may sometimes be expedient to rely on constructs such as lesbian and gay. It may be that in some aged care environments, understandings of sexuality may be so restrictive that they are best challenged by the assertion of gay and lesbian identities even if this forces some to present themselves as members of categories which do not adequately signify their own experiences and self-understandings.

Similarly, it may be that the promotion of equitable superannuation policies for same-sex partnerships is best served by asserting lesbian and gay rights. However as this happens we need to keep a critical eye on which identities and sexualities are being valued and which remain disparaged, private and invisible. And we must consider the continuing affects of stigma on those whose identities and lifestyles are not

recognised. Clearly there is a need to question the simple 'adding in' of gay and lesbian identities as if they are 'just another' cultural group (Hicks & Watson, 2003).

There remains considerable potential in applying queer ideas to the social sciences including social gerontology. For example, while the public presentation of positive images of older people actively asserts older people's claim to full citizenship, we need to be concerned that such claims reflect the diversity of older people's situations and identities. Queer ideas can be used not to just critique, but also help transform the expression of older people's citizenship, challenging restrictive definitions of old age and homosexuality. Though in doing this there is a need to recognize that we live simultaneously in modern and postmodern worlds (Seidman, 2001), and that gay and lesbian identities, while potentially problematic, continue to be important to many people as an expression of their self and connection with others. As with a queer sociology, a queer approach to ageing and aged care practice should "seek to transcend the limitations of a poststructuralist ontology, reaching for a compromise between poststructuralism and humanism which enables the theorization of human agency within historical, social and cultural contexts" (Roseneil, 2000, para 2.3).

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AGEING GAY MEN'S BODIES

MURRAY DRUMMOND

Abstract

Men's bodies have increasingly been placed under the gaze of contemporary Western society. Gay males, in particular, appear to be a group most at risk of succumbing to body based concerns due to a predominantly aesthetically oriented gay culture. Recent debate has focussed more on young gay males as it has been argued that such a demographic are more likely to be impacted by the "look", which is centred around body physique, fashion and personal grooming. Older gay males have been overlooked in this discussion. In an attempt to redress this concern, this paper highlights emergent body based issues for older gay men. Rich descriptive data from three gay males over the age of 44 years were attained through extensive individual in-depth interviews. Emergent themes identify that older gay men also have concerns about their bodies. However, these concerns are tempered with the notion of inevitability, which ultimately provides a positive life perspective.

Introduction

Contemporary males are perceived differently from those of previous eras in terms of their bodies and what these bodies represent. While the body has always played a role in the construction and perception of masculinity, men's bodies are now being scrutinised far more than they have in the past (Drummond, 2005a, 2005b). Previously men's bodies were lauded for 'doing' masculinised physical acts which ultimately assisted in defining one's masculinity. While contemporary male bodies also play a significant role in defining masculine identity, it is the shape, muscularity, and aesthetic perception which provides the most significant personal and outward masculine identity (Drummond, 2001, 2003; Pope, Phillips and Olivardia, 2000). In a consumer-oriented Western culture in which all forms of the body are commodified it can be easily noted that men's bodies are increasingly being gazed upon, commercialised and exploited. In terms of the development of body image concerns the popular press has focussed on heterosexual men

as being the group most affected by this gaze. However the literature claims otherwise, identifying gay men as being immersed in an aesthetic driven culture, and thus most susceptible to body image concerns (Boroughs and Thompson, 2002; Lakkis, Ricciardelli and Williams, 1999; Siever, 1994; Silberstein, Mishkind, Striegel-Moore, Timko and Rodin, 1989; Williamson, 1999).

The culture in which gay men predominantly exist is heavily aesthetically oriented (Beren, Hayden, Wilfley and Grilo, 1996; Dillon, Copeland and Peters, 1999; Herzog, Newman and Warshaw, 1991). A gay man's 'look', which often includes his physique, clothing and hairstyle, plays an important role in the way in which he is sexually perceived by other men. The overall 'look' can have an immediate impact in terms of attracting or discouraging potential sexual partners such as the nature of a specifically image-driven gay culture (Drummond 2005a). This is particularly relevant to younger gay men where the likelihood of casual sex with a range of sexual partners is higher. However, the need to understand the meaning of ageing gay men's bodies should not be discounted. Listening to the voices of older gay men surrounding their constructions of masculinity through and within their bodies provides important insights into how masculinities are developed, maintained and eroded via the body. Jones and Pugh (2005) concur by arguing that the experience of being young and gay is very different from the experience of older gay men.

This paper is based on rich descriptive in-depth interviews with three older gay men. The ages of the men were 44, 45 and 53 years. Each of these men falls within the 'babyboomer' generation. This aspect was an original selection criteria for the research as it is widely recognised that the 'babyboomer' generation is vastly differently from the younger generation 'Y', and babyboomers are commonly recognised as 'ageing'. Given the research is underpinned by life historical narratives, the men provide important reflections on their lives in the context of body identity, and masculine identity within the ageing process. While it was never the original intention of the research to focus

specifically on gay men and body image within the context of HIV status, it must be noted that each of the men are HIV positive. This occurred as a result of an initial participant placing recruitment 'flyers' in a 'positive living setting. Interestingly, the same flyers were placed at various gay men's health establishments around Adelaide, and email versions sent out through these services to men, with no response. Noteworthy is the high number of young gay male participants in a comparable research project to this investigating young gay men and body image employing similar recruiting methods (See Drummond, 2005a, 2005b).

The reticence of older gay men to talk about themselves and their bodies may be reflective of a generational issue that needs attention. While the young men were not quite as articulate and introspective as the three older men who participated, the idea of these young men telling their stories was appealing to them due to the cultural changes and greater societal acceptance associated with sexualities. It appeared the young men wanted their voices heard more so than the older gay men. Significantly, the need for older gay men's voices to be heard is crucial in understanding gay men's bodies and masculinities and working with gay men through the ageing process.

Method

Data for this paper were drawn from in-depth interviews with three 'ageing' gay men. The interviews were conducted in a location where the participants felt most comfortable. Each of the men was happy to meet and be interviewed at the University of South Australia in a quiet non-intrusive environment. In taking on a life historical approach it was necessary for the researcher to use a semi-structured interview guide that would allow for specific areas to be covered within the rich descriptive narratives. Previous research with younger gay men (see Drummond, 2005a) and ageing heterosexual men (see Drummond, 2003) informed the construction of this guide. So too did literature surrounding men's bodies and body image, gay men's bodies and masculinities. Therefore specific areas of sexualities and body image, body identity and masculinities could be addressed within broad life historical perspectives. The interview guide was an important component of the interview as it followed the same basic line of enquiry with each of the men while also providing opportunity

to probe, explore and clarify the participants' responses (Patton, 2002).

Upon meeting, the men were provided with an information sheet and consent form to sign as stipulated by the University of South Australia Human Research Ethics Committee. The men were aware that their identities would remain anonymous and that they could withdraw from the research at any time without prejudice and their data would be destroyed and not be used.

Each interview lasted between two and three hours. The interviews were audiotaped and transcribed verbatim. The men also provided contact details so that follow up interviews could be attained to clarify and provide additional data. This not only enriched the data but also provided a form of validity check where necessary. The interviews were open-ended and allowed the participant to discuss both personal and general issues freely and openly. Underpinned by phenomenology, which explores the 'lived experience' the research process also provided an opportunity to explore specific issues at length that required further explanation particularly with respect to the 'essence of meaning' (Van Manen, 1990) of older gay men's bodies. Patton (2002, p. 106) claims that it is this "essence or essences to shared experience" that are part of a phenomenon commonly experienced. In the case of the research reported here it is older gay men and the essence of their bodily experiences from a life historical perspective that was subject to exploration. It is envisaged that themes identified and interpretations of these themes will be reflective of other older gay men living in contemporary Western society.

Analysis

Once the interviews were transcribed and open coded (Strauss and Corbin, 1998) they were inductively analysed to identify major themes. Patton (2002) claims inductive analysis to be a useful mechanism within open-ended discussions, as the inquirer is provided the opportunity to understand patterns within the phenomenon under investigation. Further, Patton notes that categories, patterns and themes can emerge through the interaction with one's data through this form of analysis. Therefore with respect to the data within this research inductive analysis was based on my previous research undertaken with a range of males across the lifespan and sexualities, my

professional knowledge and the literature (Strauss, 1987).

Findings/Discussion

The themes identified through the use of coding and inductive analysis are based on the way the participants perceived themselves and their bodies particularly with respect to masculine identity. The themes are also positioned within the context of a rapidly evolving Western culture in which the body, both male and female have increasingly become commodified, exploited and commercialised thereby heightening their aesthetic appeal and importance. While it might be argued that the findings attained from three men do not create overwhelming evidence to support such claims, it must be understood that the themes identified are specifically those that were stated by all three men. That is, each of the men articulated the same notion and therefore constructed an emergent theme. It should also be reiterated that the data have evolved from lengthy interviews with follow-up discussions seeking further clarification thereby enhancing validity and reliability. The dominant themes to emerge from the data will be discussed in detail. These themes are (i) The changing/evolving archetypal male body (ii) On being 40, and (iii) The positive body.

The Changing/Evolving Archetypal Male Body

Increasingly males are identifying the changing nature of men's bodies as being a significant factor in their attitude towards their own bodies which in turn plays a role in determining their body identity and self-esteem (Drummond, 2005a). Young gay men, it seems, are perceived as being an 'at risk' group based on their often aesthetically-oriented cultural ideals (Drummond, 2005a). As has been suggested earlier, research literature acknowledges this notion but does not specifically refer to how older gay men perceive themselves and other male bodies. The older gay men in this research clearly articulate the evolution of the archetypal masculine male as being one to which most males aspire but realistically cannot achieve. This, as they suggest, leaves many males open to a certain level of vulnerability. It was identified that this archetypal physique, largely played out through various forms of media, is not sexuality specific and is therefore a more homogenised 'look'. As one of the men claimed:

I don't think the image of the ideal male is heterosexually based because the image is portrayed to affect everybody, to impact on everybody. Not only gay men but straight men as well, because I mean everybody wants to look good. I mean we all try to aspire to it but just haven't got the work ethic to do it.

Like most of the other groups interviewed in past research (see for example Drummond 1996, 2003; 2005a; 2005b) there is a preference for a body that is not overly muscular, which in the past has been an important signifier of masculinity. The Arnold Schwarzenegger era of the 1980s whereby he, and a number of other hypermuscular, hypermasculine 'superhero' comic book type figures, gained cult status has quickly evolved to a leaner physique. Some might even suggest it is a backlash against those figures that we now see more of a muscular, toned, physical, athletic male, which appears to be able to 'do' more physical feats (Drummond, 1996). As one of the men in the present research claimed when asked of his preference for a male body type:

Not a bodybuilder, a well muscled man who does look good when he's got his solid muscles and his stomach muscles are there and his pecs and his shoulders and his arms and his legs. He just looks good. You know, someone who has put time and effort in and he looks good and that's it really, they do look good. When you see a well-muscled athletic man. That's good.

The men also talked about a certain 'look' that males must have in contemporary Western society to be perceived as masculine. The term 'look' when discussing issues around bodies and body image is interesting in that it takes into account a number of other factors beyond the physical. The men are also focussing on elements such as clothing, hairstyles, body piercings and tattoos. The following claim typifies what each of the men identified:

The type (of masculine male) we're putting forward now is someone who is totally clean cut, totally clean shaven, good clean skin, well groomed, well dressed, body's well defined and when he takes his clothes off there's a whole package of a nice firm, solid looking body.

It is noteworthy in the above quote that the participant suggested that 'we are putting forward' a masculine male who looks a particular way. In a similar fashion the other older males also maintained a perception that certain male bodies are, and have been, 'put forward' for

display to be culturally judged and that this athletic toned, clean-cut version is the one that is currently in vogue. Of significance is the question which could be raised around who puts these bodies forward for display? In the eyes of these older gay men it is indeed the media.

The media plays an interesting role in the production and re-production of body ideals. Some might argue that it is the media that purposely publish, emphasise and showcase the images that are culturally perceived as being desirable and thus develop and perpetuate an artificial archetypal physique for both genders. Others might claim that the media merely represents and reflects what the public want to buy and see. Irrespective of these arguments, unrealistic images do exist in print, cinema, television and internet media and can have a powerful resonance on individuals throughout contemporary consumer culture (Thompson and Hirschman, 1995). This is particularly so for those who do not live up to these ideals. For the men in this research the archetypal male physiques promoted in these publications and programs represent something they do not, and cannot, attain due to their age and their HIV medication. As one of the men stated:

It's the media that's pushing it. Well not so much the media but the ad people, Calvin Klein and all these ad people. They're pushing it and it's creating a snowball effect where it falls down onto Joe Blow and Joe Blow says 'I'm wanting to look like Brad Pitt and I could make myself more attractive'. And then it all falls down that way. Everybody sort of talks about it and then they judge people who don't look like them or if they don't fit in. So, it's like 'we don't want you around any more, you're fat and ugly. We don't want you hanging around with us anymore'.

Similarly another man claimed:

You look at all the presenters on these game shows and all the models that they use you know, they're only a few years away from foetuses. It's depressing sometimes. I mean you look at these guys and think that some of them wouldn't be 18 and they're sort of buffed up and doing their thing, and then you've got people in their 30s and 40s saying 'gosh my body wasn't anything like that'. You know, you look at pictures that were taken in the 1940s and that sort of stuff, like Tarzan and all those sorts of people compared to what a body image is today. They're just different. You see all of these boys on these film clips and stuff like that are all buffed to the max but you don't see anybody with a podgy belly unless they're actually 60 or

70 kilos overweight, you know what I mean. They're either extremely obese or they're buffed to within an inch of their lives.

Noteworthy in this last quote is the emphasis on age. For the men in this research having reached 40 years of age has been a significant factor in coming to terms with their bodies as beginning to experience the gradual and more obvious aspects of the ageing process.

On Being 40

Turning 40 is arguably a significant age milestone in a heterosexual man's life. It often represents a time in his life when he can reflect on his 'heady' youthful days and look forward to establishing himself in his career to set himself up financially for retirement for himself and his family. It is also a time for men with families to reflect on their roles as fathers, husbands and partners. However, the meaning of turning 40 for a gay man can be different. The culture in which he exists may differ from that of most heterosexual men and the lives they lead in terms of traditional heterosexual familial commitments. However, as Jones and Pugh (2005) aptly point out, care needs to be taken here to not over-generalise individual gay men's circumstances and lifestyles because many are involved as a parent with children through choice or via past relationships.

Given that the particular form of gay culture, as identified earlier, is heavily aesthetically-oriented the need to 'look' attractive to potential sexual partners is significant (Drummond 2005a). As one of the men in this research suggested:

It's the looks factor. I mean if you don't look like Brad Pitt then they're not attracted to you any more and I think that's a big thing. You go out and you sit in the pub or club and if you're my age they sort of leave you alone until the last minute basically until all the other avenues have been exhausted and they say 'oh well he's the last one I can get so I'm gonna go and pick him up'. But I think it is the ages and mainly the 'look' factor. If you don't look like Brad Pitt and you don't have a figure like Brad Pitt you're not in with a chance.

It is the notion of age that each of the men quickly mention as being a signifier in changing other's perceptions of them as individuals within the gay community. One of the men simply identified the gay community as 'being judgemental'. Further he claimed, "well I

suppose it comes down to ages. I mean if you're over a certain age people really aren't interested in you any more". When questioned as to what age this was he replied, "over 40".

Each of the men in this research have clearly identified 40 as being the time of life where change in the perception of themselves by others took place, and continues to take place in gay culture. A backlash against this appears to be a groundswell of gay males taking it upon themselves to appear youthful in the face of the ageing process. The men appear ambivalent in relation to the underlying meaning of age, other than suggesting it is up to the individual to make up his mind whether he wants to seek gratification through youth-oriented aesthetics. One of the men stated:

Look, I think that the promotion of youthness and that young fresh approach is in. I think it's changing a little bit where you're getting a little older men in some commercials but everybody over 40 has grey hair. I'm not sure where that all comes from but, you know, it sort of seems to suggest that you are old after 40, you know pretty much senior after 40. So people seem to be striving to stay younger for longer and that sort of stuff and that's very much with younger guys in midlife rather than the guys in their 70s and stuff like that. You see guys who are in their 50s now that are really trying to maintain that youthful look or whatever and not having the wrinkles and all that sort of stuff.

Another man was a little more scathing of the youth led gay counter-culture claiming:

There are guys that'll you know, if a dick is under 7 inches then they're not interested. Well you know, there's a lot more to people besides that. So size doesn't play in my mind but I know that it does play in others and there's a big part of that. But it has a lot to do with the way the culture is marketed and all that sort of stuff too. You know young virile lads with hard ons and, you know, everybody's saying well, once you get over 45 or 50 or 60 then the age limit is affecting you. It's fabulous when you're 17 or 18 or 25 or 32 but after that it starts to get harder, see, because it's harder to actually just maintain erections and the change of stamina and doing all those sorts of things plus living life you know and maintaining relationships and all those sorts of rubbish. They say your (a gay man's) bed wears out in 10 years.

The Positive Body

While there are clear differences that exist for the younger generation of gay males compared to those in their 40s and beyond, a more stark

difference exists for those men who are in this older generation and are HIV positive. One of the men identified to me that "this younger generation of men do not have an understanding of HIV simply because they have not lived through it, from the beginning". This historical perspective plays a significant role in the way in which these older gay men perceive themselves, the aesthetic body and their functional body. The double entendre embedded in the theme's title reflects the way in which these men must come to terms with a body that they do not perceive as aesthetically appealing due to the side-effects of heavy medication they are taking. It also emphasises the positive outlook they maintain despite their condition and ancillary illnesses experienced. One of the men clearly articulated the way in which he perceived his body, a view which was also representative of the other men. He stated:

I guess I see my body differently only because of the side effects of the medication I'm on. I mean there's the buffalo hump and the blood dystrophy and 1000 pills. I mean it comes back to what I said before, I've gotten over that now, I don't care anymore. Oh, I still care about it, but I'm not worried anymore, you know, the side effects of the medication and what I look like now. There's nothing I can do about it without spending thousands of dollars to have it medically fixed. So I'm happy with myself and the people I'm around are happy with me and that's the important thing.

While all three men did perceive their bodies as being somewhat different to the archetypal male physique they viewed the functional capacities of their bodies in the highest regard. Maintaining high-level functional capacity with respect to what their bodies could 'do' far outweighed the way in which they looked in terms of aesthetics. Indeed the medication and treatment procedures play a major role in understanding themselves and their bodies. A participant emphasised this well when he claimed:

Look, I can't go a day without doing my treatments and my treatments play a role in how I feel. The thing is, that defines who I am for life. So you know, how long that'll be I just go from there. Like today, I'll finish these treatments and I'll go to the pain unit and then we'll look at some of the other problems that I've got and see what we need to do about those. But I can only deal with one drama at a time so

that's constant you know. And if you speak to a lot of people that are HIV you'll probably find that that's the norm.

Functional capacity did not only mean existing on a daily basis. To these men functioning meant attempting to maintain similar lives to the ones they had developed in the past including work, physical activity and sex. These were all important contributors to the way in which they constructed their masculine identity and how they perceived themselves as men. Therefore the body became a vehicle for far more than simply being looked at and existing. While the 'failing' body deconstructed aspects of their masculine identity such as 'loss of muscle strength' and having to 'wait for someone to come around with a screwdriver to fix things' the body was also a tool that gave them an opportunity to live in the manner that constructed, maintained and re-constructed their masculinity. The following quote provides some insight into the issues confronting the men and the coping mechanisms they use to deal with these issues:

I've lost my erectile functions so I need to use drugs to get a hard on and it took me about 5 years to get over the horror of that and now you count the clock to fit the time you've got. You know, they're saying 'just work with what you've got' and 'there is so much more than a hard on to think about' so it's not an issue any more its just a fact.

Another man put his illness and treatment into his perspective to which the other men concurred by claiming:

It was about 7 or 8 years where things (my body) slowly stopped working. And because of the treatments, you know, I was not being able to maintain an erection, all those other things and that all plays into your masculinity stuff. And with my cancer, you know, prostate cancer, and all these other things, it all builds up. You know, it's part of any bloke. It's part of who you are and all that sort of stuff so you know strength and all that comes from stamina and all those sorts of things and if you don't have any then that's questioned. And you know not that you're wondering where it all went and all that sort of stuff but I know that it's changed and I know that my perception, my needs for certain things have grown and swapped and turned and moved around, so as best I can cope with what's going on. Well you can either get upset about it or you can look at ways that you can cope and to me its about a longevity so I've got to look at what I can change and what I can live with.

Conclusion

Older gay men face a number of challenges with respect to their body image and the subsequent impact on body identity, masculine identity and resultant self-esteem. Amidst a highly commodified consumer culture in which the body is central to youthfulness and vitality, arguably even more so in gay culture, ageing gay men are increasingly confronted with such ageist notions. The expectation within gay culture around maintaining a homogenised youthful 'sameness' is developing momentum and is placing pressure on those who do not live up to this ideal.

While the men in this research were critical of the youth-oriented focus within gay culture they have come to terms with the changing nature of their bodies in terms of their looks and functionality. Given that these men are also HIV positive provides additional circumstances that may not be prevalent for older gay men who are not HIV positive. Still, they have provided important data upon which further research can be based. Such further research is crucial with this cohort group demographic. Jones and Pugh (2005) concur claiming that, "the way forward is to carry out empirical research to determine how older gay men feel about age related changes in their bodies" (p. 258). Challenges must be overcome when researching minority groups (i.e., older gay men) that exist within a broader minority group (i.e., gay men in general) if more is to be known about particular sub-groups of people (Jones and Pugh 2005). In order to act on issues that relate to ageing gay men, future research will also have to look at the many differing aspects of these men's lives. Their voices must be listened to, heard and acted upon.

Author Note

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COMING OUT, COMING IN: HOW DO DOMINANT DISCOURSES AROUND AGED CARE FACILITIES TAKE INTO ACCOUNT THE IDENTITIES AND NEEDS OF AGEING LESBIANS?

JOY PHILLIPS AND GENÉE MARKS

Abstract

A review of aged care policies reveals that GLBTI needs and identities are typically not included or mentioned under the category of 'special need groups'. This may hinder the provision of aged care services as culturally sensitive, safe and inclusive. The dominant discourse of heteronormativity, evident in the field of gerontology, fails to recognise and acknowledge diversity of sexuality and gender identity. This paper reports on a qualitative research project which used a focus group interview with 6 self-identified, out lesbians aged 45 years and over. Nine aged care facilities' brochures were also analysed to generate data. The project drew on principles of critical discourse analysis, underpinned by poststructuralism and feminist post-structuralism. The research revealed the silencing of non-heterosexual identities through the absence of representation in the brochures and the exclusion of lesbians from the construction of aged care space. It was observed that current aged care facilities' design, amenities, flexibility of options and choice do not seem to fit with this generation's lifestyle, activities and interests regardless of sexual-orientation issues. A proposed preferred option suggested by the members of the focus group was a culturally safe space that is accessible to women only. Recommendations are made for social work practitioners, lesbian and feminist activists, policy makers, the aged care industry, and researchers.

Background

As Australian baby boomers age, the projected proportion of people over 65 years in 2011 will be 13.8 per cent (Borowski & Hugo, 1997, p. 23). The estimated number of older lesbians in Australia in 1994 was 153,000 (Ferfolja, 1998, p. 84). As such it is vitally important that their voices and realities are recognised. This would help to ensure greater inclusivity within aged care facilities, which aim towards meeting the needs of all people.

The generation of a space for the acknowledgement of diverse sexualities and expression of previously silent voices, and the linking of aged care facilities with wider social configurations and ideologies, are significant and problematic issues. The question of how dominant discourses around aged care facilities take into account the identities and needs of ageing lesbians emerged, for the first author, circuitously. Writing in this section in the first person as a student, an ageing lesbian, a white woman and a feminist in a western society where the dominant culture is heterosexual, patriarchal and ageist, I had previously observed that no aged care services designed to cater to the needs of older lesbians exist in Geelong, although there is a movement amongst ageing lesbians in Victoria to establish aged care facilities (olderdykes.org, 2004).¹

During my field placement in an aged care facility, it became evident that the intake documentation was underpinned by discourses of heteronormativity, and that related discursive practices constructed ageing residents' identities and realities accordingly. Aspects of sexuality addressed on the intake forms, and by personnel, were informed by a medical discourse based on the deficit model which focused on physical/biological 'problems' associated with ageing and sexual function, rather than the diversity of sexuality and gender.

The title of my research: *Coming Out, Coming In* reflects the spatial positioning of lesbian identities and realities in relation to the closet and society. The closet is a metaphor for a space or place, and as such is a fundamental feature of social life. It is a site of oppression, contestation and resistance, and there are risks regardless of one's positioning in relation to the closet. *Coming out* is about lesbians' voices and realities that have contested, resisted and continue to negotiate breaking the silences about our sexuality and gender identity, since coming out is not a singular event but rather an

¹ The needs of this group are, however, addressed in the Victorian Action Plan: Health and Sexual Diversity (MACGLH, 2003).

ongoing process. *Coming in* is a social reality for many lesbians who may be forced back into being silent, in the closet of silences and invisibility in old age, because aged care spaces are not culturally sensitive, safe and inclusive.

The Triple Invisibility of Ageing Lesbians

Being a woman, a lesbian and ageing in a patriarchal society is referred to as the "triple invisible minority" (Kehoe, 1986, cited in Ramirez Barranti & Cohen 2000, p. 343). Indeed, a lack of research has been noted in the Australian literature in the aged care context (Birch & ALSO 2004; Harrison 1999, 2001a, 2001b, 2003, 2004; Zirngast 2002). An Australian gerontological metastudy by Harrison (2004, p. 5) revealed that the literature is dominated by a discourse of heteronormativity that assumes the heterosexual experience is the only legitimate worldview and reality. This heteronormative gaze both silences difference around sexuality and gender identity, relationships and family formations, and also perpetuates the cycle of invisibility of lesbians in the Australian context (Harrison, 2004).

Phelps, past president of the Australian Medical Association (AMA), noted: "Sexuality is often a difficult subject for older Australians, especially those living in a communal environment, but homosexuality is almost entirely hidden as an issue" (Kitt, 1999, n.p.). The Australian literature addressing sexuality and ageing takes on a heterosexist viewpoint or even an asexual heterosexist viewpoint (Harrison, 2001a; Minichiello et al., 2005; Roach 2004; Zirngast, 2002). The assumption is "... that old people in need of care are not sexual beings and sexual preference is not an issue that needs to be brought up..." (Aged rights activist cited in Harrison, 1999, p. 34). Sherman (1998, cited in Chandler et al. 2004, p. 6) indicates "it is a myth that older people no longer feel the desire to express their sexuality".

Harrison (2001a) raised concerns that gerontologists and occupational therapy students view sexuality and sexual identity as a 'private' issue. She states "a student was presented with an incident... of a distressed woman admitted to a nursing home who could not reveal that the 'friend' accompanying her at admission was really her lifetime partner" and the student's response was "it's a private issue, there's nothing you can do about it" (p. 143).

The perception that it is a 'private' matter mirrors the approach to homosexuality of 'don't ask, don't tell, don't know' evident in some of the literature from the United States (Connolly, 1996, p. 89; Chan, 1997). Similarly, Wilton (2000, p. 3) indicated the importance of protecting the privacy of service users, but that "respect for privacy is not the same as ignoring people's needs".

In the Australian and international health literature, fear of prejudice is a social reality for many lesbians deciding whether to break the silence and reveal their sexual orientation to health care providers (McNair & Harrison, 2002; Quam, 1996; Solarz, 1999; Wilton, 2000). Indeed, in Australia a small health survey (1997) of lesbians revealed more than 50% related negative experiences with attitudes of health providers being one of the most prevalent concerns (Coalition of Activist Lesbians, 1997). Similarly, Canadian studies revealed that over 50% of respondents had never disclosed their sexuality or gender identity to their health care providers (MACGLH, 2003, p. 23).

Further, a metastudy of the Australian and international literature by McNair & Harrison (2002, p. 43) concluded that "the major concern for GLBTI (gay, lesbian, bisexual, transgender and intersex) people in relation to aged care is whether or not to disclose their sexual, gender or intersex identity". They summarise the major issues as

... fear of physical and emotional abuse if sexual orientation or gender identity is disclosed; a reduced standard of care as a consequence of prejudicial attitudes on the part of some carers; being 'forced back into the closet' as a consequence of the perceived threat of homophobic... abuse; lack of physical intimacy because of taboos against displays of same-sex affection and the attitude of religious service providers as they become increasingly involved in the delivery of aged care services (p. 43).

Similarly, Howells (2001, p. 1) highlights "that elderly gay people who have to share residential care homes with heterosexuals go through the very real fear of suffering and discrimination". Additionally, research by Pitts et al. (2006) observes that people in their 70s become silent about their sexual and gender identity by going back to the 'closet' of silences and invisibility.

There is an emerging, albeit small, amount of literature indicating a need for the establishment

of lesbian and gay retirement and nursing homes in Australia (Court, 2005; Ferfolja, 1998; Robinson, 2004). Similarly, Howells (2001, p. 1) indicates in the United Kingdom that "gay people have the right to their own separate care homes and sheltered apartments". In America there are a few gay-specific housing developments for the elderly (Abraham, 2001) including Openhouse (Marech 2004; Openhouse 2006) and RainbowVisions (2006), which provide lesbian/gay-friendly quality care and professional assistance with daily living in the home.

A wave of activism in Australia is breaking the silences mentioned here, giving voice and visibility to ageing lesbians and gay men, including: the establishment of an e-group by Rainbow Visions Hunter; the establishment of GRAI (GLBTI Retirement Association Inc) in Western Australia; lobbying for improvements in existing aged care facilities; research in New South Wales on lesbians and gays over 60 accessing health and aged care services; and Rainbow Visions Hunter holding community forums on ageing (Court 2005; Skaines et al. 2005). The Victorian Association of Health & Extended Care (VAHEC 2006) is also developing guidelines for aged care facilities regarding appropriate expression of sexuality, particularly for individuals with dementia, including GLBTI residents.

It may be suggested that the law functions in Australia as an instrument of discrimination against, and exclusion of, those in same sex relationships (Zirngast, 2002). Indeed, the Human Rights and Equal Opportunity Commission (HREOC, 2006) has seen fit to address these issues in its Inquiry Discussion Paper: Same-Sex: Same Entitlements. Legal issues pertinent to older lesbians entering residential care include: the status and recognition of same sex relationships; the rights of partners around issues such as next of kin; medical decision making; and difficulty accessing superannuation and health insurance benefits (Blando, 2001; McNair, 2003; Solarz, 1999; Zirngast, 2002). Further, Wilson et al. (2003, p. 156) state that older "people are legally vulnerable when entering an aged care facility in terms of knowing their rights and what they are agreeing to when they sign an agreement".

The programs and services that constitute the aged care industry in Australia are diverse and complex, and involve all levels of government. The literature on aged care services and

programs reveals that GLBTI needs and identities are not included or mentioned in the lists of 'special need groups' (*Aged Care Act 1997*, 2004; Bishop, 2000; DHA, 2004; 2005; Harrison, 1999; 2001a; 2001b; 2004; Pfeffer & Green, 1997; Zirngast, 2002;). Further, (Harrison, 2005, p. 5) states that "service providers such as Aged Care Assessment Teams (ACATs) rely on heteronormative assessment proformas modelled on heterosexist assumptions" when determining clients needs (in ADB. 2005).

Methodology

Foucault's focus on discourse and the way society regulates "truth values to certain types of knowledge and behaviours and the way they structure all forms of social interaction" through discursive formation and practices (Foucault, 1980, cited in Opie, 1995, p. 1) is of interest to this research. It is through discourse that power is defined and exercised and "relationships of power are constantly being reshaped through the development of different discourses" (Ife, 1999, p. 85). Further, the acknowledgment and recognition of hidden voices, in this case of ageing lesbians, is significant here. In feminist poststructuralism, marginalised voices are validated and heard, rather than discredited and silenced, and this is recognised through "the need to generate a public and intellectual 'space' for critique of dominant discourses and for the speaking and writing of the 'unsaid', 'subaltern' voices and stories that historically have been silenced" (Luke & Gore, 1993, cited in Luke, 2005, p. 3).

It is maintained that social realities are actively constructed by and through language. As noted by Fulton (2005), language should be studied in context, through spoken and written discourse. Critical discourse analysis "enables us to show how meanings are made and ideologies are reiterated" (Fulton, 2005, p. 245), which is both deconstructive and reconstructive (Luke, 2005). Such an approach is also confirmed in the work of critical linguists such as Fairclough (1992; 2003) and Kress and van Leeuwen (1996), who draw extensively on the work of poststructuralists such as Foucault and Derrida. "Language and discourse are not transparent or neutral means for describing or analysing the social and biological world. Rather, they effectively construct, regulate and control knowledge, social relations, identity and institutions" (Luke, 2005, p. 2). This view of

language as social semiotic is interwoven into the work of feminists such as Speer (2005), who notes the power of discourses to position subjects as gendered. The unpacking and critical analysis of such constraining discourse is quite rightly, she suggests, the work of poststructuralist feminists.

The research reported here is concerned with the examination of the discursive construction of heterosexuality and the regulation of behaviour through dominant discourses as they are expressed in brochures marketing aged care facilities, as well as in and through the reflections of ageing lesbians, both on the brochures, and on their own anticipated needs. As Adam has observed: "Advertising... produce[s] and distribute[s] images and products that depict the dominant groups or social systems as the norm – the official definition of reality" (1978, cited in Mullaly, 2002, p. 73). The construction of a normative aged care 'reality' through the brochures must be critically analysed to uncover and unpack the "assumptions, language and myths" (Tilley, 1990, cited in Pease & Fook, 1999, p. 14) inherent in the discursive practices of the advertising of aged care facilities.

Both images and written texts in the brochures, as well as the transcript of the focus group interview, were critically analysed in relation to representation, the identities of ageing persons, gender constructions, identifying needs and normalising language. During the analysis care was taken to identify and challenge the ways aged care facilities construct and represent their services to potential service users through advertising in their brochures, and how ageing lesbians view these constructions. In particular, attention was paid to the construction of heterosexuality (either implied or explicit) as normative.

Brochures were collected from 30 aged care facilities in the Geelong region, of which 9 were selected to be used in the focus group interview, and for discourse analysis. Additionally, a focus group interview was carried out with six self-identified, out lesbians aged between 45 and 69 years.

In order to strengthen research findings, data were triangulated in a variety of ways. Data were collected from three different sources: the images and written text of the brochures from the aged care facilities; the expressed perceived

needs of ageing lesbians as recorded in the focus group; and the perspectives of the focus group on the texts of the brochures. Limitations are acknowledged, however. While the interactive nature of focus groups is especially useful in social and educational research (Cronin, 2001), the strengths of focus groups may also prove to be a weakness. The benefit of empowering individuals to express their opinions may not be realised necessarily. "The level of interaction too, may influence group dynamics, which in turn may mean more shy members of the group do not speak, outspoken members may dominate, or the problem of 'group-think' may emerge" (Marks & Mousley, in press). As Cronin (2001) has advised, a medium level of moderation may support and address such issues of group dynamics.

Breaking the Silences: Findings from the Research

Having the courage to break silences is a process which is not an end in itself, but rather a continuum for transformation. Rich contends: "Breaking the silences, telling our tales, is not enough. We can value the process and the courage it may require without believing that it is an end in itself." (1986, p. 144). Such transformation and change enables aged care spaces and places to be culturally sensitive and safe environments, so potential service users are able to disclose their identities and express their needs – and thus become visible where they feel this to be appropriate.

The data analysis indicated a number of potentially significant themes around the way in which dominant discourses of aged care facilities construct and represent their services to potential service users. The data analysis also identified how ageing lesbians perceived these constructions and their own needs for the future. Space limitations confine discussion to three emergent themes: heteronormativity; space; and activism.

Disrupting Heteronormativity

Bell and Valentine (1995, cited in Harrison, 2001, p. 143) suggest that "heterosexuality is clearly the dominant sexuality in most everyday environments, not just private spaces", but public spaces which expose the uneasy balance between public/private issues around sexuality. The dominant discourse of heteronormativity in Western culture is all the more pervasive as it is

embedded in the assumption that the heterosexual experience is the norm and the only legitimate worldview and reality. Thus, the construction of homosexuality as Other remains intact, rendering lesbians largely invisible.

The data from the focus group revealed the silencing of non-heterosexual identities through the absence of representation in the brochures, and their exclusion in the construction of aged care spaces. The participants expressed concern with church/religious based organisations being involved in the provision of aged care services, given their views and attitudes towards homosexuality. A discourse analysis of the brochures revealed the way some church/religious based organisations involved in the provision of aged care services were blurring the boundaries between state/church responsibilities. This is a concern given that there is an apparent national move away from government run aged care facilities, towards facilities run by either religious or private concerns. (Australian Institute of Health and Welfare, 2006). Indeed, it could be argued that aged care spaces are constructed to serve a normative understanding of identities and relationships by not meeting the needs of ageing lesbians, including those in the focus group.

Redefining Space: Bringing the Outside In

Space is integral to this research – generating space for marginalised voices to be heard, space to be visible, space to acknowledge lesbians' existence, space to feel safe and space to have needs met in a socially just and equitable way. Space is not "some static absolute, devoid of effects or implications. It is constructed out of social relations which themselves are saturated with an integral dynamism" (Tamboukou, 1999, cited in Quinn, 2003, p. 1), but rather is imbued with politics. The construction of aged care spaces in the Australian context is "renowned for... [its] anti-sexual policies" (Ferfolja, 1998, p. 84). Similarly, Harrison (2001b, p. 143) suggests a "heterosexing of space", while other authors even refer to "asexual heterosexuality" (Roach 2004; Minichiello et al., 2005; Roach, 2004).

Aged care space appears to be constructed in and through the dominant discourse of heteronormativity (Harrison, 2004), and as such this discursive practice constitutes ageing people not only as heterosexual, but as *asexual* heterosexual beings. This is based on the

assumption that older people in need of care are not even sexual beings (Harrison, 2001b), let alone homosexual. This is problematic, given that sexuality, sexual identity and sexual preference are crucial aspects of life, the importance of which does not diminish with age (Heath, 2002). Interestingly, it could be argued that aged care spaces do not only silence the sexuality and gender identities of lesbian women, but of heterosexual women as well.

The way aged care facilities in the Geelong region have constructed and represented their space in the researched advertising brochures, and as perceived by the focus group, revealed that homosexuality and gender identity had been excluded and suppressed. Additionally, the discourse analysis demonstrated the silence or absence of alternative sexuality and gender being represented in either written or visual images in the text of the brochures. This mechanism of silencing fails to recognise and value difference, perpetuates the cycle of invisibility of lesbians' being and reality, and reinforces normative relations that work to legitimise and maintain heterosexuality. Indeed, this may suggest the normative role of social institutions such as aged care facilities, reinforcing the lack of recognition of the existence of lesbians or providing enabling and safe environments so they may choose to come out and be visible.

Somewhat surprisingly, the focus group participants revealed their preferred option to be a culturally safe 'women's only space'. The women felt they could live free from possible discrimination and be with like-minded people. This confirmed research conducted by Ferfolja (1998) and Kinder (2005), where participants indicated a preference for women only spaces. Research conducted by Chamberlain and Robinson for the ALSO Foundation in 2000 (Chamberlain & Robinson, 2004, p. 5) revealed that there "was a need for nursing homes and retirement villages for older non-heterosexual people", with one female participant saying she would like a "lesbian retirement complex". Further, American research by Hamburger (1997), Quam & Whitford (1992), and Tully (1989), (all cited in Ramirez Barranti & Cohen, 2003, p. 343) revealed that gay men and lesbians expressed a preference for gay/lesbian only retirement communities, which is contrary to the findings from the research reported here, where the preference was for women only spaces, rather than mixed lesbian/gay spaces.

The focus group participants also indicated that the type of facility that would be preferred is similar to purpose-built lifestyle retirement villages, which target people aged over 55. These villages, which offer flexibility of choice in terms of the type of accommodation, ranging from apartments to villa units, have a country club atmosphere, with spacious well-designed gardens and amenities such as a gym, bar, computers and library. The current aged care facilities' design and amenities do not offer flexibility of options and choice or seem to fit with this generation's lifestyle, activities, interests and capacity to pay, regardless of sexual orientation issues. Additionally, there have been attempts to establish aged care facilities that are 'gay safe' in Australia. The Satellite Corporation was the first so-called 'pink company' which expressed interest in developing GLBTI retirement facilities, although these attempts were not successful (Harrison, 2004). The concerns and issue are similar to findings by Ferfolja (1998). Indeed, women-only retirement villages and nursing homes could possibly be viewed more favourably by planners and activists, instead of either lesbian only or mixed lesbian and gay men's homes.

The findings of the present research revealed a perceived need for aged care facilities to be integrated into the community, rather than for spatial segregation of the aged. The importance of maintaining links between generations and age groups in providing a sense of well-being and social connectedness was emphasised. One of the significant aspects of the women-only facility envisaged was the notion of community ownership to ensure it is resident driven rather than business driven. The focus group expressed a sense of greater civil involvement where neighbours would know each other, and be concerned and actively involved in the community rather than being a disconnected group of individuals. The focus group observed the current practice of some aged care facilities providing limited options for couples to remain together when they have different levels of care, and commented on the lack of flexibility of choice for nurturing relationships and friendships. The lack of opportunities for couples to remain together was seen as a concern, not only for lesbians, but also for heterosexual couples. This ties with the shift away from the current medical model of care underpinning aged care towards the Eden Alternative in an effort to green and humanise nursing homes (Greenwood, 2001). Additionally, the aged care

policies of the Home and Community Care funding program (HACC) espouse the notion of 'ageing in place' where ageing people are supported to remain in their own home and community (Department of Health and Ageing, 2004).

Activism: Contestation and Resistance

Harrison (2004) investigated the process of change through activism in relation to GLBTI ageing issues in the United States and what lessons might be drawn for the Australian situation to bring about transformation and change. She indicated "the importance of older people managing the process of change themselves" in the American situation, where "movement people" were significant in a "broad, co-ordinated collective process of change" (p. 175). The wave of action in Australia has been discussed earlier, and as Harrison (2004) indicated, there is evidence of pockets of interest and action, particularly at a grass-roots and localised level, rather than broad co-ordinated collective action. Nonetheless, one of the major barriers to making aged care services accessible to all individuals is to acknowledge that lesbians (and gay men) exist, for as Harrison (2004, p. 168) indicates, "the lack of recognition of GLBTI issues in Australian gerontology" is a major hurdle.

Findings from the focus group conducted for the present research suggested a desire to be part of facilitating social change, including through future research. The participants also expressed strong social justice and feminist perspectives and recognised both the existence and the value of social, cultural and sexual diversity in settings, so that potential users feel welcome and know their needs will be valued and respected. This was seen as important, not only for lesbians, but also for heterosexual people. However, the complex and contradictory forces that operate in aged care contexts, including policies and their implementation, make the realisation of the recognition of the diversity of sexuality problematic.

While Harrison's (2004) notion of collective action may not have been clearly realised in Australia, the evidence from the focus group confirms there is interest and enthusiasm for dialogue, and perhaps eventually, contestation and change. This is not dissimilar to the evidence of pockets of activism by various organisations in Australia, such as The ALSO

Foundation, the Australian Lesbian Medical Association, and the Matrix Guild. The desire for collectivity expressed by members of the focus group reflects the perspectives of a number of organisations that have been involved in lesbian and gay activism in Australia (see Harrison, 2004). The Matrix Guild in Sydney, for example, was involved in research investigating options and preferences around lesbian residential accommodation. Similarly, Matrix Guild in Melbourne are in the process of setting up the Matrix Home Based Services to incorporate health, therapy, home care and maintenance related services by lesbian professionals to assist ageing lesbians to remain in their home and community. They are involved in advocacy and are currently seeking funding to conduct research into ageing lesbians' experiences in aged care facilities (Matrix Victoria, personal communication with spokesperson 16/05/2006).

Recommendations for the Future

Much has been learnt from this examination of how dominant discourses around aged care facilities fail to take into account the identities and needs of ageing lesbians. In the words of Lorde (1984, p. 43): "In the transformation of silence into language and action, it is vitally necessary for each one of us to establish or examine her function in that transformation and to recognise her role as vital within that transformation". Dialogue is part of the process to bring about transformation and change in the provision of aged care services. Recommendations are addressed to stakeholders such as social workers, lesbian and feminist activists, policy makers, the aged care industry and gerontology researchers.

There are a number of challenges and responsibilities attached to modes of practice in the delivery of services to minority groups such as ageing lesbians in aged care settings. It is significant for practitioners in the field to challenge not only their own acts of ageism and homophobia, but institutional homophobia and heterosexism that may affect the delivery of services to meet client needs. There is a need for anti-oppressive practices that translate into culturally sensitive and safe environments. This ensures practitioners have a better understanding of lesbian identities and experiences, and are thus better able to address their clients' issues and needs.

Practitioners need to contribute to reform,

including in the legislative and social policy arenas, to ensure services are inclusive as well as culturally appropriate and safe. Professional commitments to social justice could ensure that practitioners advocate for the rights of ageing lesbians in aged care settings. Some concerns may include the status and recognition of same sex relationships, next of kin, medical decision-making and the appropriateness or otherwise of religious or church based care settings. Practitioners need to contribute to the debates on reform in the areas of legislation and policy to ensure changes in the provision of services are more culturally sensitive, safe and inclusive environments.

The present research suggests that women-only spaces in an aged care context may be a suitable option. Since action to establish segregated gay facilities has failed in Australia, it is obvious that other options may need to be examined. Organisations such as the Matrix Guild, the ALSO Foundation and the Australian Lesbian Medical Association, who have explored or expressed an interest in aged care service provision for lesbians may do well to note this outcome for consideration and possible further collective action.

There is a need for policy makers to adopt a broader meaning of cultural diversity that includes sexuality and gender identity. The concept 'cultural diversity' in government policy defines valuing cultural diversity broadly as "fostering a community that recognises the values and beliefs of a culturally rich and diverse society" (DHS, 2004, n.p.). However, despite this definition, the DHS strategy narrows its discussion to "people of diverse national, ethnic, religious and linguistic backgrounds" (DHS, 2004, n.p.). This excludes diversity of sexuality and gender identity.

The way aged care facilities represent and construct their spaces in advertising brochures needs to incorporate gender-neutral language and images of same sex relationships. It has been observed that brochures tended to adopt a heteronormative viewpoint at best, with the only couples represented being apparently heterosexual. Reference to couples did not allow for homosexual relationships, even though they were not explicitly proscribed. The lesbian women who viewed the brochures felt excluded and their relationships devalued. They expressed the need to feel culturally safe within aged care settings.

Limited research exists in relation to knowing and understanding the attitudes and perceptions of providers of aged care facilities, including church or religious based providers, regarding sexuality, diversity of sexuality and sexual orientation. While this research project did uncover some important concerns, it was necessarily limited in its scope. Further research remains to be done to clarify the attitudes and perceptions of those living in aged care facilities and provide directions for the future.

As suggested earlier, the literature that investigates and reports on ageing lesbians' experiences in aged care facilities in the Australian context is limited. This may be due, in part, to extreme difficulties in determining which women in aged care facilities actually identify as lesbians. Some women may not use the term lesbian to describe their own sexuality or gender identity, but may prefer 'the company' of women, as has been described in overseas research (Harrison, 2004). Not only is there a perceived danger of identifying as a lesbian in a context where power relationships are seldom equal, there is also the additional difficulty of the onset of dementia, and the inability of many older women in these settings to remember their identities or details in any form. Notwithstanding these barriers, it is essential that further research be carried out into the experiences of ageing lesbians in these contexts, so that settings may be made more culturally safe.

Conclusion

The future for the aged care industry, and for ageing lesbians within that industry, is dependent on the responses of various stakeholders to the needs of minority and indeed, invisible, groups. Social workers must adopt anti-oppressive and anti-discriminatory approaches while advocating for the rights of ageing lesbians to ensure their needs are met in a socially just manner. Lesbian and feminist activists are advised to reconsider other options to the provision of aged care services, such as women-only spaces. Policy makers need to adopt a consistent and more inclusive understanding of cultural diversity so that lesbian identities and needs are not excluded from the provision of aged care services. The aged care industry needs, in its advertising and publicity, to recognise and acknowledge lesbians and to ensure their spaces and places are culturally sensitive and safe. Researchers,

including those from the field of social work, need to address the paucity of research in relation to the experiences of ageing lesbians in the aged care context. Future research may explore the attitudes and perceptions of aged care service providers, further our knowledge and understanding of the situation faced by older lesbians, and thus inform transformation and change in the industry. The silence must be broken if ageing lesbians are to claim their right to feel safe, and to have their identities valued, during the often more dependent years of their later life, when accessing aged care services. Coming out and coming in as an ageing lesbian can then be an empowering experience.

Author Note

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HETERONORMATIVITY AMONGST STAFF OF RESIDENTIAL AGED CARE FACILITIES

CAROLYN TOLLEY & ROB RANZIJN

Abstract

This paper presents findings from research which examined the factors influencing heteronormativity (the implicit assumption that a heterosexual orientation is the normative one), and heterosexism (prejudice against non-heterosexual people). The study sampled staff of residential aged care facilities. One hundred and fourteen staff from thirteen facilities in Adelaide, Australia, completed a questionnaire measuring prior exposure to non-heterosexual people; heterosexism; factual knowledge; heteronormativity; and the type of training they had received. As well as finding a significant direct relationship between heterosexism and heteronormativity, and between the three predictor variables, the results indicated a significant combined effect of the three predictor variables on the variable of interest, heteronormativity. It was also found that lack of knowledge affected heteronormativity through its indirect effect on heterosexism. It is concluded that exposure to non-heterosexual people, accurate knowledge, and challenging heterosexism are needed to reduce heteronormativity in staff of residential aged care facilities.

Introduction

This study aimed to investigate predictors of the attitudes of staff of residential aged care facilities towards gay and lesbian clients, and for this reason the term 'gay and lesbian people' will be utilised in this article. It is imperative, however, to recognise that within the wider LGBTI (gay, lesbian, bisexual, transgender and intersexed) population lies a great diversity of circumstances, truths and needs. Future research in the area needs to be finely-focused and specific in order to identify and work with this diversity, as the issues

confronting each of the five sub-groups are often quite different.

The current study drew upon common theories of heterosexism to develop its hypotheses. Additionally, it extensively investigated the construct of heteronormativity (the general, often silent, assumption and acceptance of heterosexuality as normal) and three predictors for heteronormativity – heterosexism, prior exposure to gay and lesbian people, and lack of knowledge about them. As the study was conducted on a sample of residential aged care staff, the type of training they had received was also used as a predictor of heteronormativity.

Rationale for Study

Contemporarily, gay and lesbian researchers have argued that the aged care industry is ill-prepared (Harrison, 2001) for the expected increase in openly gay and lesbian residents over the next 20 years (Cahill, South, & Spade, 2000; Committee on Lesbian and Gay Concerns, 1991; Tanith, 2001), with little consideration being given to the possibility that current nursing home standards, policies, staff training and staff awareness of specific issues relating to gay and lesbian people may not be adequate (Herdt & de Vries, 2004; Tanith, 2001; Zirngast, 2002). While there has been scant research conducted on problematic issues facing gay and lesbian residents of aged care facilities (Harrison, 2005; Hughes, 2005), younger gay and lesbian people have expressed concerns about issues they see as affecting them in later years (Quam, 1993), such as isolation and loss of community, adverse reactions by medical providers, or trivialisation or non-recognition of chosen family in a residential care setting.

Prior research has found heterosexism (prejudice against non-heterosexual people) in samples of nurses, teachers, social workers and psychologists (Ben-Ari, 2001; Berkman & Zinberg, 1997; Jones, Pynor, Sullivan, & Weerakoon, 2002; Rondahl, Innala, & Carlsson, 2004; Ross, Scott, & Wexler, 2003; Ryan, Banford, & Honnold, 1999; Stevens, 1995), but heteronormativity has been little researched. However, it is also likely to be prevalent in these professions, as it is in wider society. It can be witnessed in advertising materials displaying images of heterosexual couples and 'nuclear' families (mum, dad and kids) engaging in commonplace events such as holidays, buying houses, cars or insurance or attracting members of the opposite sex (Valentine, 1996). Heteronormativity is transmitted by the norming practices and standards which privilege heterosexuality and heterosexual citizenship and relegate homosexuality to the ranks of 'other'. Privileging in this context refers to the sharing of the sexual orientation of the majority of the population; the liberty to associate primarily with members of one's own group across social settings; the experience of social acceptance across social contexts; the freedom from having one's behaviour or appearance stereotyped as reflective of one's group; and the ability to feel 'at home' in the world or the freedom to be unaware of one's privileged position in society (Simoni & Walters, 2001).

Heterosexual privilege can be likened to that of having a white identity in a western culture such as Australia or America, where most white Australians do not think about their privileged position in their society but live it and presume it unconsciously (Simoni & Walters, 2001). Heterosexual privileging can be witnessed in most structures and institutions including the education, judicial and health care systems, churches, media and government policy (Basow & Johnson, 2000; Harrison, 2001; Johnson, 2002; Simoni & Walters, 2001; Stevens, 1995). It must also be acknowledged here that being white and non-heterosexual in a Western culture such as Australia also brings privilege, that is race privilege, which may

in fact play a part in the further marginalisation of non-white GLBTI people (Riggs & Walker, 2006)

The issue of heterosexism and heteronormativity in residential aged care facilities will potentially become particularly problematic for those who do not identify as heterosexual when this current cohort of middle aged gay and lesbian people reach old age, because invisibility and 'passing as heterosexual' is likely to be considered as a non-option by them. Greater numbers of people have been self-identifying and living openly as gay or lesbian in recent years than in the past, due in some degree to the freedom to do so generated by the social movements of the late 1900s and the ensuing political climate legislating against discrimination, but possibly also because homosexuality is no longer regarded as a mental illness (Grossman, D'Augelli, & Hershberger, 2001; Harrison, 1999, 2002a; Herdt & de Vries, 2004; Martin & Lyon, 1979; Quam, 1993). Of the estimated 10% of the population who are gay or lesbian (Brown, 1996; Cahill et al., 2000; Chamberlain & Robinson, 2002; Michaels, 1996; Tanith, 2001), those who are middle aged and young in many sections of society are vocal and visible, demanding that their specific needs are met by government and society and refusing to accept oppression and discrimination in their lives. This distinction between the lived identities of older and young gay and lesbian people will be a catalyst for change in settings such as residential aged care facilities, where gay and lesbian residents have been living invisibly in the past.

Based on the limited theoretical and empirical literature on heteronormativity, a number of hypotheses were developed for the present study. It seems intuitive that people who have negative attitudes towards gay and lesbian people will hold heteronormative assumptions because they are not open to the concept of homosexuality as valid, and therefore do not consider non-heterosexuality in their day-to-day existence, or consider the implications of being gay or lesbian in a society which privileges heterosexuality and marginalises all other forms of sexual

identity (Simoni & Walters, 2001). Hence it was predicted that in nursing home staff there would be a positive correlation between heterosexism (prejudice against non-heterosexual people) and heteronormativity (the implicit assumption that a heterosexual orientation is the normative one).

Heteronormativity may also be a result of a general lack of knowledge about facts pertaining to the lives of gay and lesbian people, although little research has been conducted to investigate the relationship between the possession of facts or 'truths' about gay and lesbian people, and level of heteronormativity. It has been postulated that stereotypical reactions may be controllable when there is incongruence between knowledge of a stereotype and factual knowledge about the relevant issue (Devine, 1989). Drawing on the heterosexism research, therefore, it was predicted that there would be a positive correlation between lack of knowledge and heteronormativity.

Researchers have previously found a negative correlation between exposure to gay and lesbian people and levels of prejudice (Allport, 1954; Anderssen, 2002; Basow & Johnson, 2000; Berkman & Zinberg, 1997; Herek, 1988, 1996; Herek & Glunt, 1993; Horvath & Ryan, 2003; Ryan et al., 1999). It is argued that those people who have had greater exposure to gay and lesbian people will have a greater knowledge base than those who haven't, and will be significantly less heterosexist and less heteronormative. Hence it was predicted that there would be a negative correlation between exposure and heteronormativity, a negative correlation between exposure and lack of knowledge and a negative correlation between exposure and heterosexism. Additionally, it was predicted that there would be a positive relationship between lack of knowledge and heterosexism.

These predicted correlations were combined in a path model, shown in Figure 1, which was tested using path analysis. As well as testing the individual correlations,

path analysis also enabled the testing of indirect relationships among the variables.

Previous studies investigating the differences in attitudes between trained and untrained heterosexual people, and between professionals with and without specific gay and lesbian training (Berkman & Zinberg, 1997; Ryan et al., 1999) have been equivocal. Additionally, there is limited institutional training in gay and lesbian issues (Berger & Kelly, 1996), and the current training modules seem to focus on sexuality and privacy matters rather than cultural issues (Tanith, 2001). In order to explore the extent and usefulness of gay- and lesbian-focused training in various educational settings, the study included questions about the participants' training. It was predicted that university-trained staff would be less heteronormative than non-university-trained staff. This intuitive prediction was based primarily on the findings of one of the aforementioned studies (Ryan et al., 1999).

Method

Participants and procedure

A sample of convenience was recruited for this study. Directors of Nursing (DONs) of 30 residential care facilities across the Adelaide metropolitan area were contacted but only 13 agreed to take part. Reasons given for non-participation included the perception that the content of the questionnaire would be too confronting for the staff. A total of 580 anonymous questionnaires were distributed via the DONs to staff of the 13 facilities, of which 114 were returned, a 19.65% response rate. The response rate may have been higher if the researchers had been able to contact the staff directly, but it had been thought that using the DONs to distribute the questionnaires would be more efficient. There were 18 males, 95 females and one person of unspecified gender. The sample ages ranged between 18 and 65 years ($M=41.86$, $SD=12.34$). The low number of males reflects the fact that very few men work in aged care. Occupational categories included registered nurses who had

undergone university training (30.7%), enrolled nurses (14.9%) or carers (41.2%), with 13.2% not specifying an occupation. 87.7% of respondents identified as heterosexual with the remaining 12.3% nominating as homosexual, bisexual or 'other'.

Materials

The questionnaire consisted of four scales and demographic questions (the complete questionnaire can be obtained from the author on request). *The Heteronormativity Scale* was constructed, given that no existing scale measuring heteronormativity could be found in the literature. This scale was constructed using concepts, ideas and issues that emerged as important in the literature review process, especially those described as issues continually confronting GLBTI people in their daily lives. Examples of the nine items included: 'Our facility is a good alternative for people from different cultures/minority groups' and 'Our professional practice should reflect the needs of the majority not the minority.' Possible responses were on a five-point scale ranging from 'Strongly disagree' to 'Strongly agree.' The obtained reliability of the scale was low, Cronbach's alpha being .30. Leaving out certain items would have improved the reliability to .49, but the researchers felt that the overall scope of the scale was compromised by the reduction as these items were an important part of the picture drawn by the literature review. Therefore the full scale was used.

The Heterosexism Scale was a modified version of the Attitudes Toward Lesbians and Gay Men Scale (ATLG-R) (Herek, 1998) consisting of seven statements such as 'School teachers should be heterosexual.' Possible responses were on a five-point scale ranging from 'Strongly disagree' to 'Strongly agree.' The obtained reliability of the scale was .83 (Cronbach's alpha).

The Lack of Knowledge Scale contained eight gay and lesbian-specific items designed by the researchers to investigate the degree of knowledge held by the participants about gay and lesbian lives, issues and concepts. Examples of items

included 'The only difference between homosexual and heterosexual people is who they are physically attracted to' and 'Lesbians and gay men are as mentally healthy as the rest of the population.' These items of knowledge had been identified during the literature review as points of difference and debate in the wider community. Possible responses were on a five-point scale ranging from 'True' to 'Untrue.' The obtained reliability of the scale was .45 (Cronbach's alpha). Eliminating certain items would have improved the reliability to .66, but as with the heteronormativity scale it was felt that the integrity of the scale scope would have been compromised and therefore, the full scale was used.

The Exposure to Gay and Lesbian People measure consisted of two questions investigating participants' level of exposure to gay and lesbian people by asking 'Do you know a homosexual person?' and asking the participants to rate the type of relationship, ranging from 'casual acquaintance' to 'family members'. The score was the total number of categories checked, ranging from zero (a 'no' answer to the first question) to 6.

Finally participants were asked a ranged of demographic questions, including information regarding the type of training they had received, their age, sex, and sexual orientation.

Results

The raw data were first screened for errors and outliers. The heteronormativity, heterosexism and lack of knowledge scales satisfied the criteria for normal distribution. Although the exposure measure was positively skewed, logarithmic transformations did not improve the shape of the distribution. Since the skewness and kurtosis were acceptable, the data were used in original form for analyses. The descriptive statistics for both education level groups, and for the total sample, on the variables of interest are presented in Table 1, which shows that the sample on average was about mid-range on heteronormativity, low on heterosexism,

below the midpoint on knowledge, and had two categories of relationship with gay and lesbian people. Since the (small) differences between university- and non-university-

trained staff were not significant, type of training was not used as a variable in further analyses.

Table 1
Descriptive statistics on path analysis testing the relationships among these variables

Variable	Possible Range	Group				Total	
		University level		Non-University level		N	Mean (SD)
		N	Mean (SD)	N	Mean (SD)		
Heteronormativity	10-50	35	27.46 (3.17)	78	27.82 (3.40)	113	27.71 (3.32)
Heterosexism	7-35	34	16.62 (4.52)	79	17.28 (5.50)	113	17.08 (5.21)
Lack of knowledge	8-40	34	19.32 (4.04)	78	20.00 (4.92)	113	19.79 (4.66)
Exposure	1-6	31	2.23 (1.09)	78	2.01 (1.06)	109	2.07 (1.07)

The bivariate correlations between scores on the five variables in the path model are shown in Table 2. Heteronormativity was significantly positively correlated with both heterosexism and lack of knowledge.

Table 2
Bivariate Correlations for dependent and independent variables

Variables	1	2	3
1. Heteronormativity			
2. Heterosexism	.302**		
3. Lack of Knowledge	.242**	.544**	
4. Exposure	-.125	-.419**	-.203*

** Significant at the 0.01 level (2 tailed).

* Significant at the 0.05 level (2 tailed).

Path Analysis

Figure 1 shows the results of path analysis used to test the relationships among the variables, and Table 3 shows the direct, indirect and total effects. Path analysis, an extension of multiple regression, is used to test theories of relationships among multiple variables, both dependent and independent (Klem, 1997). A series of standard multiple regressions is performed to test the hypothesised relationships. In Figure 1, unidirectional arrows are used to indicate the hypothesised causal relationships, in accordance with standard path analytic practice (Klem, 1997). However, especially when using correlational data as in the present study, this does not necessarily mean that any relationships are in fact causal.

Table 3.
Standardised Path Coefficients in the Path Model testing the relationships among the variables

Independent Variable	D	Dependent Variable								
		Heteronormativity			Heterosexism			Lack of Knowledge		
		ID	T		D	ID	T	D	ID	T
Heterosexism	.22*	-	.22	-	-	-	-	-	-	-
Lack of Knowledge	.12	.11*	.23	.49**	-	.49	-	-	-	-
Exposure	-.01	-.09	-.10	-.31**	-.10*	-.41	-	-	-.20*	-

Note: D = Direct effect, ID = Indirect effect, T = Total effect. *= $p < .05$; **= $p < .01$

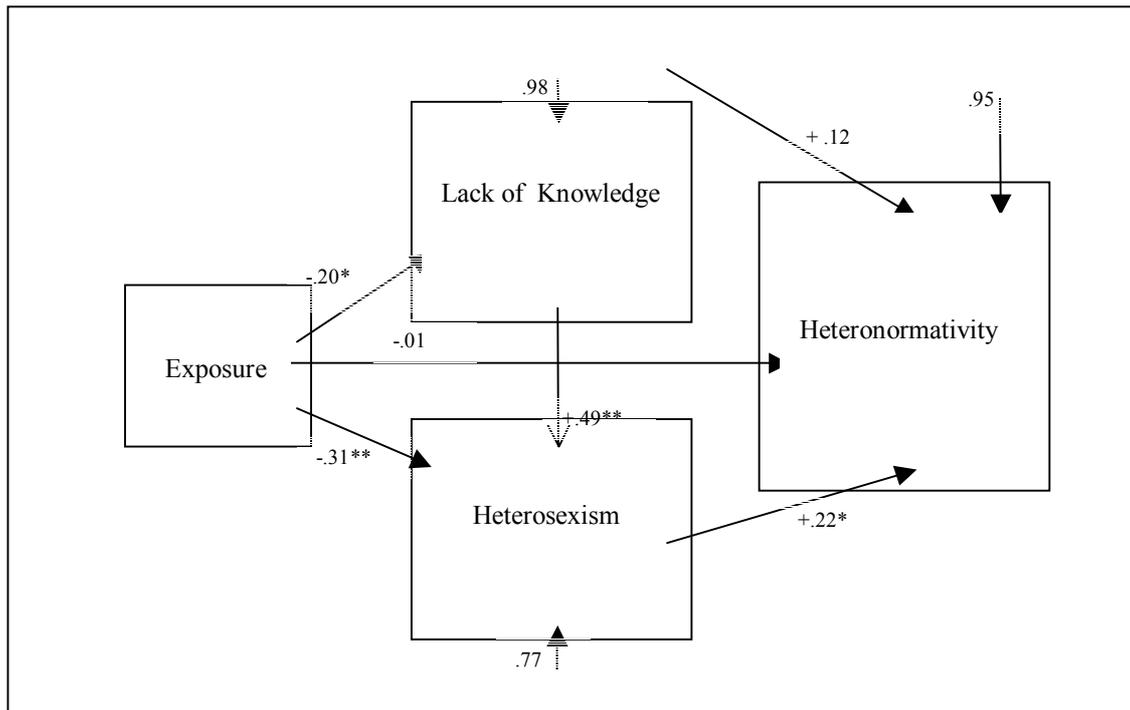


Figure 1. Results of path analysis testing the relationships among the variables

Note: Significant direct paths are those from Exposure to Lack of Knowledge to Heterosexism and from Lack of Knowledge to Heterosexism to Heteronormativity. The arrows to Lack of Knowledge, Heterosexism and Heteronormativity which do not come from other variables refer to the residuals. $*=p<.05$; $**=p<.01$

The hypothesized bivariate relationships between the variables were used to construct a multivariate path model, the results of testing which are shown in Figure 1, in which the arrows indicate the hypothesized causal relations.

Table 3 and Figure 1 show that lack of knowledge has a direct relation to heteronormativity and also an indirect relation via heterosexism. Exposure, as well as having a direct relation to heterosexism, also has an indirect relation via lack of exposure.

Discussion

The main outcomes of interest in this study were the relationships between the predictors of exposure and lack of knowledge to heteronormativity and heterosexism. The results showed that increased exposure to gay and lesbian

people was directly related to reduced lack of knowledge (increased knowledge) and also to reduced heterosexism, which supports previous findings on the predictors of heterosexism in other samples (Marmor, 1980) and shows that the same mechanisms may be operating in staff in aged care facilities. The new findings of this study were that lack of knowledge in itself does not predict heteronormativity but its effect (assuming a causal influence) is indirect through reducing heterosexism. The fact that significant relationships were found in spite of the low reliabilities of some of the scales gives added weight to these findings.

Although the relationship between heterosexism and heteronormativity was significant, it was small (.22). This could suggest that heteronormativity may be seen as an everyday occurrence that is a product of the normative status of

heterosexuality within Western cultures, rather than as an individual choice. Regardless of the processes underpinning heteronormativity, however, any mechanism to reduce it would be worthwhile. The results of this study indicate that heteronormativity can be tackled on two fronts: increasing knowledge about the experiences of gay and lesbian people, which then reduces heterosexism, and challenging heterosexism itself by increased exposure to gay and lesbian people.

It had been hypothesised that participants who had received university-level training would show less heteronormativity and greater knowledge than those who had not. However, inferential analyses revealed no significant differences between the two training groups on these variables. Rather than suggesting that this finding indicates the unimportance of training in the development of heteronormative assumptions, it may demonstrate that the sorts of topics covered in a course are more relevant than whether the education was undertaken at university level. This suggestion is supported by the perceptions of the participants about the relevance and usefulness of their training. For instance, more than 50% of the participants agreed that their training had not prepared them for work with gay and lesbian residents and did not include gay and lesbian content. Specific training about gay and lesbian issues may significantly affect knowledge levels, which in turn have been shown in the current study to be related to heterosexism and heteronormativity. If future training includes understanding of heteronormativity, privileging, invisibility, oppression and marginalisation, heteronormativity may fall with increased awareness of the consequences of heteronormativity in the lives of marginalised non-heterosexual people.

Many of the 17 DONs who opted not to take part in this project expressed the opinion that residents' sexuality was not a relevant issue in their facility. Another common response amongst these DONs was that the questionnaire was too confrontational, negative or controversial to

engender a favourable response from their staff. One DON expressed a desire to hand-pick participants who it was felt would respond positively. Notably, this response was to a modified version of the heterosexism scale, which was adapted because the results of a pilot study indicated that the original scale was outdated and confronting. While aged services may assert that they don't discriminate, many in fact are not acknowledging that gay men and lesbians may have different needs requiring specific training for staff and in essence are homogenising an issue that is far from homogenous (Harrison, 1999). One consequence of the continuing invisibility of gay and lesbian people in the aged community is a resultant lack of proof of the need to address issues around specific needs. This becomes problematic when gay and lesbian activists and researchers attempt to bring these issues into focus for gerontologists and geriatricians (Harrison, 2002b).

There are a number of methodological problems related to this study. The results are correlational and hence it is not possible to definitely assert the direction of the causal relationships. For instance, people with limited or inaccurate knowledge about gay and lesbian people may choose to avoid meeting them, leading to low exposure rates. Additionally, because of the selection effect of the DONs, the most heterosexist staff may not have been represented in the sample, although there was a full range of scores on all variables. The reliabilities of some of the scales were low, and more work is required, for instance by developing additional items to include more of the scope of the variables or by rewording some of the existing items to reduce ambiguity and improve psychometric properties. Additionally, the study investigated only attitudes to gay and lesbian people, whereas an investigation into attitudes towards the wider GLBTI communities may have found different results.

In conclusion, the descriptive results indicate that a substantial proportion of the staff of residential aged care facilities hold

heteronormative assumptions, and the inferential results indicate that heteronormativity can be reduced by increasing knowledge about gay and lesbian people and challenging heterosexism. This is a basic human rights issue. Gay and lesbian people should not be discriminated against, even if this discrimination is a taken for granted commonplace. Given the likely increase in numbers of openly gay and lesbian residents requiring specialist aged care in the future, it is imperative that heterosexism and heteronormativity in staff of aged care facilities be addressed in a timely fashion in order to provide optimum care for this group of older people with very specific needs.

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NON-TECHNICAL EQUIVALENCE FOR LESBIANS, GAYS AND TRANSGENDER PEOPLE IN COMMUNITY SERVICES FOR SENIORS

KENDALL LOVETT & MANNIE DE SAXE

The Tolerance Report

On a visit to Ireland in May 2006, the Australian Prime Minister described lesbian and gay couples as "fundamentalists" to students at a Dublin University because they were seeking marriage rights. He told the students that "most Australians do not want gay couples to have equivalent status... I think it is a form of minority fundamentalism that you have to, in every aspect of one's institutions and one's arrangements in society, have *technical equivalence*", the Prime Minister said (Epstein, 2006).

Given this is the view of Australia's Prime Minister it should be no surprise, therefore, to find that homophobia is entrenched in Australia's community aged services. In 1995, the Sutherland Shire (a southern Sydney Local Council) agreed to fund a survey of its community services in relation to their treatment of lesbian, gay and transgender residents. The project uncovered widespread ignorance and evidence of direct and indirect discrimination against sexual minorities by the Shire's community services. In 1996, it released the information in The Tolerance Report (Bird & Coco, 1996). That same year we became involved in the formation of InterSection, a small Sydney group of lesbians and gays whose aim was to follow-up on the findings of The Tolerance Report.

The group began contacting metropolitan and rural Councils in New South Wales. We wanted to find out whether they were aware of or were providing services to their gay and lesbian constituents. The group soon discovered that the Tolerance Report's findings were being borne out by further depressing results. Almost all New South Wales Government Councils who responded claimed that sexual minorities did not exist in their areas. Those that did admit to being aware of lesbians and gays

provided services that were not adequate. Furthermore, it seemed that no one was complaining. No respondents explained how they dealt with such clients and all showed little awareness of the need for proper training. Essentially, this means that clients who get the 'brush-off' because they believe they are perceived to be sexually queer just don't come back to services, even though the potential clients haven't come out about their sexual or gender identities.

One of the significant findings in The Tolerance Report concerned non-government community services agencies. While some government agencies have non-discriminatory policies which cover sexual preference, many non-government agencies do not. Generally agencies appeared not to consider that disclosure of same-sex preference was a risky business for a client. The Report concluded: "Religion-based agencies have two approaches to the needs of this community...One is to believe that these people are damaged, need to be cured and, once this is achieved, will become heterosexual. The other is to take no interest in addressing the needs of this community or in making any changes in the agency to facilitate this" (Bird & Coco, 1996, p. 64).

The report also found that agencies operate to discriminate through ignorance, lack of knowledge and lack of awareness of their own homophobia. As well, most agencies, including those who delivered services to the frail aged, such as home support and shopping in the contact area, were not aware of any benefit from seeking sexual minority employees or conducting proper training in order to provide services to gay, lesbian or transgender communities.

In our follow-up research we also found that in seniors' services the general assumption seemed to be that sexual minorities did not remain sexually-active into old age. Apparently, it was accepted by services that gay men were unable to maintain a relationship into old age, when compared to heterosexual men. This negative

assumption was certainly supported when we ourselves came to live in Melbourne. A letter to the editor of a monthly seniors newspaper, commenting on the same-sex marriage issue, declared: "The term gay marriage is an oxymoron as a homosexual coupling cannot be anything else other than a shacking up arrangement and for a vast majority of homosexual relationships, that's very temporary [under two years]" (Fifty-Plus News, 2004). Such a myth could be easily disproved if large-scale extensive research was conducted investigating this issue. We are about to attend a celebration of our own friends' gay relationship which already has lasted 40 years into old age.

Interestingly though, in November 1999, the New South Wales Local Government and Shires Association Annual Convention resolved to develop policy regarding support for the social and cultural needs of the gay and lesbian community in New South Wales. That move was the initiative of the delegate from the South Sydney City Council in whose area the gay 'ghettos' of Oxford Street Darlinghurst and King Street Newtown exist. This inner-city local council already had a Lesbian and Gay Liaison Officer at the time. (This Council, though, is now amalgamated with the Sydney City Council.)

Our Experience After We Moved to Melbourne in February 2001

For us, the move from New South Wales meant that we would continue to monitor the situation for ageing lesbian, gay and transgender people in the State of Victoria. To accomplish change to restrictive social practices it is necessary for those affected to make a noise and stir the pot. That's our view. Almost immediately we were confronted with an issue of concern related to the city Council in which we had come to live. Darebin Council had produced a draft strategy for the future of its *Aged and Disability Services* and was seeking comments from its residents (City of Darebin, 2001). We got hold of the Executive Summary of the Draft from the Darebin website and submitted comments because we could find no mention whatever, direct or indirect, to lesbian or gay seniors. We were aware through friends from our activist past that there was a good sized lesbian and gay community in Darebin, albeit not easily awakened to the ageing issue, it seemed.

We made a fairly substantial submission pointing out that if a 'healthy ageing framework' as the Summary put it, is to be achieved then some especially significant changes in openly accepted lifestyles since the 1960s need to be recognised. We stated that the Victorian parliament recently had passed new legislation that recognised there are now three categories of official relationships: heterosexual married; heterosexual de facto; and sexual minority (lesbian, gay and transgender) domestic partnerships. We waded in with the observation that until now senior citizens were regarded by all community services as heterosexual, either as married, single, divorced, male or female.

We argued that aged services had to recognise domestic partnerships and educate staff about this emerging official group and provide for their needs. We noted that all the references cited by Darebin's review team were only from Melbourne and Canberra sources, so we filled them in with our up-to-date sources from other States and overseas studies. We have since managed to get Darebin Public Libraries to include a series of Australian children's books by Brenna and Vicki Harding about children with two mums or two dads (The *Learning to Include* series) and an autobiographical book about the effects of HIV/AIDS by Australian gay AIDS activist David Menadue.

The effect of homophobia is greatly underestimated, we believe, by the majority of service providers to aged communities. In the report by the New South Wales Committee on the Ageing: 'Keeping the Balance—Older men and healthy ageing' (New South Wales Committee on Ageing, 2001) not one of the participants in the focus groups and seminar identified as gay. The study report suggested that the use of heterosexist language and the expectations of the organisers of the focus groups and seminar acted as barriers to the participation of older gay men in the research. This supposition was also borne out in Melbourne by Darebin Council when we made a submission commenting on its *Draft Aged and Disability Services: Strategy for the Future*. (City of Darebin, 2001). In a letter to us the Study Team leader admitted that their Focus Study Groups did not identify any lesbian, gay or transgender issues from the participants.

As was the case in the New South Wales study, the effect of homophobia on older lesbians, gays

and transgender people, if they were present in these focus groups, had a limiting effect and would keep them silent because of the ingrained negative social attitudes they had encountered all their lives. It is also obvious to many seniors that if you have lived all your life as a lesbian or gay man you are well aware when you reach retirement that it doesn't pay to be open about your sexuality in social groups of heterosexual couples. Ostracism and bigotry, even open verbal abuse, will quickly put you in your place – outside society!

However, in view of a positive letter we had received, we suggested that Darebin Council contact the Port Phillip Council's Older Persons Reference Group that was actually planning an event in the St Kilda area for its gay and lesbian communities during Senior Citizens Week, in the hope that Darebin could publicise the event in its programme for the 2002 Seniors Festival. Darebin did liaise with Port Phillip but the event was finalised too late to be included in Darebin's programme. We also discovered that the Seniors Film Festival overlapped with the Melbourne Queer Film Festival so we began lobbying both festivals to plan for the inclusion of a queer film in the Seniors Festival. It finally happened. In the past couple of years there has been a gay film for seniors included in the programme.

Activism and Gay, Lesbian and Transgender Ageing

In June 2003, we attended two seminars for seniors. The first was conducted by the Victorian Council on the Ageing (VCOTA). None of the speakers at that seminar made any mention of a same-sex issue. The only issue on the minds of the five speakers from mainstream organisations, including the Victorian Minister for Aged Care, seemed to be funding. As it was, the Minister left soon after he had opened proceedings with a speech about how supportive his government was of seniors and aged care services, so no one got to quiz him on the substance of his speech, not even panel members.

During the seminar question-time we spoke, asking as same-sex partners, what training care workers receive regarding the needs of older lesbians and gay men in the community. "None", was the answer from the Executive Director of VCOTA, "as far as she knew". Following frequent reminders, it has taken until

this year for us to receive a positive written response from VCOTA. The organisation has developed a partnership with the ALSO Foundation to produce a Rainbow Seniors information brochure, training for its information staff and a re-launching of its website with a segment for 'Rainbow' seniors.

The other 2003 seminar we attended was organised by the ALSO Foundation, which ran a series of consultations to find out the needs of older gay, lesbian and transgender people following an RMIT University Report released by the Foundation in 2002 (Chamberlain & Robinson). One of the most telling responses from the people in our forum was that bible-based discrimination against us is practised unhindered because religious beliefs and religious principles are exempted in the Equal Opportunity Act in Victoria. One of the participants said: "You only have to live in rural Victoria to discover homophobia is very much alive and church-based."

In Victoria the Ministerial Advisory Council of Senior Victorians has been instrumental in having lesbian, gay and transgender events included in the annual Seniors Festival in the Melbourne City programme. It remains to be seen when this might be extended to rural Victoria. The Advisory Council may well have achieved some positive changes. However, the Report of the Inquiry into Elder Abuse in Victoria, conducted by the Elder Abuse Prevention Project (Victorian Department of Human Services, 2005) did not recognise that discrimination was in itself an abuse of lesbian, gay or transgender elderly citizens. The sole relevant mention made in the report, released in December, read: "Indigenous groups and the needs of older gay and lesbian people need to be consulted and be involved in education and awareness campaigns" (Victorian Department of Human Services, 2005). The report listed public forums, but omitted the Gay, Lesbian, Bisexual and Transgender Specific Forum we attended during the Inquiry. Some dozen people from lesbian and gay organisations attended this forum and provided instances of how homophobia in staff and inmates made life miserably difficult for those visiting as well as their partners. They pointed out that mental abuse is every bit as damaging as physical abuse. We were also invited to make a submission. Some certainly did, as did we, but none of these submissions were listed in the Report.

Oh, yes, we do need *technical equivalence* and that's why we have to speak up openly for ourselves.

Author Note

Kendall Lovett, who is 84 years of age in October 2006 and Mannie De Saxe, who is 80 in October 2006 also, are social activists in relation to a wide range of issues, including gay, lesbian and transgender ageing, about which they have been active and vocal for many years. PO Box 1675, Preston South, Vic 3072; Email: josken@zip.com.au

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ADDRESSING GAY, LESBIAN, BISEXUAL, TRANSGENDER AND INTERSEX AGEING IN WESTERN AUSTRALIA

GRAHAM LOVELOCK

The GLBTI Retirement Association Incorporated, known by the acronym GRAI, was established in Perth in mid-2005 to ensure a range of options for the development of services and facilities for older people of diverse sexualities and gender identities in Western Australia. Not quite twelve months old, GRAI has already been acknowledged nationally as a leader in addressing and promoting the needs of older people of diverse sexualities and gender identities. The formation of GRAI as an incorporated body was the direct result of a series of discussion groups held early in 2005 between a group of friends aged in their 40's who came together to discuss what they wanted as they looked to life beyond their working years.

As a new organisation, GRAI is keen to explore a range of opportunities to talk with stakeholder groups including older GLBTI people, current providers of retirement and aged care services, government agencies and industry groups, in order to ensure that issues of GLBTI ageing and retirement are being addressed, and moreover, taken seriously. There is little doubt that the baby boomer cohort in general is approaching ageing unlike any other group of older people in history. Service providers are becoming increasingly aware of this, with many providers now starting to look at a more balanced approach, and as such there are increasing choices available to address the needs of future customers from the baby boomer market.

Despite this, however, the needs and desires of older GLBTI people continue to remain somewhat invisible in the wider ageing debate. It is worth noting that GLBTI baby boomers are most likely to be the first generation to be openly 'out' as they age. This means that service providers, agencies and government will need to approach older GLBTI people very differently to other groups of retirees in the years to come.

To progress discussion of these issues, in October 2005 GRAI held a public forum at the University of Western Australia (UWA) addressing issues of GLBTI ageing for the first

time at a Perth event. GRAI was fortunate indeed to have the opening address for this event delivered by High Court Judge the Hon. Justice Michael Kirby AC CMG who gave a passionate address on a range of issues of concern to the GLBTI community. Justice Kirby presented a heart-felt perspective on his enduring and loving relationship with his partner of more than 30 years. The key-note address at the Forum was presented by Dr Mark Hughes (UNSW) on material from his narrative research project in the Blue Mountains (2005). The focus of this project was on gays and lesbians approaching older age and their experiences of and expectations for health and aged care. The main aim of Hughes' research was to facilitate narratives relating to sexual identity and how this identity should or should not be acknowledged in contact with health and aged care providers.

In establishing a vision for the future of the organisation, the Board of GRAI recently held a very successful Strategic Planning Day - facilitated by Associate Professor Barbara Horner, Director of the Centre for Research into Ageing at Curtin University. The Planning Day successfully identified a number of governance definitions, values and themes for taking the organisation forward over the next 2 - 5 year period. These are:

- GRAI's Vision: Older GLBTI will enjoy a rewarding quality of life.
- GRAI's Mission: To create a responsive and inclusive mature age environment that promotes and supports a quality life for older people of diverse sexualities and gender identities.
- GRAI's Values: Dignity, Diversity, Respect, Well-being, Health, Self-worth, Excellence, Community, Choice.

The themes for this leading organisation were also defined under the headings of:

- Capacity Building
- Community Representation
- Awareness and Education
- Leadership

- Advocacy and Lobbying
- Service Provision.

What does GRAI want to achieve?

First and foremost, GRAI is committed to fostering the creation of accessible and sustainable retirement living, aged care, and community services that specifically cater for the needs of older people of diverse sexualities and gender identities.

GRAI does not, at this early stage at least, see itself as a retirement living or aged care provider or developer. However, five years from now, that may well be an option under consideration. And 'options' is indeed the key word that GRAI is focusing on at this point in time.

In the short-term, GRAI can realistically explore the development of a range of options for older GLBTI people when accessing retirement and aged care services. We can make contact and work with existing providers, agencies and government to address the many gaps that exist and say: "If you want to engage with GLBTI people as potential consumers, this is what you need to do and these are the issues you need to be aware of".

GRAI has also recently entered into a formal agreement with Curtin University to explore a range of opportunities for undertaking meaningful and quantifiable research into the area of GLBTI Ageing – with particular reference to the local environment in Western Australia.

The short-term objective of this partnership has thus far been to undertake a comprehensive strategic planning activity – which was undertaken in May. This will be followed up with a structured community consultation process – which is being conducted in July and August of 2006.

Following this, GRAI is looking to produce a 'best practice' model that can be used by consumers, service providers, agencies and government in the development of appropriate services for older GLBTI people. GRAI is also intending to conduct wider social research involving a comprehensive needs analysis of older GLBTI people in WA. The overall aim for the future work of the organisation is to make a meaningful contribution to addressing the needs of older members of the GLBTI community and to have a direct influence on the development of

the overall Western Australian ageing plan in the years to come.

If this article has raised your interest in GRAI, please visit our website at www.grai.org.au for further information.

Author Note

Graham Lovelock is Chairperson of GRAI and is Corporate Systems Manager with SwanCare Group, a leading non-profit provider of retirement and aged care services in Western Australia. Graham has a strong history of involvement in the GLBTI community sector in WA and is currently completing Post Graduate studies in Regional Development at the University of Western Australia. Graham can be contacted on email via info@grai.org.au

GRAI will be holding its 2006 Community Forum in the University Club Auditorium at UWA on Wednesday 25 October at 6.30 pm. Principal Sponsor for this year's Forum is Macquarie Bank Group.

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WE ARE AGED, WE ARE QUEER, WE ARE HERE

CHARLES LO

Background

Australian gerontological studies of elderly gay people constitute a relatively small proportion of research in the field of gerontology, a fact that may produce for older gay, lesbian, bisexual and transgender (GLBT) people a sense of invisibility. This prompted the author to explore ageing issues which impact upon gay men. Most importantly, there needs to be an understanding of the diversity of experiences of ageing *amongst* gay men. The Doctoral research from which this commentary is drawn focuses on the home care needs of older gay men who are over 60 years of age.

A focus on gay men's experiences of ageing is important as the ongoing lack of recognition of the specific needs of older GLBT people has often resulted in this group of people facing discrimination, violence and harassment (D'Augelli & Grossman, 2001). Gay seniors may often have experienced ridicule throughout their lives, may have been ostracised by families and work colleagues and may thus be largely invisible to the wider community due to a fear of further discrimination (Kochman, 1997).

Myths and stereotypes abound in regards to older gay people in particular. Older gay men, for example, have often been seen as lonely, limp wristed perverts, and may at times be considered by others to be paedophiles (Woolf, 2001). Older gay people more generally experience discrimination not only from the mainstream heterosexual community, but also from within the gay communities within which they live.

Little is known of the experiences of older Australian GLBT people, and there have been relatively few in-depth studies addressing GLBT ageing issues in Australia (though see Chamberlain & Robinson, 2002; Harrison, 2005; Hughes, 2003, for examples of important research in the Australian context).

It can be argued that older GLBT people make up part of the numbers of the elderly population in Australia. Very little is known, however, of GLBT seniors, including what happens to them

when they get old, who looks after them when they are taken ill, what support do they get and what social services they use. The diversity within GLBT communities has made it difficult to study older GLBT people, who of course are all different in many ways, as are members of the general population. This brief commentary draws upon a much broader summary of GLBT gerontology research to date, with a specific focus on older gay men.

GLBT Census Data

The Australian Census has thus far not recorded GLBT people as a sexual orientation specific category. Such identification would potentially assist the process of establishing statistical evidence around who identifies as same-sex attracted, and more specifically, how many identify as older gay men. Only recently the question to identify 'same-sex household' has been included in Census data in Australia, New Zealand, Canada and the United States (Hyman, 2003). Even so, the figures given in same-sex household cross-sectional analyses may be under-reported. Certainly such figures do it give evidence which governments might use to implement specific policies in relation to GLBT people's needs.

In the US, the Census 2000 tallied 601,000 gay male couples sharing the same household (1.2 million same sex individuals were assessed in total) (Condon, 2001). It is estimated that there are about 4,000,000 gay and lesbian people in the USA (Dailey, 2005). In 1996, 3255 same sex couples identified themselves in the New Zealand census with an increase to 5070 in 2001 (Hyman, 2003). In contrast, in Australia, the 2001 Census identified 11,000 male same-sex couples and 9,000 female same-sex couples (ABS, 2005). Unfortunately, no population figures could be located for ageing GLBT seniors. The numbers extrapolated indicate that in the near future there will be a large proportion of GLBT people identified as 'grey'. When it comes to sexuality, government and organisations appear to operate on a 'one policy, fits all' scenario without taking into account sexual diversity. Every older GLBT person thus is

assumed to be heterosexual in regards to aged care.

Summary of Selected Literature

The Australian Ageing Research Directory 2000 recorded 731 project entries for Ageing between 1997-2000. Only one article was recorded calling for the issue of recognition for sexual minorities in gerontology. Similarly, searches in the Australian Journal of Sociology, from 1997-2006, yielded no topics on ageing gay seniors. The Australian Journal of Social Issues from 1999-2006 did not record any GLBT ageing-related results. The Australasian Journal on Ageing; 1999-2005, also did not produce articles on older gay men (although one, Harrison, 1999, did address the lack of recognition of GLBT issues in gerontology). Even International journals such as the Journal of Homosexuality (USA) from 1999-2001 did not publish any GLBT ageing related items. Whilst there have been specific anthologies published within the social sciences that examine issues of GLBT ageing (e.g., Bergling, 2004), the relative lack of published research studies in Australia and internationally specifically focused on older gay men or issues pertaining to them is a serious concern.

As research on ageing more generally has suggested, we live in an ageist society where an emphasis on youth is the norm. This is particularly evident in the gay communities (for more on this see Drummond, this issue, Jones, 2001). How often do we see, for example, a picture of an older gay man on a front cover of a gay paper or magazine? Overviews of the literature (e.g., see Hughes, this issue) similarly suggest that social researchers tend to focus their studies on issues concerning young gay males, covering topics such as: dance parties; drug behaviour; HIV status; sexual behavior; and knowledge of HIV. Not only is it reasonable to ask how these issues may well also pertain to older gay men, but one would think that ageing gay men may experience unique issues of their own.

Despite the lack of a long tradition of research Australia on GLBT gerontology (though this tradition is certainly being established, as this issue demonstrates), there have been studies of ageing gay men conducted in Britain and America over the past three decades. An important aspect of this growing body of research has been the acknowledgment that

older people continue to understand themselves as sexual beings. The widespread assumption had until that point been not only that older adults in general were largely asexual, but that the category of 'sexuality' itself equated with 'heterosexuality'. Quam and Whitford (1992) suggest that the growing body of research in lesbian and gay studies was predominately ageist in nature as it was more interested only in issues that affect young gay men, middle-aged gay men or lesbian adults. In this respect, information on elderly gay men and lesbian ageing has been either scarce or non-existent, a statement that could be extended to draw attention to the similar dearth of research on older bisexual and transgender people.

As already stated, research on ageing adults in regards to sexuality has been scarce due to the presumption that the elderly are 'asexual'. This negative view of elderly people and their sexuality has thus discouraged research that is critical of these types of assumptions. Older people have typically been regarded as 'decrepit', 'frail' and 'near God' to engage in sexual behavior (Johnson and Kelly, 1979, p.245). Similarly, the cessation of reproductive capabilities has been taken as representative of more broader incapacities of older people. Obviously assumptions such as these represent both a sexist and heterosexist viewpoint, where the lives of women in general are devalued post-menopause, and where reproduction is taken as being fundamental to the lives of men and women. This view has persisted in social scientific research until quite recently, and for some of those in the aged care industry, this view would still be regarded as valid today. This is a serious problem.

Another serious problem facing the study of GLBT gerontology is the development of a framework for examining the differential ways in which members of GLBT communities experience discrimination. Not only are ageism and heterosexism a concern for older GLBT people, but discrimination in regards to race, ethnicity, religion and class all shape the lives of older GLBT people, whether that be to privilege certain (white) older GLBT people, or to oppress others. Thus not only are some older GLBT people discriminated against by the (white) heterosexual community at large, but some older GLBT people may experience discrimination *within* GLBT communities. As one 42 year old Chinese man puts it:

In a sexual situation and someone rejects you, you wonder, 'is it my age, my body, my race' (quoted in Murray & Adam, 2001, p. 80).

Discrimination thus functions in multiple ways, and it will be important to examine these multiplicities in future work in the area of GLBT gerontology.

Early Studies on Older Gay Men

Reflecting comments made earlier within the present paper, stereotypes of older gay men have been reported widely in several early articles on gay men and ageing (Berger 1980; Kelly 1977; Weinberg & Williams 1975). These stereotypes have most often depicted older gay men as lonely, depressed, maladjusted, sexually depraved, effeminate, and alcoholics. Whilst these stereotypes were also challenged in early research with older gay men (e.g., Berger 1980; Berger & Kelly 1986; Friend 1980), other studies in the past remained focused on investigating the 'lonely old gay man' stereotype (Minnigerode & Adelman, 1976). What was not elaborated, however, was whether loneliness came from living on their own, longing for a partner or a sense of isolation. This type of limitation are highlighted by early research such as that conducted by Friend (1980), who found that the 43 self identified older gay men (age range 32-76) whom he interviewed were well-adjusted and content with their lives. He also found that 'coming out' had a positive correlation to personal adjustment. The problem with this research, however, was that the majority of the participants who claimed to be 'older' men were under the age of 64 (39 out of 43 respondents).

Lee, in his four year 1980 Canadian study of men over 50, found that ageing gay men were less concerned about gay liberation. Lee suggests that the older gay men in his sample could not understand the fuss of the younger gay men in their taste for music and lifestyle. Lee concluded that:

Liberation of older gays must come to grips with the historical fact that youth-oriented gay liberation destroyed much that older gays held dear 'in the life'. Out of the closets and into the streets is what many older gays are prepared to do with their garbage, but not with their lifelong identities (Cruikshank, 1991, p. 80).

Lee disputes the notion promoted by other researchers (e.g., Berger, 1990) that gay men aged better because of their coping ability in

various stressful situations they grew up with. He posits that ageing gay men's contentment came from the outcome of how the person was fortunate and/or skilled enough to avoid stressful situations. Although ageing gay men may often have lived a lifetime of deception they still found happiness (Cruikshank, 1991). In another of Lee's longitudinal studies in 1988, he found older gay men preferred being gay and being invisible in their community. They felt more secure being closeted and were worried about younger gay men flaunting their sexuality and the impact this may have on society's tolerance of them. Understandably they did not want to label themselves (such as gay father, gay teacher, gay lawyer) (Lee, 1989).

Kimmel (1978) claimed there was no relationship between gay men and adult development and ageing from any of the prior research. Most of the studies on older gay men have been reported between the 1970s and mid 1990s (Weinberg, 1970; Weinberg & Williams, 1974; Kimmel, 1978; Berger, 1980; Friend, 1980; Lee, 1989). These studies were mainly selected and represented by a subpopulation: upper middle class; white; of high socio-economic status; urban; and well educated (Kimmel, 1978; Woolf, 2001).

The hidden fact is that there are a large number of our greying gay elders out there who are invisible and come from diverse socio-economic, geographic, educational and ethnic backgrounds. As already suggested, research is needed to tap into this group and to take note of these factors. An 'invisible' sample presents particular research challenges. For example, rural gays or married gays may not have come out of the closet for various reasons. The older gay men of today (over 65 years old) have had a significantly different experience from the baby boomer generation which is turning 60 this year. This produces specific issues that needs further attention by researchers in the field of GLBT gerontology

Conclusion

There are an increasing number of studies that have developed an understanding of the specific issues facing older gay men in Australia. Certainly, this is a good sign and we are heading in the right direction. However, the lack of a serious commitment to the study of GLBT ageing within the broader academic community

contributes to the invisibility of older GLBT people, and older gay men more specifically.

As has been suggested here, studies in the 1970s and 1980s focusing on older gay men in relation to their psychological and social adjustment may seem irrelevant now. It could be argued, however, that this is not necessarily the case. Indeed, it would be interesting to replicate these studies to mark out the shifts in understandings of gay men's experiences of ageing, and to explore whether these findings hold out in contemporary settings.

As the Australian population ages, so will the number of ageing GLBT people. They will expect, deserve, and hope for GLBT-appropriate services which are already the luxury of their heterosexual counterparts.

The Doctoral research upon which this commentary was based has thus far yielded a data response rate 65%. There has been overwhelming support for the project from both the gay and heterosexual communities. Clearly, older gay men are currently keen to have their voices heard and to be involved in discussing issues that relate to them. At the time of writing, data analysis is complete and the thesis writing is currently in progress.

Author Note

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BOOK REVIEW

REVIEWED BY JEFFERY ADAMS

Reeling in the years: Gay men's perspectives on age and ageism. Tim Bergling. Binghamton, NY: Southern Tier Editions, Harrington Park Press, 2004, 272 pp., ISBN1-56023371-0.

Reeling in the years provides an intriguing insight into prevailing attitudes about age and ageism among gay men (in the United States). Bergling declares his motivation is to look at the gulf that age may put between gay men and to find out how gay men view different age groups. For the sake of clarity he categorises 'older' men as those 40 and over, 'younger' men as those under 29, with those in their 30s classified as 'in-between'. In reading this book I was interested in what it might contribute to understanding intergenerational relations among gay men and what it offered in the way of challenges to stereotypic views of ageing.

Bergling has collected impressively large amounts of data for his study – an online poll (2000 respondents), online survey (250 respondents) and 'dozens' of personal and online interviews were undertaken resulting in over 1000 pages of material.

The book makes strong use of the survey and interview data and is presented in an easy to read, journalistic style. The first chapter establishes the book's main premise that there is little in common between the generations with older and younger men leading separate lives. Chapter 2 reinforces a common perception that youth are revered above all else in gay culture and explores related 'myths' like 'old guys just want to get into kids pants'. The focus in chapter 3 is on (older) gay men's fascination with looking younger including concerns with body image, hair loss etc. The consequences of minimal contact between the generations are addressed in chapter 4 where it is argued that the lack of contact between generations means there are fewer role models available to younger men. This Bergling suggests contributes to older men having little understanding about being young and gay, one consequence being they are not in a position to help isolated younger men. This position is minimally contradicted in Chapter 5 which provides examples of how many gay men bridge this gap to forge all types of friendships and relationships. Chapter 6 has a

focus on older men, identifying challenges faced by gay men man as they age including death of a partner and issues of housing. In chapter 7 issues of the future are addressed – with the author encouraging gay men to consider appropriate financial planning. There is also a section outlining how gay men can improve self-esteem.

The strength of this part of the book is that it provides direct access to men's accounts of their experiences and provides for many men an opportunity (perhaps their only opportunity) to have their voices on such issues heard. Within each of these chapters a variety of the men's narratives are integrated with Bergling's own assertions and observations. Bergling claims he has tried to be loyal to the men's stories, however, in places it is not clear whether it is the data that has driven the framing of the issues and topics, or whether the data is used to illustrate points he wishes to make.

The poll data are presented in Chapter 8 in graph form accompanied by illustrative anecdotes, with a caveat that it is not a scientific poll. While the material is interesting this raises the question as to the value of including these data especially as they are not analysed in any meaningful way.

The main limitation of this book is that it while many of the narratives are engaging at face-value, their potential to describe and understand intergenerational relationships is lost as they are largely presented without any analytic or theoretical framework. After a while I found myself asking what differentiated the narrative from my own experiences and knowledge of the gay community and seeking more interpretation and analysis of the data. Another limitation for readers in Australasia is the US setting – while many elements of gay culture are universal, there is a lot that is specific to an Australian or New Zealand situation and this may require readers to filter what is read for applicability to their unique setting.

Overall, this book is an easy and entertaining read for the casual and interested reader. I found myself picking it up often to read snippets, rather than wanting to read it

systematically. A range and variety of gay men's experiences are presented in a largely optimistic and up-beat manner. The book potentially offers readers insights into both older and younger men's worlds and identifies for example that many gay men do successfully bridge the 'age gap'. In this respect the book successfully covers the ground Bergling claims it would. However, for anyone seeking a more in-depth exploration of gay men and issues of ageing, there are warnings ("Bergling is an anecdotal sociologist" – "I'm no pollster") of shortcomings in the book, especially in terms of how the data were utilised. There is little attempt to (critically) interrogate the data and to address or challenge

those values that might not be helpful to gay men's relationships with each other on a personal and community level. While the book is an engaging read for a casual reader, my research interests in relation to gay men and ageing were not met, and I am left to contemplate what a more disciplined analysis of the 1000 pages of data might have revealed.

Author Note

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CALL FOR CONTRIBUTIONS

Special Issue of *Gay & Lesbian Issues and Psychology Review*

LGBTI Families and Parenting

Edited by Elizabeth Short and Damien W. Riggs

This special issue of GLIP Review, to be published in April 2007, will focus on issues of LGBTI parenting. Some topic areas that may be appropriate for the issue include:

- * What differing shapes do queer families take?
- * What does it mean to be a LGBTI parent?
- * Developing new/radical ways of relating to children
- * What is the relationship between theory and practice in LGBTI parenting research?
- * How can psychology most usefully contribute to the field of LGBTI parenting research?
- * Challenges to categories of 'family' and 'parenting'
- * LGBTI families and the law
- * Historical accounts of LGBTI families

The special issue editors invite research and theoretical articles (maximum 4500 words) and short commentaries and 'opinion pieces' (maximum 1500 words) which address these questions or ideas. In particular, papers are called for that draw out the strengths and weaknesses of psychology in relation to LGBTI parenting. Contributors are encouraged to introduce personal, political and professional narratives into their submissions where appropriate. All article submissions will be peer-reviewed.

The deadline for submissions is 1st February 2007. Formatting guidelines for submissions are available on the journal website:

http://www.psychology.org.au/units/interest_groups/gay_lesbian/8.7.22_10.asp

Informal enquiries and submissions should be sent to (preferably via email):

Damien Riggs
School of Psychology
The University of Adelaide
South Australia
5005
damien.riggs@adelaide.edu.au

CALL FOR CONTRIBUTIONS

Special Issue *Sexualities*

Recognising and Celebrating Non-Heterosexual Relationships: Current developments in theory and research

Guest Editors: Victoria Clarke & Elizabeth Peel

The provisions of the Civil Partnership Act 2004 recently became a reality for same-sex couples in the UK. The UK is one of a growing number of jurisdictions that offer recognition to same-sex partnerships. Forms of recognition range from (not legally binding) commitment ceremonies, blessings and partnership registers to full, legal marriage. It would seem that legal and social recognition of same-sex relationships is no longer a fairy tale, and radical gay and lesbian feminist demands that marriage be dismantled are whispers from a distant past. Theory, research and practice in relation to legal recognition are often polarised around two distinct and competing positions: that legal recognition is the key to non-heterosexual equality and that legal recognition of same-sex relationships represents accommodation to heterosexual standards and the loss of distinctively non-heterosexual cultural and relational practices. Current debates about same-sex marriage are in danger of only recycling positions that were established in the 1980s, failing to take account of the substantial changes in the political and legislative climate since then. The legal recognition of same-sex relationships opens up a new agenda for research on non-heterosexual relational and familial practices and the possibility of reinvigorating debates on recognising and celebrating non-heterosexual partnerships.

We seek full-length empirical and theoretical papers and shorter commentary pieces that address the following (and related) themes and questions:

- *Popular cultural representations of civil partnership, civil union, same-sex marriage and same-sex weddings
- *The rise of the 'pink wedding' industry
- *Feminist, queer and LGBT perspectives on relationship recognition and celebration
- *Legal, social and ideological implications of civil partnership, civil union, and marriage – recognition or regulation?
- *The meanings of dominant relational practices, rituals and symbols (such as name-sharing, ring exchanges, public celebrations) for non-heterosexuals
- *Experiences of non-heterosexuals in civil partnerships, civil unions and marriages

The deadline for submissions (maximum 6000 words) is **1 July 2007**. Informal enquires and submissions should be sent to:

Dr Victoria Clarke

School of Psychology, University of the West of
England, Frenchay Campus, Bristol, UK, BS16 1QY
Tel: 0117 3282176
Victoria.Clarke@uwe.ac.uk

Dr Elizabeth Peel

Psychology, School of Life and Human Sciences,
Aston University, Birmingham, UK, B4 7ET.
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Call for Papers

Research methods and theoretical approaches in lesbian and gay psychology

This issue of the Gay and Lesbian Issues and Psychology Review will focus specifically on issues of research method and theory within the field of lesbian and gay psychology. The field continues to draw upon a broad range of approaches to research, and continues to be at the cutting edge of theory within the discipline of psychology. At the same time, however, the field of lesbian and gay psychology requires its practitioners to develop new and innovative ways of researching the lives of same-sex attracted people.

Contributions may focus on (but are not limited to):

- * Methods for accessing hard to reach communities
- * Methodological and ethical issues in working with same-sex attracted people
- * Theoretical models or approaches for valuing the experiences of same-sex attracted people
- * Critiques or challenges to established theories and research methods within lesbian and gay psychology
- * Case/field notes on current research and the methodological issues it presents
- * Overviews of lesbian and gay psychological research methods and theories
- * Methods/theories for exploring intersecting identities
- * Experiential approaches to theorising and researching
- * Applications of methods and theories to practice and public policy settings

Submissions may be sent to the Editor, Damien Riggs, at damien.riggs@adelaide.edu.au

Submission deadline, October 1st, 2006

Issue to be published in December 2006

The Gay and Lesbian Issues and Psychology Review is a peer-reviewed publication and as such is eligible for DEST points.

Gay and Lesbian Issues and Psychology Review

Preparation, submission and publication guidelines

Types of articles that we typically consider:

A)

- Empirical articles (4000 word max)
- Theoretical pieces
- Commentary on LGBTI issues and psychology
- Research in brief: Reviews of a favourite or troublesome article/book chapter that you have read and would like to comment on

B)

- Conference reports/conference abstracts
- Practitioner's reports/field notes
- Political/media style reports of relevant issues
- Book reviews (please contact the Editor for a list of books available & review guidelines)
- Promotional material for LGBT relevant issues

The Review also welcomes proposals for special issues and guest Editors.

Each submission in section A should be prepared for blind peer-review if the author wishes. If not, submissions will still be reviewed, but the identity of the author may be known to the reviewer. Submissions for blind review should contain a title page that has all of the author(s) information, along with the title of the submission, a short author note (50 words or less), a word count and up to 5 key words. The remainder of the submission should not identify the author in any way, and should start on a new page with the submission title followed by an abstract and then the body of the text. Authors who do not require blind review should submit papers as per the above instructions, the difference being that the body text may start directly after the key words.

Each submission in section B should contain the author(s) information, title of submission (if relevant), a short author note (50 words or less) and a word count, but need not be prepared for blind review.

All submissions must adhere to the rules set out in the Publication Manual of the American Psychological Association (fifth edition), and contributors are encouraged to contact the Editor should they have any concerns with this format as it relates to their submission. Spelling should be Australian (e.g., 'ise') rather than American ('ize'), and submissions should be accompanied with a letter stating any conflicts of interest in regards to publication or competing interests. Footnotes should be kept to a minimum. References should be listed alphabetically by author at the end of the paper. For example:

Journal Articles: Riggs, D.W. (2004). The politics of scientific knowledge: Constructions of sexuality and ethics in the conversion therapy literature. *Lesbian & Gay Psychology Review*, 5, 16-24.

Books: Kitzinger, C. (1987). *The social construction of lesbianism*. London: Sage.

Edited Books: Coyle, A. & Kitzinger, C. (Eds.) (2002). *Lesbian & gay psychology: New perspectives*. Oxford: BPS Blackwell.

Book Chapters: MacBride-Stewart, S. (2004). Dental dams: A parody of straight expectations in the promotion of 'safer' lesbian sex. In D.W. Riggs & G.A. Walker (Eds.), *Out in the antipodes: Australian and New Zealand perspectives on gay and lesbian issue in psychology* (pp.393-416). Perth: Brightfire Press.

References within the text should be listed in alphabetical order separated by a semi-colon, page numbers following year. For example:

(Clarke, 2001; Peel, 2001; Riggs & Walker, 2004)
(Clarke, 2002a; b) (MacBride-Stewart, 2004, p. 398)

Authors should avoid the use of *sexist*, *racist* and *heterosexist language*. Authors should follow the guidelines for the use of non-sexist language provided by the American Psychological Society.

Papers should be submitted in Word format: title bold 12 points, author bold 11 points (with footnote including affiliation/address), abstract 10 points left aligned, article text 10 points left aligned. All other identifying information on title page for section A articles should be 10 points and left aligned.

All submissions should be sent to the Editor, either via email (preferred): damien.riggs@adelaide.edu.au, or via post: School of Psychology, The University of Adelaide, South Australia, 5005.

Deadlines

January 30 for April edition

May 30 for August edition

September 30 for December edition

