

GAY AND LESBIAN SENIORS: UNIQUE CHALLENGES OF COMING OUT IN LATER LIFE

Carolyn Altman, C.S.W.

Clinical Director
Senior Action in a Gay Environment (SAGE)
New York, NY

Senior Action in a Gay Environment (SAGE) is a place for elder gay men and lesbians—those who are just coming out and as well as those who have been out for many years.

Over the past 20 years, SAGE has embraced and celebrated the lives and the challenges of these elder gays and lesbians by helping them in a variety of ways that include serving as a substitute relative, as a place to form new relationships, as a senior center, as a rap group, as a therapy group, and even as a friendly place to help people recertify for food stamps.

Through social activities, volunteerism, activism, education, outreach, and clinical and case management services, SAGE strives to insure that gays and lesbians can age with an enhanced quality of life and a dignified sense of themselves.

In some circumstances, gay and lesbian seniors who come to SAGE are reaching out to a gay-identified organization for the first time in their lives. This first contact is often necessary because they are facing a major crisis: a couple seeks support because one of them is losing the battle with breast cancer; a lover has died and the surviving partner needs bereavement counseling, home care, or help applying for benefits; an older gay man has had HIV for many years and finds himself isolated because his community of friends has died; a couple that has been together for 40 years comes in for couples therapy because retirement and health problems have had a negative impact on their relationship; a local hospital social worker calls because an 85-year-old man whom she suspects is gay is going to be institutionalized because he reports no family support system.

CLOSETED AND ISOLATED

Many SAGE members and clients are not "out" to many people in their lives. They report keeping their gay identity to themselves, not feeling safe opening up, and having health care and social work providers assume they are heterosexual.

SAGE realizes that the divulging of a person's sexual identity to others is a life-long process that does not stop when family and friends are told. All gays and lesbians daily face the question of whether to come out to people. But

elder gays and lesbians face particular crises relating to health care and health care benefits that require them to make difficult decisions about coming out.

For those who came of age before the Stonewall uprising that was the cornerstone of the gay liberation movement, coming out and living openly as a gay or lesbian was an extremely risky and dangerous proposition. They risked losing their stature, employment, social and economic standing, housing, friends, and family, as well as their dignity. Organized religion, government, and law enforcement were both condemning and brutal. Their social life was creatively disguised. They risked intense scrutiny, if not arrest, when they went to a gay establishment. Witch hunts, police raids, and undercover sting operations were always a possibility.

Support groups were not available and political organizations were not marching for gay rights during the 1930s, 1940s, and 1950s. During those decades, families often severed their support and ties when a family member came out. Even today, the issue of a family member's sexual identity often remains untouched, not discussed, and not embraced. As a result, those gay and lesbian seniors fortunate enough to have family involved in their lives often maintain such family relationships at a distance.

To quote a SAGE member, "merely speaking the word *homosexual* implied you *were* homosexual and, therefore, sick, mentally deranged, immoral and dangerous."¹ In the 1940s, this member explained, he was so influenced by homophobic society, that he often denounced gay men even though "all the time I knew I was one." He hid his sexual orientation so that he could serve in the military during World War II. His partner explained that at the age of 19, he himself was found unfit for military service after he told an army physician that his older sister had sent him to a doctor to *cure* him of his homosexuality. He said, "I was given sex hormones and told to cultivate the friendship of girls." He quit this "therapy" after eight visits.² Ken Dawson, the first executive director of SAGE, expressed the following in regard to the damaging effects of societal homophobia on pre-Stonewall gays and lesbians: "The need for secrecy caused isolation which imperiled their most inti-

*"Their invisibility
compounds the
isolation that can
accompany old age
and loss."*

mate relationships. And the greatest damage was done to those gay people who *believed* what society said about them, and thus lived in corrosive shame and self-loathing.”³

“COMING OUT” GROUPS

Phillip Piro, SAGE’s supervisor of group services, has conducted many “coming out” groups during his 11-year tenure. The composition of such groups has varied, with participants ranging from 40 to 80 years of age. Many of the men had had loving marriages with women. Their decision to come out involved the potential for major loss, including the loss of their wives, their children, and their families. Some came out soon after a divorce or the death of a spouse. Some came out after retirement when they no longer feared losing their livelihood. Others are struggling to come out while living at home with a parent for whom they are caretakers. Most have not had the opportunity to meet or see positive gay role models in their lives. Some mistrust other gay people. The groups help people form a community, work through the shame and the mourning that often accompanies the coming out process, break through negative, internalized gay stereotypes, and make meaningful gay friendships.

Mary Jeanne Sanford, SAGE’s coordinator of women’s support services, has found in her discussion groups that many women express their greatest regret as not having children. Some relate that they married for the express purpose of having children. The women she encounters are varied: one aristocratic Southern woman is just starting to come out at the age of 80; another woman, who defines herself as *heterosexual*, has had two-long term lesbian relationships. Some lesbian-identified women want nothing to do with the gay community; others, once they come out, want as little as possible to do with the heterosexual world.

THREE AGING TYPES

A meaningful difference among elder gays and lesbians is found in the diversity of their sexual identity formation. R. A. Friend writes in the book *Gay and Grey: The Older Homosexual Man* that there are three possible styles: *stereotypic* (living in the closet), *passing* (as a heterosexual), and *affirmative* (leading an open, positive gay life).⁴

Some seniors have been closeted for most of their lives and have internalized a great deal of societal homophobia. Friend refers to these individuals as fitting the *stereotypic* style, tending to believe the negative images of gays and lesbians promoted by society.⁵ Their homosexuality remains a secret, and they consider their aging as punishment for their immoral life, resulting in fear, ignorance, and sometimes self-hatred as well as a distancing from family.⁶

Others have lived a heterosexual lifestyle, have had children, and have, in midlife, realized their need to come out.

Friend describes this *passing* as another adaptational style. He describes some old lesbian and gay adults who still spend a great deal of energy trying to appear heterosexual even though they are in long-term same-gender relationships. They lived their lives passing as heterosexual because they saw no other option, because they needed to please others, or because they felt that heterosexuality was superior.⁷ Some repressed their desires for members of the same sex and remained in complete denial until they came to a realization that they were gay or secretly acted on their same-sex desires during their marriages until they were able to come out (if ever).

Still others have acquired what Friend called an *affirmative* adaptational style, describing those who have managed to attain a high level of self-acceptance. This includes individuals who have a positive, affirmative gay sexual identity, who are comfortably out to themselves and others, and who are active in the gay and lesbian communities.⁸

VARIED LIFE COURSES

Several studies of old gays and lesbians indicate that there is not one single normative life course to which they ascribe and that the positive gains of the gay rights movement have had different impacts depending on their ages and experiences.

In her book *Lesbians Over 60 Speak for Themselves*, M. Kehoe points out that many old lesbians are still careful about their coming out in today’s more accepting environment because they have become accustomed to hiding their identities. She talks about the common practice among gays, and especially gay women, in the first part of the twentieth century of keeping a low profile regarding sexual identities.⁹

An article, “Life Course Diversity Among Older Lesbian and Gay Men: A Study in Chicago,” by G. Herdt, J. Beeler and T. W. Rawls in the *Journal of Gay, Lesbian, and Bisexual Identity* indicates that differences in individuals’ subjective self-concepts and their sexual identities are influenced by variations in their life-course as well as by the timing of key historical events. This includes influence by their gender, by their cohort group, by their marital status, by their coming-out histories, and by their friendship networks.¹⁰

INVISIBLE AND ISOLATED

Regardless of their comfort with their sexual identity, gay and lesbian seniors also must, like everyone else, face the struggles that come with aging. For even the most self-actualized person, aging is accompanied by multiple losses that include the death of partners, siblings, friends, neighbors, and, sometimes, children as well as the loss of work, mobility, and health. This social isolation is often compounded for older gay men and lesbians and can become extremely debilitating.

For some reason, the general population does not think of gays and lesbians as getting old. When I first joined SAGE, my partner's colleague questioned the size of the gay and lesbian old population. "How many of them are there?" she asked. Startled by the question, my partner answered, "Well, we get old too!"

The problem is that closeted gay and lesbian seniors are not a very visible population, even to service providers. This invisibility compounds the isolation that can accompany old age and loss. Years of internalized homophobia—due to first-hand experiences and historical factors—as well as societal ageism, where the aging process is feared and seniors are very often dismissed, contribute to this population's experience of isolation.

In his article "Adult Development and Aging" in the *Journal of Social Issues*, D. C. Kimmel explains that those who affirm their sexual identities as gays and lesbians often develop coping mechanisms and tools to assist them with adjusting to growing old and coping with the stigmatized status that accompanies old age.¹¹ In her article "Lesbianism and Later Life in An Australian Sample: How Does Development of One Affect Anticipation of the Other?" in the *Journal of Gay, Lesbian, and Bisexual Identity*, C. E. Sharp also concludes that the process of becoming a lesbian is both creative and empowering, and, therefore, promotes strengths to help a person deal with marginalization and develop a positive identity despite the negative impact of societal stigmatization. She explains that the process of coming out may assist women in the transitions to, and positive experiences of, later life.¹²

A RETREAT INTO THE CLOSET

Unfortunately, home care and housekeeping services specifically for gay seniors are not regularly available. As a result, many retreat back into the closet when they are faced with dependency on agencies and services. Even those who had open relationships, who were active in the community, and who were comfortable with their identity are often unwilling to open themselves up to the additional vulnerabilities that accompany coming out.

Old gays and lesbians may decide to keep their sexual identity to themselves in regard to new doctors, home attendants, social workers, hospital staff, and visiting nurses. They may not feel safe opening up and may rationalize that retaining a gay identity is not important. They may fear that they will receive biased or inferior service if their sexual identity is exposed.

A few months ago, one of my clients was transferred from a hospital to a nursing home for temporary rehabilitation. At my first visit to this Brooklyn nursing home, I asked to meet with the social worker who would set up a discharge plan for my client, Lydia. I ended up meeting with

the director of social services who was covering for the social worker that week. I introduced myself as Lydia's social worker from SAGE. "What is SAGE?" he asked. As I felt my anxiety surge at the thought of outing Lydia, I answered obliquely that SAGE was an agency in the city that assists senior citizens. "What does SAGE stand for?" he continued. "Senior Action in a Gay Environment," I answered as I handed him my card while attempting to mask my anxiety with a smooth transaction. "Why is Lydia involved with your agency?" he responded. "Because she's a lesbian and she needs social work assistance," I heard myself answer.

Panic struck as I reflected that Lydia had not come out to her home attendant for fear that the attendant would be uncomfortable, and, in turn, might not treat her well. I quickly explained to the director of the nursing home that I could not hide my identity in terms of my credibility in advocating for Lydia but that I was uncomfortable with the fact that I had outed her as a result of our conversation. I requested that he be sensitive about disclosing this information in the nursing home. The director said he appreciated my providing him with this information and that it would help in conducting an intake interview with Lydia in preparing her treatment plan. He said he would be sensitive in terms of disclosure to other staff, understanding that not everyone is gay affirming. Fortunately, in this instance, I found that each staff person was more helpful than the next. I do not always encounter this in under-funded and understaffed facilities.

Lydia was eventually discharged in an extremely timely manner and received increased home care, which she had badly needed even before her hospitalization. As much as I can think it best for everyone to be out to all their providers, I know it is clearly frightening for people to be in a vulnerable position when they are sick, healing, dependent, and uncertain about the provider's treatment if the provider knew they were gay or lesbian.

CONCLUSION

When old gay men or lesbians do not disclose their sexual identity, they prevent themselves and others from sharing in a comprehensive understanding of their lives.

Service providers can help by opening themselves to alternative interpretations of people's lives and identities. They can help by being sensitive and alert to obvious and hidden clues in intake processes, assessments, treatments, and services that will help them identify gay and lesbian seniors.

Subsequent sensitive and affirming services to elder gays and lesbians can include connecting them to a gay and lesbian peer group, arranging for people to provide them with friendship through visits or phone calls, helping them consider positive interpretations of their lives, and helping them hold onto, embrace, or find a sense of their contribution to the world.

REFERENCES

1. S. Seitz, "Constant Companions: A Love Story," *The Home News* (Feb. 4, 1993).
2. Ibid.
3. K. Dawson, "Serving the Older Gay Community," *SIECUS Report*, vol. 11 no. 2 (October-November, 1982), p. 5.
4. R. A. Friend, "Older Lesbian and Gay People: A Theory of Successful Aging," in R. Berger, *Gay and Grey: The Older Homosexual Man* (New York: The Haworth Press), pp. 282-89.
5. Ibid.
6. A. H. Grossman, "The Virtual and Actual Identities of Older Lesbians and Gay Men," in M. Duberman (Ed), *A Queer World: The Center for Lesbian and Gay Studies Reader* (New York: New York University Press), pp. 615-26.
7. R. A. Friend, "Older Lesbian and Gay People," *Gay and Grey*, pp. 282-89.
8. Ibid.
9. M. Kehoe, *Lesbians Over 60 Speak for Themselves* (New York: Harrington Park Press), pp. 21-27.
10. G. Herdt, J. Beeler, and T. W. Rawls, "Life Course Diversity Among Older Lesbians and Gay Men: A Study in Chicago," *Journal of Gay Lesbian, and Bisexual Identity*, 2 no. 3/4 (July 1997), pp. 231-46.
11. D. C. Kimmel, "Adult Development and Aging: A Gay Perspective," *Journal of Social Issues*, vol. 34, no. 3, pp. 113-30.
12. C. E. Sharp, "Lesbianism and Later Life in An Australian Sample: How Does Development of One Affect Anticipation of the Other?" *Journal of Gay, Lesbian, and Bisexual Identity*, 2 no. 3-4 (July 1997), pp. 251, 261-62.

RECOMMENDED BOOKS ON OLDER GAY AND LESBIAN SEXUAL HEALTH

SIECUS' Mary S. Calderone Library recommends these books for individuals interested in knowing more about aging gays and lesbians and their sexual health.

Gay and Gray: The Older Homosexual Man

Raymond M. Berger

This book, now in its second edition, examines the depth and complexity of aging among gay men. Consisting of interviews and questionnaires, it breaks the stereotype that older gay men do not adjust well to aging. Chapters include: "The Older Homosexual Man in Perspective" and "Sexual Attitudes and Behavior in Mid-life and Aging Homosexual Males."

1996; \$14.95; ISBN 1-56023-875-5; *The Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904-1580; Phone: 800/342-9678; Fax: 800/895-0582; Web site: www.haworthpressinc.com*

Gay Mid-Life and Maturity

John Alan Lee, Ph.D., Editor

This book is a collection of articles that demonstrate—through formal research reports and personal experiences—the diversity of gay men and lesbians. It discusses aging from a positive perspective.

1991; \$39.95; ISBN 1-56024-028-8; *The Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904-1580; Phone: 800/342-9678; Fax: 800/895-0582; Web site: www.haworthpressinc.com*

Gay Widowers:

Life After the Death of a Partner

Michael Shernoff, M.S.W., Editor

This anthology reflects the diversity of experiences of men who are about to lose or who have already lost their partners. Essays include: "Surviving a Partner's Death Deeply in the Closet"; "Do You Have a Partner?"; and "Mental Health Considerations of Gay Widowers."

1994; \$14.95; ISBN 1-56023-105-X; *The Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904-1580; Phone: 800/342-9678; Fax: 800/895-0582; Web site: www.haworthpressinc.com*

The Lesbian

Family Life Cycle

Suzanne Slater

This book identifies the stages of lesbian relationships throughout life and provides a developmental model for lesbian families. It is divided into two parts: "Enduring Realities of Lesbian Family Life" and "Stages of the Lesbian Family Life Cycle." Chapters include: "The Middle Years" and "Lesbian Couples Over 65."

1995; \$25.00; ISBN 0-02-920895-5; *Simon & Schuster, 200 Old Tappan Road, Old Tappan, NJ 07675; Phone: 800/223-2348; Web site: www.simonsays.com*