How does ageing affect older people with marginalised sexual identity?

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BACKGROUND

It has become widely acknowledged that narrative is essential to the maintenance and transformation of identity (Strauss 1997), that naming and accounting are central to processes of identification of and by self and others (Valentine 1998), that sexuality has become a part of identity rather than practice (Foucault 1981), and that even in a purportedly post moderne society marginalised sexualities are accorded essential identities that involve social exclusion (Pett 2002). What has received less attention is the way that older lesbians, gays and bisexuals have experienced the increasing exclusion of ‘safe sexual’ at the same time being brought subject to the convention that sexuality is inappropriate for older age. Our research examines how these individuals experience pressures to identity themselves with a narrative of disclosure (coming out) of who they ‘really’ are, while finding themselves unrecognised by an emphasis on youthful sexuality. Older lesbians, gays and bisexuals experience direct identification and indirect discrimination (ACE 2002) that have policy implications. For older people in institutional care, the expression of a sexual self is important for quality of life (Hubbard et al. 2003), yet for lives outwith heterosexual familial norms invisibility may be reinforced. In health care, staff are unwilling to adapt practices to meet the needs of an invisible group (Brotman et al. 2003). The identity of a carer may remain unsupported (Arnon 1998; Fredriksen 1999), especially where the caring relationship is undisclosed.

Aims and Methods

This exploratory research aims to investigate the identity practices of older people subject to exclusion through marginalised sexuality and to develop theoretical understandings of the construction of personal narratives of marginalised sexualities. Focusing on lesbians, gays and bisexuals, the research aims to investigate:

- narratives of sexual identity in reminiscence and oral history
- the changing forms and significance of sexual identity over time, including identification of and by self and others
- policy implications of concerns about future care and support

The researchers are working with various groups including OurStory Scotland, the Living Memory Association and 7:84 Theatre Company Scotland. The key methodology is personal narrative telling in oral history. Methods include reminiscence group interviews, individual interviews with lesbians, gays and bisexuals aged over 50, and participant observation within existing projects. Individual interviews were undertaken for a pilot study of five older lesbians (Archibald 2003). The identity of a carer may remain unsupported (Arnon 1998; Fredriksen 1999), especially where the caring relationship is undisclosed.

Disclosure

Emerging Themes

Initial findings from the pilot study and group and individual interviews show changing patterns of invisibility, transformations in the expectations of disclosure, and a continuing concern for support that has policy and practice implications.

Implications for policy and practice

Most of the older participants in interviews were concerned about support in later life. This contrasts with younger participants, who tend not to think about it and even voice distaste for a topic seen as depressing. Whether in past or present, support has been more likely to come from friends than from family. For Stéph, the most reliable source of support amongst her 11 siblings is a brother who has learning disabilities, and who, along with them, she looks after since he also has disabilities, is still relatively young. Support of friends. If support is through informal and often unrecognised relationships, this has implications for the organisation of support in later life.

Where formal support is concerned, difficulties experienced in health care situations have led to reluctance and delays in seeking care and treatment (Brotman et al. 2003). There are further issues of disclosure in residential settings where the assumption may be a de-sexualised version of heterosexuality. Participants in Archibald’s study were asked to think about themselves growing older and about the kind of things that would be important to them. If, for example, they had to live in large long-term care, they replied indicated the importance of privacy; independence; being able to share a room with a partner or at least to be in the same place; intimate care being provided by a person of the same sex; and being looked after by staff who had some knowledge of gay lives.

Conclusions

Changing social attitudes during their individual life histories affect older people with marginalised sexual identity as they adapt to new contexts and to needs for care and support in later life. As attitudes to sexual identity change over time, different strategies are developed for self identification. However, there is still a lack of positive representations of older people with marginalised sexual identity. Coming out is an issue that is constantly reviewed as each new context requires consideration of strategies of disclosure. Participants stressed the importance of being seen and known as a person first, rather than in terms of their sexual identity. They voiced concerns about how long-term care needs would be met as current informal care relationships, with friends rather than family, were often unrecognised. In formal care settings, lack of staff experience and training in the needs of lesbian, gay and bisexual older people, could complicate reluctance to seek care and to disclose sexual identity. Such concerns clearly indicate a need for staff education and training.

References


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Further information

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