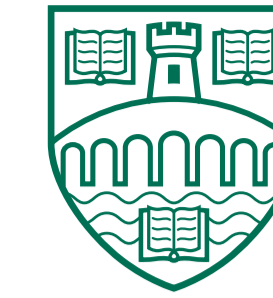# How does ageing affect older people with marginalised sexual identity?

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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 come to be seen in terms of identity rather than practice (Foucault 1981), and that even in a purportedly postmodern society marginalised sexualities are accorded essential identities that involve social exclusion (Pell 2002). What has received less attention is the way that older lesbians, gays and bisexuals have experienced the increasingly open sexualisation of identity, while at the same time becoming subject to the convention that sexuality is inappropriate for older age. Our research examines how these individuals experience pressures to identify 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 and indirect discrimination (ACE 2002) that has 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 familist 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 (Aronson 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). Group and individual semi-structured interviews are being carried out by OurStory Scotland using schedules informed by oral history workshops with participants, by the pilot study, and by contact with parallel oral history projects. Participants are identified through personal contact and snowballing. The sensitive nature of the research and the specific theme of disclosure make issues of informed consent, confidentiality, naming and copyright central to the research. These issues are addressed in accordance with BSA Guidelines and oral history practice instituted by the Living Memory Association. With the consent of participants, interview recordings and transcripts are to be held in the National Museums of Scotland and will form the basis of a national archive of LGBT lives.

Emerging Themes

Initial findings from the pilot study and from 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.

Invisibility

The research community, with some exceptions (Heaphy et al. 2003), has largely ignored lesbian, gay and bisexual older people. The invisibility of older lesbians has made obtaining research samples difficult. Recruiting participants is often limited to those active in the gay scene (Friend 1990). Three of Archibald's (2003) five participants were involved in the gay scene; others were leading lives quietly as a couple or socially involved with some friends.
'I have a good circle of friends who are mainly gay and that is enough for me' (Woman in her late 50s).

There is a common assumption that things have become easier for lesbians, gays and bisexuals through a progression to greater visibility. Not all older participants would agree. Monte, born in 1923 *(see below)* managed to find space for relationships in the 1930s - 1960s without being labelled. Whether at school, in the army, or sharing lodgings in the city, people could be aware of same sex relationships without naming and shaming them. *'Nobody seemed to think anything of it.' (Monte).* Even when reported in the press, the allusions to 'indecency' were so vague that inside knowledge was required to decode them. To establish contact with others, coded language or taste was used, such as a favourite star. Judy Garland *(see above)* was a well-known gay icon, and led to the self-reference of gay men as 'friends of Dorothy' (her most famous film role). Participants in a reminiscence group from Paisley note the role of the church in providing coded space for gay men to meet: one group were explained away as 'alcoholics anonymous', and were thus accorded the double anonymity of another anonymous group considered less challenging to the faith. Where individuals wanted to identify themselves more openly, the lack of positive visible figures meant it was difficult to recognise their own identity and have it acknowledged by others. This lack of representations remains a problem for older people.


Monte

Disclosure

Coming out is not a once and for all event. Given the dominant assumption of heterosexuality, many same sex relationships go unrecognised or are comprehended in familial terms as sisters or brothers. This is a major theme emerging from the drama reminiscence sessions, where participants note that every person they meet has to be weighed up in terms of strategies of disclosure - whether, how and when to come out yet again. The most readily available way is through stereotyped behaviour or naming, yet this fixes identification, while many participants do not regard their sexuality as being so neatly categorised. For participants in a Bi-Scotland group interview, disclosure is a constant issue, not only because of heterosexual assumptions in straight society, but through the assumption of homosexuality in lesbian and gay contexts. Bisexuality is rendered invisible in a relationship that appears outwardly gay or straight, and if disclosed is often subject to censure as greedy or disloyal.

Most participants in individual and group interviews want their sexuality to be acknowledged but not boxed in, and not seen as the fundamental key to all they are and can be. Most of the women interviewed by Archibald (2003) wanted to be discreet about who they come out to. Their concern was about being accepted, not standing out, and about others getting to know them first as women/people rather than first and foremost seeing them as gay. *'But it comes back to that sharing quietly and allowing them to get to know you first and then they say "Oh! They are alright"'.* (Woman in her late 50s)
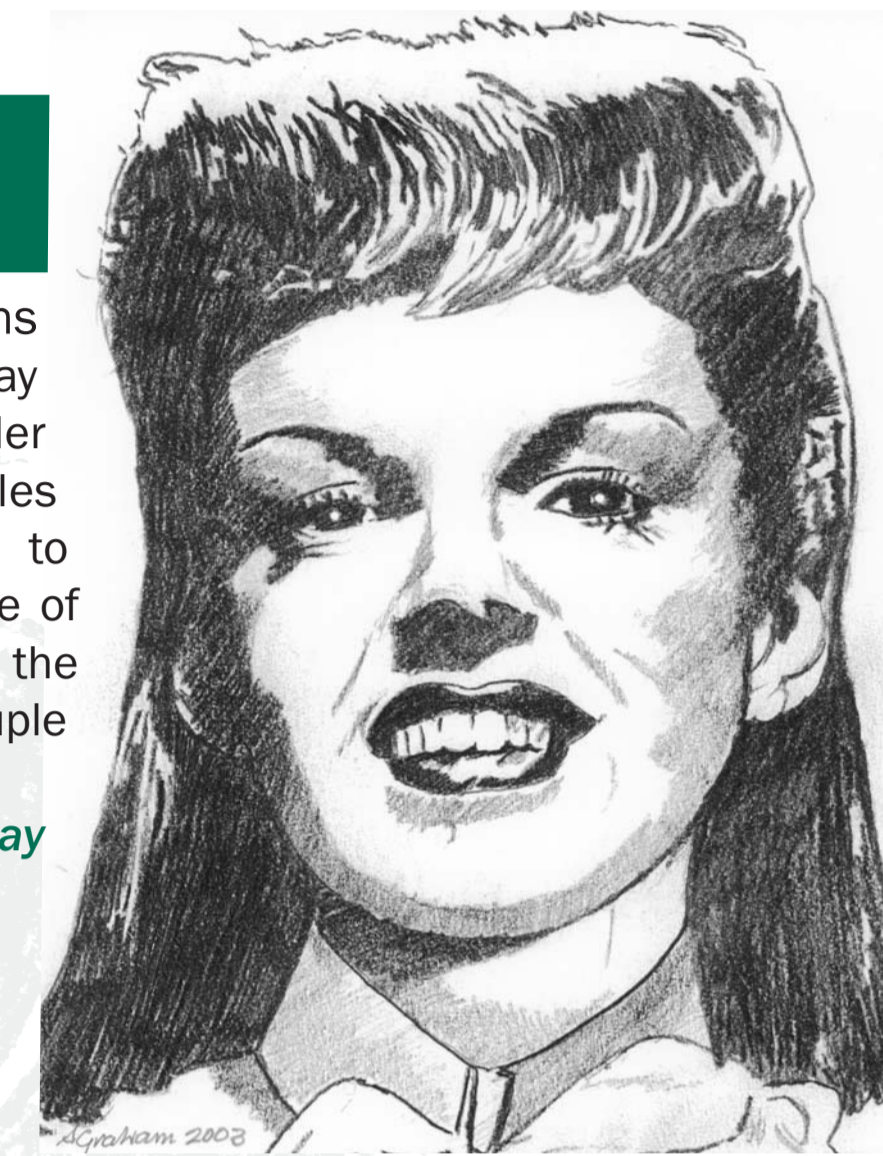
Implications for policy and practice

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 Steph, the most reliable source of support amongst his 11 siblings is a brother who has learning disabilities, and who has always accepted him. Steph also has disabilities, and is already reliant on the 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 desexualised 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 be admitted to long term care. Their replies indicated the importance of privacy; independence; being able to share a room with a partner or at least 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 to be 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 entail reluctance to seek care and/or to disclose sexual identity. Such concerns clearly indicate a need for staff education and training.

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