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Therapeutic Issues with Gay and Lesbian Elders

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Editor's Introduction

McDougall helps sensitize us to issues of the homosexual aged, not only their stigmatized existence, but also their remarkable strengths and special needs.

Being old and being gay may seem like an overwhelming task to accomplish, since aging has its share of emotional challenges and concerns. Ten years ago Dawson (1982) estimated up to 3.5 million homosexual men and women, over the age of 60, were currently living in the United States. A more conservative estimate of 1.75 million was given by Berger in 1984. Loss is the predominant theme of aging in all older adults who experience many losses which often occur simultaneously, e.g., death of spouse and friends, retirement, change in social status and loss of status, loss of income or drastic reductions in income, decline in physical health, and impending death.

Emotional responses experienced by older people such as anxiety, depression, grief and mourning, guilt, helplessness, loneliness, are universal, which means that homosexuals as well as heterosexuals will experience similar emotions in old age. In general the mental health needs of the older homosexual are similar to the needs of the older heterosexual (Berger, 1984). There are differences, however, in the way both groups have learned to cope with the stresses of life (Berger, 1982).

To be old and gay demands adaptation that most people have never had to experience with life. Wolf (1982) conducted in-depth interviews with 100 older lesbians and gay men and documented their many strengths. These strengths include learning at an early age to fend for themselves; cultivating several noncareer interests; preserving friendships outside a lover relationship; increasing their personal autonomy; and adjusting easier to old age since homosexuality means one has to live with a stigmatized identity throughout life. As a result of these learned coping strategies, elderly homosexuals may be better prepared for old age and adjust easier to old age than elderly heterosexuals.

There is a paucity of published research on the mental health needs of the older gays and lesbians since many tend to be invisible. The goal of this chapter is to critically analyze the literature on the mental health of aging homosexual men and women from a developmental perspective. Myths, stereotypes, historical events, and developmental issues are evaluated in the context of stress and coping. Finally, the therapeutic issues discussed are anxiety, bereavement, homophobia, homosexual dissatisfaction, intimacy, and sexuality.

MYTHS AND STEREOTYPES OF AGING AMONG HOMOSEXUALS

From 1977 to 1982 there were numerous references related to myths and stereotypes of aging homosexual men and women. Some of the myths perpetuated are: (1) Gay men experience accelerated aging and prefer younger men; (2) Gay men end up being lonely and alone in their old age; (3) Older gay men are depressed, sexually frustrated, and unhappy; (4) Aging in lesbians is less traumatic than for the gay male because she doesn't operate in the same highly physical setting of competitiveness; (5) Older lesbians are lonely, totally isolated, and without anyone to love or care about her in old age; and (6) Being gay causes problems in old age (Archbold, 1982; Berger, 1980, 1982; Friend, 1980; Kelly, 1977; Kimmel, 1978, 1979; Laner, 1978; Laner, 1979; Martin and Lyon, 1979; Morin and Garfinkle, 1978; and Raphael and Robinson, 1980).

Berger's (1980) exemplar study of 112 homosexual men, 40 years of age or older, found few of the negative stereotypes to be supported. The actual number of older individuals in this study was much smaller; 60–69 age group ($n = 21$) and the 70–79 age group ($n = 12$). Given the difficulty of recruiting 33 older gay men, Berger's sample was impressive. Factors that were identified and contributed to healthy psychological adaptation were integration into the gay community; commitment to homosexuality; low concern with concealment of sexual preference; and satisfactory sex life. These factors are valuable to a mental health professional who may be working with an older homosexual client. These correlates of health could be classified as coping strategies and would be helpful in assessing a client.

Gray and Dressel (1985) challenged previous findings on older gay males from a new perspective. The researchers used a sample consisting of 4,212 gay males who responded to a self-administered questionnaire in 1977. This is the largest sample of gay males available, 50 years and older throughout the United States and Canada, both in urban and rural settings. Various relationships were manipulated statistically using a control variable, the length of time engaged in homosexual activity. The researchers utilized a process of inductive logic, suggested from the data, to offer alternative interpretations and insight regarding the phenomenon of aging among gay males. Previous beliefs about the negative stereotypes associated with being old and gay have been attributed to the effects of aging in a youth oriented subculture. Suggestions, or alternative hypotheses, were offered to reconceptualize aging in older gay males, such as subculture opportunity, subcultural aging, subcultural socialization, and, cohort effect. The findings indicate that factors other than aging per se may be important in understanding the experiences of older gay men. Major criticisms of this study were the non-probability nature of the sample recruited and data from a 1977 research study.

Laner's (1979) investigation of "Personals" placed by heterosexual ($n = 229$) and homosexual ($n = 273$) women to determine if older women of both sexual orientations would be overrepresented produced curious findings. Lesbians may have an advantage over nonlesbians since far fewer lesbians claimed their own age and concomitantly restricted the age of the prospective ad respondent. There was also no affirmation to support the belief that homosexual women are potential seductresses of the young. In a qualitative study, Raphael and Robinson (1980) investigated attitudes toward and preparation for aging, kinship/

friendship networks, friends and lovers, identity and community in 20 self-identified lesbian women over the age of 50. Thanks to the excellent works of these investigators, the body of knowledge pertaining to aging homosexuals has increased; however, it does not identify the diversity in adult development among these individuals. This cohort of adults, before 1960, had very different life experiences than the cohort past 1970.

Older homosexuals are quite different from their younger counterparts and have different values and beliefs based on their life's experiences and historical events such as, pre-Stonewall, Great Depression, and the McCarthy investigations. Older gays bring with them these historical factors. These individuals grew up during a time of concealment during the 1930's before the sexual revolution. The Gay Liberation movement did not occur until 1970. These men and women had to be secretive to survive, in fact gay bars did not even appear until after World War II. A primary difference between older gays and younger gays is the bar scene. Older gays do not frequent the bars; they tend to have more parties with private circles of friends.

THERAPEUTIC ISSUES OF OLDER GAYS AND LESBIANS

Kimmel (1977) interviewed a group of fourteen gay men who ranged in age from 55 to 81, with a median age of 63 and identified two major differences that will be of concern in the treatment of the older gay male, the variety of gay lifestyles and the effect of a repressive social environment on the older gay male. These two differences are mentioned because each presents the therapist with a range of possible treatment modalities. Kimmel advocates using the range of services available to the gay community and being creative with the types of therapy prescribed to older gay males.

Gay men will seek the services of a psychotherapist for a variety of reasons just as do all other individuals who are having problems coping with life and are experiencing emotional pain. Whatever the reason for the therapy, the psychotherapist's role is to promote and facilitate growth in the client. The therapist must be aware of personal values and attitudes when treating a homosexual client so as to not subtly disapprove of the homosexual lifestyle. Martin (1982) mentions that the views society has about homosexuals are a reflection of two realities: homosexuality is deeply stigmatized in our society and homosexuals are largely invisible to society, so that the stigmatization goes mostly unchallenged. There is probably disagreement with being "unnoticed" at this time due to the AIDS crisis. The common therapeutic issues of anxiety, bereavement, homophobia, homosexual dissatisfaction, intimacy, and sexuality issues will be addressed.

Anxiety

Older adults are at a strong risk of experiencing anxiety and stress related to illness and death. Both have been implicated in the disease processes of asthma, hypertension, and ulcers. Older gays and lesbians experience all the same stressors in life plus issues such as concealment of their sexuality, loss of support from family, and homophobia. Aging gay males are at a high risk for developing anxiety and this may manifest in the two forms, somatic and cognitive. Examples of cognitive manifestations of anxiety are rigid thinking to protectively exclude external stimuli; fear of being alone; and suspiciousness to the point of

paranoid states. Cognitive expression of anxiety may produce depression, confusional states or incorrectly label a person as senile. The relationship between anxiety and health is an issue of increasing importance as society “grays.” Since older people in general have a tendency to somatize their emotional problems, they will probably seek a medical doctor to gain relief from the physical manifestations of anxiety (Wan, 1983; Waxman, 1984).

Bereavement

All adults may have a difficult time dealing with the death of a spouse or a lover of many years. Pathological bereavement is not easily predictable; however, a combination of the previous factors may indicate when normal grief becomes unresolved or changes its form to a depression. Since many older adults have a chronic illness, depressive reactions are often associated with physical disease, and often take the form of physical complaints; therefore making a diagnosis complicated. Increased dependency needs resulting from physical illness are a central issue to be addressed when providing psychotherapy with older adults.

Kimmel (1977) believes that bereavement is one of the few issues for which an older gay male will seek counseling or psychotherapy. However, Siegal and Hoefer (1981) think gay survivors are so deeply depressed by the time they seek professional help that they are self-destructive and already engaged in increased drug and alcohol use, masochistic behavior, obsessive interludes during work, quickly taking a new lover after the spouse’s death (regardless of differences in age and temperament); and give in to general aimlessness. Community support programs and self help groups are other means to offer assistance to older gays and lesbians, and are often only found in large urban settings. A model program is SAGE (Senior Action in a Gay Environment) in New York City which offers free services to older gay men and women. Prime Timers is an example of a self help group started in Boston by individuals and is available in other parts of the country. Kimmel (1978) recommends that community centers offer specific outreach programs to the gay and lesbian community for bereavement, physical disability, and stigmatization.

Homophobia

One of the greatest problems any gay person must deal with is “Homophobia.” Homophobia can be defined from two perspectives, cultural and personal. From a cultural perspective, homophobia is as any belief system which supports negative myths and stereotypes about homosexual people. More specifically, it can be used to describe: (1) belief systems which hold that discrimination on the basis of sexual orientation is justifiable; (2) the use of language or slang, e.g., “queer,” which is offensive to gay people; and/or (3) any system which does not value homosexual lifestyles equally with heterosexual lifestyles (Morin and Garfinkle, 1978). From a personal perspective, homophobia refers to an irrational fear, or intolerance of homosexuals and homosexuality (Lehne, 1976).

Why then does homophobia become the worst enemy of the older gays? Since homosexuals know at an early age that they are different from heterosexuals a type of self-hatred is often present. Since heterosexuals usually hold strong beliefs regarding the gender roles, then the gay and lesbian individuals may internalize society’s rejection of the homosexual. Therefore, homophobia becomes a specific condition or “phobia” that an individual

develops. Older gays must have an awareness of this internalized self-hatred based on other people's irrational fears.

Many gay people become stuck with these irrational fears which surface as self-destructive behaviors. These self-destructive issues need to be exposed in order for the client to move into more self-accepting behaviors. The therapist must be aware of the gay person using derogatory slangs or terms such as "queer," faggot, fruit or using feminine pronouns when referring to self or others. This may indicate an individual is not consciously aware of his internalized hatred of homosexuals.

Homosexual dissatisfaction

Not all homosexuals are satisfied with themselves and their sexuality. Schwartz and Masters (1984) have developed a short-term intensive intervention adapted from the Masters and Johnson model for treating heterosexual disorders to treat men who want to change their homosexual preference. The directive psychotherapy alternates between confrontation of maladaptive belief systems and patterns of relating and support for finding new ways of coping that foster a positive self-image. One part of the intervention consists of pretreatment counseling which aims at improving the patient's dating, sexual, and intimacy skills; creative problem solving; and stress management. Following the pretreatment period, the patient and opposite-sex partner live in social isolation and meet daily with a therapy team to address fears and anxieties about intimacy as they arise.

Intimacy

Intimacy is a need basic to all humans; however, the way intimacy needs are met becomes the therapeutic issue. Loneliness, an emotional concern affecting all older adults, compels people to behave in many different ways and gays become lonely just as all other people do. The way loneliness is handled can be either positive or negative. There are many creative ways to handle issues of loneliness and meet intimacy needs among older persons, both gay and straight. Various styles of intimacy are described, neogamy being a generic term meaning new forms of intimate bonding and is described in this paper as those phenomena usually labeled alternative lifestyles (Dressel and Avant, 1978). Neogamy implies "new and therefore alternate forms of intimacy and bonding among individuals which may or may not be sexual." Neogamy is meant to replace the term "alternative lifestyles" which has pejorative connotations and implies deviance. Gay and lesbian individuals practice "neogamy" and the term is also appropriate to describe creative relationships of older persons in general. The types of neogamous relationships that will be discussed are cohabitation, polygyny, and communal arrangements.

Cohabitation is a coping strategy many older and unmarried people use to maintain maximum Social Security benefits, widow's pensions, intimacy and/or to eliminate children's worries of losing their inheritance, thereby diminishing their possible interference with the relationship. The author quotes statistics from 1970 and 1977 showing that the number of unmarried elderly couples of the opposite sex living together has increased from 18,000 to 85,000. While part of this figure represents landlord-tenant or head of household-paid employee relationships, the likelihood is that a substantial portion of these unmarried

couples live as partners, since their ages tend to be similar. Cohabitation becomes an “unmarriage of convenience” for any number of reasons: sharing chores and expenses; meeting the needs of closeness and a sexual outlet; and alleviating loneliness.

Polygyny is another alternative living arrangement based on the imbalance in the same sex ratio among older people. Kassel (1966) discussed some of the social and emotional advantages of this lifestyle such as, obtaining group health insurance policies; division of household chores and care for the sick; improved diets and housing; creation of a family network; sexual outlet; and improving grooming. Polygyny is hypothetically a structural alternative addressing an imbalanced sex ratio; however, it seems unlikely that it will be legalized in the foreseeable future.

Communal arrangements may be useful for older people who do not mind sharing housing. Maggie Kuhn of die Grey Panthers advocates communal living arrangements of intergenerations. This intergenerational approach more appropriately resembles a nuclear family. In this arrangement, residents share economic resources and provide each other companionship and emotional support.

Homosexuality has also been considered as a means for older females to address unmet intimacy needs. This is based on the disproportionate number of older females to males.

Neogamy as an alternative method of meeting intimacy needs has many social prejudices to hurdle before being accepted. Legal obstacles, societal prejudice, and going against traditional family mores are some of the negative implications involved in acceptance.

How does neogamy apply to homosexual elders? Many gays grow into adulthood without role models and rarely does a young homosexual have meaningful contact with elderly gay and lesbian people. Most older homosexuals do not socialize in the bars and tend to entertain at home with close friends. This lack of a role model helps perpetuate some of the myths of aging among gays and aging in general. Since older people including older gays do have the special characteristics of wishing to leave a legacy, the elder function, and a sense of the entire life cycle, then younger gays might learn a great deal from having older role models (Butler and Lewis, 1982). Developing alternate forms of sharing intimacy is one way to perpetuate positive role modeling.

A community center or a social group may be an option for developing alternate forms of intimacy among gay males and lesbians, young and old. Castleman (1981) identified that a significant problem for older gays was a scarcity of social service programs that attend to the needs of older homosexuals. A center offering programs to all ages and sexes of gays and lesbians would allow for socialization. Younger gays then will have exposure to older gays and through interaction learn some of the coping strategies used by the older gays; also, some of the alternative living arrangements such as cohabitation, renting of rooms to college students, and other combinations of the above.

Sexuality

Sexuality and aging is another area where little research has been done. There are many myths about older adults and sexuality, i.e., (1) older people are dirty if interested in sex; (2)

they can't make love anyway; (3) sexuality is lost with advancing age; and (4) physically unattractive people are not sexually desirable. Older men become the object of jokes such as being called "dirty old men." Fear about loss of sexual prowess is a common preoccupation for the older man and can reach devastating proportions (Butler and Lewis, 1982).

In a study that analyses attitude changes within five cohorts about sexual morality, Cutler (1985) found no evidence of a conservative shift in attitudes. Data were taken from nine nationally representative surveys of the adult population in the U.S. over the period 1972–1982. Three topics were used to measure attitudes about sexual morality because it taps a central facet of the liberal/conservative dimension which is labelled as "permissiveness": premarital sexual relations; extramarital sexual relations; and homosexual relations. There were no significant differences in change of attitudes between older and younger cohorts over the time period. The findings disclosed a consistent conservative pattern across the three items.

Merrie (1981) describes a process leading to decreased sexual expression in the elderly people as the "Geriatric Sexuality Breakdown Syndrome." This syndrome occurs in seven steps. Step one occurs with physiological changes in the sexual response cycle that occur with aging. Also, sociological changes in loss of role may diminish sexual expression. Step two is characterized by increased dependence on cues from society which are usually negative. Step three is labeling such as "dirty old man" or "indecent old woman." This labeling affects general well-being by decreasing self-esteem. Step four is the adoption of the sick role by the elderly. Step five is the learning of behaviors and skills appropriate to the sick role. Step six is characterized by an atrophy of work and social skills. At this step the elderly persons may begin to see themselves as asexual or neuter. Step seven occurs when masculine or feminine identification is threatened. This step is finalized with the incorporation of the terms "dirty old man" and "indecent old woman."

Sex education may be important in preventing this cycle from occurring. Since the elderly grew up around the turn of the century, it is doubtful that factual information about sexuality and aging is known to them. One study was conducted to assess the effects of an older age oriented sex education program on elderly persons, nursing home staff, and adult family members of elderly persons (White and Catania, 1982). Sexual intercourse was increased by 400% as a consequence of this program.

In one study of older gay males, sex role flexibility described as not adhering to a strict masculine sex role correlated positively with aging (Friend, 1980). Gay males have the advantage of being flexible in their sexual roles if they do not adhere to a strict masculine sex role. This flexibility challenges stereotyped roles for males. A therapist who can validate a gay male's creative violation of sex role stereotypes and use this issue therapeutically is wise. Heterosexual men may learn a great deal from the mixture of roles gay men experience in their relationships.

CONCLUSION

This paper evaluated the mental health concerns of older gays and lesbians as identified in the literature. Many of the myths concerning older homosexuals have been dispelled through research. The therapeutic issues affecting this cohort of older adults are: anxiety, bereavement, homophobia, homosexual dissatisfaction, intimacy, and sexuality. Older homosexuals have strengths and weaknesses just as all other people; however, they have additional coping strategies which allow them to enter old age at an advantage. The task of the therapist treating an older homosexual client is to support and strengthen effective coping strategies and discard ineffective ones.

References

- Archbold R. Growing old, staying young. *The Body Politic*. 1982 Dec.;25–28.
- Berger RM. Psychological adaptation of the older homosexual male. *Journal of Homosexuality*. 1980; 5(3):161–175. [PubMed: 7343609]
- Berger, RM. *Gay and Gray*. Chicago, IL: University of Illinois Press; 1982.
- Berger RM. The unseen minority: Older gays and lesbians. *Social Work*. 1982 May.;236–242.
- Berger RM. Realities of gay and lesbian aging. *Social Work*. 1984 Jan-Feb;;57–62.
- Butler, RN.; Lewis, MI. *Aging and mental health*. 3. St. Louis, MO: C. V. Mosby; 1982.
- Castleman M. Growing older homosexual. *Medical Self Care*. 1981 Winter;15:20.
- Cutler SJ. Ageing and attitudes about sexual morality. *Ageing and Society*. 1985; 5:161–173.
- Dressel PL, Avant WR. Neogamy and older persons. *Alternative Lifestyles*. 1978; 1(1):13–37.
- Friend RA. Gaying: Adjustment and the older gay male. *Alternative Lifestyles*. 1980; 3(2):231–248.
- Gray H, Dressel P. Alternative interpretations of aging among gay males. *The Gerontologist*. 1985; 25(1):83–87. [PubMed: 3979892]
- Kassel V. Polygyny after 60. *Geriatrics*. 1966; 21(4):214–218.
- Kelly J. The aging male homosexual myth and reality. *The Gerontologist*. 1977; 17(4):328–332. [PubMed: 892529]
- Kimmel DC. Psychotherapy and the older gay man. *Psychotherapy: Theory, Research and Practice*. 1977; 14(4):386–393.
- Kimmel DC. Adult development and aging: A gay perspective. *Journal of Social Issues*. 1978; 34(3): 113–130.
- Kimmel, DC. Adjustments to aging among gay men. In: Bergon, B.; Leighton, R., editors. *Positively Gay*. California: Celestial Arts; 1979. p. 146–158.
- Kimmel DC. Life-history interviews of aging gay men. *International Journal of Aging and Human Development*. 1979–80; 10(3):239–248. [PubMed: 521182]
- Laner MR. Growing older male: Heterosexual and homosexual. *The Gerontologist*. 1978; 18(5):496–501. [PubMed: 263567]
- Laner MR. Growing older female: Heterosexual and homosexual. *Journal of Homosexuality*. 1979; 4(3):267–275. [PubMed: 264130]
- Lehne, GK. Homophobia among men. In: David, D.; Brannon, R., editors. *The forty nine percent majority: The male sex role*. New York: Addison-Wesley; 1976.
- Martin A. Some issues in the treatment of gay and lesbian patients. *Psychotherapy: Theory, Research and Practice*. 1982; 19(3):341–348.
- Martin, A.; Lyon, P. The older lesbian. In: Bergon, B.; Leighton, R., editors. *Positively Gay*. Millbrae, CA: Celestial Arts; 1979.
- Merrie JK. Geriatric sexuality breakdown syndrome. *International Journal of Aging and Human Development*. 1981; 13(1):71–77. [PubMed: 7345032]
- Morrin SF, Garfinkle EM. Male homophobia. *Journal of Social Issues*. 1978; 11(1):29–47.

- Raphael SM, Robinson MK. The older lesbian. *Alternative Lifestyles*. 1980; 3(2):207–229.
- Schwartz ME, Masters WH. The Masters and Johnson treatment program for dissatisfied homosexual men. *American Journal of Psychiatry*. 1984; 141(2):173–181. [PubMed: 6691475]
- Siegel RL, Hoefel DD. Bereavement counseling for gay men. *American Journal of Psychotherapy*. 1981; 35(4):517–525. [PubMed: 7325265]
- Wan TTH, Arling G. Differential use of health services among the disabled elderly. *Research on Aging*. 1983; 5(3):411–431.
- Waxman HM, Carner EA, Klein MA. Underutilization of mental health professionals by community elderly. *The Gerontologist*. 1984; 24(1):23–30. [PubMed: 6698411]
- White CB, Catania JA. Psychoeducational intervention for sexuality with the aged, family members of the aged and people who work with the aged. *International Journal of Aging and Human Development*. 1982; 15(2):121–138. [PubMed: 7183559]
- Wolf, DG. *Growing Older: Lesbians and Gay Men*. California: University of California Press; 1982.

Biography

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