

2006

Queer ageing

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Publication details

Post-print of: Hughes, M 2006, 'Queer ageing', *Gay and Lesbian Issues and Psychology Review*, vol. 2, no. 2, pp. 54-59.

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Key words: Queer Theory, Social Gerontology, Aged Care Practice, Heteronormativity, Lesbian and Gay Ageing

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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 given a 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 queer: they were different, unusual and marked as separate from the everyday. And to be called a 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 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 queer represented the stigmatised identity. Understandably some older homosexuals may fear taking on this identity, of becoming the old queer.

The successful gay

It's 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 comes 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 (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 mental health and self esteem, although some of the problems associated with openly identifying as homosexual (e.g. victimisation) are explored more fully (D'Augelli & Grossman, 2001; Grossman et al., 2001).

Thus, for the most part, gay and lesbian gerontology affirms lesbian and gay identities as positive and 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 heterosexuality at the apex. Heterosexuals who do not live up to this ideal (e.g. those who never marry or who have extra-marital affairs) ‘experience something of the polluted status of homosexuals’ (Seidman, 2001, p. 322). Thus the challenging of heteronormativity speaks to heterosexuals just as it does to homosexuals.

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.

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 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 embraced.

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. And importantly, as an alternative to homosexuality, queer becomes a rallying concept, which brings together a range of sexual 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 their 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 and non-professional practice assume a universal heterosexuality for older people, where a sexuality is seen to exist at all. But, rather than adding in homosexuality (or gay and lesbian identities) as a new group to be afforded recognition by such practices, a queer approach would be to challenge identity binaries and raise awareness of older people's multiple and shifting identities. This would include an awareness of the constructedness of old age itself, its medicalisation and its devalued status in relation to youthfulness. It would also question the construction of sexuality as a commodity of the young.

The application of queer ideas to gerontology would, in particular, 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 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 active ageing (Katz & Marshall, 2003), nor would it be a celebration of agelessness, but rather it would be an embracing and appreciating of 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, it may be necessary to resist fitting the older person into one of the boxes on an assessment form and instead initiate 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's important for that individual and what they want the aged care professional, as their audience, to know and understand. This imposes on the aged care worker and their organisation the responsibility of spending time with the older person and of developing the type of relationship in which the older person feels able to trust the practitioner enough to disclose intimate and potentially ambiguous information. Aged care professionals should be attuned to hearing stories that both assert and undermine modernist notions of identity. 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. Healthy Ageing Taskforce, 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 limiting representations of older people through public policy.

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 misrepresent themselves. Or 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 another cultural group (Hicks & Watson, 2003).

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