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Talking about sexual identity with older men

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Abstract

How do social workers begin to talk about sexual identity when conducting assessments with older men? In this paper I focus on work with older gay men and highlight the importance of talking about sexual identity in order to prevent it being rendered invisible. While there may be some risks associated with openly identifying as gay, such as homophobic violence, being open about one's sexuality is important for maintaining self-esteem and mental health. Despite the obstacles facing social workers in talking to older men about their sexual identity, it is essential that they do not ignore this aspect of people's lives. Therefore it is important that social workers open themselves up to the possibility that an older man might be gay or bisexual and help construct environments that enable the disclosure of this aspect of his identity.

Introduction

Australian gerontological research has largely ignored issues affecting older gay men and lesbians (Harrison 1999). This deficit is compounded by the failure of studies into sexuality and health (including those precipitated by the AIDS crisis) to include older people in their samples or as targets of public health programs (Minichiello, Plummer and Loxton 2000; Van de Ven, Rodden, Crawford and Kippax 1997). At a policy and service delivery level, aged care commissioners and providers have also failed to respond to the needs of older gays and lesbians. Where sexuality is acknowledged in aged care it is usually only in terms of rights to privacy and to engage in sexual relations. In residential care this is implemented mainly through the provision of private rooms, a key quality indicator in the Two-Year Review of the Aged Care Reforms (Gray 2001). Such responses fail to acknowledge the complexity and meaning of sexual identity beyond sexual behaviour.

In this paper, I discuss some issues to consider when conducting social work assessments with older gay men, drawing on the literatures on aged care and sexual identity. My focus on gay men rather than lesbians reflects a recognition that gender and sexuality intersect differently for men and women and that men's experience of identifying as gay or 'coming out' has diverged from women's (Gonsiorek 1995). In the paper I use the term sexual identity as it seems broader than other concepts (such as sexual orientation) and not only encompasses feelings of attraction and sexual

behaviour, but also the meaning ascribed to sexuality by the individual and society. My aim in this paper is to raise issues for consideration and discussion in order to facilitate reflective and more equitable practice. This paper should not be considered, and indeed would fail, as a 'how to' guide.

Starting points for social workers

One starting point for social work practice with older gay men is the recognition that these men routinely face structural discrimination in Australian society. For example, same-sex marriage is not allowed, the age of consent for homosexual men is higher in New South Wales than for heterosexuals, and gay and lesbian partners are discriminated against in terms of superannuation scheme entitlements (Gilchrist 1999). Furthermore, along with all older people, older gay men experience the consequences of age stereotyping and discrimination, particularly in terms of the failure to acknowledge older people's sexuality (Deacon, Minichiello and Plummer 1995). For some older gay men, other dimensions of their identity (e.g. being disabled or from an ethnic minority) may expose them to further discrimination.

An alternative starting point is the recognition that despite these problems a lot of gay men are coping pretty well in their older age. Much of the American research in the 1980s and 1990s has challenged prevailing stereotypes of older gay men. Wahler and Gabbay (1997) conducted a systematic review of 58 empirically-based publications on gay gerontology.

The stereotype of the aging gay man includes loneliness, isolation, sexlessness, poor psychological adjustment and functioning, fearful anxiousness, sadness and depression, and sexual predation on the gay young who reject their company and exclude them from a 'youthist' gay culture. What emerges from the literature is that these stereotypes, while present in relatively few individuals, are inaccurate descriptors of the population as a whole (Wahler and Gabbay 1997, p.8).

In a study of 416 older gays, lesbians and bisexuals, D'Augelli, Grossman, Hershberger and O'Connell (2000) reported low levels of drug and alcohol use and fairly high levels of self esteem. 80% said they were glad to be gay, lesbian or bisexual, while 8% reported being depressed due to their sexuality. The experience of loneliness was reported to be similar to that found in studies of the general older population, with 27% reporting that they lacked companionship and 13% saying that they felt isolated. However, the men in the study did report more internalised homophobia, alcohol abuse and suicidal thoughts than the women. It seems important then that social workers approach their work with older gay men with an eye to the effects of discrimination and oppression, but not in a way which introduces stereotypes or further problematises older gay men's situations.

In Australia social workers are likely to have contact with older gay men in a range of settings, including aged care assessment teams, community health centres, Centrelink, hospitals, day respite centres and residential homes. These service settings are notable for the fact that they target the 'mainstream' older population and that older gay men's sexual identity is likely (at least initially) to be hidden. Brown (1998) argues that when assessing older people's needs, sexual identity is usually invisible to social workers. The intersection of homophobia and ageism leads some social workers to only see differences in older people according to physical care needs: apart from these they are treated as homogenous (Bayliss 2000). Harrison (2001) reports on the reactions of a

group of postgraduate gerontology students to her seminar on gay and lesbian ageing. A number commented that it was none of their business, that it's people's needs that matter most and that people should just be treated the same. According to Harrison (2001, p.145) this privacy argument can be seen "as a potentially dangerous cop out and a serious obstacle to people realising their human potential with their sexual identities as integral." The most important starting point it seems is to start talking to older men about their sexual identity and about what this means for them in their lives and our work together.

Sexual identity

How do we talk to an older man about his sexual identity? Assuming we know he is gay, how do we begin to talk to him about the meaning of his sexual identity in his life and the implications for our work with him? If we don't know if he is gay (which is most likely), how do we ask him? Should we ask him? How would a heterosexual man react if we asked him if he is gay? Are there more subtle ways of finding out? The questions seem endless and reflect my and possibly others' assumptions and stereotypes of older men: that a heterosexual man would be upset if thought to be gay, that an older man would be even less accommodating. By attempting to spare older men's feelings are we being ageist?

It is the talking of sexual identity – and specifically of non-heterosexual identities – that is so important. Numerous studies identify the positive impact of gay identity formation on feelings of self worth, well being, psychological adjustment and adult attachment (Elizur and Ziv 2001). Indeed, in an article on 'GAYging', Friend (1980) argues that 'coming out' as gay has a positive effect on older men's adjustment and general ability to manage life's crises, potentially putting them in an advantageous position in later life compared to older heterosexual men. In the study of 416 older gays, lesbians and bisexuals reported earlier, openness about sexual identity was shown to be related to the effectiveness of support received from members of people's social networks. Older people felt more satisfied with the support from people who knew of their sexual identity than from those who didn't (Grossman, D'Augelli and Hershberger 2000).

However, because of the continuing discrimination faced, openly identifying as gay in this society remains a political act. Consequently exposure as being gay carries risks as well as rewards. Analysing the same sample of 416 older gays, lesbians and bisexuals, D'Augelli and Grossman (2001) report that 63% previously experienced verbal abuse, 29% were threatened with violence, 12% were threatened with weapons and 16% had been physically attacked. 33% reported three or more instances of verbal abuse. They identified that those older people who were more open about their sexual identity and who had 'come out' earlier in life were significantly more likely to report having been a victim of physical assault. Men in particular were significantly more likely to have been victims of physical assault and of physical threats. For older gay men it is possible that the more their identity is publicly exposed, the greater is the risk of assault.

The experience of coming out is one of negotiating and overcoming stigma. This sense of having one's identity judged as deviant or pathological by society – or spoiled, in Goffman's (1968) words – can sometimes be managed by pretending to be heterosexual or fulfilling (partially) accepted homosexual stereotypes, such as the camp old queen. According to Goffman (1968, p.8)

The standards he [the stigmatised] has incorporated from the wider society equip him to be intimately alive to what others see as his failing, inevitably causing him, if only for moments, to agree that he does indeed fall short of what he really ought to be. Shame becomes a central possibility, arising from the individual's perception of one of his own attributes as being a defiling thing to possess and one he can readily see himself as not possessing.

In order to develop a sense of self, individuals need to have their personal characteristics and experiences affirmed by others (Cohen and Stein 1986). Consequently, one's cohort (particularly during childhood and early adulthood) is likely to exert an influence on how and when an individual might openly identify as gay.

While the cohorts currently reaching older age have experienced considerable social change, it is likely that up until the late 1960s (at least) identifying as gay continued to be imbued with stigma (Rosenfeld 1999). Inspired by other counter-culture movements such as the civil rights and feminist movements (Altman 1971), gay liberationists called on gays and lesbians to reject their stigmatised identities and come out as gay or lesbian in their social lives. However, Rosenfeld (1999) argues that some older gays who were enacting these stigmatised identities felt judged by other gays as lacking competence or having failed in their identity.

Gay liberation bracketed stigmatized homosexual identities, condemned them as invalid and oppressive, and constructed those who continued to enact them as ignorant and/or morally weak. Gay men and lesbians of all ages were implicated in the radical rejection of a stigmatised homosexual identity and subsequent moral crusades to create new ones; indeed, many old gay men and lesbians feel that they are still unwilling targets of gay liberation's commitment to replacing stigmatized homosexual identities with identities centred on moral purity and pride (Rosenfeld 1999, pp.1-2).

Older gay men who are seen as continuing to enact a stigmatised identity may be doubly discredited: by society and by their fellow gays. It's worth considering that not all gay men may feel enamoured of (what they perceive as) 'the gay community' and may resist attempts to be identified with such a community.

While Rosenfeld (1999) makes a powerful argument for the existence of two cohorts of older gay men: those who continue to enact stigmatised identities and those with 'out and proud' identities, perhaps the situation for many people is not so clear cut. For many gays, the experience of coming out occurs not just once but continually (Brown 1998). In a society where a person is assumed to be heterosexual, if a person is to be open about their sexuality, they are obliged to disclose to each new friend, acquaintance or colleague. Each coming out may be reminiscent of past pain. For some this carries the sense of stigma, whether or not it is accompanied by shame.

While the term gay seems commonplace and generally accepted by most people, it is important to note that the meaning a man gives his own sexuality may differ from that which society gives it. Some men may place less emphasis than others on their same-sex attraction and more emphasis on other aspects of their sexuality, such as the emotional dimensions of their relationship or their particular sexual fantasies. Others may feel constrained by the label gay and the images it conjures. Regardless of whether or not we agree with people 'staying in the closet' or 'passing' as heterosexual, many

men who are attracted to other men and who engage in same-sex behaviour do not openly (and sometimes not inwardly) identify as gay. It seems that social workers need to be sensitive to the meaning different people give to their sexual identity and how it is expressed in their lives. Encouraging people to provide their own labels, whether its gay, bisexual, queer or something else, might be one strategy.

Social work assessments

The focus of social work assessments with older people, including older gay men, is often about helping people stay at home, remain as independent as possible or at least, as Gibson (1998) recommends, reduce the negative effects of dependence. While sometimes framed as being mainly needs- rather than service-led, social work assessments are often concerned with restricting and/or facilitating access to public resources. This is understandable given that social work assessments usually occur under the auspices of a public authority (such as an aged care assessment team) or are influenced by such authorities (e.g. through the receipt of Home and Community Care funding). A major concern of these authorities has been the implementation of the Commonwealth's agenda of shifting the 'balance of care' away from residential care towards community care services, including more flexible client-focused aged care packages.

While promoting independence, policies relating to the delivery of personal care continue to rely heavily on the direct provision of care by families and partners and consequently can be seen to be encouraging dependence in particular contexts. That is, aged care policies encourage dependencies within the context of family relationships but discourage dependencies in contexts that involve the state. This is not to deny the existence of interdependencies or multiple dependencies in older people's relationships (see White and Groves 1997). Social, cultural and political constructions of the family remain central to aged care policy and these constructions, by and large, reflect a family that is based upon gendered heterosexual partnerships. According to Waite (1995) social policy is not simply based upon the family as a couple or nuclear family. Rather, it relies on

the reciprocity of relationships, dependencies and obligations between different generations in a family and this is reproduced in the formal intergenerational contract instituted by the state via the allocation of resources to meet the needs of the aged and children. Because of the particular relationships of lesbians and gay men to family in the generations before and after them, they are likely to be simultaneously included in some, but excluded from other sections of the intergenerational social contract (Waite 1995, p.110).

The concern, therefore, is that while aged care policy might increasingly emphasise an understanding and involvement of network members in an older person's care, the provision of care continues to be mediated by the institutions of marriage and the family. As Waite argues, many gays and lesbians do not have children on whom the state can rely to provide them with personal care and financial support. Older gays and lesbians may also not have constructed intimate partnerships in the same way that a marriage obliges partners to provide care 'till death do us part'.

Social workers working with older gay men may therefore need to consider the ways in which their assessment structures and processes reflect assumptions about the nature

of marriage and the family. These structures and processes may need redesigning so that they fit with gay people's pattern of relationships and the meaning given to them. For Langley (2001) challenging agency cultures that reinforce heterosexism is central to achieving change.

Agency culture ... has the potential to discriminate against lesbian women and gay men through the use of heterosexist forms for referral, assessment and review. There will almost certainly be questions which ask for 'marital status' and 'next of kin', mainly because these questions have always been asked, or perhaps to determine financial liability. ... When completing a referral form or taking a history, questions need to allow people to describe significant relationships without the need for denial or deceit (Langley 2001, p.928).

Standardised instruments used in assessments may need to be particularly scrutinised. For example, as White and Groves (1997, p.87) argue in relation to assessments of all older people, an assessment of independence needs to move beyond the use of scales of activities of daily living and draw more on an understanding of people's social networks and their experience of power and control in the transfer of assistance.

Bayliss (2000), in relation to older lesbians, argues that social work relationships are unlikely to be open and honest if important dimensions of clients' lives are kept invisible and are not spoken about. Inevitably it seems to come back to talking: establishing a dialogue by forming a relationship in which the person trusts the social worker enough to disclose intimate aspects of their life. While I won't deny the importance of forms and tick boxes to ensure that key information is not neglected, the essence of the assessment may come more from the narrative the older person develops. This is what may give the social worker an idea of the meaning that the person gives to their relationships with other people and their experience of power and dependence in these relationships (see Hugman 2001).

However, there are numerous obstacles facing social workers in encouraging the development of an older gay man's narrative. For many workers time is limited. Others may avoid discussing topics seen as sensitive (such as sexuality) through embarrassment, fear of offending, ignorance or prejudice. Others may fear a breakdown of professional boundaries if issues related to sexuality are discussed or an inability to manage the possible consequences of talking about difficult issues (e.g. if the person appears to get upset). For some workers talking about sexual identity (particularly if this involves also talking about sexual behaviour) may feel threatening and uncomfortable. This might particularly be the case for women social workers visiting older men in their own homes. Social work agencies need to develop strategies to support their workers in discussing sexual identity with their clients.

Working with older gay men may pose particular challenges for heterosexual social workers. As assessments occur in the early stages of forming social work relationships, some heterosexual workers may be so focused on engaging and joining with a client, that they ignore the potential for differences between them. Bayliss (2000) encourages heterosexual social workers to examine their own heterosexism and by doing so open themselves up to the possibility that a client may be gay or lesbian.

While acknowledging the pressures on workers, it remains important that we provide older people with the opportunity to express something of themselves and their sense of

self in social work assessments. By having increased control over how their story is presented, older men's expert status in relation to their own life might be recognised. According to Pease and Fook (1999, p.11), from a critical postmodern perspective, in encouraging the client to collaborate in the construction of meaning, "there are no privileged positions". We may feel more challenged in our role as social workers, but we may well be doing a better job.

Conclusion

In the title of this paper, I refer to older men rather than older gay men. I do this because in order to reach older gay men, social workers may need to talk to all older men about their sexual identity. Or, importantly, they may need to provide all older men with the opportunity to disclose aspects of their sexual identity. Although it has not been the focus of this paper, it would be interesting to explore the meaning of a heterosexual identity for older heterosexual men and the relevance of this in our work.

The focus of the paper has been on talking. For most people, being gay is invisible unless they are able to talk about their sexual identity. Somehow social workers need to transcend the spoken and unspoken, visible and invisible. While it may be risky, to not talk compounds the discrimination faced by older gay men in other aspects of their lives.

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