

## P R E F A C E

Today's lesbian, gay, bisexual, and transgender (LGBT) elders grew up in the early days of radio, telephone, and audio recordings. By contrast, most readers of this book probably grew up with television sets in their living rooms, and possibly with personal computers on their desks. Today there are many means of communicating with others who are LGBT, including use of the Internet to connect with people in different parts of the country or the world; previously LGBT newsletters and social groups, when they did exist, were difficult to find. In order to bridge this generational chasm, for readers who are younger, imagine growing up when unmarried adult women were "spinsters" or "old maids" and unmarried adult men were "lifelong bachelors." Homosexuality was a sickness, a sin, and a disgrace; it was not discussed and, if mentioned at all, was described as a sexual perversion. Media reports were exclusively about arrests, scandals, and public figures being exposed as "perverts." Not only were there no open role models in the family, there were very few in the community or even in the world of arts and literature; most were not considered positive role models for young people. In those days, it was best to keep one's homosexual desires secret, and it was unusual to find a same-sex mate for a long-term relationship.

The key to unlocking this prison of secret shame and concealed identity was empirical research. In 1948 and 1953, the Kinsey studies demonstrated that there was a continuum of sexual behavior from heterosexual to homosexual, with bisexuality in the middle; as many as 10% of men were thought to have had more than incidental homosexual experience after adolescence. Word of these data spread in the underground press among the fledgling "homophile" organizations. In 1957, Hooker's study demonstrated that homosexuality could not be

diagnosed by psychological tests widely used at that time; in fact, she found that matched pairs of homosexual and heterosexual men could not be identified by the experts on those tests. These empirical data were bolstered by LGBT mental health professionals, who began to articulate their clinical expertise and knowledge, bolstering the empirical data findings. They argued that basing the psychological model of homosexuality on mental hospital residents or psychiatric patients was inherently biased and that the disorders of mental health patients did not result from their sexual orientation but from the same causes for homosexual and heterosexual patients. Eventually, in 1973 and 1974, the American Psychiatric Association and the American Psychological Association (respectively) removed the stigma of mental illness from homosexuality. This change of definition may have resulted in the largest reduction of the number of people thought to be mentally ill in the history of modern psychiatry.

Empirical research then began to focus on understanding the diversity of the LGBT population, their coping styles, and ways in which the stigma of homosexuality affects their well-being. These studies involved primarily young adults as research participants; few focused on middle-aged or older respondents. Likewise, clinical writing focused on LGBT identity development, self-esteem, and establishing a gay-affirmative life. Little emphasis was placed on issues of aging or the concerns of middle-aged people planning to grow old.

In the 1980s the AIDS epidemic struck, and much of the clinical and research focus shifted to the multiple issues related to preventing infection, maintaining a healthy life, and coping with death. The research on LGBT people and AIDS has continued, although the articles published still rarely focus on older adults.

The 1990s and the new century have brought an almost exponential increase in the study of LGBT midlife and older adults. Indeed, a third of these studies were published in 2000 or later. Across multiple disciplines—including psychology, social work, sociology, anthropology, nursing, law, and medicine—researchers and clinicians are now actively concerned with the needs of and services for this population. Academic and clinical training programs also appear more ready to address the LGBT population, incorporating the research and clinical findings regarding sexual minorities into broader discussions within and across disciplines involved in the study of aging.

This book grew out of a symposium on LGBT aging at the annual meeting of the American Psychological Association (APA) in 2002. Steven David organized the event in his role as co-chair of the Aging Taskforce of the Society for the Psychological Study of Lesbian, Gay, and Bisexual Issues, Division 44 of the APA. The task force decided the next step would be to publish an edited

book on the topic and issued a call for papers. Douglas Kimmel, Tara Rose, and Steven David agreed to be co-editors and reviewed proposals for inclusion in the book.

The editors sought to be comprehensive and integrative. We wanted chapters to include information on bisexuals and transgender people to the extent possible. We also wanted ethnic minority aging issues to be integrated throughout the book, although empirical research data are sparse. Historically, research findings often have been limited to white, socioeconomically secure, educated people; however, there are a few studies in which participants with less social privilege have taken risks and shared their experiences with interviewers or on questionnaires. Recently, it has become easier for researchers to find older LGBTs as society has extended basic human rights and reversed discriminatory policies.

This book incorporates key multidisciplinary issues in the field, with each chapter presenting a topic critical for providing services or conducting research with LGBT midlife and older adults. It begins with an introduction to the historical context of LGBT aging research and clinical practice, followed by chapters focusing on the issues of transgender aging and bisexual aging. Physical and mental health is the topic of the fourth chapter. The next chapters focus on sexuality for lesbians, bisexuals, and gay men. The following chapters deal with victimization, alcohol and drugs, retirement plans, grandparenthood, legal concerns, and end-of-life issues for LGBT elders. The final three chapters examine community needs, housing needs, and the SAGE model of services. The book concludes with an extensive bibliography of all identified published reports on LGBT elders; it will be updated periodically on the APA Division 44 Aging Taskforce Web page ([www.apa.org/divisions/div44/](http://www.apa.org/divisions/div44/)).

This book has three goals. First, we hope to provide clinicians and professionals who provide services to midlife and older adults with information and tools to help them serve their LGBT clients and patients. Second, we hope that the reader observes not only the many differences but also the many commonalities that LGBT people in midlife and their later years share with their heterosexual counterparts. Third, we hope that the book inspires researchers and clinicians to work together, to ask new questions and suggest new answers that will contribute to this burgeoning field.

We have great appreciation for LGBT older adults, who have lived bravely, sometimes quietly for survival and at other times openly and active politically. This book is dedicated to them. As they have lived their lives, they have created a foundation for LGBT pioneers of all ages. Wherever they have lived in the

world, LGBT midlife and older adults have faced discrimination and homophobia, but many lead fulfilling lives. We owe them our gratitude. As a token of our appreciation, a significant portion of the royalties from this book will go to the Malyon–Smith Fund of APA’s Division 44 for doctoral dissertation research on LGBT issues.

Every published book involves many helpful hands and minds. We are grateful to the chapter authors for their work in synthesizing the literature to create this one-volume reference. We especially thank John Michel (who passed away during the writing of this book), Shelley Reinhardt, Roy Thomas, and the editorial staff at Columbia University Press; and copyeditor Carol Anne Peschke. We are grateful to each other and to our partners and children, who shared our time so we could complete this project.

*Douglas Kimmel*

*Tara Rose*

*Steven David*

## Lesbian, Gay, Bisexual, and Transgender Aging

