

# Historical Context for Research on Lesbian, Gay, Bisexual, and Transgender Aging

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*I*n the 1970s, often considered the early days of the modern gay movement in the United States, there was little awareness of aging lesbians, gay men, bisexuals, and transgender people. Donald Vining had retired and was working on the first volume of *A Gay Diary* (Vining, 1979). Del Martin and Phyllis Lyon had been together for many years (Martin & Lyon, 1972) and wrote a chapter on “The Older Lesbian” (1979). Other leaders of the earlier gay movement were also middle-aged activists: Franklin Kameny in Washington, D.C., Barbara Gittings in Philadelphia, and Harry Hay in California (Katz, 1976); each became a personal pioneer in lesbian, gay, bisexual, and transgender (LGBT) aging.

Most of the images of older gay people were not very positive at the time, however. Gustave Aschenbach in Mann’s (1913/1925) *Death in Venice* and Karen and Martha in Hellman’s (1934/1961) *The Children’s Hour* were well-known fictional but negative portrayals of an aging gay man and two lesbians, respectively. Gay and lesbian bars yielded negative images of old alcoholics mourning their lost youth. Perhaps most insidious was the belief that the gay life was for young people, who should enjoy it while they were still attractive. The stereotype used to disparage homosexuality was, “It may be fun when you’re young, but wait until you are old, unwanted, and alone.” Naturally, it was assumed that old lesbians and gays would have no spouses or children to care for them in their old age. Likewise, there was little incentive for young gay people to avoid tobacco, alcohol, or other drugs because they had little hope of living into a healthy old age; indeed, suicide was always considered to be a possible solution. Moreover, the gay movement was seen as primarily

limited to the young white community, with little relevance to older lesbians and gay men of color.

## Early Research

The first empirical challenge to this nearly universal negative portrait of aging sexual minorities was in the doctoral research of Jim Kelly, a social work student at the University of Southern California. Kelly presented his work at the 1972 meeting of the Gerontological Society of America and won the student award for the year's best dissertation. Ironically, when the society's president announced the award at the opening reception, he said the paper was on "an unmentionable topic"; this drew immediate attention.

Other early studies, in addition to Kelly's (1977) published study of older gay men, included Williams and Weinberg (1971), Kimmel (1977), and Berger (1980) on older gay men; Minnegerode and Adelman (1978) on older lesbians and gay men; and Raphael and Robinson (1980) on older lesbians. These empirical studies, although based on nonrandom samples, presented a very different picture than the previous negative stereotypes. Older lesbians and gay men were seen as functioning well in their middle age and aging years. Many were in long-term relationships. Nearly all had some supportive friendship network that served as a buffer against social oppression. Levels of depression and other indices of adjustment seemed no different from similar samples of the general population (Berger, 1982a). Sexual life was continuing for most of the gay men, and several reported it was better than earlier in life because they paid more attention to their partner's desires and were more accepting of their own (Kimmel, 1979). There was evidence that these older men were more adjusted to their sexual and erotic attractions than were younger gay men (Weinberg & Williams, 1974). Later research has supplemented these early findings by examining the complexity of aging patterns among LGBT people and has generally found negative outcomes to be the result of factors other than sexual orientation (see chapter 4, this volume).

At the time these early studies were conducted, the findings conflicted with the assumptions arising from the sociological perspective that older sexual minorities, from the population cohort that had lived through a highly repressive period of U.S. history, would be poorly adjusted. The Great Depression, World War II, and the purge of presumed communists and homosexuals by Senator Joseph McCarthy and the U.S. House Committee on Un-American Activities

created excessive stress in their lives (Loughery, 1998; Katz, 1976; Miller, 1995). The possibility that this population of *LGBT* elders could be healthy and productive seemed incongruous with the societal challenges they had faced throughout their histories.

Historical factors, including the urban migration from rural farms beginning in the 1930s and, later, World War II, brought gay men and lesbians together, and they found somewhat open “secret societies.” Gay bars emerged, and popular areas for meeting other gay men developed and led to a robust gay environment in New York City (Chauncey, 1994). San Francisco became a gay urban center also as a result of the military, shipping, and international port facilities (D’Emilio, 1981/1989/1993). Additionally, World War II brought gay men and lesbians together in the armed forces, at least until the antihomosexual purge began midway through the war (Shilts, 1993, pp. 107–108; Williams & Weinberg, 1971). Similar “secret societies” were found in African American communities, where lesbians and gay men might be more apt to gather in one another’s private homes. Although they were sometimes present in public clubs, they were often targets of racial discrimination within the *LGBT* community and were not always welcome in these venues; therefore many socialized primarily with other African Americans. Racism certainly influenced the degree to which many lesbians and gay men of color interacted with the broader lesbian and gay community, shrinking their potential pool of allies and their social circle as they grew older.

In the 1950s, other than government employees, whose jobs were at particularly high risk if they were discovered to be homosexual, some lesbians and gay men began to live their private lives with some level of comfort, albeit with great discretion (Miller, 1995). Those in public life maintained long-term relationships but obscured them through the use of adjacent homes with secret connecting passages (Brown, 1976) or lived separate lives, meeting only on weekends. Nonetheless, many gay men and lesbians did maintain fairly open, long-term relationships (cf. Adelman, 1986; Harwood, 1997; Vacha, 1985; Vining, 1981). Social groups, especially those meeting in private homes, provided important contacts and mutual support in many communities, including the African American community (Adams & Kimmel, 1997).

In the 1960s, the threat of police harassment, entrapment, and prison was ever present, heightened during political campaigns and when elections drew near. Arrests in popular gay male venues by undercover police officers and raids on gay bars ruined lives because the names of those arrested were routinely published in newspapers, causing disgrace, loss of employment, family disruption,

excommunication from church, or worse. Often the bars were organized so that gay men and lesbians had separate dance areas but could readily come together and switch dance partners to appear to be heterosexual couples when police raided the bar (McGarry & Wasserman, 1998, p. 79). Many gay men spent some time in jail, and some of the most vital contacts in the gay community were with friendly bail bond agencies and supportive lawyers. In this historical context, the rebellion by the gay male and transgender patrons of the Stonewall Inn was monumental, eliciting broader support in New York City and causing demonstrations, which lasted several days in June 1969 (Loughery, 1998; Miller, 1995). At that time there was a kind of paradigm shift; as Harry Hay (1990, p. 5) phrased it, “I became we”: One’s individual sexual or erotic experiences and feelings changed from being an individual condition to a group membership.

### Developing Consciousness of LGBT Aging

Simultaneous interest in issues pertinent to older lesbians and gay men began emerging in the mid-1970s on both U.S. coasts. In California, an organization of professionals and students interested in the characteristics and concerns of aging (i.e., gerontology) emerged with the name National Association for Lesbian and Gay Gerontology (NALGG). It published a newsletter from 1978 to 1994, held a national conference in 1981, and published a bibliography in 1989. Many NALGG members were involved with the American Society on Aging, based in San Francisco. In 1992, the society formed an interest group that has become the primary professional link for LGBT gerontologists: the Lesbian and Gay Aging Interest Network ([www.asa.org/lgain](http://www.asa.org/lgain)).

In 1977, Jim Dorff, a younger gay man in New York whose lover was older, brought together a small group of people interested in the needs of homebound elderly lesbians and gay men, including an author (D.K.). By the third meeting, the group had expanded to include several professionals, older gay men, and a reporter for a gay newspaper; it was the reporter who suggested the acronym SAGE, and the name was coined: Senior Action in a Gay Environment (now Services and Advocacy for GLBT Elders). The mission evolved to focus on social and educational activities under the leadership of cofounder Chris Almvig; initially, there was little demand for homebound services. Since its beginning, SAGE has been closely involved with building a sense of gay and lesbian community, as one of the organization’s core tenets was that *community* implies caring for its vulnerable members (Grenwald, 1984). In this spirit of community

building, an early leader of SAGE went on to found a program for LGBT youth in New York City (Hetrick-Martin Institute), and others went on to work on AIDS issues in the 1980s. SAGE now has a wide range of activities and services (see chapter 15, this volume).

Mainstream gerontologists often were surprised when presented with NALGG or SAGE information at conferences. They had never thought sexual orientation was relevant to their work. This probably reflected the belief, based on media presentations of parades and demonstrations, that all gay people were young. Additionally, the persistent stereotype that sexual orientation was all about sex, coupled with the assumption that older people were asexual, celibate, or just disinterested in sex, led many to segregate sexuality and sexual orientation from gerontological issues and research. The interactions between sexual orientation, erotic orientation, love, and relationships were not well recognized. The professionals' reactions were not necessarily negative; it had just never occurred to many that it made a difference that not all clients were heterosexual (Berger & Kelly, 1986). The professional community of gerontologists meeting older lesbian and gay peers was also helpful in changing these underlying but erroneous assumptions. The impact of these LGBT aging organizations was educational and helped to build links with mainstream gerontology professions.

With its activities and extensive services for LGBT elders, SAGE is featured in a widely distributed documentary about lesbian and gay aging, shown in many college classrooms and frequently on public television: *Silent Pioneers* (Snyder & Winer, 1985). Another film that gives a positive educational view of aging includes an open lesbian living in a nursing home: *Golden Threads* (Winer & Eaton, 1999). A third film, *Living with Pride: Ruth Ellis at 100* (Welbon, 1999) portrays an African American lesbian. Another film, *Tiny & Ruby: Hell Divin' Women* (Schiller & Weiss, 1986), profiles African American 1940s jazz trumpeter Tiny Davis and her partner, Ruby Lucas. These documentaries also present aspects of 20th-century gay life in the United States. Other nonfictional films and books on lesbian and gay history likewise provide portraits of people growing older and the ways in which they coped with living conditions in the earlier years of their adulthood (Katz, 1976; Marcus, 1992).

Autobiographical reports of growing older also shed some light on the aging process for gay men and lesbians. The cautiously open life of Howard Brown (1976), a commissioner of health for New York City in the 1970s, contrasts sharply with the closeted struggle of Martin Duberman (1991), a professor of history during the same period, and with the life of Roger Brown (1996),

a closeted professor of psychology in a long-term gay relationship. Gertrude Stein and Alice Toklas were together from 1907 until Stein's death in 1946 (Souhami, 1991). Donald Vining's diary, beginning in 1933 with his youth as the son of a lesbian and continuing through the beginning of his long-term relationship after World War II and the emergence of the gay community in the 1970s, provides a contemporaneous record of events and feelings that avoids the historical problems of retrospective reports (Vining, 1979/1996, 1980, 1981, 1983, 1993). The journals of May Sarton (1984, 1988) likewise provide a unique first-person account of a lesbian growing old in a rural area and the effects of a physical health crisis.

An inclusive review of all the published literature in LGBT gerontology is of only historical curiosity because most of the samples are small and idiosyncratic. A list of published articles is included as the final chapter in this volume. Three themes have emerged that reflect significant findings from the classic research projects:

- There is wide diversity among the older LGBT population, as great as in the general aging population, including homeless HIV-infected gay men (Meris, 2001), lesbian grandmothers (chapter 10, this volume), and every combination of class, ethnicity, and living situation. The classic qualitative interview studies have revealed some of this diversity but have been limited primarily to fairly open, urban samples of generally well-educated men and women. Ethnic and racial minorities and rural samples are seldom included; if they are, they also tend to be open about their sexuality, well educated, and otherwise atypical.
- Sexual orientation—defined by reference to the gender of persons one loves in an erotic or sexual way, a matter of the heart, not of one's sexual behavior—interacts with each unique life in both predictable and unpredictable ways. For example, some people lead lives that reflect both same-gender and other-gender relationships while maintaining a gay, lesbian, bisexual, or transgender orientation in their personal outlook. Others may shift from heterosexual to homosexual or bisexual self-images or change gender entirely. The presence of a spouse, children, and grandchildren does not indicate either sexual orientation or gender identity.
- The intersection of social change and historical cohort is profound, such that earlier generations of LGBT elders may differ sharply from those currently entering their retirement years in the United States. Therefore it may be important to read the LGBT research literature of earlier periods to grasp the lives of today's elders. It should also be noted that aging itself is changing dramati-

cally in industrialized nations so that, for many, there is a prolonged period of healthy life after the traditional retirement age. Therefore, the aging of the post-Stonewall LGBT generation will differ from the pattern of today's elders in many ways.

Growing awareness of people in same-sex relationships and recognition of their claim to legal protection and civil rights is a social change with major impact on LGBT people who are growing older in coupled relationships in the United States, Canada, Australia, and several European countries. Although same-sex couples receive no federal benefits in the United States (e.g., Social Security), state laws concerning hospital visitation, inheritance, funeral arrangements, and disposition of the remains are beginning to recognize domestic partners as equivalent to spouses (see chapter 11, this volume). Dozens of cities recognize domestic partners, and several states are extending statewide legal benefits to domestic partners. Vermont and Massachusetts offer civil unions and legal marriage, respectively, at present. Thus insurance coverage, health care decision-making powers, and survivor benefits sometimes are available to same-sex partners. In time, full marital benefits may be available to same-sex couples, including federal Social Security and the right for an immigrant to live with one's partner in the United States permanently.

## **Relations with Families**

Each chapter in this book places some emphasis on family relationships, including the family of origin and the family of support one creates. LGBTs have a variety of family life cycle patterns and may be in different places in their cycle than their heterosexual peers. Examples of writings for gay and lesbians about life span issues and family life cycle include Kimmel (1990, 1992) and Slater (1995). Relations with family often become more important as they age and become more dependent on others. This can be particularly true for those with physical or mental limitations who need to rely on others for most basic needs. If one can afford it, it is possible to meet one's health and physical care needs without family help and support, of course. Because family and friends tend to be very mobile, some LGBT elders maintain connections over greater distance through electronic communication. For some LGBT elders who have not been accepted by family in the past, maintaining distant communication may feel like the only option. In fact, many LGBT elder couples must work to create legal arrangements

to help clarify their own relationship and limit the legal power of other family members (see chapter 11, this volume).

## **Bisexual Aging**

Issues and concerns of older bisexual men and women have rarely been explored but may differ in important ways from those of lesbians and gay men (Keppel, 1991; Weinberg, Williams, & Pryor, 2001). For example, bisexuals in the United States may be more likely than gay men or lesbians to have been married and perhaps to maintain a relationship with the spouse and with their children. They may therefore have more complicated legal and financial obligations as they move into late adulthood than do people who have never been legally married. Bisexuals may also be more likely than lesbians or gay men to consider forming a long-term relationship with a partner of the other gender in late life and inherit heterosexual family support. However, bisexual men and women may find themselves excluded from heterosexual family relationships after they come out as bisexual. Furthermore, bisexuals sometimes are distrusted by lesbians or gay men who believe that they can pass or switch to heterosexuality if necessary. They are also perceived as unreliable, undependable, or likely to bring someone of the other gender into an exclusively lesbian or gay social group. Similarly, bisexuals are viewed negatively by heterosexuals who stereotype them as promiscuous, secretive, and likely to bring HIV and other infections into a heterosexual relationship.

Bisexuals may have family ties and involvements that, at times, set them apart from gay and lesbian elders. One bisexual man described his gay friends' discomfort when his daughter called him on his cell phone to ask that he pick up his granddaughter after school (Kristiansen, 2004). The gay friends seemed to resent the disruption of their group activities and to envy the bisexual man's commitment to a valuable family role they did not have. Although younger lesbian and gay couples have children today, in previous generations it was unusual to have children unless one was once married.

Bisexuals probably are more likely than lesbians or gay men to be comfortable in mixed-gender groups in late life and perhaps also to be willing to accept others' assumptions of their heterosexuality. Conversely, they may be more motivated to come out as bisexual because most people stereotype individuals as monosexual: either heterosexual or homosexual. These issues are discussed in detail in chapter 3.



## Multicultural Issues

Most descriptions of lesbians and gay men are devoid of images of lesbians, bisexuals, and gay men of color. The lesbian and gay community is pictured as primarily young, able bodied, financially well off, educated, and white (Greene, 2002). As a rule, the wide spectrum of diversity that characterizes the community as a whole has not been represented in public images of lesbians and gay men or in the psychological literature. This absence has important implications for the assumptions we make about the lesbian and gay experience. Like sexuality and sexual orientation, aging is embedded in cultural contexts, and its meaning is composed of a range of cultural determinants. Every culture has its own expectations about the roles that members occupy and the status accorded them during different developmental periods. Therefore any discussion about the experience of aging for lesbians and gay men must first delineate *which* lesbians and gay men.

For example, the absence of the financial benefits of marriage may have disproportionate effects on African American lesbians, whose incomes tend to be lower than those of their white counterparts. G. Croom (personal communication, July 14, 2004) reports that in an informal sample of aged African American lesbians, many respondents had concerns about who would provide care for them if they were in ill health. Compared with their white counterparts, more African American lesbians have children. For those who do, there may be less concern about who will take care of them as their age advances; however, this always depends on the quality of their relationships with children and family members.

The interaction between the lesbian and gay civil rights movement and other civil rights movements is another important contextual variable in the experience of aging for lesbians and gay men of color. Older ethnic minority lesbians and gay men may have experienced more overt and pernicious forms of racism than the current generation. Those experiences include racism within the broader lesbian and gay community. This racism, combined with heterosexism within their ethnic community, influences decisions about coming out, long-term relationships, and relationships with family members. The need for buffers against racism, the importance of family ties, and cultural values often outweigh the need to identify with the LGBT community throughout their lives (Adams & Kimmel, 1997). This conflict between different sources of community support may leave some ethnic minority elders disproportionately vulnerable to loneliness and with a paucity of LGBT peers later in life. They may feel

the need to be more closeted in order to have their emotional, social, spiritual, and physical needs met by friends, family, professional service providers, and the community. Unfortunately, there has been very little empirical research on aging among older LGBT people of color.

### **Ageism and Heterosexism**

It is interesting to note similarities between the social construction of sexual orientation as a sexual minority status and the social construction of aging. Both social categories are evaluated negatively and have flagrant acts of discrimination associated with them. It is likely that older LGBT people are therefore at risk for double or triple minority status, based on age, sexual orientation, and gender.

In reality, however, each social category cuts across all demographic groups. Knowing a person's age or LGBT orientation gives no clue about any of his or her other social statuses. If someone reveals that she is 75, we know only the approximate year of her birth, not her state of health, wealth, or well-being. If we are told that the person is bisexual, we know only that the person has experienced attraction and perhaps love toward people of both sexes. If we are introduced to a 60-year-old lesbian, we know neither her ethnic background nor her social class, nor whether she has children, a partner, or living parents. In truth, these other social facts often reveal more than sexual orientation or age. In the United States and many other cultures, a person's age is more significant than many other social characteristics. This effect is known as a master status (Becker, 1963). It applies also to LGBT people, who often find that the knowledge of their minority sexual orientation is perceived to be more significant than any other aspect of their background, behavior, or performance.

This perspective raises the question of multiple minority status. What is often called the LGBT community is, in fact, many smaller populations that have in common only their minority sexual orientation. Issues such as age, race, ethnicity, religion, class, and gender often are more relevant to a person's sense of self and sense of community than is sexual orientation.

The assumption that everyone is, or should be, heterosexual is called heterosexism (Garnets & Kimmel, 1991/1993). Heterosexism is "An ideological system that denies, denigrates, and stigmatizes any non heterosexual form of behavior, identity, relationship, or community" (Herek, 1990, p. 90). Related terms are *homophobia*, the irrational fear of homosexuals, and *heterocentrism*, the assumption that everyone is heterosexual.

Negative stereotypes about older people are regarded as ageism, a term coined by Butler (1980, p. 8):

There are three distinguishable yet interrelated aspects to the problem of ageism: 1) prejudicial attitudes toward the aged, toward old age, and toward the aging process, including attitudes held by the elderly themselves; 2) discriminatory practices against the elderly, particularly in employment, but in other social roles as well; and 3) institutional practices and policies which, often without malice, perpetuate stereotypic beliefs about the elderly, reduce their opportunities for a satisfactory life, and undermine their personal dignity.

Because it is possible to conceal sexual orientation and, perhaps to a lesser degree, age, the two characteristics have some similar social constructions. For example, in some social circles, both old age and minority sexual orientation are perceived as being best to avoid if possible; they are both dealt with by “Don’t ask, don’t tell” policies. In extreme cases, both old age and minority sexual orientation evoke irrational fear and avoidance in some people, who tend to fear close contact and physical touching with both groups.

Additional social constructions perceive both old age and minority sexual orientation to be abnormal. For example, both old age and minority sexual orientation have been the focus of an active search for their biological origins and possible prevention or cure. Moreover, both old age and sexual orientation are confused by naive people with associated conditions: aging with senility, sexual orientation with gender role.

In modern Western societies, both old age and minority sexual orientation are characterized primarily through reference to their perceived disadvantages, as opposed to their advantages. Losses are thought to exceed gains; strengths are seen only as compensations for weakness. Likewise, both old age and minority sexual orientation evoke discriminatory views that emphasize the importance of fertility and propagation as normative. In contrast, both old age and minority sexual orientation are conferred special status in some cultures, in which the individuals may be seen as having special powers resulting from their minority status (Kimmel, 2002).

Despite these similar social constructions, there are several clear differences between ageism and heterosexism. First, most people hope to become old one day; few hope to become a sexual minority. Second, no one attributes aging to one’s individual choice or upbringing. Third, families openly acknowledge and celebrate becoming older, but few families celebrate their children coming out

as lesbian, gay, bisexual, or transgender. Fourth, organized religious institutions and moral guardians do not urge older people to avoid acting old but often urge sexual minorities to avoid acting on their erotic or romantic attractions. Fifth, businesses offer senior discounts to attract elder consumers, but few places of business advertise that they are “gay friendly.” Finally, politicians solicit contributions and votes by proposing “elder affirming” policies while at the same time soliciting contributions and votes by proposing discriminatory policies targeting sexual minorities.

In many ways our society is becoming age irrelevant. Mandatory retirement age has been all but eliminated. People are marrying and starting families in midlife: One is never too old to join a gym, fall in love, or begin to lift weights. Likewise, our society is becoming more of a gender-irrelevant culture in which clothing, tattoos, jewelry, and athletics are similar for males and females. Gender discrimination has been reduced and is usually illegal. Unisex bathrooms are widely available, thanks to the Americans with Disabilities Act that requires wheelchair accessible toilets, much to the relief of transgendered people who cannot use either female or male facilities with complete comfort.

### **The Impact of Heterosexism on Programs and Services for LGBT Elders**

Although the aging network is required by the Older Americans Act of 1965 to provide programs and services for *all* older adults, most of these programs and services assume a heterosexual older population. In fact, research has indicated that the aging network is more intolerant of LGBT elders and more heterosexual than the general health care system because the attitudes and beliefs within the aging network have gone unchallenged (Brotman, Ryan, & Cormier, 2003). Heterosexism on the part of some aging service providers further marginalizes lesbian and gay elders with discriminatory policies (Berkman & Zinberg, 1997; Cahill, South, & Spade, 2000; Peterson & Bricker-Jenkins, 1996). A 1994 study of Area Agencies on Aging revealed that 96% of these agencies did not offer any programs or services specifically designed for LGBT elders; additionally, nearly 50% of the Area Agencies on Aging surveyed reported that gays and lesbians would not be welcomed at senior centers if their sexual orientation were known (Cahill, South, & Spade, 2001). As a result, many LGBT elders have been discouraged from using these agencies and organizations (McFarland & Sanders,

2003). Nonetheless, the results of the focus groups and the preliminary analysis of comments from survey respondents in a study by Orel (chapter 10, this volume) indicate that LGBT elders would benefit from programs and services that specifically address their unique needs and concerns.

## **The Impact of Ageism in the LGBT Community**

LGBT elders experience numerous challenges because of their sexual orientation and gender identity. Many now face additional challenges and stigma due to ageism. Like their heterosexual counterparts, LGBT elders face many obstacles in our youth-oriented society. However, the obstacles for LGBT elders are intensified by society's continuing stigmatization of homosexuality.

Research indicates that the LGBT community is more ageist than the general public (Cahill, South, & Spade, 2000; Ehrenberg, 1996). Like the heterosexist attitudes that go widely unchallenged in the aging network, ageist attitudes within the LGBT community often go uncontested. Recent research exploring LGBT elders' perceptions of the gay and lesbian community indicates that LGBT elders do not feel welcome in the youth-focused LGBT community (Brotman, Ryan, & Cormier, 2003). LGBT elders sometimes believe that the gay and lesbian community focuses all of its attention and resources on the needs of its younger members but ignores the needs of its senior members. According to Brotman, Ryan, and Cormier (2003, p. 198), "Ageism, beauty, and youthfulness are values that reign supreme within most gay and lesbian communities, making it difficult for older members to feel like they belong."

## **Addressing the Marginalization of LGBT Elders Through a Continuum of Affirming Services**

In order to work with LGBT elders, it is important to acknowledge and address our own internalized heterosexism, sexism, and ageism. Service providers need to develop a heightened sensitivity to the unique issues facing LGBT elders. Equally crucial are advocacy efforts to eradicate prejudice and discrimination not only against LGBT elders but also against LGBT people of any age.

Although numerous federal, state, and local agencies offer a wide variety of physical and psychosocial programs and services for older adults, because of

heterosexist cultural attitudes very few of these programs explicitly recognize or support the issues confronting LGBT elders (National Gay and Lesbian Task Force Policy Institute, 1999). Most regrettably, numerous federal, state, and local policies specifically exclude LGBT elders and their same-gender partners. For example, although Social Security survivor benefits often are an essential part of a heterosexual widow's or widower's income, same-gender partners are denied this benefit (chapter 11, this volume).

LGBT elders need services as extensive as those available to the general older adult population. However, these programs and services must be tailored to meet the specific needs and concerns of the LGBT population. They should be supportive of the LGBT experience and offered in an environment where LGBT elders can connect with others similarly situated. "This connectedness to others who are like oneself offers an environment that does not need to be defended, explained, or justified and helps ease the transitional stresses associated with the aging process" (Nystrom & Jones, 2003, p. 294).

Services for LGBT elders must be available on multiple levels, from individuals to organizations, communities, and the larger society. Ideally, the services currently available to the general older adult population would be expanded to meet the unique needs and concerns of LGBT elders (see chapter 13, this volume). This modification of existing services will not be possible until the providers of these services and programs recognize and acknowledge the unique needs of LGBT elders and address existing heterosexist attitudes and beliefs that have discouraged or prevented LGBT elders from using these services. Finally, providers and researchers should collaborate to ensure that the services provided meet the documented needs of LGBT elders. An example of this collaboration is in the housing projects being developed in different areas of the United States. Some of these developments are publicly funded projects or private endeavors based on extensive need assessments of the LGBT community (see chapter 14, this volume.)

The American Psychological Association (APA) has developed *Guidelines for Psychotherapy with Lesbian, Gay & Bisexual Clients* ([www.apa.org/pi/lgbcl/guidelines.html](http://www.apa.org/pi/lgbcl/guidelines.html)), which contains a section on older people, and *Guidelines for Psychological Practice with Older Adults* ([www.apa.org/practice/Guidelines\\_for\\_Psychological\\_Practice\\_with\\_Older\\_Adults.pdf](http://www.apa.org/practice/Guidelines_for_Psychological_Practice_with_Older_Adults.pdf)), which mentions LGBT clients. Other useful publications on aging are also available from the APA ([www.apa.org/pi/aging/publications.html](http://www.apa.org/pi/aging/publications.html)). The Gay and Lesbian Medical Association ([www.glma.org](http://www.glma.org)) also developed a helpful set of guidelines that assists professionals in creating a welcoming environment by, for example,

displaying brochures and visible nondiscrimination statements including specific reference not only to age, race, ethnicity, physical ability or attributes, and religion, but also to sexual and gender identity. These guidelines offer LGBT patients and clients clues as they scan an office environment and standardized forms to determine how much they feel comfortable sharing with their service providers.

## Conclusion

In three decades, the multidisciplinary field of LGBT gerontology has moved from the hidden recesses of secret support groups into the full range of activities and services. Many pioneers of the movement, and of the larger gay rights movement, are now entering their senior years. It will be important to collect oral histories of these pioneers so that their valuable contributions will be remembered and honored. In addition, a variety of housing alternatives, appropriate services, and opportunities for continued interaction with the emerging field of LGBT gerontology will be a fitting tribute to the courageous leadership and mentorship of these pioneers.

This field offers all the opportunity one could imagine to provide innovative services and conduct research. As recently as 10 years ago, a participant's sexual orientation was not identified unless the research specifically focused on LGBT topics. The medical field and social sciences can realize important advantages by routinely inquiring as to a participant's sexual orientation and studying whether the subset of LGBT respondents differ from or are similar to the broader heterosexual population, in much the same way that early research moved beyond an exclusive focus on male participants and began to explore differences between men and women. Within the field of LGBT gerontology, today's clinical work and research will become the historical context of the next generation of elders. Here, in the present, we have an opportunity to ensure that LGBT elders representing the full spectrum of diversity are included in all types of research studies and that there is room for them in all services provided. Clinicians and scientists should collaborate and include these groups in their research sample or as part of a reasonable subsample. From such studies we can determine both the unique needs of LGBT elders and their similarities with the needs of heterosexual older adults. If this book stimulates such research and the resulting practical applications, it will have achieved one of its most important goals.

## REFERENCES

- Adams, C. A. Jr., & Kimmel, D. C. (1997). Exploring the lives of older African American gay men. In B. Greene (Ed.), *Ethnic and cultural diversity among lesbians and gay men* (pp. 132–151). Thousand Oaks, CA: SAGE.
- Adelman, M. (1986). *Long time passing: Lives of older lesbians*. Boston: Alyson.
- Becker, H. S. (1963). *Outsiders: Studies in the sociology of deviance*. New York: Free Press.
- Berger, R. M. (1980). Psychological adaptation of the older homosexual male. *Journal of Homosexuality*, 5(3), 161–174.
- Berger, R. M. (1982a). *Gay and gray: The older homosexual man*. Urbana: University of Illinois Press.
- Berger, R. M. (1982b). The unseen minority: Older gays and lesbians. *Social Work*, 27, 236–242.
- Berger, R. M., & Kelly, J. J. (1986). Working with homosexuals of the older population. *Social Casework*, 67, 203–210.
- Berkman, C., & Zinberg, G. (1997). Homophobia and heterosexism in social workers. *Social Work*, 42, 319–332.
- Brotman, S., Ryan, B., & Cormier, R. (2003). The health and social service needs of gay and lesbian elders and their families in Canada. *The Gerontologist*, 43, 192–202.
- Brown, H. (1976). *Familiar faces, hidden lives: The story of homosexual men in America today*. New York: Harcourt.
- Brown, R. (1996). *Against my better judgment: An intimate memoir of an eminent gay psychologist*. New York: Harrington Park Press.
- Butler, R. N. (1980). Ageism: A foreword. *Journal of Social Issues*, 36(2), 8–11.
- Cahill, S., South, K., & Spade, J. (2000). *Outing age: Public policy issues affecting gay, lesbian, bisexual, and transgender elders*. Washington, DC: National Gay and Lesbian Task Force Policy Institute.
- Chauncey, G. (1994). *Gay New York*. New York: Basic Books.
- D'Emilio, J. (1981, January/1989/1993). Gay politics and community in San Francisco since World War II. *Socialist Review*, 55, 77–104. [Revised and reprinted in Vicinus, M. M., & Chauncey, G. Jr. (Eds.). (1989). *Hidden from history: Reclaiming the gay and lesbian past* (pp. 456–473). New York: New American Library. Reprinted in Garnets, L. D., & Kimmel, D. C. (1993). *Psychological perspectives on lesbian and gay male experiences* (pp. 59–79). New York: Columbia University Press.]
- Duberman, M. (1991). *Cures: A gay man's odyssey*. New York: Dutton.
- Ehrenberg, M. (1996). Aging and mental health: Issues in the gay and lesbian community. In C. J. Alexander (Ed.), *Gay and lesbian mental health: A sourcebook for practitioners* (pp. 189–209). New York: Harrington Park Press.
- Garnets, L. D., & Kimmel, D. C. (1991/1993). Lesbian and gay male dimensions in the psychological study of human diversity. In L. D. Garnets & D. C. Kimmel (Eds.),



- Psychological perspectives on lesbian and gay male experiences* (pp. 1–51). New York: Columbia University Press.
- Greene, B. (2002). Older lesbians' concerns in psychotherapy: Beyond a footnote to the footnote. In F. Trotman & C. Brody (Eds.), *Psychotherapy and counseling with older women: Cross cultural, family, and end of life issues* (pp. 161–174). New York: Springer.
- Grenwald, M. (1984). The SAGE model for serving older lesbians and gay men. *Homosexuality and Social Work*, 2(2–3), 53–61.
- Harwood, G. (1997). *The oldest gay couple in America: A 70-year journey through same-sex America*. Secaucus, NJ: Birch Lane.
- Hay, H. (1990, April 22–28). Identifying as gay: There's the key. *Gay Community News*, 5.
- Hellman, L. (1934). *The children's hour*. New York: Knopf. [W. Wyler (Producer & Director). (1961). *The children's hour* (Motion picture). Released by United Artists Corp.]
- Herek, G. (1990). The context of antigay violence: Notes on cultural and psychological heterosexism. *Journal of Interpersonal Violence*, 5, 316–333.
- Katz, J. (1976). *Gay American history*. New York: Thomas Y. Crowell.
- Kelly, J. J. (1977). The aging male homosexual: Myth and reality. *The Gerontologist*, 17, 328–332.
- Keppel, B. (1991). Gray-haired and above suspicion. In L. H. Hutchins & L. Kaahumanu (Eds.), *Bi any other name: Bisexual people speak out* (pp. 154–158). Boston: Alyson.
- Kimmel, D. C. (1977). Psychotherapy and the older gay man. *Psychotherapy: Theory, Research, and Practice*, 14, 386–393.
- Kimmel, D. C. (1979). Life-history interviews of aging gay men. *International Journal of Aging and Human Development*, 10, 239–248.
- Kimmel, D. C. (1990). *Adulthood and aging: An interdisciplinary, developmental view*. New York: Wiley.
- Kimmel, D. C. (1992). The families of older gay men and lesbians. *Generations*, 17(3), 37–38.
- Kimmel, D. C. (2002). Aging and sexual orientation. In B. E. Jones & M. J. Hill (Eds.), *Mental health issues in lesbian, gay, bisexual, and transgender communities* (pp. 17–36). Washington, DC: American Psychiatric Publishing.
- Kristiansen, H. W. (2004). Narrating past lives and present concerns: Older gay men in Norway. In G. Herdt & B. de Vries (Eds.), *Gay and lesbian aging: Research and future directions* (pp. 235–261). New York: Springer.
- Loughery, J. (1998). *The other side of silence*. New York: Holt.
- Mann, T. (1913/1925). Death in Venice. In *Death in Venice and other stories* (Translated by K. Burke). New York: Knopf.
- Marcus, E. (1992). *Making history*. New York: HarperCollins.
- Martin, D., & Lyon, P. (1972). *Lesbian/woman*. New York: Bantam.

- Martin, D., & Lyon, P. (1979). The older lesbian. In B. Berzon & R. Leighton (Eds.), *Positively gay* (pp. 134–145). Milbrae, CA: Celestial Arts.
- McFarland, P., & Sanders, S. (2003). A pilot study about the needs of older gays and lesbians: What social workers need to know. *Journal of Gerontological Social Work*, 40(3), 67–80.
- McGarry, M., & Wasserman, F. (1998). *Becoming visible: An illustrated history of lesbian and gay life in twentieth-century America*. New York: Penguin.
- Meris, D. (2001). Responding to the mental health and grief concerns of homeless HIV-infected gay men. *Journal of Gay and Lesbian Social Services*, 13(4), 103–111.
- Miller, N. (1995). *Out of the past: Gay and lesbian lives from 1869 to the present*. New York: Vintage.
- Minnigerode, F. A., & Adelman, M. (1978). Elderly homosexual women and men: Report on pilot study. *Family Coordinator*, 27, 451–456.
- National Gay and Lesbian Task Force Policy Institute. (1999). *Aging initiative*. Washington, DC: Author.
- Nystrom, N., & Jones, T. (2003). Community building with aging and old lesbians. *American Journal of Community Psychology*, 31, 293–300.
- Peterson, J. K., & Bricker-Jenkins, M. (1996). Lesbians and the health care system. *Journal of Gay and Lesbian Social Services*, 5(1), 33–47.
- Raphael, S., & Robinson, M. (1980). The older lesbian: Love relationships and friendship patterns. *Alternative Lifestyle*, 3, 207–229.
- Sarton, M. (1984). *At seventy*. New York: Norton.
- Sarton, M. (1988). *After the stroke*. New York: Norton.
- Schiller, G., & Weiss, A. (Producer & Director). (1986). *Tiny & Ruby: Hell divin' women* [Motion picture]. (Available from Jezebel Productions, P.O. Box 1348, New York, NY 10011.)
- Shilts, R. (1993). *Conduct unbecoming: Gays and lesbians in the U.S. military*. New York: St. Martin's Press.
- Slater, S. (1995). *The lesbian family life cycle*. New York: Free Press.
- Snyder, P. (Producer), & Winer, L. (Director). (1985). *Silent pioneers* [Motion picture]. (Available from Filmmakers Library, 124 East 40th Street, New York, NY 10016.)
- Souhami, D. (1991). *Gertrude and Alice*. San Francisco: Pandora.
- Vacha, K. (1985). *Quiet fire: Memories of older gay men*. Trumansburg, NY: Crossing Press.
- Vining, D. (1979/1996). *A gay diary* (Vol. 1, 1933–1946). New York: Masquerade.
- Vining, D. (1980). *A gay diary: 1946–1954* (Vol. 2). New York: Pepys Press.
- Vining, D. (1981). *A gay diary: 1954–1967* (Vol. 3). New York: Pepys Press.
- Vining, D. (1983). *A gay diary: 1967–1975* (Vol. 4). New York: Pepys Press.
- Vining, D. (1993). *A gay diary: 1975–1982* (Vol. 5). New York: Pepys Press.
- Weinberg, M. S. (1970). The male homosexual: Age-related variations in social and psychological characteristics. *Social Problems*, 17, 527–537.
- Weinberg, M. S., & Williams, C. J. (1974). *Male homosexuals: Their problems and adaptations*. New York: Oxford.

- Weinberg, M., Williams, C., & Pryor, D. (2001). Bisexuals at midlife: Commitment, salience, and identify. *Journal of Contemporary Ethnography*, 30(2), 180–208.
- Welbon, D. (Producer & Director). (1999). *Living with pride: Ruth Ellis at 100* [Motion picture]. (Available from [www.sistersinthelife.com](http://www.sistersinthelife.com) or [www.sistersincinema.com/filmmakers/ywelbon/ruth\\_ellis.html](http://www.sistersincinema.com/filmmakers/ywelbon/ruth_ellis.html).)
- Williams, C. J., & Weinberg, M. S. (1971). *Homosexuals and the military*. New York: Harper & Row.
- Winer, L. (Producer, Writer, & Director), & Eaton, K. (Producer). (1999). *Golden threads* [Motion picture]. (Available from Women Make Movies, Inc., 462 Broadway, Suite 500WS, New York, NY 10013.)