

LGBT AGING: A QUESTION OF IDENTITY

Justin Masten, & James Schmidtberger. (2011). *Aging with HIV: A Gay Man's Guide*. New York, NY: Oxford University Press. 243 pp. \$17.97 (paper).

Nancy J. Knauer. (2011). *Gay and Lesbian Elders: History, Law, and Identity Politics in the United States*. Burlington, VT: Ashgate Publishing Company. 170 pp. \$89.95 (hardcover).

Identity categories can be slippery things—rife with exception and contradiction, brimming with potential for fissure and debate. A turbulent politics adheres as well to the question of identity and brings with it significant social and legal implications, as well as a potentially endless slew of often polarizing theoretical considerations.

In the case of lesbian, gay, bisexual, and transgender (LGBT) older adults, however, the issues that come along with group identity are often entirely concrete, and the concerns that face the population are immediate and frequently severe. Individuals who fall into this overlapping pair of categories not only confront a dual set of obstructions and prejudices but also experience what Nancy Knauer in her comprehensive and emphatic treatment of the legal and cultural implications of LGBT aging, *Gay and Lesbian Elders: History, Law, and Identity Politics in the United States*, describes as a sort of double veiling: “Today, a complex interplay of ageism and homophobia . . . obscures the identities of gay and lesbian elders

and keeps their concerns securely removed from public view. Stereotypical ageist and homophobic constructions work in tandem to make the very notion of gay and lesbian elder impossible because seniors are not sexual and homosexuals are, by definition, only sexual. Under this reasoning, a senior cannot also be a homosexual nor can a homosexual also be a senior” (p. 55). The older members of the LGBT community are, then, serially ignored—left out of a mainstream discourse of LGBT issues that tends to focus primarily on individuals from youth to middle age and routinely overlooked by aging service providers who often fail to consider the particular needs and critical problems specific to their LGBT constituents. The implications of the cloak of invisibility cast over LGBT older people are manifold, and today this group can easily be counted as one of the most critically underserved and at-risk populations in the United States.

In recent decades, significant advances have been made in the field of LGBT rights. Much of this progress has its origins in the efforts of a generation of gay and lesbian people who, galvanized in the aftermath of Stonewall (the iconic 1969 uprising by LGBT people in New York City's Greenwich Village in response to systematic police harassment) and the general social upheaval of the 1960s, began to advocate on the part of the LGBT community. It is a troubling irony, then, that many of these early pioneers in the gay liberation and rights movements are precisely those who now find themselves in most dire need of support,

thanks to decades of institutionalized prejudice, combined with inattention and neglect in today's aging policies and programs.

Aging always comes with a particular set of challenges, but for LGBT individuals, the course into older age is especially daunting. Given that aging services are generally designed and delivered without taking into account the existence of LGBT elders, it is no surprise that they have tremendous difficulty finding appropriate support. Moreover, the federal and social "safety nets" typically available to individuals as they age are riddled with gaps when it comes to ensuring the ability of LGBT people to age healthily. This is true not only on the policy level—which bars LGBT individuals from crucial benefits and entitlements in key programs like Social Security and Medicaid—but pertains as well to the formal and informal support structures that are so crucial in ensuring successful aging.

The available statistics on the issue present an aging challenge: LGBT older adults are twice as likely as their heterosexual counterparts to live alone and only one fourth as likely to have children, drastically reducing access to the traditional familial structures that the mainstream aging population relies on to provide support in their later years. As a result, LGBT individuals face a high degree of social isolation as they age. Although they frequently depend on families of choice, those networks often weaken during the aging process. The challenges created by this isolation are exacerbated by the fact that, statistically, LGBT individuals are far more frequently at risk for falling into poverty later in life. The intertwined scourges of social isolation and poverty derive, however, from a far more complicated set of social and cultural conditions. The harsh reality is that LGBT people face countless forms of discrimination and bias as they age, and the accumulated consequences of these institutionalized prejudices both create and powerfully reinforce the impoverishment and alienation of many LGBT older people. For example, a lifetime of being denied employment opportunities and spousal benefits, coupled with a lack of access to legal protections around inheritance and property rights, vastly diminishes the ability of LGBT individuals to accumulate the resources needed for healthy aging and to plan successfully for their financial futures.

This set of circumstances results in a far greater need for services. But currently, neither aging service providers nor mainstream LGBT initiatives are responding with sufficient urgency. A good

deal of what accounts for this lack of services is the same bias and invisibility that places LGBT elders at such severe risk in the first place.

Besides being critically underserved, LGBT elders are also enormously understudied. No consistent set of data exists that accurately maps their needs. Nor are there sufficiently extensive data on how many LGBT older people there are or where they are located (thanks to the historical failure of the federal census to count LGBT people as a separate category), what their specific needs are, or how organizations can begin to go about mitigating the difficulties they face. What we do know is that the number of LGBT older people is rapidly growing. According to the 2010 report *Improving the Lives of LGBT Older Adults (Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders [SAGE] and Movement Advancement Project, 2010)*, the population of LGBT people who are 65+ years currently numbers at least 1.5 million and will grow to nearly three million by 2030.

Data collection and research are complicated by the fact that, for a variety of reasons, many older people are hesitant to outwardly identify as gay or lesbian. Some of this hesitation results from an internalized fear of prejudice and mistreatment from neighbors, family, and service providers. Even if they do consistently identify as gay or lesbian in their personal lives, *Outing Age 2010* by the *National Gay and Lesbian Task Force Policy Institute (2010)* indicates that "privacy and confidentiality appear to be paramount concerns for LGBT people as they consider whether to 'come out' on government, media or scholarly surveys" (p. 133).

Fortunately, increased attention has been devoted to this at-risk elder constituency in recent years. The limited available studies are univocal in identifying the prevailing concerns for LGBT elders and in emphasizing the immediacy of their needs. Three key issues, highlighted by SAGE in *Improving the Lives of LGBT Older Adults*, find replication across the field of LGBT aging studies. The key pressure points repeatedly noted are "financial security, good health and health care, and community social support and community engagement" (p. ii).

Knauer's comprehensive study—and, indeed, the whole body of her recent scholarly work devoted mostly to the legal issues surrounding LGBT aging—represents an important engagement with this critical set of concerns. From the outset, Knauer grapples admirably with the

paucity of available data. Indeed, one of the book's strengths rests in her ability to frame silence, invisibility, and alienation as powerful factors in the aging experience of a significant portion of LGBT people.

The book is organized in three parts, with each of three chapters providing space for Knauer to hone in on a particular grouping of theoretical and practical issues, broadly categorized under the headings, history, identity, and advocacy. Knauer's treatment is by turns scholarly and deeply personal—shuttling as it does between statistical and anecdotal evidence, and admirably bridges several intellectual fields—including cultural and legal history, sociology, theories of identity, and LGBT historiography—which the author manages to tie together in a compelling bundle that effectively lays out the complicated landscape of LGBT aging issues.

Throughout, Knauer makes a concerted effort not just to articulate the present conditions defining LGBT aging experiences but also to treat those conditions as a living and shifting historical construction. In its most incisive moments, *Gay and Lesbian Elders* manages to offer LGBT elders their own particular history while still resisting the urge to imagine this experience as a stable, transhistorical monolith. Throughout, Knauer's approach allows LGBT older people to manifest as a nuanced historical presence—one marked by a vast diversity in the current moment as well as across time, in the hope that “gay and lesbian elders would be constituted as a deserving minority not because of their sameness or their approximation to a heteronormative ideal, but because of their difference” (p. 8).

This theoretical work is performed, however, with an eye to practice, and Knauer is self-consciously at pains not to move too far into abstraction without a keen attention to some practical correlative. This approach is for the best, as the book's most instrumental sections are those, including its entire third chapter, “Advocacy,” that deal with policy and legal issues, as well as with the concrete effects of contemporary attitudes toward LGBT elders on the lives of individuals.

Knauer is engaged enough with critical theories on sexual identity to argue that “gay” and “lesbian” are categories that might appeal more strongly and refer more accurately to younger generations and in the process exclude some older adults. At the same time, her approach leaves space for future work to explore the undeniable reality that many LGBT elders positively embrace gay

and lesbian identities, both as a positive construct defining who they are (rather than who they are excluded from being) and in countless experiences of personal joy and fulfillment, even in the face of great adversity. Knauer's highlighting of the substantial difference in how many LGBT older people experience their sexuality calls out for others to more fully articulate what the texture of these experiences might be, and to explore more thoroughly the ways in which they differ from mainstream notions of LGBT identity.

Indeed, Knauer's treatment creates an important space for further scholarship and debate about what sorts of non-heteronormative identities do pertain to older adults and what modes of performance and identification have been and will be available to them. In the follow-up to her book, it is worth reconsidering standard narratives about the way in which gay identity may have been lived in past decades. *Gay and Lesbian Elders* tends to paint this history with a relatively broad brush, allowing Knauer the ample vision necessary to bring an important new perspective to the current, fraught landscape of LGBT aging. However, the narrative that structures Knauer's treatment of LGBT history is for the most part bleak in its backward glances, particularly in its characterization of the pre-Stonewall era in which many of today's LGBT older adults came of age.

This particular historical treatment serves a number of important purposes, insofar as it calls attention to the undeniable legacy of oppression that accounts for the critical circumstances currently facing so many older gays and lesbians, as well as their relative invisibility when compared with younger LGBT generations. At the same time, it is important not to narrate the story of LGBT aging exclusively from a deficit perspective. Indeed, there is significant evidence of personal fulfillment, courage, and heroism among LGBT people in the pre-Stonewall era and of self-advocacy and activism among LGBT elders themselves in recent decades. Of course, such fulfillment and activism has occurred in the face of great challenges and in many cases has not been sustainable over the life span. Knauer powerfully illustrates how the dynamics of advancing age, including the common trend toward increased dependency, eventually force many LGBT elders to reverse course and re-obscure their identity out of (justifiable) fear of mistreatment by caregivers and service providers. As she explains, “In order to successfully manage the closet, gay and lesbian elders have to redact

many important details of their lives and choose their memories carefully. Denied the opportunity to retell stories and revisit past events, the resulting isolation can literally leave gay and lesbian elders alone with their memories” (p. 65).

In presenting this powerful narrative, Knauer compellingly lays out the mandate for aging advocates to ameliorate the conditions that so constrict the personal autonomy of current and future generations of LGBT older people. At the same time, community storytelling and scholarly projects of LGBT history must root out and redeem the many examples of elder empowerment that are among the LGBT community’s greatest historical assets.

Knauer’s book most fully hits its stride as it looks forward. In the third section, “Advocacy,” Knauer performs a sweeping and compelling survey of the legal and policy ramifications of current attitudes toward and approaches to LGBT aging. She then makes a strong case for targeted reforms that respond to “the policy areas of primary concern to gay and lesbian elders: the fragility of chosen families, financial insecurity, and anti-gay bias in senior-specific venues” (p. 85). Most crucially perhaps, Knauer uses this material to delineate the differences between a “mainstream” LGBT agenda—which in recent years has focused heavily on marriage equality, workplace discrimination, and the (now completed) repeal of the military’s Don’t Ask, Don’t Tell policy—and the set of policy changes that are necessary to secure a healthy aging future for LGBT people. Knauer is keenly aware of the way in which “gay and lesbian elders present a distinct set of interests and concerns” that makes them different, even while “[the] existing gay and lesbian identity model and advocacy agenda stresses that gay and lesbian individuals are *the same* as non-gay individuals” (p. 138). Throughout her impressive treatment of LGBT aging issues, Knauer insightfully emphasizes the importance of incorporating this recognition of “difference” into LGBT aging advocacy in order to achieve reforms in policies and programs that effectively honor the lived experience and address the real-world needs of diverse LGBT elders.

Although their recent book *Aging with HIV: A Gay Man’s Guide*, is a far more practice-oriented text, designed for use by support groups and individuals, James Masten and James Schmidtberger in many ways demonstrate an analogous interest in questions of gay aging and its relation to health and longevity. The book offers a series of object lessons supported by case studies and interviews

with gay men who have experienced aging with HIV and relies on the authors’ combined expertise in social work and health care to guide gay men into a successful aging future. Its approach is highly personal, conveyed mostly in the second person. But streaming through each of its sections is a notable concern with how HIV-positive men imagine themselves, both as individuals and as members of a community.

Their book takes its strength and motivation from the welcome development that now, for the first time, aging with the disease is possible. As a result, new ways of life and modes of identification are open to gay men with HIV—opportunities and experiences that, even a few years ago, were all but entirely foreclosed. As the sample testimonies consistently indicate, historically, living with HIV was associated with rapid wasting and impending death. The impact of aging was never a primary concern for men who contracted it. Medical advances are, however, allowing for a significant change in this attitude, and fortunately, questions of aging are now far more relevant to gay men living with HIV. *HIV and Aging* is directed toward guiding gay men toward productively managing the changes brought about by both their HIV status and their advancing age, and it offers strategies for coming to terms with what these often significant alterations (physical changes, changes in sex drive, and shifts in family and kinship structures) mean for personal identity.

This affirming treatment of the intersection between aging and HIV/AIDS-related issues is vital at this particular moment, as current statistics indicate a significant rise in the rate of HIV infection for individuals who are 50+ years. Because this phenomenon is so recent, however, older people living with HIV often find themselves at a loss for community and crucial support. Even as the experience of living with HIV is changing, related medical and social services have been slow to accommodate the needs of older people. And many unfortunate misperceptions about HIV and aging linger. As SAGE’s (2010) *HIV and Aging Policy White Paper* documents, studies indicate that people who are advanced in years tend to imagine themselves as somehow not at risk for the disease (p. 3). Sexually active older adults are tested far less frequently, even though there is evidence that they may engage in heightened levels of risky behavior. For example, older people are only one sixth as likely to use condoms when having sex as people in their 20s.

This set of disadvantageous myths about the risk level of infection for older adults also applies to health care providers, many of whom still operate under the misguided assumption that their older patients are not sexually active (SAGE, 2010). This desexualization of older people contributes to the diminished rate of testing, which in turn results in higher levels of undiagnosed infection. The lag time between exposure and diagnosis is a primary factor in spreading the disease. Apart from avoidance of testing, this lag time also can be more acute among older adults because many of the early symptoms of HIV infection (including loss of appetite, fever, fatigue, and malaise) coincide with other less threatening illnesses common among older adults. It is crucial, then, that works like *HIV and Aging* directly and positively address this emerging and expanding population of individuals aging with HIV/AIDS. As care providers and educators begin to change their perceptions about who is at risk, more stable and accommodating support structures can be put into place, which will not only address the prevention and treatment of HIV/AIDS but also provide older adults living with the disease with the sense of community they need to thrive in their later years.

At the base of both these books, then, is an attempt to carve out a new era in LGBT life—one that much more thoroughly incorporates LGBT older people. Many practical questions must be considered. The value of both these works is their

powerful implications for the everyday—what service providers, advocates, and aging individuals and their caregivers can do to improve the conditions under which LGBT people grow older. At the same time, both works also share a sense that identity is a fluid and ever-changing thing and that new possibilities for defining both selves and communities are opening up to LGBT elders. As advocates and scholars alike give increased attention to LGBT aging, new opportunities and realities are taking shape and defining—and redefining—how LGBT people live their lives. And they are revolutionizing how LGBT older people cast themselves as part of history and community.

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