

### 3.4 Identities and Intersectionality      LGBT+ older people and ageism

What	Examples of Intersectionality in LGBT+ older people lives
Purpose	Addressing effects of ageism among LGBT+ older people
Target group	Teachers and trainers in vocational and higher education and their students
Level	Level 2-3-4 in vocational education, higher education (level 5-6)
Execution	Extra support from the teacher, outside quest (e.g. member of an LGBT NGO) or person with experience is advisable (depending on the ability of the students to work independently).
Sources	<p>Chonody J. and B. Teater (2018), <i>Social Work Practice With Older Adults</i>. Sage Publications. Retrieved from: <a href="https://uk.sagepub.com/sites/default/files/upm-binaries/90251_Chapter_2_Pages_from_Chonody_Social_Work_Practice_With_Older_Adults.pdf">https://uk.sagepub.com/sites/default/files/upm-binaries/90251_Chapter_2_Pages_from_Chonody_Social_Work_Practice_With_Older_Adults.pdf</a></p> <p>Fish, Julie (2012), <i>Social Work and Lesbian, Gay, Bisexual and Trans people : Making a Difference</i>. Bristol: The Policy Press.</p> <p>Independent age: advice and support for older age: <a href="https://www.independentage.org/ageism-plus/lgbt">https://www.independentage.org/ageism-plus/lgbt</a></p> <p>Schope, R. D. (2005). Who's afraid of growing old?. <i>Journal of Gerontological Social Work</i>, 45, 23–39.</p> <p>Guasp, April (2010), <i>Lesbian, Gay &amp; Bisexual people in Later Life</i> (research report). UK: Stonewall. Retrieved from: <a href="https://www.stonewall.org.uk/sites/default/files/LGB_people_in_Later_Life_2011.pdf">https://www.stonewall.org.uk/sites/default/files/LGB_people_in_Later_Life_2011.pdf</a>.</p> <p>Tinney J. <i>et al</i> (2015), Mental health issues and discrimination among older LGBTI people, <i>International Psychogeriatrics</i> (2015), 27:9, 1411–1416 C International Psychogeriatric Association 2015, doi:10.1017/S1041610214002671. Retrieved from: <a href="https://www.cambridge.org/core/services/aop-cambridge-core/content/view/4ADC5FEFEFACA46D40B2F4EE5C5906C5/S1041610214002671a.pdf/mental_health_issues_and_discrimination_among_older_lgbti_people.pdf">https://www.cambridge.org/core/services/aop-cambridge-core/content/view/4ADC5FEFEFACA46D40B2F4EE5C5906C5/S1041610214002671a.pdf/mental_health_issues_and_discrimination_among_older_lgbti_people.pdf</a></p> <p>Ward, Richard, Pugh, Stephen and Elisabeth Price (2010), <i>Don't look back? Improving health and social care service delivery for older LGB users</i>. UK: Equality and Human Rights Commission. Retrieved from: <a href="http://www.equalitiesinhealth.org/Link-Files/dont_look_back_improving_health_and_social_care.pdf">http://www.equalitiesinhealth.org/Link-Files/dont_look_back_improving_health_and_social_care.pdf</a>.</p>

#### Introduction

The purpose of the theme:

- To provide theoretical explanation of aging myths, which form the basis of stereotypes and create a limited social perspective on older people in general.
- To explore how ageism impacts LGBT+ older people.
- To present ways in which we can help reduce ageism in social and health care for LGBT+ older people.

Cultural beliefs shape social norms and values surrounding the ageing process and the role of older people. The aging myths, which form the basis of stereotypes, create a limited social perspective on older people in general, and as a consequence, older people are treated as if they are “all the same”. Older people are depicted as *forgetful, frail, incontinent, grumpy, incompetent, sexually and physically unattractive, sexually inactive or uninterested in sex, disabled, live in care home, stubborn, unable to make autonomous decisions, cannot change, useless, burden of society, isolated, depressed, poor, cannot use technologies or learn new things* etc. Today, ageism is likely the most accepted form of prejudice, and a lot of people are not even aware of ageist thinking. The combined cultural focus on youth and acceptance of stereotypes as truth leave older people with significant status loss. In turn, this loss of status is used to justify the devaluation of older people. The media consistently

promote aging myths and stereotypes, which in turn nurtures ageism and personal anxiety regarding aging process (Chonody and Teater, 2018; Fish, 2012).

If the old age in itself may attract prejudice and stereotype, the non-normative sexual orientation and gender expression at the intersection of old age add some additional labels, which represent an even greater risk of discrimination and social exclusion.

LGBT+ older people constitute a generation who lived through the time when homosexuality was illegal, labelled as psychiatric disorder, considered as sinful. The longstanding hiding of one's identity, using tactics regarding coming out or fear of coming out may additionally have a lot of negative consequences on health and the sense of security (Fish, 2012, Ward et al, 2010). If one of the ways that ageism can be expressed is through avoiding and ignoring older people, LGBT+ older people on the other side often feel that they are "twice hidden." They are hidden because they are older and they are hidden because they are members of a sexual or gender minority. (Tinney et al, 2015)

There is also evidence to suggest that ageism is experienced differently within LGBT+ populations. Several studies suggest that the experience of ageism is more pronounced for older gay men than it is for older lesbian women because of the emphasis placed on youth and physical appearance. It seems that it is more difficult for aging gay men to sustain a positive self-image than it is for aging lesbian women. Older lesbian women are more protected from ageism within their community because they tend to have more social networks comprising lesbians from different age groups; they are more revered by younger lesbians for their wisdom and perceived political power; they tend to reject normative beauty standards; and they are generally positively influenced by views and attitudes supported by the feminist movement. (Tinney et al, 2015) Despite these differences, studies also show that a large share of gay men view their own growing older in positive terms (Schope, 2005 in Fish, 2012). There is also an evidence which suggests that the dominance of youth oriented gay scene serves to exclude LGBT+ older people (especially gay men) from taking part or they choose to be less involved as they grow older (Fish, 2012).

Older people in general are believed to be no longer interested in sexuality. Being LGBT+ in general is seen to be something that one does rather than something one is, that is, being LGBT+ is associated with sexual behaviour rather than with the identity (we can also talk in terms of sexualised identity) that persists whether or not one engages in sexual activity. The stereotype that older people are asexual leads some providers to assume that older people are no longer LGBT+ at all. If a heterosexual older person is no longer engaged in sexual activities, it is unlikely people would perceive her/him as no longer heterosexual. (Fish, 2012) This form of ageism was well visible in the story told by older single lesbian in the first Being me World Café. She was constantly approached by younger relatives, asking her „Aunty, with whom you are lesbian with?“

One of the consequences of stereotypes and prejudice of LGBT+ older people and of homo-(trans-, bi-) phobia is also that LGBT+ older people may be invisible in the whole life-course also to the social and health system. In old age, such a situation may only make things worse. Rarely, they make use of forms of help, home visits, placements in older people's homes and all other situations that could hypothetically trigger coming out and bad treatment.

LGBT+ older people's experiences of health and social care are generally under researched. Key themes emerging out of the rare evidence that exists are:

Providers in residential care demonstrate limited awareness and understanding about sexual orientation and gender expression;

- Disapproval toward same-sex partners staying overnight in residential environments;
- Signs of affection between lesbian and gay people within residential institutions have not been understood by staff and other residents;
- Threats of involuntary 'outing', neglect and physical assault;
- Invisibility and assumed heterosexuality;
- A complexity and an unconventionality of family and caring relationships is often overlooked and not properly evaluated by professional carers. (Fish, 2012; Guasp, 2010; Ward et al, 2010).

These are all reasons why LGBT respondents to the Stonewall survey (Guasp, 2011) reported in great numbers that they would be uncomfortable about disclosing their sexuality to home care staff, to housing provider, hospital staff or a paid carer, and GP. But it has to be emphasised that there is lots of evidence [of good and inclusive care](#) too, where formal care providers made efforts to de-construct stereotypes and to overcome prejudice about LGBT+ older people (Ward et al, 2010; Fish, 2012; Tinney et al, 2015).

### Activity

Listen or read one or both of the following personal stories, poetry, or insightful commentary on LGBT+ issues and ageism from »*Independent age: advice and support for older age*» website:

<https://www.independentage.org/ageism-plus/lgbt>.

Sue Lister:

<https://www.independentage.org/ageism-plus/ageism-plus-blog/lesbian-loneliness>.

Maggie Jones:

<https://www.independentage.org/ageism-plus/ageism-plus-blog/forced-back-into-the-closet-in-later-life>

### Assignment

Divide into pairs. One in the pair takes on the role of an older lesbian from the story above who cope with the practices of ageism in the care setting. While the other takes in the role of an interested listener and empathic witness of the story. One in the role of older lesbian performs the story as presented in the website, but at the same time also enters into the story with her/his/their imagination of what happened, and fills the gaps in the story.

Suggested framework for discussion:

- How did you feel in the role as an older lesbian and how as a listener?
- How do you think you would react as a formal carer in such a case?
- What would you need from formal carers as an older lesbian in such situation?
- What do you think it needs to be changed in order to get rid of the practices of ageism in services where care of older people is taking place?

### Results

- Students will be able to recognise aging myths and stereotypes that affect LGBT+ older people.
- They will be able to find innovative solutions in concrete cases that will help reduce ageism in social and health care of LGBT+ older people.

### Evaluation for students

Discuss this theme individually or in groups. Use the following reflective questions:

- What have you learned from this theme?
- What did you already know?
- What kind of impact did the information make on you as a professional health or social care taker?
- What are you taking into practice?
- What are you not taking into practice? Why not?

## Keep on learning

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- Independent age: advice and support for older age: <https://www.independentage.org/ageism-plus/lgbt>
- National Resource Centre on LGBT ageing <https://www.lgbtagingcenter.org/>;  
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- Taylor, James, *Working with Older Lesbian, Gay & Bisexual people: A Guide for Care And Support Services*. UK: Stonewall.
- Tinney J. *et al* (2015), Mental health issues and discrimination among older LGBTI people, *International Psychogeriatrics* (2015), 27:9, 1411–1416 C International Psychogeriatric Association 2015, doi:10.1017/S1041610214002671. Retrieved from: [https://www.cambridge.org/core/services/aop-cambridge-core/content/view/4ADC5FEFEFACA46D40B2F4EE5C5906C5/S1041610214002671a.pdf/mental\\_health\\_issues\\_and\\_discrimination\\_among\\_older\\_lgbti\\_people.pdf](https://www.cambridge.org/core/services/aop-cambridge-core/content/view/4ADC5FEFEFACA46D40B2F4EE5C5906C5/S1041610214002671a.pdf/mental_health_issues_and_discrimination_among_older_lgbti_people.pdf)
- Ward, Richard, Pugh, Stephen and Elisabeth Price (2010), *Don't look back? Improving health and social care service delivery for older LGB users*. UK: Equality and Human Rights Commission. Retrieved from: [http://www.equalitiesinhealth.org/Link-Files/dont look back improving health and social care.pdf](http://www.equalitiesinhealth.org/Link-Files/dont_look_back_improving_health_and_social_care.pdf)