

SEXUALITY AND REPRODUCTIVE HEALTH

Perceptions of ageing as an older gay man: a qualitative study

Bernie Kushner, Stephen Neville and Jeffery Adams

Aims and objectives. To explore the ageing experiences of gay men in New Zealand over the age of 65 years.

Background. An increased acceptance by many people in Western societies towards men who are same-sex attracted is likely to result in a corresponding increase in the number of visible older gay men being the recipients of nursing care. Previous research has shown that nursing has some way to go towards providing a service that is culturally safe and appropriate.

Design. A critical gerontological approach was employed to explore the ageing experiences of gay men in New Zealand over the age of 65 years. This methodology ensured the voices of older gay men were foregrounded in the research.

Methods. Semi-structured digitally recorded individual interviews with 12 gay men aged between 65–81 years who lived in the community were undertaken. Data were analysed using thematic analysis to identify the repeated patterns across the men's talk.

Results. Three main themes relating to the ageing experiences of these men were identified: 'homophobia', 'being with someone' and 'future care'.

Conclusions. Resilience was a significant factor in how well older gay men aged even in an environment where homophobia and heterosexism were common. Having a strong social support network was an important factor that contributed to supporting the ageing process. These gay men were wary about having to go into residential care, preferring to age in their own homes.

Relevance to clinical practice. Nurses and other healthcare professionals need to ensure healthcare services meet the needs of older gay men. Any interaction with older gay men should occur in a way that is open and respectful. The usage of best practice guidelines will assist organisations to deliver culturally safe and appropriate care to this group.

Key words: ageing, care needs, gay, health professionals, men, narratives, older, support

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Introduction

There is an unprecedented growth in the numbers of older people in many Westernised countries. A drop in the fertility rate and a decrease in global mortality are contributing factors. According to a recent report (United Nations 2010), by 2050, the world population of people over the age of 60 will reach 2 billion. In New Zealand, this means there will be 1.4 million people in the country over the age of 65 years (Statistics New Zealand 2007). The greying of the human population can be partially attributed to the

advances in science and medicine, including increases in socio-economic status, improved nutrition and the successful implementation of public health measures (Mackenbach *et al.* 2011).

Associated with increased numbers of older people, there will also be an increase in the numbers of people who are same-sex attracted. Identifying the size of this population has been and is difficult. This in part is due to reluctance by government agencies to collect data related to sexual identity. This is compounded by a lack of clarity around describing those people who are same-sex attracted.

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Within the literature, there are many names used by researchers to describe the person who is same-sex attracted and the most recent term is LGBTTIQQ2S (lesbian, gay, bisexual, transgender, transsexual, intersex, queer, questioning, two-spirit) (Schneider 2010). In the case of men for example, homosexual, queer, gay, men who have sex with men and same-sex attracted are terms commonly used. The word homosexual is rarely used as it connotes a historical pathologisation of same-sex attracted people (Cornelson 1998). The term gay and same-sex attracted will be used in this article.

Background

Older gay men grew up in an era where homosexual sexual activity was illegal and this sexual activity was an offence punishable with imprisonment. It was not uncommon for this group to be targeted and prosecuted purely for being gay, and many men lived in a constant state of fear of their sexuality being exposed and the resulting risk of losing their employment, housing or families (Haber 2009). In other extreme circumstances, some older gay men were subjected to counselling and conversion therapy in order to live what was considered at the time a 'normal' heterosexual lifestyle (Dickinson *et al.* 2012).

Research has clearly identified that health professionals and healthcare organisations are both homophobic (negative attitudes towards people who do not identify as heterosexual) and heterosexist (assuming all people are heterosexual) (Adams *et al.* 2008, Neville & Henrickson 2010). Providing care that is homophobic and/or heterosexist means that gay men become invisible within healthcare environments resulting in further marginalisation. For example, Knochel *et al.* (2011) investigated residential care providers' readiness and attitudes towards gay and lesbian people, and statements reported from this research included '[W]e do not offer any services to those people anyway', '[W]e don't have anyone like that here' and '[W]e don't deal with any of those issues' (p. 384). These views indicate the strong homophobic and heterosexist views that some residential care providers have about people who do not identify as heterosexual. No matter the healthcare setting, discrimination such as that described above means older gay men may conceal their sexuality for fear of recrimination and being the recipient of substandard or being refused care (Neville & Henrickson 2006).

For many older gay men, discrimination occurs on multiple levels both external (as identified above) and internal to gay communities and can impact on how this group perceive, engage with and understand ageing. Haber (2009)

claimed that in order to be accepted within gay community's members need to be young, attractive and look a particular way. Consequently, older gay men may feel alienated from other gay people based on chronological age and physical appearance. Many gay social spaces, such as bars, clubs and sex-on-site venues, are aimed at providing services to younger gay men, resulting in those older gay men becoming invisible and leading to increases in stress, social isolation and loneliness (Iwasaki & Ristock 2007).

Social support for older gay men can take the form of friendships, familial ties, having a significant other, partner or lifetime companion. However, it is important to note that 'being with someone' exists in many forms, for example having one significant partner, having more than one same-sex partner, coexisting within heterosexual marriages, casual-but-committed partnerships and three- or four-way partnerships (Hunter 2005). Another form of social support is the creation of families of choice which consist of friends and significant others and are formed as alternatives, or in addition to biological families (Neville & Henrickson 2008). The presence of a robust social support network is instrumental in contributing to positive ageing experiences (Snyder *et al.* 2007).

Inherent within ageing experiences of older gay men is planning for a time when failing health or other circumstances may result in having to live in a supported care environment. Research has clearly demonstrated that people who do not identify as heterosexual are apprehensive about living in residential care facilities and many would prefer to live in their own homes being supported by significant others followed by living in a 'gay friendly' residential care facility (Neville & Henrickson 2010). Furthermore, Hughes (2009) identified that the majority of participants were concerned that their sexual orientation would not be recognised and that healthcare providers would be discriminatory towards them if they were to move to a residential care environment.

For gay men, ageing offers a number of challenges apart from the general challenges of ageing faced by heterosexual men. To understand the ageing experiences of gay men over the age of 65 years living in New Zealand, a qualitative study was undertaken and the results of this are reported here.

Methods

Design

Critical gerontology formed the methodological foundations for this qualitative study. Critical gerontology is not a

single distinct theoretical position, but rather an amalgamation of multiple theoretical perspectives encompassing, for example critical, feminist and sociological challenges to what and how we currently know about ageing and asserts other viewpoints should always be included (Neville 2008). This study used Cole *et al.*'s (1993) work to identify sources of oppression and interpret the meanings of what it is like to age as an older gay male. In addition, we also drew on Bernard and Scharf's (2007) critical gerontological ideas to initiate dialogue, raise questions and promote value committed approaches to social change for this group of people.

Participants

Inclusion criteria for this study were gay men who were over 65 years, community dwelling, and who were able to communicate in English and living in New Zealand. Sixty-five years was chosen to identify older as this is the age in New Zealand where adults can formally retire and become eligible for a number of government benefits such as New Zealand Superannuation. Ethical approval for this study was granted by the relevant university Human Ethics Committee (approval number MUHECN 10/058), and all ethical principles were adhered to.

The study was advertised through posters in gay-orientated social venues, such as a sex on site venue, gay community church and a social group specifically catering to groups of older gay men. Advertising for participants relied upon them identifying as gay and over 65 years; however, this may have led to a selection bias thereby unintentionally excluding those men out who did not interact with the gay community and the social venues in which advertisements were placed. Potential participants made initial contact by telephone or email advising their interest in the study. An information sheet was then sent, and a time and place convenient to the participant for the interview was agreed on. Before commencing the interview, participants were asked to sign a consent form which signified they had read and understood the information provided in the information sheet and agreed to the interview being digitally recorded.

Twelve gay men who met the study criteria were interviewed. The ages of the participants ranged from 65–81 years and all lived in large metropolitan centres. Data were gathered through in-depth semi-structured interviews which lasted between 60–90 minutes in length. Examples of questions used to generate data included 'What does ageing as a gay man mean to you?', 'Tell me about some of the supports that have helped you through

your life?', 'Tell me about how you would like to be supported and by whom as you get older?' and 'What would you like health professionals to know about ageing as a gay man?' Data collection continued until data saturation was reached. Data saturation is defined as '... the point in data collection when no new additional data are found that develop aspects of a conceptual category' (Francis *et al.* 2010, p. 1230). Interviews were transcribed verbatim by a transcriber who was bound by a confidentiality agreement. Confidentiality was maintained by the allocation of pseudonyms chosen by the participants.

Data analysis

The data set consisted of transcripts (and recordings) of the interviews, and thematic analysis was used to identify repeated patterns of meaning across the data set. Thematic analysis '... is not tied to a particular theoretical outlook and so can be applied when using a range of theories and epistemological approaches' (Joffe 2012, p. 211). Also, thematic analysis has been successfully used in critical gerontological studies (Phillips *et al.* 2008, Keyvanara & Haghshenas 2011). The particular approach to thematic analysis used in the present study was the six-phase process of thematic analysis proposed by Braun and Clarke (2006). The analysis was inductive and data driven and focused largely on the semantic content, but also on the latent constructs underpinning the participants' talk (Braun & Clarke 2006).

Results

Three themes relating to the ageing experiences of this group of people were identified during data analysis process: (1) 'homophobia', (2) 'being with someone' and (3) 'future care'.

Homophobia

This theme highlights the pervasiveness of homophobia in the lives of the participants. The homophobia experienced by the participants manifests in many forms but all culminating in placing extensive personal challenges and stresses on these men. For example, George first encountered homophobia as a young man from his father who told him to be aware of homosexuals looking for young boys like him, but as an older man and a father, himself he continues to experience homophobia on a daily basis, this time from his sons:

I lost everything...my two youngest sons haven't spoken to me for 25 years because they don't speak to their gay dad.

This is also mirrored by Ken who states:

My father said that I couldn't be his son and I left home and I had a brother one year younger who wasn't then but was on the way to becoming what he is now which is a rabidly homophobic fundamentalist Christian.

The above excerpts demonstrate obvious forms of homophobia, but more subtle forms are also present; those negative feelings about being gay that older gay men themselves hold are often termed internalised homophobia. Several participants espoused feelings of internalised homophobia. Among the men's comments were that their sexuality was a *problem* or *curse* or that being gay was *not a pleasant life*. One participant (Edgar) claims that he felt that a heterosexual lifestyle is a:

... more natural form of existence... I don't think it's [being gay is] a pleasant life... I don't think it is. You're on the fringe of society and leading a sort of secret life through most of your life. It's not a satisfying existence I don't think. I don't know whether I would, I don't often think about what would happen if I had kids and that sort of thing but I think that to me it seems a more natural form of existence.

Internalised homophobia such as this refers '... to the negative and distressing thoughts and feelings expressed by lesbians and gay men about their sexuality, and which are attributed to experiences of cultural heterosexism and victimisation' (Williamson 2000, p. 105). These negative thoughts are theorised to result in internal conflicts and poor self-regard (Meyer & Dean 1998). Whatever form homophobia takes, it poses a serious threat to an older gay man's feeling of self-worth.

Being with someone

Most of the men in this study had at some point in their lives had a relationship with another man, but only one of the twelve participants was currently in a relationship.

Most of the men expressed a desire to find a partner; however, many of them felt that the opportunities for finding a companion were limited due to either their age or their own sense of attractiveness. Jasper and Ken recount their experiences of trying to find a companion/partner:

... I rang, it was called Gayline at the time... I explained the situation and he said go to the [sauna]. Anyhow I went there and it's like nobody spoke to me and looking back on it, it was like obviously wow you're too old.

I know I don't look 70 and the body is still fully functioning in every department but you tell someone your real age, other gay men, and they run screaming.

Ageism and discrimination of older people based on age is evident in the gay community and may provide an explanation for the difficulties older gay men experience when trying to find someone to be with. Charles, for example, notes:

Once you get older then you've got to realise that everybody's [other gay men are] after younger men.

This is also supported by George who states:

... there's the usual problems of ageing as a gay man is the fact that you are no longer really accepted in the social world because you're too old. It's okay amongst my contemporaries but if you go somewhere you kind of get either the invisible look or a derogatory look. So it's difficult, these days you have to be young and pretty to be out there.

These men's stories outline the experiences and difficulties associated with finding another partner and could lead to feelings of loneliness. However, any feelings of loneliness could be mitigated through having developed extensive social networks as identified by James:

... It's friends and probably not just gay friends but also maybe straight friends as well, knowing that they're there and should you need some help they're there for you. I think that's probably been the most significant thing, is friends I think.

Future care

Future care needs is an issue that impacts on all older people. Most of the men in this study have experienced discrimination in the form of homophobia during their lives, and even though there is much more public acceptance of gay people, there was an element of trepidation within this group of men towards their future care options. For example, Jasper notes:

My friend and I were discussing this the other day and if it's necessary for me to go into a home I'm quite happy to go in, but hey, there's no, I don't know of any really openly gay accepting rest homes. So you become very much a minority and I think that is a worry... and I'm scared I will be forced to go into the closet.

Just about all participants raised the issue of gay-orientated long-term facilities, residential care or rest homes as a place that they would feel comfortable in if they were not able to remain independent on their own home. One example of this is provided by Patrizio:

I would like to see an old folks home for gay men, with gay nurses, totally supportive, like we have old folks home for old folk. So if I

ever become, let's say incapacitated like my dad did, I would like to be with gay people and spend the rest of my life with gay people.

Larry also comments on his feelings regarding rest home placement:

I would be very reluctant to go into a home as it were, I'd feel isolated, but only about 7% of older people in New Zealand go into homes...So that leaves 93% of us die in our own homes or with our family or whatever.

As with any older adult, ageing gay men want their physical and mental health needs met, whether it is in a long-term care facility or in the community, and want health professionals to be receptive to their needs. Most relevant to this group was that health professionals should not be discriminatory in their practice, display some degree of acceptance and not be judgemental when working with older gay men. For example, George notes:

Does it matter who I go to bed with and what I like doing with people? What I'm saying is I want them [health professionals] to do is just accept a human being as a person, not as anything else and if I want to marry somebody and it's a male that is my business. If I want to go to bed with somebody that's a male that's for me to decide and I shouldn't have to worry about that. So that's what I want health professionals to sort of work through, that they can just accept gay men as men.

Discussion

The study explored and presented older gay men's perceptions of ageing. Critical gerontology was used to ensure the voices of this frequently marginalised group were heard. The key points evident in the above themes can be summarised as wanting to be acknowledged and treated with respect for who they, to be loved and have good social support networks, and if reliant on others, the care that is provided is culturally appropriate and meets the individual's needs. It could be argued that these key points are significant for all older people regardless of sexuality. However, this older group of gay men have lived through an era of being marginalised and stigmatised for choosing to live a nonheterosexual lifestyle. This is supported by Haber (2009) who identified that not only were same-sex attracted people marginalised and stigmatised, but were frequently abused, victimised and seen as a threat to mainstream society.

All of the men in this study were subjected to homophobic actions and comments from friends, strangers, family members and within a variety of environments including churches and workplaces. These negative societal attitudes

mean that these participants live in a constant state of stress. The literature clearly identifies that the consequences of experiencing homophobic reactions are stressful and can lead to the development of negative adaptive behaviours such as depression, loneliness, the misuse of alcohol and drugs, and anxiety (Masini & Barrett 2008).

Of utmost importance for this group of older gay men was the existence of a strong social support network, comprised of a partner, friends and/or family. Grossman (2006) and Lavin (2008) identified that established social support networks moderate the stress associated with living a gay lifestyle and help to increase self-esteem and lessen anxiety. Participants defined friends as those who are '*there for you*' and comprised of gay and nongay people who acted as social contacts for social outings.

The term resilience could explain how this group of older gay men have managed to live relatively happy lives in the face of adversity. Edward and Warelow (2005, p. 1), defined resilience as 'factors or characteristics that assist individuals to thrive from and in adversity'. Windle *et al.* (2008) found that self-acceptance was an integral component of resiliency in old age. The participants in this study have all lived through times of adversity in the form of homophobia and accepted their sexuality to become older adults. Henrickson and Neville (2012) asserted that those who do not identify as heterosexual may be more resilient than heterosexual people in coping with the issues associated with the ageing process. In addition, having affiliations with and good social supports within gay communities promote positive psychological adjustment of gay men and lesbians (Masini & Barrett 2008), contribute to lower episodes of depression, anxiety and internalised homophobia (Shippy *et al.* 2004), bolster independence and usefulness to others (Thomas 2010) and decrease loneliness (Fokkema & Kuyper 2009).

The findings from this study identify that if participants were unable to live independently in their own home, then they would want to live in a gay-focussed residential care facility. While gay-focussed residential care facilities are in existence, not all older gay men will have the opportunity to live in these environments when requiring care. Several studies have shown that the residential care environment is both homophobic and heterocentric and consequently does not provide appropriate care to older gay men (Kean 2006, Barrett 2008, Neville & Henrickson 2010). Participants in the present study agree and believe that residential care facilities are in no way prepared to care for those who do not identify as heterosexual. This sentiment is also strongly supported in the literature (Blank *et al.* 2009, Clarke *et al.* 2010).

Implications for nursing practice

The present study challenges nurses to reconsider their approach to people who do not identify as heterosexual and in the case of this study, older gay men. Nurses need to be cognisant that this group of people have experienced years of stigmatisation, marginalisation, discrimination and victimisation from all corners of society including health professionals. In New Zealand, it is a regulated competency that all nurses provide care that is culturally safe (Nursing Council of New Zealand 2011). Wilson and Neville (2008) assert that cultural safety is inclusive and extends outside ethnicity to include all other cultural groups including those who identify as same-sex attracted. It is therefore important that all nurses examine their own ideas and prejudices of same-sex attracted people to deliver competent and culturally safe care.

Evident in the findings was the importance placed on having good social support networks. Consequently, any assessment undertaken with older gay men should include information on support networks that the person has. In addition, nurses need to ensure that healthcare environments are open, respectful and use gender neutral language. Doing so will increase older gay men's confidence that should they require healthcare services, these will be delivered in a way that is sensitive and appropriate. Finally, the development and implementation of best practice guidelines that would help nurses who come in contact with same-sex attracted groups to assist in the provision of a culturally appropriate and safe health service would be beneficial. Best practice guidelines have been developed in Australia, but these are specific to the residential care setting (GRAI (GLBTI Retirement Association Inc) & Curtin Health Innovation Research Institute, Curtin University 2010). Any further best practice guidelines developed and implemented need to be generic, so they can be easily adapted to use in a variety of healthcare settings, for example acute, community or residential aged care. The success of implementing best practice guidelines requires a commitment by organisations to change practice. Changes to practice could be supported by the identification of key people within organisations who can assist with the translation of guidelines into practice.

Limitations

As with any research project, there are limitations and the present study is no exception. First, there was the potential

for selection bias as the study was advertised in gay-oriented social venues and as such did not capture those men who did not frequent these places. Consequently, all participants self-identified as gay, were 'out', were comfortable with their sexuality and were connected to a strong gay social network. However, this is not typical of the entire older gay men group. For example, some men may still be married to a woman or may not be 'out'. Further research exploring the perceptions of these hidden groups of older gay men would be useful. Second, all participants were well educated and of white middle-class European descent living in metropolitan areas. Future research should include those older gay men who live in rural environments, as well as those from different ethnicities and cultures from a variety of socio-economic groups. However, the intention of this study was not to generalise the findings to all older gay men, but through the usage of a critical gerontological lens foreground the voices of this group so that their perceptions of ageing, as well as how they would like to be treated by health professionals, are heard.

Conclusion

With the predicted surge in the older population over the next few decades, there will inevitably be a number of older people who identify as gay requiring nursing care. The results from the present study identify that even though this group of men have been discriminated against based on their sexuality, they have emerged resilient. While there is much more public acceptance of same-sex attracted people, these older men still feel anxious about engaging with health professionals. The usage of generic best practice guidelines for nurses as a framework to guide care is needed. Nurses would then be positioned to ensure care is individualised, appropriate support networks identified, and healthcare environments are culturally safe so that older gay men receiving a health service can expect to be treated with dignity and respect.

Contributions

Study design: BK, SN; data collection and analysis: BK and manuscript preparation: BK, SN, JA.

Conflict of interest

There is no conflict of interest.

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