

## 10. Sexuality and Ageing at the Margins

### Overview

Intersectionality is a concept that refers to the relationships among multiple dimensions and modalities of social relations and subject formations (McCall, 2005). It reveals how markers of difference are not independent of each another, but interrelate, based different kinds of diversity. In this lecture we will examine the ways in which difference is often disregarded as people age, and the implications of this disregard for older people who do not conform to assumed (heterosexual) norms. The focus of work in the module will be on non-heterosexual sexualities and gender diversity.

### Objectives

By the end of this topic you will have:

- Focused on issues for older sexual minorities, including gay men, lesbians, bisexual and transgendered people
- Identified issues for diverse older communities, including race, ethnicity, class and identity

### Key Concepts

Sexual orientation, normativity, identity, intersectionality, marginalisation, heteronormativity

### Required reading

Heaphy, B., Yip, A. K. T., & Thompson, D. (2004). Ageing in a non-heterosexual context. *Ageing & Society*, 24 (06 ), 881-902

Barrett, C. (2008). *My People: a report exploring the experiences of GLBTI seniors in aged care services*. Matrix Guild, Melbourne

Couch, M., Pitts, M., Mulcare, H., Croy, S., Mitchell, A., & Patel, S. (2008). *Tranznation: a report on the health and wellbeing of transgender people in Australia and New Zealand*. Melbourne: La Trobe University.

### Lecture Notes

#### ***Marginalisation***

Marginalisation refers to exclusion from meaningful participation in society. People from racial and cultural minorities, those with physical or intellectual disabilities, those who are poor or socio-economically disadvantaged may be, to a greater or lesser extent, marginalised. Young people may be marginalised because they lack the capacity to vote or provide consent. Women are sometimes described as marginalised, although they constitute more than half the population. It can also be argued that as many people age they become marginalised from

mainstream society. Others who may be marginalised include people living with HIV Aids and injecting drug users. In addition to the individual kinds of marginalisation noted in this section, communities can also experience marginalisation. For example, Indigenous people, and culturally and linguistically diverse people may be marginalised from the mainstream. For older people and their families in these communities this can present a double burden. When practices, policies and programs are designed to meet the needs of people who are assumed to be white and middle class and not the specific needs of the marginalised group, that community bears an additional burden.

Marginalisation can result in material deprivation, in that resources, including income, food, shelter, and support, are not evenly distributed among those who are marginalised. They may also be excluded from access to services and programs and not recognised in social policies. This list is not definitive, no list ever can be. There are many ways in which people may be marginalised, for example:

- Historical and legal – gay sex has, until recently, been illegal and discrimination against GLBTI people legal. The church and religion has often promoted hatred for homosexuality with devastating effects that continue today. This combination of historical and legal discrimination marginalises GLBTI communities.
- Indigenous people have been marginalised by the dispossession of their lands and cultures, by disease and the basic denial of their human rights, which has led to lower life expectancy and ongoing discrimination.
- People living with HIV AIDS and injecting drug users (among others) are marginalised because of the stigma attached to their illness or addiction.
- People with intellectual and psychiatric disabilities have been marginalised as a result of deinstitutionalisation. Although they were marginalised when they were housed in institutions by being removed from society, few efforts were made to integrate them into the mainstream community or provide appropriate supports for them to live independently.

Overall, marginalisation is a reflection of a lack of power in particular circumstances. Using this as a framework for understanding marginality, it is possible to see how people may, but not necessarily, be marginalised because of their circumstances (Pitts & Smith, 2007).

In lecture 7 on discrimination and prejudice, we discussed definitions of heterosexism and homophobia, and systemic discrimination. In this lecture, whilst acknowledging that gay, lesbian, transgender and intersex people (GLBTI) are not the only ones who are marginalised, we will focus on them.

### ***Normativity***

So what is the mainstream we have been discussing? Social norms have been defined as "the rules that a group uses for appropriate and inappropriate values, beliefs, attitudes and behaviors. These rules may be explicit or implicit. They tend to indicate the established and approved ways of doing things, of dress, of speech and of appearance. These vary and evolve not only through time but also vary between cultures and over time (Wikipedia, 2008)".

In the mainstream of Australian society, the assumed norm is white, middle class and male. Not conforming to societal norms and the social power associated with them can lead to becoming marginalised. This can occur at the level of the individual, the community and within structures and policies, which are affected by the ways in which different kinds of disadvantage or marginality intersect. The phenomenon of different kinds of disadvantage or marginality intersecting is known as intersectionality. Intersectionality refers to the relationships among multiple dimensions and modalities of social relations and subject formations (McCall, 2005). This concept reveals how markers of difference are not independent of each another, but interrelate, based on each individual's different kinds of diversity. Intersectionality thus holds that knowing, for example, that a woman lives in a sexist society is insufficient information to account for her experience, and it is also necessary to consider her race, age, class, sexual orientation, dis/ability, class, etc.

Because of the complexity of diversity, there is nothing coherent or unified about the experience of old people. This has implications for fields such as social work, nursing and other social welfare service delivery, and also for those involved in policy development, research and politics.

In lecture 4 we discussed governmentality and discursive formations. Discursive formations are fields of power – such as education, the law, religion, biomedicine – that constitute forms of power, shape subjects and assist in regulating social life through the process of normalisation. According to Rose (1990) these fields represent the State, and normalisation is the process by which this kind of power shapes, guides, channels, directs and controls events and persons whilst remaining distant from them. According to Foucault, normalisation is shaped by experts who make “truth claims”. The state does not set out norms for individuals, but “would install and empower a variety of 'professionals' and invest them with authority to act as experts in the devices of social rule (Rose, 1990, p. 285).

Truth claims in turn produce discourses that determine, produce and limit what can be seen, heard, thought, known and done. From this perspective, grand narratives about ageing, that produce old people as relatively homogeneous and disregard individual diversity or access to power, act to marginalise the elderly. According to Wilton (2002), the “hegemony of medicine as a paradigm, a world view and a social institution enables its practitioners to speak with great authority” (p. 260).

### ***Heterosexism and Homophobia***

**Homophobia** is defined in the *Shorter Oxford Dictionary* as ‘hatred and fear of homosexuals and homosexuality, usually associated with hostility and sometimes with violence’.

**Heterosexism** is defined by the Oxford English dictionary as prejudice and antagonism shown by heterosexual persons towards homosexuals; discrimination against homosexuals.

**Heteronormativity** refers to the ways in which social institutions and policies reinforce the belief that normal gender behaviour is either masculine or feminine, and that sexual relations can only occur between a male and a female (Warner, 1991). This concept reveals the

expectations, demands and constraints produced when heterosexuality is constituted as the norm.

Heterosexism is the assumption that everyone is heterosexual, which makes people who are not exclusively heterosexual invisible. As discussed in lecture two, sexuality can be expressed in terms of attraction, behaviour (or practices) and identity. Regardless of whether someone identifies as lesbian, gay or bisexual, they may have intimate relations with persons of the same sex. Sexuality is complex and choice of partner may be subject to change at any time in a person's life. Making assumptions about a person's sexual orientation or choice of partner can inadvertently discriminate against them.

Homophobia is more about fear and hatred towards people because of their sexual orientation, or perceived sexual orientation. It can lead to discriminatory behaviour based on the belief that homosexuality is unnatural or immoral. While homophobia is always damaging, it is perhaps most dangerous when it is used to justify violent behaviour against others. In all Australian states discrimination on the basis of sexual orientation is illegal.

Research in Australia has shown that while only a small number of women and men identify as gay or lesbian, a much larger proportion of people have had same sex sexual experiences in their lives. For example, among those aged 50 to 59 years, 6.3% of men and 3.8% of women reported having had homosexual experience in their lifetime (Smith et al, 2003).

### ***Systemic Discrimination***

Systemic discrimination is enshrined in the institutions that govern our lives. It stems from assumptions and stereotypes about women and men, as well as about class, age, race, sexuality, ethnicity and ability. This kind of discrimination is learned through the socialisation process that starts at birth when girl babies are dressed in pink and boys in blue, and when boys are encouraged to be noisy and boisterous and play, while girls are expected to be gentle and quiet. These and other subtle and not so subtle stereotypes about how males and females should behave continue to be reinforced by the family, culture, religion, school, the media, the law and government throughout our lives. Individuals learn what is considered appropriate and inappropriate for their gender, and can be disciplined or punished for deviating from the norms that are laid down. Not only are individuals shaped by societal norms as children and in their youth, age appropriate behaviours are also brought to bear on people as they age.

### ***Implications for practice***

#### **Activity**

Recent research shows that binary thinking is not very useful in terms of sexuality and gender – for example, straight/gay, male/female. Some people like to think in terms of opposites about sexuality, as evidenced by some labelling and boxing of people's sexuality. Reflect on the following questions, and write about them in your journal.

- Do you always assume people are heterosexual? On what do you base this assumption? Why do you think this happens? Is it just you?
- Does the possibility that the older people with whom you work might not be heterosexual ever occur to you?
- How would you know if someone was not heterosexual?
- Would transgender men and women be treated with the same respect accorded to others, or as an oddity?
- Would a man in a nursing home who wanted to cross-dress be provided with the opportunity to do so? Would it be possible for an older person who is not exclusively heterosexual to express their sexuality in an aged care facility? How would you handle situation such as these if they arose?
- In what ways could you change your own practice to make sure sexual orientation is not always assumed to be heterosexual?

### ***Heteronormativity***

Heteronormativity is another kind of normativity that specifically refers to the ways in which social institutions and policies reinforce the belief that normal gender behaviour is either masculine or feminine, and that sexual relations can only occur between a male and a female (Warner, 1991). This concept reveals the expectations, demands and constraints produced when heterosexuality is constituted as the norm. People who are not exclusively heterosexual, or who do not comply with rigid constructions of gender as masculine and feminine are affected by heteronormativity. Sexual orientation and gender identity are factors in the lives of people, regardless of race, culture, age or class. Those who marginalised and who are not exclusively heterosexual or transgress normative assumptions about gender are often said to be doubly marginalised.

### ***Gender identity and sexuality***

As discussed in Lecture Two, there is a large body of work predicated on the assumption that sexual orientation comes from an essence determined early in life. Essentialist models of identity reflect and perpetuate popular theories about homosexuality and gender identity, but fail to take into account the lived experiences of many individuals, or the fluidity of gender norms. However, sociological theories about gender formation focus on identity not as something deep down inside the individual but as being located in the interaction between the individual and society, and always in process”(Esterberg, 1997, p. 14 – 15 ). This account of identity formation better explains the complexity of ways in which identity plays out in the lives of individuals. For example, it is not uncommon for an individual to have married and had heterosexual relationships, and to later fall in love with someone of the same sex, nor for someone to have lived as a man or a woman and later to come out as transgender.

While research about homosexual identity for women and men is plentiful, there has been almost no research on transgender people, however, in recent Australian research with transgender people, participants ranged in age from 16 to 73 (Couch et al., 2008), demonstrating that this is not a phenomenon limited to younger people.

This study looked at the health and wellbeing of 253 transgender people in Australia and New Zealand. In the study 75.5% of the participants were born male and 24.5% female. On average, male to female transgender people transitioned at age 44 while female to male transgender people transitioned at age 30. The terms transsexual and transgender are sometimes used, but not universally accepted by those individuals they describe. Many simply refer to themselves as their chosen, rather than assigned, gender. Others describe themselves as transitioning – a term usually reserved for those who have not completed their gender transition. Transgender people may identify sexually as asexual, heterosexual, gay, lesbian or bisexual. Some choose to call themselves queer, non-specific or variable (Couch et al., 2008).

Overall in Couch's study transgender people were more likely to be depressed, although this may or may not be related to gender identity. Being transgender means living right at the margins, having less access to power and a greater likelihood of being exposed to prejudice and discrimination, all of which might lead to depression. According to Couch:

Most participants, (87.4%) had experienced at least one form of stigma or discrimination on the basis of gender. Social forms of stigma such as verbal abuse, social exclusion and having rumours spread about them were reported by half the participants. A third had been threatened with violence. A similar number had received lesser treatment due to their name or sex on documents, as well as been refused employment or promotion. Almost a quarter had been refused services and 19% physically attacked. Many participants generally kept their gender identity to themselves, or to only express it in private, and in safe spaces. Discrimination from family members (who could also be victims of discrimination themselves) and in the workplace were commonly discussed. Participants expressed strong fears for their safety based on their experiences of discrimination. Respondents who had experienced a greater number of different types of discrimination were more likely to report being currently depressed and almost two-thirds (64.4%) of participants reported modifying their activities due to fear of stigma or discrimination. Partner violence was reported by 16.1% of participants. Only 18.2% of these had reported it to police and of those that did report less than half (34.8%) were treated with courtesy and dignity (p. 9).

## **Reflection**

What effect do you think living in a society that despises and derides you might have on an ageing individual. How could this be addressed?

## ***Sexual identity***

In 2006, a large survey of gay, lesbian and bisexual people was carried out in Australia. There were 5476 participants in the survey, of whom 62.6% identified as male and 35.2% female. The remaining 2% identified as intersex or trans male or female. Even the complexity of these ways of identifying are alien to most people, and it is important to get your head around these issues if you work with older people, because among them will be people whose gender or sexual identity will not be simple, and cannot be assumed.

In the Private Lives study (above) 52% of participants identified themselves as gay men, but the ways in which women identified themselves was more complex. 17.8% identified as lesbian, 5.1% as gay women and 2.5% as dyke. Overall, 4.8% chose not to use a label to describe their sexual identity, 1.4% were not sure.

### ***Aged care***

Lesbian, gay, bisexual and transgender people report less than optimum care in health service delivery and in aged care.

Barrett (2008) reported that many gay, lesbian, bisexual, transgender and intersex (GLBTI) seniors do not feel safe disclosing their sexual or gender identity in aged care services. She argued that GLBTI people's decision not to come out in aged care services is motivated both by individual fears and experiences of prejudice and discrimination, and by anecdotal reports of discrimination. While discrimination may not be the intention of service providers, refusal to acknowledge or consider the possibility of an individual's sexuality or gender being other than normative, leads to many people feeling marginalized and unacknowledged. GLBTI people often experience depression precisely because of this kind of lack of acknowledgement. Being made invisible in the eyes of the mainstream world, and by those who provide support and care combined with fears about more overt discrimination and abuse can lead to depression and other health problems.

Lack of acknowledgement of gender or sexual orientation means that service providers are unaware of their GLBTI clients and their particular needs. This contributes to a culture in which discrimination goes unchallenged and aged care service providers are not adequately supported to provide GLBTI friendly services (Barrett, 2008)

### **Activity: Journal Work**

What do you know about who benefits from your work, whether you are involved in direct service delivery or policy development? Reflect on the following questions and write about your reflections in your workbook.

- The needs of older lesbians/ gay men/ bi-sexual and transgender people are understood and addressed. We do this by ...
- We have (or ensure that) ramps, hand rails and other accessories to assist frail people with physical disabilities. We do this by ...
- The needs of culturally and linguistically diverse communities are understood and addressed. This is done by ...
- Communication is provided in a range of languages. We ensure this by ...
- The needs of older Aboriginal people are understood and addressed. We do this by:
- Services are well-lit, accessible and readily reached by public transport.
- Interpreters are available to assist older people who are not fluent in English.
- The different needs of women and men are addressed and communicated to everyone.

In your journal, write about steps that can be taken to make public services more accessible and supportive for marginalised older people, and specifically, what you can do in your work place.

### ***Intimacy in aged care***

In Barrett' (2008) research with GLBTI seniors, a number of participants described the importance of intimate relationships, touch and sexual expression. A major factor in this need not being satisfied was a lack of privacy, particularly for those who are dependent on carers. This related not only to intimate relations, but also to lack of private space in care facilities to store items such as GLBTI community magazines which might expose them to the scrutiny of others, or to discrimination or abuse. Participants in this research also related how carers imposed their values by forbidding certain behaviours. For example, an example was cited of cross dressers being told by staff that they were not allowed to cross dress. Another account was shared of family and staff restricting legitimate access to sexual expression that they deemed inappropriate (Barrett, 2008).

### **Reflection**

Have you ever considered the privacy or intimacy needs of people affected by your work? Has this extended beyond those who conform to normative expressions of sexuality or gender? In your journal, write about this. If you have taken these matters into account, write about how you did this, if not, reflect on why this might be. Write about ways this could be done differently in planning, policy or service delivery

### ***Discrimination and older gays: surviving aged care***

The following is taken from [http://www.lawlink.nsw.gov.au/lawlink/adb/ll\\_adb.nsf/pages/adb\\_et61](http://www.lawlink.nsw.gov.au/lawlink/adb/ll_adb.nsf/pages/adb_et61), Discrimination and older gays: surviving aged care - Equal Time, August 2004. Read the article and complete the reflection at the end.

*Older gays and lesbians face a discriminatory environment when it comes to ageing and aged care services, according to gerontology researcher Dr Jo Harrison of the University of South Australia.*

*Dr Harrison says that the view of ageing as a negative, lonely experience is a serious barrier to overcoming discrimination on the basis of age in the gay and lesbian community. Connection to the gay community can contribute to a positive ageing experience, and many gay and lesbian people fear having to go to a nursing home in old age.*

*According to Harrison, aged care services operate within a dominant "heteronormative" framework in which heterosexual experience is seen as the central world view and the role of sexuality as a component of identity is not recognised.*

*Harrison says that heteronormative assumptions underpin many discussions of aged care practice, particularly when referring to relationships, family, household, taxation and*

*superannuation. Terms like “never married”, “spouse carer” and “widowed” reflect the assumption that all elderly people are heterosexual.*

*This can lead to a situation where an older gay man or lesbian is reluctant to disclose their sexuality and it is therefore unlikely that their needs will be met to the fullest extent possible.*

*Harrison discusses a case in which a lesbian being admitted to a home felt unable to reveal that the “friend” accompanying her at admission was really her life partner. The partner was therefore not given the same visiting and decision-making rights as the woman’s children.*

*In fact, only a small percentage of the aged population ever requires nursing home care. But the fear of being “forced back into the closet” makes many gay and lesbian people reluctant to consider this as an option, and may influence their overall thinking about ageing.*

*A common viewpoint among health professionals is that a person’s sexuality is “private” and not relevant to their treatment. Harrison argues that this is a barrier to a full understanding of a client’s life experiences, and may also be a way of avoiding the need for change.*

*Harrison says that mass “outing” of elderly gay men and lesbians is not the answer, and they should not be required to overtly discuss their relationships. Gay men and lesbians who grew up prior to the advent of gay liberation may have lived their entire lives without revealing their sexuality and coming out may not be a feasible option for them.*

*This contrasts with mid-life gays and lesbians, who are more likely to have been through a “coming out” process and made choices about disclosure throughout their lives. However, Harrison says the crucial thing is for aged care services to “avoid assumptions which limit opportunities for coming out, while respecting diversity around identity, life history and self-understandings”.*

*This includes understanding the choice not to identify as lesbian, gay, or even different. Overseas research has shown that many older lesbians, for example, do not apply this term to their own same-sex relationships or life arrangements. There are ways that aged care services can communicate to older gay men and lesbians through language, practices and symbols that can reassure them that an environment is non-discriminatory.*

*For example, application forms and interviews could refer to “significant people” rather than “husband or wife”. Anecdotal evidence suggests that such subtle signals of openness have encouraged older gay clients to discuss issues and concerns that may otherwise have remained unaddressed.*

*Overt homophobia and abuse of gay and lesbian clients by nursing home staff are very important issues in the aged care context. Although there are no documented cases in formal complaints to government bodies, anecdotal evidence suggests that the problem certainly exists.*

*Harrison tells of one elderly man who had come out to the occupational therapist at a day centre after she asked whether he had a partner and what was their name. This enabled him*

*to express some concerns that would otherwise have remained unaddressed.*

*However the Director of Nursing subsequently asked him to wear latex gloves while at the centre and threatened to refuse service to him if he did not comply. The occupational therapist managed to resolve the issue but it was a struggle and they had limited support from other staff.*

*Another elderly man was transferred from a retirement village to a psychiatric hospital because the management disapproved of his “younger male visitors”. There are other cases of nurses refusing to bathe a “suspected lesbian” and elderly people being threatened with outing if they complained about how they were being treated.*

*Transgender and intersex people are also particularly vulnerable to discrimination in aged care settings, to the point where they may avoid seeking assistance altogether. There is anecdotal evidence of denial of services, forcibly preventing cross-dressing and deliberate physical violence when people are revealed to be transgender.*

*Transgender people may also have medical issues related their original gender that emerge with ageing, such as osteoporosis or prostate cancer. These may not be addressed because they may be too intimidated to seek medical advice of any kind.*

*Harrison says that aged care workers must develop a better understanding of diversity around sexuality issues in order to provide quality service to future clients who have not led closeted lives and need non-judgemental care and support. There have not yet been significant advances in this area in Australia.*

*Education of service providers is very important, and overseas evidence suggests that initiatives based on empowerment, involving gay and lesbian professionals from related organisations and organising speakers bureaux of older educators, have been particularly successful.*

*A Code of Ethics was developed for the Australian aged care industry in 2001, but this did not outlaw discrimination on the grounds of sexuality.*

*Recent legislative changes have addressed some of these concerns, but do not necessarily cover the special situation of older people who have lived a long life of non-disclosure. Areas such as superannuation, wills, next of kin and power of attorney are still problematic in this regard.*

*There have been developments in the USA in relation to ageing and sexuality. These include the establishment of a National Association of Lesbian and Gay Gerontology, the American Society on Ageing’s Lesbian and Gay Ageing Issues Network, and some tertiary curricula that address gay and lesbian ageing issues. Some activist and support organisations are now also emerging in Australia.*

*An improvement in understanding of the needs of gay and lesbian clients of aged care services, leading to greater empowerment and self advocacy, may result in unexpected outcomes and new options for action not previously considered.*

## **Reflection**

- What issues does Dr Harrison raise as issues for GLBTI people in aged care?
- Do you think such experiences could happen in services you have contact with?
- What steps could be put in place to stop this happening, or enable workers to understand that 1. they are unacceptable and 2. to empower people to seek redress if they experience prejudice or discrimination?
- Write about this in your journal.

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