

AN EXPLANATION FOR THE NON-INTEGRATION OF  
GAY MEN INTO RETIREMENT  
COMMUNITIES

by

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ABSTRACT

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This qualitative research paper explores the reasons why gay men are not integrating into retirement communities. Through extensive interviews, three major themes emerged- “not out but hiding”, “the need to pass at work”, and “concern over caregivers”.

## TABLE OF CONTENTS

ACKNOWLEDGEMENTS .....	iii
ABSTRACT .....	iv
Chapter	Page
1. INTRODUCTION.....	1
1.1 Theoretical Perspective .....	3
1.2 Contribution to Sociology .....	7
2. REVIEW OF LITERATURE .....	9
3. METHODS FOR QUALITATIVE THESIS .....	12
4. CONCEPUALIZATION .....	15
5. FINDINGS .....	18
5.1 Respondents Characteristics .....	18
5.2 The Need to “pass” at Work.....	23
5.3 “Not Out But Not Hiding” .....	31
5.4 Concern about Caregivers .....	38
6. CONCLUSION .....	45
APPENDIX .....	48
REFERENCES .....	51
BIOGRAPHICAL INFORMATION.....	57

## CHAPTER 1

### INTRODUCTION

This project is designed to develop an explanation for the non-integration of gay men into assisted and independent living communities and assess the implications for aging men's health of this lack of integration. This is important to me in many ways. I am a gay man of fifty years, and I am able to see a time when I may require some form of assistance with the activities of daily life. I have long been active in Gay and Lesbian politics and have noticed that seniors are marginalized or absent, and I see a paucity of services offered to gay seniors. Further, I have worked in senior settings for some time and have noticed few gay men in residence. As I began to seek out more information concerning seniors, I noticed senior communities were not reaching out marketing directly to gay men. I found myself asking whether gay men are choosing not to access senior communities or whether senior communities are failing to access senior gay men. In this study I seek to understand why gay men are not "visible" in retirement communities.

This study is important because gay senior men are an understudied group, and the implications of not knowing "why" they are invisible in retirement communities is of great concern to both social services and the healthcare community itself. There is conversation, political debate, and study about gay men and their rights- their right to marry, to adopt children, to serve in the military. Yet there is very little study about gay men and aging. We know too little about gay senior men. Although senior gay men are very different from each other, they share similar life experiences. Many came to terms with their sexuality during an era that "labeled them as sick by doctors, immoral by clergy,

unfit by the military, and a menace by the police” (DeVries, 2006). This is a likely cause for their initial resistance to come forward with who they are.

The research proposed here is an extension of a previous study. For my previous research I contacted senior communities and asked them about their services or outreach to the Gay-Lesbian-Bisexual-Transgendered communities. Their overwhelming response was to ask me what GLBT meant. Then I realized part of the issue. The communities themselves were not even aware of what GLBT meant, which can partly explain why there is no outreach or sensitivity to them as a group. In fact, I spoke to one community in Dallas catering to wealthy seniors and asked them about gay and lesbian issues; they claimed that once a person “reaches a certain age... they have outgrown a gay sexuality.” After hearing this I reviewed studies on ageism and sexual orientation. “Ageism denies, or at least conceals, the sexuality of the old” (Genke, 2004). This is particularly true for older gay men. They are not only rendered invisible because they are old, but also because as older people they are de-sexualized, so their sexual orientation loses meaning. Yet, anyone who works in a senior community is aware that relationships between senior men and women are relatively commonplace. As cited by Schope (2005), the main reason there are not more “relationships” in senior communities has to do with a distinct lack of men in residence. I currently work in an assisted living community and have often heard females in the community mention that men make “sexual suggestions” to them on a regular basis. So if straight men maintain their sexuality past eighty, how could it be that gay do not maintain theirs? So, another reason why this is worthy of study is that we empirically know that straight men do not outgrow their sexual orientation, and it needs to be established that gay men do not outgrow theirs. Gay men may be “passing”, they may hold out at home longer, or they may be in complete denial of their

needs. However; we know little about the reasons for the non-integration and invisibility of gay men in retirement communities.

The purpose of this ethnographic study is to understand if gay men are choosing to “pass” as heterosexual while in residence at a retirement community. Therefore the central phenomenon of senior gay men passing as heterosexual while living in retirement communities and the implications this has for social services and the healthcare industry as a whole has become to focus of the research.

The central phenomenon of “passing” is defined as “a cultural performance whereby one member of a defined social group masquerades as another in order to enjoy the privileges afforded to the dominant group. The most common form of passing in contemporary culture is probably that which occurs among gay men and lesbians. Passing always occurs in the context of a relationship: it requires, on the one side, a subject who does not tell and, on the other, an audience who fails to ask. Passing occurs when there is perceived danger in disclosure.”(Leary, 1999).

### 1.1 Theoretical Perspective

The non- integration of gay men into retirement communities may reflect the phenomenon of gay men passing as straight. . People develop subjective meanings of their life experiences, and gay men born in the 1930s had a similar set of life experiences surrounding their sexual orientation. This leads them to navigate the social experience of living in a retirement community in similar ways and passing is one common strategy. The historical era that these gay men grew up during had a significant impact on how they view themselves and perceive the world around them and their place within it (Dunning, 2004). Senior gay men have used passing as a survival technique to deal with the pressures to assimilate to a heterosexist society, to reduce the likelihood of exposure, and avoid the consequences of being perceived as gay. Gay men of this generation are



not likely in favor of living their lives in an open manner, and the lack of privacy in a retirement community may lead them to go back in the closet when living in a retirement community.

My theoretical framework is derived from Erving Goffman's 1959 work; *The Presentation of Self in Everyday Life*. In this work he argues that all human actions depend on the time, the place, and the audience. Goffman uses a theatrical metaphor to define the methods one uses to present oneself to another. This is based on cultural values, norms, and expectations. In the case of passing, the cultural norm is that of being heterosexual. The goal of this presentation of self is acceptance from the audience through some form of manipulation. If the actor succeeds, the audience will view the actor as he or she wants to be viewed: as heterosexual. He discusses the use of "teams." Teams are groups of individuals who cooperate with each other, yet teams of one person, performing alone, can exist. Team members must cooperate and share the "party line", team members must share information. Any mistake reflects on everyone. Impression management refers to work on maintain the desired impression in the eyes of others. It is composed of defensive and protective techniques. Defensive techniques are routinely used before an interaction starts and evolve over time. Protective techniques involve controlling information about yourself, a skill my respondents have mastered, and maintaining a narrative consistent with the character you are playing. There is discipline which involves dedicating oneself to the performance but without losing yourself in the role. Self-control requires making sure one can play the part properly, often after rehearsal. Of course there is a ritual of keeping information secret thereby minimizing any risk, and preparing for expected problems. An example of this was the respondent that routinely year after year took a lesbian friend to his companies Christmas party. The actor

must be careful to avoid situations where a mistake or a potential problem can occur; they must choose the right audience, length and venue of the performance.

A major theme in this work is that there must be an agreement among social actors as to the definition of the situation during every social interaction. This is essential to maintain a coherent image. The interaction must be logical, consistent in thought and speech, everything must stay together. During interactions all parties involved work to create a positive image of themselves. For these men that image is that of a heterosexual. Here gay men passing as heterosexual are encouraging others around them to agree on their definitions of themselves and the interaction. For instance, the other social actor will “agree” that the new resident living next door to them is heterosexual. Once an agreement has been made by both parties that the gay man is straight the situation is clear and there is no need to question that actor’s story. For many of the men in this study who were married and have children and grandchildren creating a heterosexual image is relatively easy to do. Photographs of children or grandchildren displayed in the gay man’s apartment are proof enough. The actor has created a positive (heterosexual) image of himself successfully; he has created the appropriate “setting” for the role to be played. So every interaction with the new resident is that of an interaction with a heterosexual new resident, not a gay resident. ]

Following the logic of Goffman, the team is in place. They have cooperated with each other to create the heterosexual image, information has been shared (the photographs, the narratives), hence a “party line” has been established. The next door neighbor to the gay man will share the information to other team members (residents) about the new resident and anyone mistaking the new resident as gay would reflect negatively on everyone. As stated, trust is critical among the team members, some team members have “inside” knowledge about the new resident, in this case the man who sees

the photos does not feel “fooled” by the gay mans’ performance as straight. He has proven his current role by providing “proof” from a former role.

Goff man sees the process of role play as a way to survive. The advantage of role is that of limiting responses to a given situation, not all responses are available to the actor, and he must stay coherent within the role. Once a role is initiated, the process of playing the role becomes simplified. The actor has only the responses that are available to that role, in this case the role of a heterosexual. Goffman creates a conversation that analyzes “characterization”. He cites that all actors present an idealized version of that character. The idealized character in this case is that of heterosexual man. The version of the “idealized” character portrayed is a direct reflection of contemporary cultural values. The respondents in my study were passing as straight during an era when the “idealized” version of a man was that of husband, father and military veteran. A direct reflection of what America in the 1950s considered an ideal man.

Goffman advances the theory that belief in any given role by an actor comes from the perception of the audience. There is importance attached to the costume that the performer wears, and the trappings or props the performer carries with him. In the past, gay men passing as straight would then wear the “costume” that all their heterosexual peers don. Be that a suit and tie or a uniform provided by his employer bearing a company logo. This increases the credibility of the actor while performing the role. He dresses just like all of his heterosexual peers. Trappings and props may include a house in the suburbs, a station wagon automobile; even children can be seen as props to add the strength of the performance. This wearing of the appropriate costume contributes to the definition of the situation. Goffman states “the more that the individual is concerned with the reality which is not available to perception, the more he must concentrate his attention on appearances”

This facet of appearance is what Goffman refers to as “front”. In terms of performance the actor is concerned with “manner”. Both the outward appearance of the actor and manner in which the character is played increase the quality of the performance. Everything must be in perfect concert, and the appearance and role are played in harmony. All aspects of the role depend on each other, appearance, manner, setting and props, they all work together to create a concentrated, intensified illusion of reality. The homosexual man is now heterosexual. The role is played, the character is believable and the likelihood of survival increases.

### 1.2 Contribution to Sociology

As in all areas of study in gerontology, the study of GLBT seniors and supportive services contributes to a better understanding of aging in a minority community. In some ways, the study of GLBT aging and concerns about the services needed and delivered, does not differ from that of other cultural groups (Price, 2005). In all cases, working within the constraints of a system that struggles with diversity of any kind requires study, continuing education, sensitivity training and advocacy (DeVries, 2006). With respect to health care, relatively little is known about whether the needs of older gay men and lesbians are the same as those of heterosexual seniors. Older gay men and lesbians do, however, share with their heterosexual counterparts’ common concerns about health and the need for future care (DeVries, 2006). There is evidence however that some healthcare providers do not view lesbian and gay lifestyles in a positive light. As a result, older gay men and lesbians may be reluctant to seek health care or advice (Price, 2005). One of the reasons for a lack of awareness of the needs of older gay men and lesbians is directly related to the lack of attention paid to training in this area for health care workers. Providing good quality care requires an understanding of the social and physical needs of any group. Individual nurses have a responsibility to ensure that they have up-to-date

awareness of the differing cultural needs of the lesbians and gay residents in their care. This study will bring to light the importance of sensitivity training and screening process of healthcare attendants.

Our society is “graying”, so meeting the needs of all seniors is one of our country’s biggest challenges. A seldom talked about, yet growing segment of the aging population is gay men. “Homosexual men are among the recipients of all programs provided for the elderly, yet their special needs are universally ignored” (Berger, 1982). Therefore the main reason why this study is important is because senior gay men are an understudied and often ignored group.

There is a lot of conversation, ideological debate, and study about young gay men and their rights. Their right to marry, to adopt children, and to serve openly in the military. Yet there is very little conversation about gay senior men. As the number of senior gay men grows along with the general population, it has become necessary that all service providers for the elderly become aware of the needs of this group. However, there is very little study about gay men and the aging process. Gay senior men are a minority group we know little about. My goal in this research is to determine why gay men are not integrating into retirement communities. Last, but not least, is the concept of multiple realities. Esterberg (2002) told the reader that “research is about looking...and seeing...from many perspectives...how I think about it...and keep in mind the different perspectives others may see” This work adds to the study of senior gay men, who they are, their backgrounds, current living situation and their lack of visible presence in retirement communities.

## CHAPTER 2

### REVIEW OF LITERATURE

Researchers agree that senior gay men have unique challenges, as well as strengths when it comes to successful aging. A common theme running throughout the research is gay men's concern over caregivers, and the healthcare system itself. Johnson et al (2005) cite that when senior gay men disclose their sexual orientation to healthcare providers they are putting themselves at risk for discrimination and mistreatment by healthcare providers in general. Consistently research reveals that gay men are the recipients of negative behavior by healthcare workers. They experience embarrassment, curiosity, rejection, neglect and hostility by those paid to take care of them. With the result of gay men postponing or delaying healthcare services. Brotman et al (2003) agree that gay men are faced with having to conceal their sexual orientation when seeking services, rendering them "invisible consumers" of a variety of healthcare services. This places senior gay men at risk of self-neglect which may result in decreased quality of life and shorter life spans. D'Augelli and Grossman (2001) have similar findings, arguing that senior gay men are forced into being invisible to the people who provide those services. They see this "invisibility" as a coping skill used in order to survive in a heterosexist system that historically has not been welcoming to them.

Fenge (2002) argues that as a result of the social stigma placed upon them in early life, gay senior men often do not allow themselves to access healthcare services unless they are essential, and when they do so, they remain invisible. Stating "one of the ways that gays and lesbians have managed to live their lives and avoid a gay or lesbian identity has been through the process of "passing" ie. presenting themselves as

heterosexual to the world". D'Augelli and Patterson (1998) find that gay men, who now comprise a sizable part of the senior population, often lead secretive and double lifestyles. Again, "invisibility" is used as a way to cope with a hostile world. Other researchers, such as Blashill and Vander Wal (2010) argue that those men, who concealed their sexual orientation by marrying and having children, often became exhausted or depressed by doing so. The energy required to lead a double life may take a unique toll on an individual's quality of life.

In terms of social support systems, senior gay men play a very important role in each other's lives. The MetLife Mature Market Institute (2006) reports that social support is essential for senior gay men as well as the general experience of aging in our culture. The extent of a gay man's social network has a powerful impact on mitigating the overall impact of aging, both physical and mental. Researchers D'Augelli et al (2001) found that many gay men born in the 1930s of that era lost the support of their families long ago and have created "families" of choice to support each other: "these friends often replaced the biological family and became "fictive kin".(Brotman et al, 2003). McDonald (1998) finds that there are considerable changes to the traditional support group system for gay men. Many gay men of this age group have single generation support groups, and this was echoed by the respondents in my current study. There is considerable conversation about their "family of choice" and the role it plays in their everyday lives. Study after study finds that senior gay men have one or two layers of "defense" should something happen to them. The first line of defense would be their partner, then their friends, then outside caregivers, and lastly their family of origin (Price, 2005). This is a large departure from the traditional support system afforded aging heterosexuals

Most respondents in my current research report that they have lost touch with their families of origin long ago and replaced them with friends. Orel (2004) cites that gay men

have lived their lives being very cautious about whom they allow in their social circle, and this support group assisted them with facing continuous discrimination, yet this may have reinforced the social stigma and become a lifelong challenge to overcome. Masini and Barrett (2008) agree that senior gay men's' social support systems differ from their heterosexual peers. They find that gay men have more intimate friendships and extended kinships that often replace a family of origin.

There are numerous barriers to healthcare for senior gay men. These men were forced to develop strategies rather early on in life to help themselves co-exist in a social climate that was often hostile. Rivera et al (2011) agree that the result of this hostile climate is that senior gay men are more suspicious of healthcare services or anyone working in a healthcare setting. Again, this often results in a delay in seeking care. Stein and Bonuck (2001) concur with these findings and explored another barrier to adequate healthcare for senior gay men. These researchers find that "50% of their respondents feared negative reactions to their sexual orientation by their healthcare providers". They further reported that "17% of their respondents avoided or delayed healthcare treatment for this reason." Clearly the concern over care givers, and fears of discrimination create unique challenges for gay men as they experience the aging process.

The magnitude of the issue surrounding aging gay men is clear when looking at census data. There are an "estimated 2.4 million gay, lesbian or bisexual Americans over the age of 55" (Gates, 2000). Among those in same-sex couples, the number of gay men and women over 55 almost doubled from 2000 to 2006, to 416,000, from 222,000 (Gates, 2000). This delay of healthcare services or treatment results in men entering the healthcare system in a weaker physical state that requires longer, more expensive treatment. Adding an unnecessary burden to an already overburdened system.



## CHAPTER 3

### METHODS FOR QUALITATIVE THESIS

I began the project with no clear idea of what I would find. Based on my prior research on gay men and their experiences with retirement communities, it seemed that exploring the extent to which older gay men engaged in “passing” was useful. Given my lack of clear expectations, I began my research with a broad set of questions.

To locate a sample of men I contacted The Resource Center of Dallas and spoke with the director of a group called the Gay Aging In Network (G.A.I.N.). I sent the director a copy of the questions I wanted to ask and he presented the questions to the executive board for approval (see Appendix A). Once the board approved of my questions, the director of G.A.I.N. asked members of the group to volunteer for the study.

The survey for this study consisted of thirty-three questions, each respondent answered all questions.

To gather as many volunteers as possible I attended several meetings of G.A.I.N and discussed my study. I introduced myself by name and as a graduate student at The University of Texas at Arlington, majoring in sociology, and told them about the study I was doing. To recruit volunteers I handed out a blank piece of paper with a pen attached, asking them for a first name and a contact phone number. I also attended a variety of social gatherings connected with the Dallas Resource Center. In total, I recruited twelve respondents aged 75 to 85 years of age. As in the case with most research involving the GLBT community, it is almost impossible to obtain a random sample, so I used the technique known as “snowballing” (Esterberg, 2002) to gather more respondents and create a more generalizable study.

I advised respondents that all of their responses would be kept confidential and provided an informed consent form that we discussed and they signed prior to each interview. I used the Resource Center of Dallas to conduct some interviews. It is a neutral place well known to these participants and has many private rooms where I was able to conduct the interviews in quiet and privacy. Approximately half of my respondents chose to be interviewed in their homes. Each respondent was asked the same thirty-three questions. I tape recorded each of the interviews and later transcribed them myself. While transcribing the interviews I become more familiar with the responses and was better able to recognize themes.

The education level of my respondents is much higher than that of the general public. The sample had an average of 18.5 years of formal education, with one outlier having less than high school. My sample included 1 MD, 3 PhD's, 1 Double Masters' Degree, 3 Single Masters' Degrees, 3 Bachelors' Degrees and 1 Associate degree. Interestingly enough, all respondents completed their education during the 1950s. All of the men were asked why they agreed to the interview. Many of them responded that they knew how hard it was to achieve a graduate education, or that they felt obligated to assist in developing research literature on senior gay men. Devries (2006) agrees that better educated urban men are more willing to participate with studies, and this accounts for a lack of information about rural, lower educated gay men.

Each one of the men was well dressed, friendly and eager for the interview when I arrived. The interviews were conducted seated at a table, with the respondent directly across from me. The tape recorder sat on the table between us. As a group they seemed eager to answer questions, and each of them provided many anecdotes about their lives as they answered each question

The questions asked were on a variety of topics yet lead in the direction of an understanding of gay men's lack of visibility in retirement communities. I started by gathering demographic information; age, years of formal education, occupation while working and whether they were working or retired at present. Questions concerning overall health were next and a brief exploration if they were "out" to their primary care physician and inquires about their general relationship with that professional. Following from there were questions about their "out" status with their friends and family and if they felt as though they socialized differently with gay and straight friends. Next I inquired about any experience they had with retirement communities, have they ever considered living in a community and if they anticipated being "out" to the other residents. Questions were asked about their concerns going in; would they be concerned about the other residents' views of their sexuality and if they had any concerns about caregivers in general. Additionally they were asked if they would feel the need to "pass" and what would prevent them from moving into a retirement community. I completed my questionnaire with inquires about their support system. The final question was "What is the best and the worst thing about be gay and aging?" the responses ran the gamut from insightful to fruitless.

## CHAPTER 4

### CONCEPUALIZATION

Qualitative research consists of asking questions, recording answers, identifying themes and subsequent interpretation of social phenomena. It allows us to better understand the meanings of social events that take place in our respondents' lives. The researcher learns how to move between social theory and the data analysis. The respondents themselves answer questions, yet the subtleties and reasoning behind the responses provide the researcher with a fuller understanding of their situation than would be available through a survey. "Qualitative research can be especially useful when studying ethnic minorities or marginalized groups such as gay men. Qualitative research methods can be empowering for such groups and enable and promotes social justice, community diversity, civic discourse and caring" (Lincoln & Guba, 1985). Qualitative research also gives a voice to the people being studied and allows respondents to feel a sense of empowerment (Jackson, 2009). Giving my research participants the opportunity to tell their story sends the message that others care about and value their experiences. Furthermore, talking about difficult experiences helps participants make sense of their experiences and allows them to gain insights and understanding of their experiences. This research gives a voice to members of the gay senior community, which is rare at this time in history.

This paper makes explicit the worldviews of gay men ages seventy five through eighty five. The men in my study were different, yet have similar life experiences based on their sexual orientation and generation. Overall their worldviews were similar, and their concerns followed. Prior to my interviews I read many journal articles about older gay

men. What surprised me was the paucity of research on older gay men. Rivera (2011) research on senior gay men typified many articles written about them, citing that there has traditionally been very little concerted effort to know the social aspects of a gay man's life. In fact most literature came from countries with socialized healthcare, which were financially incentivized to understand the healthcare needs of all minorities, even sexual minorities. Whereas in the United States we have a for profit health care system, coupled with ageism and homophobia, very few studies are done.

Even though most of the myths about senior gay men were not supported by my research, these findings have not always been consistent with other researchers in the field. Therefore, it is imperative to continue to educate service providers, so the senior gay man is not viewed with the standard myopic view associated with senior gay men. Further, service providers need to understand the diversity within the senior gay community. Just as heterosexual seniors display idiosyncratic behavior as they age, so do homosexuals. Many seniors become more unique in their actions and interactions and seem to be less able to mask their unusual behavior as they age. Berger (1982) cited "It is apparent that there are as many differences among homosexuals as among heterosexuals" Further, "Older homosexuals are quite different from their younger counterparts and different values and beliefs based on their life's experiences and historical events such as, pre-Stonewall, Great Depression, and the McCarthy investigations" (McDougall, 1993). Providers need to recognize that senior gay men today grew during an era of secrecy and silence. However many researchers have found that senior gay men have developed adaptive skills that lead to successful aging; this would be another significant follow up research work after my own. Each of my respondents told me in their own way that it takes more effort to create new relationships, and that is the reason why they volunteer at community centers and the like. Almost all

echoed that the best way to experience ageism was to attempt to access the gay community via gay bars. However this is an issue that is common to both heterosexual and homosexuals alike. Many of my respondents reported that younger gay men do not find any value in interacting with them. They felt that younger gay males feel that older gay males could not relate to what their life is like right now, and that younger gay males do not share their values. In particular concern is the value of privacy concerning their sexual orientation. The divide between the way young gay men lead their lives today and the way my respondents lead their lives when they were that age is huge. Some major cities around the country have “mentoring” programs where older gay men counsel younger gay men, however no such program exists here in Dallas, so senior gay men interact with younger gay men via large organizations, health centered or cultural .Our studies in gerontology teach us that successful aging is a stool with three legs. One leg is health, the other is finances, the third being relationships. Each of my respondents in their own way had all three legs in place.

## CHAPTER 5

### FINDINGS

#### 5.1 Respondents Characteristics

The sample of twelve interviews generated three themes unique to gay men and their relationship to retirement communities and work. First, the need to “pass” as heterosexual at work, second, “not out but not hiding” in relation to living in a retirement community, third, concern over how caregivers would view their sexuality while they were in residence at a retirement community.

The majority of my respondents (9) are retired and each one of them denied having to “pass” anywhere in their life now. Of the three who are still working, each of them reported the need to “pass” on a regular basis at work; despite each of these men being very educated and specialized workers. Of the twelve men, seven were never married, five were married, and four of them reported they had children. Of the five who were married all were divorced from their wives and were in long term relationships with another man. Three of the men volunteered that they went into the military to avoid or prolong having to get married. Nine of them respondents were in long term relationships with men, three were not partnered. The length of the relationships ranged from eighteen to fifty-four years. The average relationship length for my sample was over thirty-six years. The average age of the respondents is seventy-seven years of age.

The men interviewed for this qualitative study overwhelmingly agreed that should they live without their partner in any kind of retirement housing, they would pass as heterosexual. In my initial study men used the words “meld” or “blend” into the community. The men in the current study made references about “being like everybody

else” not needing to be out to anyone because it would be “none of their business” or “they (other residents) would not want to know”. The consensus was clear that passing would be the preferred way to reside in a community. Each respondent mentioned the ways that he had passed in the past, including marrying a woman, having children or entry into the military or a combination of the three.

While in residence the gay man can maintain his straight image by visits from children, updated photos and logical conversation that maintains the image. For instance he may tell an anecdote about a vacation he and his wife took fifty years ago. The gay man carefully keeps secret any information that might discredit his presentation of self by keeping self control and controlling information. He has a long history of playing the part of a heterosexual man, so little rehearsal would be required, and the role will be carried out successfully, the only change is that of the venue, not the role. The gay man can avoid situations where a problem may occur by maintaining a polite social distance from the other residents, not that unusual, and he is prepared for any possible problems. He has the ability to choose the duration of the performance by maintaining his social distance and choosing his audience carefully, in this case he chooses who he interacts with. This together maintains the agreed upon image, the coherency of the image, and the definition of the situation at all times. Successful passing may occur on a regular basis.

The need to “pass” as straight (from here forward referred to as pass) was active for all three men who are still working. All of these men were very educated: MD, PhD or highly specialized workers who could not be replaced easily. Their reasoning for passing was a mix between the belief that their sexual orientation was “nobody’s business” or concern about the response of co-workers and other people in their industry. Further discussion with them brought out their strategies employed over the years to pass and



reluctance to change their ways at this time in their lives. They talked about having to “keep their guard up” at all times, even social distancing, rather extreme social distancing, from those around them for many years. I heard some anger about heterosexual people, their self righteous attitudes and their complete lack of balanced information on the subject of homosexuality. This belief system is so deeply engrained in their worldview and resulting adaption to the social world of work was held on to with intensity. Additionally, most of these men live with a significant other, have regular sexual relations, and have had an exclusive love relationship for some time. Each of them mentioned in some way the importance of depending on each other and friends for their needs. And they stressed how they had to depend upon themselves. Despite having been married at some time in their lives, my respondents learned early in life that they could not rely on social institutions to take care of them, largely because they were considered ill or immoral. So they learned to be self reliant, to care for themselves. Only three of my respondents are single, and each of them reported in some way that self-reliance has sustained them throughout their lives. Even though their participation in the visible homosexual community may have decreased with age, none of them fit into the stereotype of the lonely old, isolated gay man. One of my respondents told me that he did not think that an older gay man’s needs were any different from an older heterosexual man; but how the gay man goes about getting those needs met, is very different. This underscores the long held belief that all individuals, gay or straight need love and support in their lives, and when a gay man cannot get that from their biological family, he creates a family of his own.

When I asked the respondents if they would be out in a retirement community, they quickly divided into two groups. The first group, reflecting most of the respondents, reported that they would not be out but would not be in hiding either. A second, smaller

group of men reported that should their partner be with them in the community they would be out, however if they were there alone they would not consider being out. Most men reported concern over how their sexuality would be viewed by other residents in the community. Only two of the respondents had actually lived in a retirement community prior to the interview. The remaining had second hand information, imagined ideas, and a couple of them had read journal articles about what life would be like for gay men in a retirement community. The concern over how caregivers would view their sexuality brought a strong and consistent response. This concern, not unfounded; generated lengthy responses laced with emotion. In fact this was such a big issue that most of the men offered up reasons as to why discrimination and mistreatment would happen, how to prevent it, and gave examples from their friends' experiences to illustrate their point. Their perceived solution to problem caregivers was to simply have them replaced. As unrealistic as that is, it reflected the overall social status of the sample and their relationship to everyday support staff, both in the workplace and in their homes.

I anticipated a concern over caregivers, but not to the extent that my sample made clear. They were very concerned about how to navigate the entire social experience of being in a retirement community, and how other's views of them would greatly impact not only their social experience but their health. I have extensive work experience with the senior community in a variety of setting. The stark difference between heterosexuals and homosexuals is this; aging heterosexuals often fear people outside of their community. Aging homosexuals often fear people living within their community. Most of them had second hand information about other peoples' experiences in retirement communities. One man who had firsthand experience and accounts of the treatment of their friends in retirement communities told me how devastating it was to a friend of his who was asked to leave a community when they found out he was gay. At

the time the man was not in good health and had a great deal of difficulty finding another community to welcome him. The pressure of the situation created a strain on his already unstable condition and the result was further incapacity. Only one of my respondents actually read the current research on the subject, others simply did not want to think about that part of their life. Most of them gave a consistent emotional reaction to what they perceived to be in store for them.

I did not specifically ask questions concerning their income level, however I did interview the majority of them in their homes, and their residences reflected a much greater than average standard of living. Each of my respondents mentioned they enjoyed home ownership and extensive overseas travel as well as collecting some form of art. One of my respondents volunteered that his family were millionaires prior to the Civil War; another mentioned owning several properties in and around the Dallas area. More than one of them mentioned part-time or full-time house help, as well as intermittent ancillary workers inside and outside of their homes. Only two men mentioned any real concern about having sufficient sums of money to retire with and maintain their current standard of living. I am aware that they are hardly a random sample of all gay men ages 75 to 85 years of age. Each of my respondents is Caucasian; despite my best efforts I was not able to access any minorities. This may be a reflection of my use of a technique called "snowballing" for acquiring respondents. One set of men referred me to another and so on. Additionally my sample is small and the majority of these men reported knowing each other. I asked each of them if they could refer me to a minority man and none of them claimed to know one. In short my respondents were very well educated, English speaking, healthy, Caucasian urban dwellers who enjoyed a very comfortable standard of living.

## 5.2 The Need to “pass” at Work.

American historians often describe the years following World War Two as an "age of anxiety." Fears of communism at home and abroad unleashed a host of anxieties onto the American cultural landscape, including gender-related anxieties over women remaining in the workforce, waning masculinity, and homosexuality. Perhaps no social group in the U.S. experienced this postwar anxiety more viscerally than homosexuals." (Loftin, 2007).

It was under these conditions that my respondents' entered into the world of work. The experiences they had during this era have permanently altered their worldview as well as their relationship to the workplace itself. Of the twelve men interviewed, only three were still working. Each of them reported the need to pass as heterosexual while working. Surprisingly, these men are very educated, specialized workers who would on the surface seem to have very little to risk by being out at work. David, an MD who owns a private practice and writes journal articles stated:

I had never been out to my patients because I don't think that is a part of the doctor-patient relationship. Um I know that some of them know that I am gay. However it is not something that we discuss. I am concerned that they may out me, and I work with a lot of commercial contracts and frankly my life is too easy as it is. I am not here to complicate my life because of these peoples' misguided conception of how life is to be. I am way beyond making any kind of declarative statement to the rank and file at work. My life is private as far as the workplace goes. Besides, most of the support staff come and go anyway, so why bother? There are some gay people who have helped me out, but that is at my level and not the other ranks.

Each of these men said it in different ways, yet a pattern emerges of extreme social distancing from co-workers. To better understand their reasoning for this, it is important to remember that during the pre-Stonewall era being out in the workplace, or many other social spaces, resulted in being fired from your job, or being sent to a

psychiatric facility for “treatment”, which usually consisted of electro-shock treatment.  
(Loffin, 2007)

A process had begun in the mid nineteenth century which is known as the “medicalization of homosexuality”. According to Terry (1999) the medicalization of homosexuality is “a process by which nonmedical problems become defined and treated as medical problems, usually in terms of illness and disorders” During the 1950s , there was not much information about homosexuals other than the understanding that some men preferred other men sexually and some women preferred other women sexually. This caused a great amount of fear within the United States and the medical establishment stepped in to quell the concerns of a confused culture that possessed very little information on the subject. Medicalization then follows a path, once it was decided that homosexuality was an illness researchers began the process. First, an “illness” entails defining the medical illness, creating a medical framework to understand the illness, then devising a medical intervention or cure to treat the illness.

Following the overwhelming concern about homosexuality researchers stepped in and proposed three medical interpretations that described homosexuality. Terry (1999) lists them very succinctly, “The first interpretation was the naturalist manner. They perceived homosexuality as, “benign but inborn anomaly...condition of sexual inversion which caused homosexuals to be neither truly male nor truly female but to have characteristics of the opposite sex”. The degenerationists believed that homosexuals, “suffered from an inborn constitutional defect that manifested itself in sex inverted characteristics and in overall degeneracy”. Lastly the psychogenists, like Freud, thought homosexuality to be, “psychogenically caused outcome of early childhood experiences. Many scientists followed these three medical models in the 19th century, and the study escalated after World War II.

During the period after World War II many books were written defining the homosexual as a sick person, unreliable, pathological and superficial in nature. They were commonly depicted as child molesters, voyeurs, exhibitionists, and people inclined to commit a range of anti-social acts, or general acts of destruction to the culture itself. Interestingly, many of these books were written after a single researcher studied gay men living in long term psychiatric facilities. There was little concerted effort during the era directly following the war to study gay men who were not confined to psychiatric facilities (Feinberg, 2005). Alfred Kinsey was one of the first pioneers in the study of male sexuality in 1948, and his book was considered a major breakthrough in the understanding of homosexuality. Dr Evelyn Hooker at UCLA did one of the first set of interviews of men who identified as gay. She concluded that there was no link between homosexuality and psychopathology, and that the majority of stress experienced by the homosexual was as a result of the culture itself; not homosexuality. However, the combined belief that gay men were a threat to national security and were mentally ill, necessitated the creation of laws to punish or "cure" homosexuals.

According to Feinberg (2005) "An adult convicted of a crime of having sex with another consenting adult in the privacy of his or her home could get anywhere from a light fine to five, 10, or 20 year seven life--in prison. In 1971 20 states had 'sex psychopath' laws that permitted the detaining of homosexuals for that reason alone. In Pennsylvania and California sex offenders could be locked in a mental institution for life, and in seven states they could be castrated." Adding that California's Atascadero State Hospital, was known as 'Dachau for Queers', meaning that men convicted of consensual sodomy were, as authorized by law, given electrical and pharmacological shock therapy, forced to undergo "grand mal" seizures by injection of insulin into the pancreas, castrated and often lobotomized as a way of curing homosexuality or controlling them. A federal

effort had begun to control the sexual behavior of these men, and many researchers of the era argued, of the American male himself.

So being in the closet was a way of life, as well as a mechanism for survival. This gives us insight into their need to pass as straight even in today's workplace. Old habits die hard, and passing was required for many years of their lives. This accounts for my respondent's reluctance or refusal to be out at work.

Alan a PhD was very direct about his need to pass as straight with his colleagues:

(Do you ever feel the need to "pass"?)

You bet I do. I am on board here in the community college, I'm on the Chamber of Commerce board, I'm on the education committee down there, and all that means I have to pass every day. I think the problem with gay people is we are our worst enemies we talk about it too much and straight people find out and they work against you every way they can. Just keep them away and let them think whatever they want. I have never been out at work I've never been out anything as far as telling everybody I'm gay. People might assume I'm gay, I'm single and I have not been married and years and years. When I have no choice but to socialize with straight friends...work place friends... I'm on my guard I keep everybody at a safe distance.

During the 1950s it was unthinkable men to be openly gay in the workplace, and this has had a profound impact on how they relate to the workplace and their co-workers. There was no pro-homosexual dialogue in the media nor was there any balanced information concerning homosexuals readily available to most people. By the time the American Psychiatric Association removed homosexuality as a mental illness in 1973, my respondents were already in their forties, and into established careers passing as straight, some for almost twenty years. For most men in that time of life, starting a new career is not a practical reality, so they played it safe and chose to continue to pass. Further, there were very few employment opportunities for openly gay men during the 1950s, so the respondents had no other choice but to remain closeted. And there was an

even larger and more drastic situation to follow shortly, the period known as “The McCarthy era”

Kinsman and Le Travail (1995) stated “In the context of the Cold War, McCarthyism and 'national security' scares, homosexuals were designated a "threat to national security." The anti-homosexual campaigns were linked to anti-communist and anti-Soviet campaigns in the US and Canada. One of the dominant political themes in much of the western world from the late 1940s through the 1960s and beyond was that of the Cold War and the construction of 'communism' and the 'Soviet empire' as a major threat” In the United States homosexuals were linked to communism by Senator McCarthy during this era, which was rife with anti-communism hysteria. Consequently many gay men were forced from their jobs and tried in a court of law as a “sex pervert.” Federal, state and local government agencies began purging gay men from their offices concerned that they would be vulnerable to “blackmail” from communists and forced to divulge secrets of national importance. Police and FBI surveillance of gay bars, neighborhoods and gathering areas dramatically increased during this period causing most gay men to pass as heterosexual at all costs. Penalties for being discovered as gay during this era were often severe, costing the individual a job or often his entire career. Being arrested for any kind of homosexual behavior often made its way to the front page of the local newspaper, and exposed the gay man to extreme consequences at the hands of the local authorities, neighbors, employers, clergy and the like. During the 1950s, twenty-nine states created sexual psychopath laws and revised existing ones, and homosexuals were the primary targets of these laws. Feinberg (2005) cites that in almost all states, professional licenses could be revoked or denied on the basis of homosexuality, so that professionals could lose their livelihoods.



When Dwight Eisenhower became president in 1953, he issued Executive Order 10450, which sanctioned homosexuality as sufficient and necessary grounds for denying or dismissing persons from federal employment. Homosexuals were to be eliminated from all or any government positions, and they could be fired simply on the basis of one single anonymous accusation. As a result, the federal government began firing people who were accused of homosexuality at a rate of sixty people per month (Terry, 1999) As a result, homosexuality in the 1950s became "not only a choice of sexual orientation, but of social orientation as well, though usually lived covertly." (Feinberg, 2005) World War II and the subsequent urbanization of America that followed increased the numbers of gay men and lesbians who could take part in homosexual subcultures, out of both necessity and availability. So with the advent of McCarthyism, "suddenly there were more reasons than ever for the subculture to stay underground." (Loftin, 2007) The result of being discovered as gay was complete alienation from the only life he was familiar with at the time. So avoiding detection was the only sensible strategy to obtain, maintain and increase employability in this climate.

My respondents felt the pressure to remain employed during this era and created a "heterosexual façade" that was impenetrable. "Politicians, journalists, and psychologists publicly fretted over "the decline of the American male" and declared that domineering women and male homosexuals threatened the nation's ability to win the cold war. In public discourse, a connection was drawn between national security, gender behavior, and sexual deviancy; the "home-front" character of the cold war brought his connection into everyday life" (Loftin, 2007). Men who are able to fight were identified with heterosexual masculinity, not with homosexuals who were seen as feminine or not as "real men". Gay men had been transformed from a social identity to a social problem, even a social danger that had to be eliminated in order to maintain national security and

social stability within the country. Soon, educational films were made and widely distributed to schools to warn children about the “evils” of homosexuality. A dynamic campaign had begun in the United States aimed at scaring and convincing people that homosexuality was of grave concern for us all (Terry,1999).

Next, the vastly changed life experience of women who supported the war effort less than a decade earlier changed the face of the workplace. Women discovered that they were able to work and provide “man-power” outside of the home with all the discipline required, and they enjoyed the freedom of earning their own money. Many men of that era felt threatened by women’s new sense of empowerment and the pre-war concept of masculinity was challenged by women who were able to earn their own money and not be totally dependent upon a man (Loftin,2007).

Next, after all those years of experiencing fear and discrimination, the impact has permanently altered the way the respondents in my research structure their workplace relationships. Their primary concern is how heterosexual people would respond to them in the work place if they knew their sexual orientation. Without being asked, many of the respondents volunteered strategies they employed over the years to create and maintain a heterosexual image. The men with children used them to create “heterosexual credentials” in the work place. They updated the photos of their children each year, and let co-workers believe what they would, for those with military experience photos of themselves in uniform were strategically placed in their office areas. Most used social distancing to protect themselves from exposure. Leon used social distancing with an assist from a friend:

During the 60s and 70s I would take a lesbian friend of mine to work functions, but other than that I would just keep my mouth shut and not let people into my private life, and back in those days people did not ask that sort of thing like they do today. It was

such a big deal that even asking or hinting about that sort of thing would upset everybody, so nobody ever asked me. And I did not socialize with anyone from work, I just stayed away from them as much as possible except for when I had no other choice but to show up and that was when my lesbian friend helped me out.

For gay men the workplace of the past reflected the attitudes of the culture at the time.

Discovery would mean termination from their jobs, loss of family, friends and possibly loss of their career. So secrecy was of the utmost importance. Only one man reported never having to hide his sexual orientation. After four years of military service he relocated to Los Angeles and worked in the fashion industry in the early 1950s. He claimed being gay was not an issue in that industry when he arrived on the scene. For most men at that time the workplace was fraught with problems. Still these concerns about the workplace did not diminish for those men in my study who are working. A mistrust of heterosexuals is present, having to keep their guard up and worry about being outed by gay and straight co-workers alike. Even though replacing these men in their positions would be difficult, the concern carries on. Arguably the need to pass was essential for these workers in the past; a further study would explore the need to pass today for highly specialized workers.

The aftermath of the McCarthy years for the gay and lesbian movement is complicated and varied. On the one hand, the harassment and alienation of gays sanctioned by the McCarthy era helped create an organized movement of resistance. On the other hand, years of persecution created an atmosphere of suspicion that many of my respondents have not been able to overcome.

### 5.3 “Not Out But Not Hiding”

Unlike minorities that are “visible”, sexual minorities struggle with revealing who they are to “display or not to display; to tell or not to tell; to let on or not to let on; to lie or not to lie; and in each case, to whom, how, when, where” (Goffman, 1963)

This theme was strong and recurring. The concern about the attitudes of the people living with them in a retirement community was a major issue. The era in which they were raised has had a permanent effect on how they see the social world around them. They have “internalized” some of homophobia and are less willing to be completely open about who they are. After so many years of having to be very quiet about their personal lives, why would they be directly open about their sexual orientation in a retirement setting? Too many years of complete discretion and having to hide has had a permanent effect. Men of this era are using a well-known, well worn, well learned survival technique. They know all too well how to pass; it has become second nature to them. They grew up in a culture that left them few options to navigate their social world; discretion is a cornerstone for them. Their straight peers most likely have no memory of what life was like for gay men during the 1950s, because it did not affect them. Straight people fit the norm, the worldview of the period, so for them that era has long past and any memory at all would seem too out of date for them, should they even ponder the era at all. While others have no concern or respect for what gay men experienced during that era, so the case is closed for them, not to be revisited.

Blando (2001) considers senior gay men as a group “twice hidden”. Because so many of them had children, they seem to “fit” like other seniors and second; our youth oriented culture spends little time considering seniors at all. So, senior gay men are a group hidden within a hidden group. As mentioned in the introduction of this paper, the

employees themselves in retirement communities have little to no information about the gay men who live in their facility. The subject is not discussed, or when asked, I was advised that senior gay men are no longer gay past a certain age. Gay senior men are out of sight and out of mind, they simply do not exist.

Further, hiding was their way of fitting into or participating in culture itself. So my respondents report that they would not be out in retirement communities may be consistent with their overall pattern of participation in culture, whether in a retirement community or in a social setting. They are not out, yet not hiding either, it is a creative strategy to adapt to a new social setting. Particularly one that may not afford the level of privacy they are accustomed to in their private residences. Also their life experiences created a different sort of aging for them. Gay men's form of aging required constant discretion about themselves, something never developed by heterosexuals.

Heterosexuals never had to learn how to live outside of institutional support systems or cultural norms of the dominant heterosexual culture around them. Homosexual men have a lifetime of learning on this subject, and its effect is lasting. This became obvious when they responded to questions concerning how open they would be among their peers in a retirement setting. Most mentioned the need to "blend" or "meld" into the community as well as the need for privacy. There was a dialogue offered by almost all of the men about being "normal" or just like everyone else. They saw no reason to make a formal announcement, yet should anyone ask, they were not going to hide. The following statements typified their responses of someone who would not be out but not in hiding Paul said:

(Would you be out in a retirement community?)

Well uh you know I never have been a person to go around waving a flag, in my business career I have never made it a point to um exemplify one way of living to any other way of living. I have just been myself and that is the way I would be perceived; if they surmise or uh feel that I am gay and if they ask for confirmation I will confirm it but am I going to go

into any place and sit down and say OK I am gay so have fun with it. I am not going to do that I am just going to go in and be myself and as my partner and I um move in and those people go upon that as um a gay situation um and they don't have a problem with it. But if they do have a problem with it is not my problem it is theirs.

The majority of my respondents were concerned that their sexuality may affect the quality of services received and their overall social experience in residence. Many also expected to be discriminated against and were concerned that same-sex relationships would not be viewed as valid by both staff and residents. My respondents reported that quality of life comes from personal pleasure and satisfaction, good mental health, meaningful relationships, valued social roles, feeling secure, and the freedom to come and go as they please. On some level being not out, but not hiding affords a stable way of living among others who may have issues with their sexual orientation.

Fuller et al (2009) argues that there are two types of passing; intentional and unintentional. Intentional passing means creating a heterosexual history and self, whereas unintentional passing allows the viewer to assume what they may. Adherence to standardized forms of gender expression results in the viewer assuming the man is heterosexual regardless of their accuracy. Once a viewer has made a decision, their assumption becomes truth and no further investigation is required. For many men, going into a retirement community means learning how to navigate their new environment while fulfilling their own personal needs as well as social needs. Even though passing afforded these men a sense of power and the license to achieve in the workplace unaffected by their peers, there was a price to pay and a residual anger that became apparent. Alan said:

(Would you feel the need to pass as heterosexual in a retirement community?)  
I would be going in as a straight person OK, so I would feel the need to pass. If somebody had the balls to ask me to my face I would tell them

and I would report them to the state. They are not going to abuse me I'll tell you that now.

A sense of anticipatory anger appeared in many men's responses, although they are not living in a retirement community. Defense mechanisms from the past may not apply should they be in residence with their spouses. Yet after years of being out there is no way for partnered men to go back. Most of the men in my study are out to everyone at this time of life. Almost everyone who knows them knows their sexual orientation; all of their friends and entire family are aware. They don't shout it from the rooftops, but they make no effort to hide their sexuality when it comes up in conversation. They may occasionally raise the conversation themselves and introduce themselves as a couple in some social situations. The sentiment is, it is best to be a good neighbor and a good citizen to those people who accept you. But you have to be a good citizen; you do not need to be a good neighbor. As these men see it, acceptance comes from being yourself with your neighbors, not by forcing yourself on others. Their attitudes were reflected by Brady:

(Would you be out in the retirement community?)

I am a gay man, that's who I am; we would not hide the fact that we indeed do have a relationship. We just would not live someplace where it bothers people. I mean we are not flamboyant but we are not in the closet either.

The men interviewed were born in the 1930s and most likely became aware of their sexual orientation during the 1940s and 1950s. During this era in the United States, it was common for gay men to lose their jobs, be evicted from their apartments, and be thrown in jail should their homosexuality be discovered. Those gay men who were brave enough to live their lives as they saw fit did so in secrecy hidden from the rest of culture. They learned how to successfully pass, how to remain undetected or invisible, and this became a way of life. This learned behavior may have a direct influence on why straight

men boast their sexual orientation while residing in retirement communities, yet gay men are not visible, they are wearing a “mask”. So it makes sense that they would approach heterosexual people today as a reflection of their life long battle against what the culture told both of them about homosexuality when they were growing up. Their life experience makes them reluctant to reveal information about themselves at first.

Fuller et al (2009) outlines for us a list of benefits that come from passing. They fit this section in relation to life in a retirement community. First; there is a reduced risk of prejudice and discrimination, both from the other residents and the staff. As cited in the introduction of this paper, discrimination, neglect and abuse affects gay men in residence in retirement homes. Social ostracism can also take place should the other residents not feel comfortable with a gay man in their community. For many people currently in their 80s, they may never have had anyone in their social circle be out to them about their sexual orientation. The presence of an openly gay man may be a new experience for them and one that they had not anticipated at this time of their life.

Second, maintaining a sense of belonging to the community and the social group. This allows gay men a more integrated experience in the community itself. Barriers are not put in place because the heterosexuals on hand have no reason to separate them out. The cost of not being part of the community in which they live is significant. Once they lose the respect or friendship of the other residents, they may never obtain that again. The result is being rather disconnected from the very community in which he resides. Passing allows the gay man to avoid rejection from his peers on a causal or friendship level. Part of living in a retirement community is engaging in the activities that are available on a daily basis; losing that ability to comfortably participate may make the gay man’s experience less rewarding and enjoyable. Straining or breaking the relationships they have, would be too great a cost, the loss of connecting with others



around you is not something anyone would want. So passing becomes an integral part of connecting to others on a day to day basis. No matter how brief the encounter may be. Not out, but not hiding creates a bridge between yourself and others within the community. Getting along with others on a day to day basis has many advantages, no one would feel awkward having the gay man around because he was successfully passing, things go smoothly, and it is easier to be invisible than to stand out. Easier just to be like everyone else, even if you are not.

Third, a fulfillment of the obligation to be heterosexual. Allowing others to assume as they wish allows those who have issues with gays the ability to feel comfortable around them, reducing a potential stress in the present or future. Fulfilling others expectations of your heterosexuality avoids discomfort and everyone feels at ease. The group feels like everyone belongs, personality issues aside, they are all the same on a very important level. Passing also prevents the gay man from burdening others in the group. By coming out, they may have to re-write part of their personal history, which takes time and effort to complete. Both parties have to participate on some level and that may be seen as a burden to those around you who would prefer to leave some things alone. Time is required to rebuild mutual trust and friendship, time that possibly neither one of the parties is willing to commit. Should the gay man assert his true sexual orientation to others, this may be seen as an imposition they would rather have not had to experience, so passing is just an easier way to function in the social world of the retirement community.

Fourth, it allows gay men to experience privilege or “play with privilege” normally available to heterosexual men only. This allows the gay man to use the other resident’s assumptions about their sexual orientation to their own benefit. Once the other residents hear about the gay man’s children or grandchildren, the questions change. The gay

man's history has been written for him, so there are few questions to be asked. The gay man is afforded the privilege of the straight man without much effort on his part. Once this privilege is in place, relationships flow at an easier pace for both the gay men and everyone around him.

Fifth, something all my respondents mentioned, privacy. It allows them to keep their personal information private. The other residents are not looking too closely into the lives of the gay residents and vice versa. The "what they do not know will not hurt them" attitude. Heterosexuals hide information about their pasts also. Most likely homosexuality would not be openly discussed in a retirement setting, so few questions or statements are likely to be in the social milieu. Once the gay man's sexual history has been "written" by the other residents it would be unlikely that there would be specific questioned probing anyone's past. Group activities are focused on "doing" something or learning "something" and not about discussing the past. Privacy is something held as a value and assets to all residents, straight and gay alike.

Sixth, they avoid being sexualized. Passing keeps them from being sexualized in a manner other than heterosexual, a role they have been playing in public for many years. By passing as heterosexual they avoid being sexualized as the "other", someone the other residents may see as deviant or different from them. Passing allows them to be labeled as straight, something the other residents know well and are comfortable with. Being labeled as gay may sexualize them in a way that causes discussion, rumor or makes others uncomfortable. Passing puts them in the same "sexual" light as the other men, thereby making them just another one of the men in residence.

Fuller et al (2009) summarize their work succinctly; "there are a number of perceived benefits associated with passing, whether intentional or unintentional, allowing minorities to maintain and achieve privileged status afforded to heterosexuals in society".

#### 5.4 Concern About Caregivers

One report states, “. . .men and women who came out in the 1960s and 1970s and have lied openly now find themselves increasingly dependent and fearful of revealing their sexual identity. For people who find themselves in elder housing, whether it's public housing or otherwise, they often feel it's not safe for them to be out of the closet' 'The societal stigma of being labeled gay or lesbian solidifies the foundation for homophobic elder (Shankle, 2003).

This theme was of great importance and filled with emotion. Concern about caregivers and the treatment of gays was echoed by almost every respondent in the study. Discrimination or the fear of discrimination is a pressing topic for seniors. It is not only a quality of life issue, it can also become an issue of neglect by the staff, which can have severe consequences. These statements exemplify their concerns. Alan stated:

(What are your thoughts about how your caregivers would view your sexuality?)

Oh I think there is discrimination very much so. I would probably have to hear backgrounds and their life and find out if it is difficult to terminate the problem caregivers. Remember people with low levels of education are always a problem, they don't know how to think on their own, and so they act out badly towards those of a sexual minority.... There is discrimination and I think that this part of the system, we are going to continually have that this vicious set of professionals and of course at the lower level from the housekeeping to the nursing assistants very discriminatory uh huh and lower educated are clearly the problem. They are so likely to discriminate or do harm.

Healthcare is a for-profit industry and most retirement communities are designed as such. Alan makes a very astute point. Most non-professional positions are staffed by the least educated person, and this person has access to a considerable amount of information about the people they care for. People with low levels of education who have correlating low levels of exposure to gays, may be holding onto negative stereotypes

about them (Hinrichs, 2010). Uneducated people would have no idea of the oppression gay men have gone through and their religion would only justify negative behaviors toward them. They may also have little accurate unbiased information about gays and tend to have very little finesse or tact when dealing with a sexual minority. When this is coupled with a high level of religiosity, discrimination or mistreatment of gays is easily justified. Hinrichs (2007) cites “While nursing aides’ primary function is to deliver medical care to residents, aides frequently provide the only sustained personal contact with residents. Thus, the key psychosocial roles they perform cannot be understated. The nursing staffs’ intolerance and ignorance contribute to unwelcoming environments that render these homes significantly less capable of providing the continuous medical and psychosocial care that their queer patients need” (Hinrichs, 2010).

As one of my respondents stated, the situation is “systemic” in nature. In fact, during my study, I found that no retirement community even kept records or tracked the gay men in residence. Since there is no official tracking of gay men in residence, there can be no abuse towards people who are not in residence. A system stays in place that prevents any negative situation from being recorded or recognized as a recurring issue. Potentially all staff, including the administration, care staff and residents of retirement care facilities themselves were all potential sources of discrimination. Leon expressed:

(What could be your greatest concern about living in a retirement community?)

If the people there are homophobic you know that could be dangerous. I would worry about that. Well it could make all the difference in the world. I don’t want to be around people that would be hating me and such.

The attitude of the staff is a concern for many of the men. Neglect at the hands of their caregivers and harassment is a constant concern. Cahill & Toledo (2001) cite that “in a society that desexualizes older people in general, the compounding influence of homophobia fosters a hostile environment for GLBT seniors”. Fischer in 1999 reported

that the overall quality of care for a gay senior actually depends upon the senior's level of openness about themselves, indicating that those who hide their sexual orientation benefit from doing so. Other studies worthy of mention by Hereck (2000) and Hinrichs (2010) support the other researchers. They found that nursing staff in retirement communities consistently hold negative attitudes toward gay men and are more surprised when "discovering" any type of male to male affection, and are much more likely to report any activity to the nursing supervisor. Caregivers in general viewed any type of same sex behavior in a negative light, whereas their views of heterosexual contact between persons in the community remained in a more neutral light. This scenario for gay senior men involves "weighing the benefits and risks of being open" a process which is heavily influenced by the imagined likelihood that the other person would be hostile or accepting. Gay men must engage in a process of "sizing up", or "vetting", their caregivers. The burden is placed upon the gay man to decide who to trust with information about their sexual orientation, if anyone at all is available for this.

The respondents expressed a lack of ability to control how their caregivers would respond. Many men commented on previous negative interactions with such services, which they attributed to service providers' insensitivity to their sexual orientation. Just considering the situation, Howard states:

(What is your greatest concern about living in a retirement community?)  
I know that gay men are being discriminated against by people inside the community, as far as the employees go. I know they are. I've heard people (staff) talk about gay residents. They don't want to go talk to them, or they don't want anything to do with you. They make fun of you when they find out that you are gay. It's the old gossip around the place, and there you are just out there...that's my fear.

For aging gay men, medical institutions and retirement communities still symbolize the dominance of the heterosexist society. Moving into a retirement community can feel threatening and re-awaken fears of discrimination they experienced earlier in

their lives. A person's domestic arrangements and individual living circumstances may be observed and judged in a negative manner by those who provide care or treatment, or who may visit the home for the purpose of medical evaluation. (Jackson, 2008). The ability to manage one's personal history is clearly compromised in a retirement community. For older gay men who have lived a lifetime passing as heterosexual, this may exacerbate already high levels of stress and anxiety. Many senior gay people avoid seeking help at all because of their fears about how they will be treated (D'Augelli, 1998). Price (2005) argues that older gay men do not have the skills to deal with the stress and anxiety of living in this environment, and may, as a result avoid seeking the care that they need and fall into self-neglect and isolation. This might cause them to hold out at home, or even deny their need for services

Richard (2006) found that aging gays and lesbians were less likely to access formal services due to their perception of bias within the medical community, or a potential lack of connection with those who provide the service within the community. Johnson (2005) found that the administration, care staff and residents of retirement care facilities themselves were all potential sources of discrimination. Another study detailed the amount of harassment and persistent discrimination in retirement communities. DeVries (2006) found a significant lack of service provision to gay men because they experienced constant harassment from the service providers themselves. In fact, Price (2005) found that the higher the level of care that the gay man required the greater the likelihood that he would engage in passing. Elderly heterosexuals also suffer the indignities of old age, but not to the same extent. "There is something special about having to hide this part of your identity at a time when your entire identity is threatened" (DeVries, 2006).

Hinrichs (2010) offers another set of dynamics unique to retirement communities and the issues surrounding being out to the nursing staff. Both the respondents in my study and the literature agree that the nursing staff in retirement homes will be less welcoming or even tolerant of homosexuality. Study after study reports that significantly less than half of all senior gay men feel confident that the nursing staff will treat them with the same dignity and respect that is afforded heterosexuals (Hughes, 2009). These assumptions come from personal experience of friends, partners or third hand information from acquaintances. Johnson, (2005) notes that there is a lack of neutral language used in conversations about gays, if there is any mention at all of them in nursing materials or publications. A qualitative study by Hughes (2009) discusses older gay men's biggest concerns about their future in relation to healthcare services. Aside from concerns about being marginalized from the gay youth culture, loss of independence, loss of social life or financial concerns, gay men have particular concerns about their future. There is a significant expectation from senior gay men that there will be discrimination towards them by the healthcare community. And this concern, according to Hughes (2009) causes gay men to reduce their exposure to healthcare providers and services. To further complicate the issue Harrison (2004) found that there is a distinct heteronormative approach and language used in conversations and materials pertaining to gerontology, and this only reinforces gay senior men's lack of openness about their sexual orientation.

Hughes (2009) found that gay men are concerned about general decline, loss of independence, mental health and body image issues. Further, they are concerned about the lack of GLBT facilities; being alone, maintaining their support groups, feeling part of the community and no longer being relevant to the gay community they helped create.

Of particular mention by this researcher and others is the importance a senior gay man places upon his "family of choice". Researchers agree and my respondents echoed, the importance of their friends, who are closer than family. These families of "choice" have information that their biological siblings do not. For instance, the existence or location of a will, the name of their attorney, particulars about finances, and the location of documents pertaining to healthcare wishes, living wills and executors of their estates. Many matters financial, emotional, or just day to day activities are very well known to their "chosen" families; and the loss or separation of these people in their lives is of considerable concern. The concern is that mainstream or heterosexual healthcare facilities will place a barrier between them and their "family". A study by Chamberlain et al (2002) found that gay men "routinely draw upon their "chosen family" for services, care and support of all kinds. Any alteration to these patterns of support is great concern and importance to their everyday lives in many ways. Cahill, South, and Spade (2000), for example, indicate that although gay men are more likely to live alone and without a life partner than their heterosexual, they have stronger non-familial social networks than do heterosexuals. According to these authors, "new forms of relationships in old age can include living independently but continuing close, intimate relationships with one partner or several. Nurturing friendships, not just a long-term relationship with a partner, seem to provide a major source of life satisfaction."

According to The National Gay and Lesbian Task Force (2005) ; 65% of gay men live alone, which is twice that of their heterosexual counterparts. When people age, they tend to lose their loved ones, and their circle of support gets smaller and smaller. Another compounding factor is that gay men tend to have a single generation support group and replacing members of that group gets harder as time goes by. With gay men, this loss of



support is particularly devastating. This places them in a particularly vulnerable position as they age.

There have been laws passed to protect seniors from neglect and abuse, (Shankle, 2003) but these laws do not specify any protection for gay seniors in residence. Ritter (2011) cites in the Texas Law Review that residents of private nursing homes have even less rights to control their treatment in retirement communities. There is no mandatory instruction or exposure to information about gays for the nursing staff. Ritter (2011) agrees that laws “may be ineffective at addressing the discrimination, neglect, and abuse of queer nursing home residents. Several aspects of the nursing home context make it difficult to pursue a lawsuit”. First, many gay seniors may be unwilling to further jeopardize their living conditions by taking a legal action against their caregivers. Second, many gay residents may lack the ability to contact adequate legal counsel who view them as desirable clients. Third, many privately owned retirement communities require residents to sign arbitration clauses that compel residents to engage in arbitration as opposed to any legal action. The Texas Law Review (2011) cites “It is thus unsurprising that there is scant case law concerning discrimination against lesbian, gay, bisexual, and transgendered (GLBT) assisted care residents”.

## CHAPTER 6

### CONCLUSION

The findings of this study are consistent with findings in current studies of senior gay men today. Gay men are a minority group that has experienced considerable challenges throughout their lives, and mostly from the culture around them. These challenges have shaped their approach to the social world and the way they participate within it. They have created personas that allow them to pass as heterosexual in response to a climate that has been hostile towards them. Many challenges remain for them now, and in the foreseeable future.

In the past many gay men put a lot of energy into looking like everyone else, taking on the roles expected of them; even when those roles did not fit. Often they led double lives, and used social distancing to maintain their heterosexual character. They entered into military service, married women, fathered children and raised families, all to pass as heterosexual.

As gay men age they continue to face challenges as they seek alternative housing and nursing care. My researchers see also that senior gay men have considerable concern about their caregivers. These concerns are well founded and based in reality. Studies have shown that caregivers acceptance of gay men have been mixed. Erving Goffman's finding holds true today; gay men carry the burden of deciding to whom they can reveal their sexual orientation, when to reveal it and under what circumstances to reveal their identities. Researchers agree that the sicker a man is, the less likely he is to reveal himself, and the cycle of passing repeats itself. My research found a group of men who choose to "not be out, yet not hiding." They saw their sexual

orientation as their own business, and agreed they would pass as straight when residing in a retirement community for a variety of reasons.

Each of my respondents reported that they were forced into passing as heterosexual in the workplace in years past, those still working generally pass today. The extreme circumstances they faced in the 1950s shaped their attitudes about the workplace and how they reveal or conceal their sexual orientation within it. They discussed passing strategies they employed over the years as well as the necessity to pass. Some of the respondents in this study expressed anger towards the heterosexual community over the way they had to shape their lives in order to obtain a job, keep it and be promoted. They provided a rich text of information through personal anecdotes and shared experiences they had over long lives.

The perceptions on the part of my respondents that they will need to pass with healthcare providers and with senior living situations has for the healthcare providers. In order to better serve the aging gay population there must be changes in the healthcare system. Specifically there needs to be:

- Increased awareness among those who provide services to seniors that gay men represent a segment of their client base.
- Programs within existing agencies that provide services to seniors to meet the needs of all seniors, gay men included.
- Mandatory sensitivity training in-service for those employed in the care of seniors that provide balanced unbiased information about homosexuality.
- Educate healthcare providers to dispel current myths about homosexuality.
- Continue research on the healthcare needs of senior gays and lesbians.

Respondents in this study are remarkable in their willingness to be open about their experiences. They are comfortable with their sexuality, despite the way they have been

treated. The next older generation will be the “Baby Boomers” a significantly larger cohort. Continued research about the aging process for gays and lesbians is of importance for us all, especially in the light of the approaching large cohort of seniors.

APPENDIX

INTERVIEW QUESTIONS FOR QUALITATIVE THESI

## Interview Questions

1. Tell me about yourself.
2. Why did you come in today?
3. What is your current age?
4. Where were you born and raised?
5. What is your highest level of formal education?
6. Are/Were you employed?
7. What was your occupation while you were/are employed?
8. Are you retired?
9. Tell me about your current living situation.
10. Are you partnered?
11. If yes, how long?
12. Do you think you have enough money to retire?
13. Do you have any concerns about aging?
14. How would you describe your overall general health?
15. Do you have any specific health concerns at this time?
16. If yes, how do you manage them?
17. If no, should you have any health concerns, how would you manage them?
18. Do you have a primary care physician?
19. If yes, are you out to this physician?
20. How would you describe your relationship with him/her?
21. Are you out to family and friends?

22. Do you socialize differently with gay friends than straight friends?
23. Tell me about your experience with retirement communities?
24. Have you considered moving into a retirement community?
25. If yes, what sort of services would you be seeking?
26. What would be most important to you in a retirement community?
27. Would you be “out” in a retirement community?
28. What is your greatest concern about living in a retirement community?
29. What are your thoughts regarding how the residents would view your sexuality?
30. What are your thoughts regarding how your caregivers would view your sexuality?
31. Would you feel the need to “pass” while living in a retirement community?
32. Do you ever feel the need to “pass”?
33. What would prevent you from moving into a retirement community?
34. Do you feel you have special needs based on your sexual orientation?
35. Who would you call upon when you need help?
36. Why them?
37. What is the best and the worst thing about being gay and aging?

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