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UNDERSTANDING GAY AND LESBIAN AGING

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Studying the aging process of "gay men" and "lesbians" is problematic because it assumes that sexual orientation as such is a valid ontological concept and research category. As a master status, sexual orientation by itself is not a particularly useful explanatory variable. Objectivity is further limited by the sexism and homophobia of both the sociological profession and its "in-house" researchers and theoreticians. Perceptions of gay/lesbian aging are particularly colored by the heterosexist emphasis on family life. Arguments are made that institutionalization of the elderly is really the political manifestation of personal and social values which are insensitive to the needs of minorities in general and "same-sexers" in particular.

SOCIOLOGICAL OBJECTIVITY

Sociological and gerontological research is frequently done from what is now recognized as a "social order" perspective (Horton, 1966; Szymanski, 1970). Gouldner (1963), moreover, argues quite convincingly that social scientists HAVE to act out of some value matrix in order to understand and state their cases. There is a danger, however, that sociologists will emphasize an "order model" to the exclusion of all others. This would color both the perception and understanding of nearly all life cycle events, especially the aging experiences of minorities. Even if minority views are given in the gerontological literature, Adelman (1980:13) tells us that they are typically contrasted against "mainstream" models of American society and behavior. This simply reinforces the normative ideas of the

"in-house researcher" whose beliefs and perceptions then become the unquestioned research concepts of the discipline.

Take, for example, the way social order theorists generally misuse sexuality, sexual orientation, and sexual style as explanatory variables. Plummer (1981) claims that this is quite evident in any social science treatment of "homosexuals" and homosexuality. It appears that when the life-style or life-cycle experiences of "same-sexers" (Vidal, 1981) are studied by outsiders, the complementarity between the questions asked and the social characteristics and beliefs of the researcher go unrecognized. Because of their assumptions about reality, these researchers can only study and reify misconstrued social concepts and biases.

What most often passes as objectivity, then, may really be the biases of a certain class of "established" social science practitioners (Kayal, 1976). As a result, sociological and gerontological literature is often conceptually and empirically redundant (Cf: Gagnon and Simon, 1973). It is most likely written from a sexist, heterosexist, and homophobic point of view (Kayal and San Giovanni, 1984). This paper attempts to show more clearly how heterosexism or the domination of everyday life by the roles, attitudes, values, and "knowledge" of "opposite-sex players" colors and distorts our understanding of the aging process among gays and lesbians.

Studying "Homosexuals":

It is the argument of this paper that both theory and practice in the sociology of aging are heterosexist, sexist, stereotypical, and frequently inconsistent because they favor order and assimilationist assumptions about social and sexual behavior. In other words, aging, like all social reality, is generally perceived and studied from the position and perspectives of white, heterosexual, male, urban, educated, and ivory tower academicians

playing traditional and legitimate marital and social roles (Friedrichs, 1970). Even when we have information on the aging process of the disenfranchised (Gelfand and Kutzik, 1979), i.e., ethnics, blacks, gays, etc., the language of analysis and variables utilized, the objectives of the research, and the data derived are generally colored by the academic/professional language employed, the questions investigated, and the values and/or biases of the researchers themselves (Mills, 1940; Becker, 1967).

That the gerontological profession is so prejudiced can be evidenced by a review of its understanding and analysis of gay men and lesbians. It will also be demonstrated that using sexual orientation by itself as an explanatory variable is so fraught with difficulties as to render it meaningless. It will even be argued that studying same-sexers as a distinct sociological and psychological category is in itself both prejudiced and problematic for it assumes that the choice of "love/sex object" indicates something unique about the social, mental, religious, political, and moral fiber of same-sex players. Plummer (1981) has argued that it is unlikely that we can know anything about anyone in terms of whom they have sex with and/or show affection for.

It is inappropriate to see people primarily in terms of their sexual activity. It is quite possible that sexual activity and/or identity itself may actually be nothing more than mere "role taking" (McIntosh, 1967). This is crucial to my argument since same-sex players are considered to be "homosexuals" and are assumed, therefore, to be "real and ontologically" different people. But this notion is only the natural outcome of sexist arrangements wherein the object of affection is thought to determine the personality, identity, and behavior of the actors involved (Kayal, 1976). It is more to the point to note that it is only when the sexual behaviors and roles taken by same-sexers become socio-political problems that sexual activity and identity as such become salient. After sexual

orientation becomes an issue, it becomes internalized as part of private identity. Therefore, gerontologist Marcy Adelman (1981:83) suggests:

. . . future research on homosexuality should be prepared to discard antiquated notions of normal development and should investigate homosexuality and sexual orientation from a non-moralistic standpoint in which sexual identity is viewed as a secondary and not an essential process in human development.

Because the normative and prevailing world-view assumes the naturalness of heterosexuality, however, same-sex activity is seen as "exceptional." The category "homosexual" is thus created and includes anyone who engages in or comes to identify with "same-sexing." Negative attributes with moral overtones are then assigned to all same-sexers who are seen as members of a deviant group. No distinction is made for high or low identification with this behavior, the setting in which it occurs, its permanence, or its meaning for its practitioners. Nor are distinctions made between male and female "same-sexers." Until recently, women were included in the term "homosexual" in the same way that "man" supposedly included women. This is quite common despite the fact that lesbian sexuality is neither different from that of women in general nor similar in form or style to that of men (Kayal and San Giovanni, 1984). Neither does a woman's choice of love object come out of the same constellation of values, experiences, and structural arrangements which characterize male same-sex players. Since lesbians are first and foremost women, what is true for them is true for women generally and vice versa. This same logic applies to straight and gay men as well (Blumstein and Schwartz, 1983).

What I have been describing is heterosexual behavior and research passing as objective, universal, good and natural. This is because it is socially and politically constructed and necessary for the sake of the continued reproduction of the

species. Since sexual behaviors and identities are fragile and precarious in their duration and meanings, even heterosexual behavior has to be reinforced, to be sustained. Thus, the survival seeking socio-cultural environment calls forth and requires a heterosexist emphasis. It is this factor which tends to relegate same-sexers to a morally inferior sub-class of outsiders. As "marginals," they are then seen as having unique origins, personalities, psychologies and needs.

The gerontologist then tries to study the aging patterns of "homosexuals" only as homosexuals rather than as people occupying multiple statuses and playing a diversity of roles. Since these "homosexuals" are thought to be characterized by opposite gender identifications and behaviors, research time and effort are spent either proving or disproving or measuring what are essentially stereotypes. Even the fact that there are "homosexualities" (Weinberg and Bell, 1978) rather than homosexuals (created in and by a heterosexist society) tends to be ignored. There is no single type of male or female same-sex player. What does exist, however, are men and women living in basically homosocial environments. Same-sexers are only acting in terms of the assumptions of a sexist society wherein one would expect homosocial beings to be sexual with one another, especially if their sexual behavior is a political and social issue. Rather than focus on "sexual orientation" as a determining and differentiating factor, it would be more useful to consider "the style of relating," i.e., the nature, purpose, and objective of the sexuality exhibited in movement towards one's partner. This is so because the way people act sexually is a function of sex role assignment and socialization by sex and not sexual orientation as such. Sexual orientation by itself, then, is not justifiable as an analytical category except when same-sexers are institutionalized in heterosexist environments wherein normative conflicts might arise.

Since a sexist environment is the "framework within which we act, relate, make decisions, emote,

create, make judgements, do research, and generally live" (Kayal, 1977:97), it is no surprise that the general sexuality and sexual style developed within and between men and women is different. I am speaking here of the feelings and beliefs people have about their own bodies, those of others, and how, why, and when they should relate to some other person. Not surprisingly, it is the control and organization of sexuality around patriarchy or male prerogatives and needs which causes basic divisions in both styles and motives of relating to be generally attributed to sex itself (Kayal and San Giovanni, 1984). For purposes of this paper, the sexuality developed and generally exhibited by "typical men" will be called "instrumental" or masculinist and that of a "typical woman" "affective" or feminist. Both are the result of segregated role conditioning. The former is based on power, competition, control, conquest, and erotic "tension," while the latter emphasizes affinity, equality, context, and relationship. It will be argued that it is these "styles of relating" which will affect aging outcomes and styles of aging more radically than mere choice of love/sex object since they become personality traits and personal temperament is considered a variable affecting the aging process (Havighurst, 1968).

Gay and Lesbian Aging Revisited:

In light of the preceding, "same-sexing" as such can not serve as a general category for comparisons with heterosexual actors. Since it has been shown that male and female same-sexers and opposite-sexers are in fact no different from each other when they age (Laner, 1978), any differences which do appear between people are not due to "affectational choice" but because of life-style, political activity, social consciousness, institutional affiliations, generation, and degree of masculinist and feminist values (Adelman, 1980). Therefore, same sex activity should be seen as an intervening variable with meanings which differ between and among its practitioners and critics. Certainly, same-sex players who are religiously affiliated, professionally employed, married with children,

living in suburbia, and visiting "tea-rooms" (Humphreys, 1970), have to be different from single, urban, same-sexers living in community with one another.

However, since homosexual behavior is generally proscribed in a sexist society, it is possible that same-sex players do have additional problems throughout the life-cycle which may affect aging outcomes (Adelman, 1980). Whether these problems are unique to gays and lesbians is, nevertheless, questionable since they may be true of any minority living in an institutionally biased society. These "problems" might also be mitigated by personal characteristics like relational status, income, education, life-style, adaptation to a stigmatized status, and age at recognition and acceptance of sexuality (Adelman, 1980). Indeed, how, when, and why stigma affects the life course of minorities is an important and valid subject needing attention. Such an approach regarding gays and lesbians, however, would require a redefinition of their status and identity from that of "deviant" to that of a diversified minority group living in a pluralistic rather than assimilationist society.

As it happens now, heterosexist assumptions about reality make it difficult to determine the precise causes of aging variations between "straights" and "gays" or among and between gays and lesbians themselves. Many differences could be due to the overall differences in aging between men and women generally. Being legally single and/or institutionally marginal would probably explain variations in aging outcomes more accurately than mere sexual orientation. Indeed, it is the argument of this paper that aging adjustments and outcomes are more likely determined by personal ideologies like masculinism and feminism, political consciousness and activity, relational status ("lovers," single, married) and by affiliation and identity with a gay/lesbian community than by sexual orientation in and of itself. This is especially so since there is no uniform way of living in the world as a single, married, straight, gay or lesbian person. It is the

stigma of being sexual and single, however, which is especially problematic for gays and lesbians.

Because the choice of love/sex object is acceptable for opposite-sexers, adjustment and support (at least in terms of this issue) are automatically given by society. For a same-sexer, it is, in fact, fraught with difficulty and often becomes the major adjustment crisis (Kimmel, 1978:117). Not only must the gay and lesbian community be discovered, it has to be identified with. Its compensations are minimized, however, by the stigma and status given it by outsiders and which may be internalized by some same-sexers themselves. Apparently, this issue of possible stigmatized identity is so crucial for emerging and confirmed same-sex players that it is, for many, the major life-crisis. It frequently serves to prepare gays and lesbians for the future role/identity crisis of aging itself (Kimmel, 1978).

Equally as important as general life-style and values within the context of a gay/lesbian community is the question of relational status and the quality of life and relationships within that community. Unfortunately, the literature on gay/lesbian life-styles is often written by outsiders and reflects popular and moralistic misconceptions as well as peculiar heterosexist, homophobic, and sexist biases. A review of the gerontological literature on loneliness, attractiveness, and sexual activity in the gay and lesbian communities will substantiate this point.

PERCEPTIONS OF GAY/LESBIAN AGING:

Perceptions of aging are generally colored by heterosexist biases favoring family life and life within families. Gubrium (1976) notes that even scholarly literature implies that single people are peculiarly vulnerable to loneliness and abuse simply because they are not married. He found, however, that never-married older people tended to be life-long isolates who were not especially lonely in old age. While it might be reasonable to expect that the

role assigned ALL men is internalized and accepted as natural. It is not a function of sexual orientation as such (Levine, 1982). Among heterosexual players, instrumentality is contained by women's affectivity. . . something which some gay men AS MEN may have difficulty with when they attempt intimacy.

Moreover, there is substantial evidence that gay men, despite their masculine socialization, actually desire and prefer long term personal and loving relationships (Bell, 1971). Even though they are difficult to achieve, they are valued over and above mere genital contact. This "problem" recedes, however, with age and experience. Many men, regardless of their earlier behavior, appear to establish equitable and affective relationships with some significant others later on in the life cycle (Weinberg and Williams, 1974).

Furthermore, since same-sexers are stereotypically seen as defined by their sexual orientation rather than their personal sexual style, they are assumed to be devoid of feelings, intimacy, and continuity in their relationships. Consequently, according to Francker and Henkin (1973:670):

the process of aging for the male homosexual is seen as exceptionally stressful due to a lack of legal supports and sanctions of a binding nature, lack of children as a focal point in middle and old age, and the emphasis on youth and physical attractiveness in the homosexual community.

If and when this is true, it is more likely a consequence of patriarchy and sexism. Instead of marveling at the spontaneity, voluntariness, and durability of so many gay male and lesbian relationships (Blumstein and Schwartz, 1983), the assumption is that the heterosexual family is trouble free and steadfast in its support of the elderly. Looking at institutionalized role relationships and expectations through rose-colored lenses, then, may not reveal the degree or quality of connectedness in any relationship. Unfortunately, the monogamous and

never-married elderly might be isolated and cut off from potential sources of help in old age, Clark and Anderson (1967:256) found that never-marrieds learned very early in life to cope with loneliness and to look after themselves. They were successfully self-reliant and autonomous in later years. Yet, as Weinberg (1969:66) points out, ". . . for the male homosexual, aging is generally conceived to be more problematic precisely because he does not have a family of procreation." He continues:

Homosexual sex, unlike heterosexual sex, carries with it no special commitment to another partner, no clear cut division of roles with legal supports and sanctions which bind a relationship together, and no possibility of children who might provide a focus and continuity for such a partnership.

One wonders whether this would also be true for single and "promiscuous" and masculinist opposite-sex players as well. After all, where is the evidence that the traditional and patriarchal American family is any more supportive of its own elderly? Indeed, in marriage, it is often the woman, and only the woman, who supplies the affectional and bonding dimension of the relationship since involvement and continuity are not an automatic function of either marriage or heterosexuality as such (Cumming, 1963). Having either a family of orientation or procreation may protect some people from the hazards and problems of old age, but it is no guarantee of a trouble-free adult life. As an ideology, however, it basically serves to render single and/or gay life "inauthentic."

Denying the validity of homosocial and homosexual relationships is not only prejudicial, it also reduces homosexual behavior to little more than genital narcissism (Francher and Henkin, 1973:673). Actually, the implication that men cannot have anything but instrumental or superficial relationships with one another is not necessarily or universally true. This is only the case when the sex

romantic emphasis in personal relationships and in family systems makes it impossible to see singles objectively and/or friendships as meaningful family substitutes. Witness, for example, the biases and instrumental perception of sexual relations as stated by Cagnon and Simon (1973) and quoted by Laner (1978:496):

The heterosexual has his children whose careers assure a sense of the future, and he has a wife whose sexual availability cushions the shock of declining sexual attractiveness. In addition, the crisis of aging comes later to the heterosexual, at an age when his sexual powers have declined and expectations concerning the significance of his sexuality are considerably lower. The earliness of the impact of aging in the life-cycle of the homosexual is often out of phase with the other aspects of aging (occupational, familial, etc.).

Laner (1978) goes on to mention that for Gagnon and Simon, the onset of feeling "over the hill" for male homosexuals is as early as the early 30's to as late as the early 40's. "At this time," they hold, "the reduction of life chances produces serious feelings of depression and loneliness akin to those presumably felt by single or divorced heterosexual women." These sexist and stereotypical prejudices are further developed by Slater (1977) who also argues that homosexual men are generally attracted to younger and "more beautiful" people. While such attractions and liaisons do exist (and are harmless in themselves), they are, nonetheless, condemned for socio-political reasons, i.e., they are detrimental to present social structural arrangements. Yet, they in no way characterize the life-style or sexual affectional choices of most gay men. Rather they are true of heterosexual relationships but since these relationships are "institutionalized" or officially established and sanctioned, they are ignored as normal. This heterosexist fear and projection, however, are used to stigmatize and oppress gay men.

Gagnon and Simon go on to suggest that this desire for "youthful beauties" is the basis for male prostitution. One point they miss is that "buying sex from boys" is a complex phenomenon that often involves publically heterosexual role players on leave from their wives, children, and suburban settings. In fact, these players are rarely integrated, active, and informed members of a "gay community" as such.

Nevertheless, themes similar to Gagnon and Simon's are reiterated by Clark and Anderson (1967) when they write: "since they (singles) have never been close to others, they are spared the grief and loneliness of those who, having invested in and been intimate with others, must suffer the loss of a cherished relative, spouse or friend." The composite stereotype of the aging gay male is seen as compounding the issue of being single. For Kelly (1977:329), it consists of the following "facts":

He no longer goes to bars, having lost his physical attractiveness and his sexual appeal to the young men he craves. He is over sexed, but his sex life is very unsatisfactory. He has been unable to form a lasting relationship with a sexual partner, and he is seldom active sexually any more. When he does have sex it is usually in a "tearoom" (public toilet). He has disengaged from the gay world and his acquaintances in it. He is retreating further and further into the "closet"--fearful of disclosure of his "perversion." Most of his associations now are increasingly with heterosexuals. In a bizarre and deviant world centered around age he is labeled "an old queen," as he has become quite effeminate.

Despite its distortions and contradictions, the salience of this view makes homosexual aging appear to be a particularly "pathetic phenomenon" (Kelly, 1977:329). Even though evidence indicates that it is the stigma which causes problems instead of the

"state of being" (Kelly, 1977; Adelman, 1980), the aging homosexual player tends to become distinctly odd. Stern (1961) offers this view in The Sixth Man: ". . . the unaffluent older gay is living in the Bowery, seeking oblivion in handouts and cheap wine," and "regress(ing) to a point where he preys on small children." Problems of loneliness (however operationalized) are considered characteristic of homosexuals (Allen, 1961) rather than the elderly or isolated singles or even the culture and society itself (Slater, 1970).

Because considerable evidence has been gathered which indicates that gay men and lesbians are in fact no more or less lonely than others (Wineberg & Williams, 1974; Kelly, 1977; Siegelman, 1972), it would not be unreasonable to agree with Tripp (1971) that the social science literature on homosexuality is designed to frighten the "gay patient with the image of the aging, lonely homosexual." One thing missing from this heterosexist view of gay aging is an understanding of the role of the gay/lesbian community as a support system (Francher & Henkin, 1973). Another is the presence of informal friendship groups which act as family. In a word, sexism forces us to view relationships and social life from a purely heterosexist perspective.

The same is true of the prevailing understandings of the erotic and sexual. For example, it is normally considered appropriate that only women be seen as erotic objects but never men. That straight men can see or use women instrumentally while gay men are penalized for doing the same to one another is a function of socio-political structural arrangements. While the erotic is personal, it is still politically constructed and the eros celebrated in a male dominated society will always be one based on power, domination, conquest, control, and reward. The point is, however, that it is the masculinist and sexist perspective on beauty and attractiveness which penalizes gays and women and which renders and reduces same-sex players to "single issue people," i.e., sexually preoccupied explorers and exploiters. Gay male sexuality, ironically, is seen in and

through the concepts, needs, and logic of their masculinist and straight critics who are disturbed by the fact that gays are either loving each other or having sex with one another. Gays, then, become the scapegoats necessary to protect the prerogatives, images, and status of masculinist straight men.

This is also evidenced in the fact that gay men are considered sexually preoccupied because they are gay rather than because they are men. They are then singled out for criticism because they do what the whole society encourages everyone to do, i.e., be concerned with beauty, sexual prowess, and personal appearance. Male same-sexers concerned with attractiveness are assumed to be "faggots" because of this "feminine interest" (Sontag, 1972). This is not only sexist but illogical since it is a concern of the whole society. Unfortunately, the gerontological literature also treats the question of "beauty" only in a female or gay context. Actually, beauty and appearance are a male--albeit subtle--concern and for whatever reason perhaps a greater concern for some, younger gay men. Because it is assumed that physical appearance is not a "real" man's concern, we know very little of how men in general react to physical changes and deterioration in their own appearances (Minningerode and Adelman, 1978).

This question is avoided because gerontologists are generally concerned with structural indicators of aging. Thus, for example, the emphasis is on "disengagements" from work roles (retirement) for men and the "empty nest syndrome" for women (Cumming, 1963). These become the primary indicators of "awareness of aging" because they are socially recognizable. The simple fact of looking in a mirror and noticing physical changes in one's body is never even considered a significant issue or indicator of aging--especially for men.

Ignoring personal definitions of when aging commences misses the point in another crucial way. Generally speaking, single people, and males in particular, need to be concerned with attractiveness because it has become the primary motivation for

social/sexual intercourse in our society. It is now the primary source of eroticism for males. Relationships are reduced to sexual activities which are themselves reduced to narcissistic and instrumental purposes requiring "beauty" and hence passion for legitimization and satisfaction. This construction of reality is sexist and heterosexist because it ignores the reality of sexual activity throughout the life cycle. It also ignores the perspectives and experiences of women on the whole question. Studies of the sexual activity of the elderly indicate that they generally disavow instrumental sex regardless of their sexual orientation (Minningerode and Adelman, 1978; Kimmel, 1978). Aging simply refines and redefines the meaning and purpose and style of sexual activity rather than lessens its need (Lobsenz, 1974). Women, moreover, being the victims of the "beauty as erotic" syndrome seem not to be too concerned with attractiveness as the sole basis of relationships at any point in the life-cycle regardless of their sexual orientation. This may in fact help explain the durability and viability of many lesbian relationships.

GERIATRIC BIASES AND THE SAME-SEXER:

Similar homophobic and heterosexist biases are evidenced throughout the "geriatric industry." In addition to their class and ethnic prejudices, theoreticians, counselors, policy makers, and institutional settings are normally insensitive to people with alternative life-styles and/or marginalized statuses like gay men and lesbians. It is even assumed that aging itself is a leveler of prior social, economic, and sexual differences (Bengston, 1979). Quite miraculously, what was a legal and moral "problem" throughout the life-cycle of same-sexers suddenly becomes an irrelevant consideration when age becomes the master status. This is predictable from an assimilationist perspective since it assumes that everyone is the same or should be the same for the sake of the social order. Individual and/or group differences, then, have to be discarded or minimized. To disguise homogenization as "equality" and to offer it to

people a few years before their death is insensitive and presumptuous.

Minority Americans are allowed to integrate and be accepted in old age because differences supposedly do not really matter any more. Their age and new identities as "seniors" means they can now melt as such into their proper place in the "Anglo-pot." Thus, minority men and women who survive to old age are granted asylum or relief in stylistically Anglo geriatric settings, i.e., impersonal and bureaucratized "nursing homes." Since these institutional settings are efficient, they are the ones preferred by "culturally-Anglo" practitioners. They not only destroy cultural pluralism, independence, and personal freedom (Gottesman and Bourestom, 1974), but they create a bureaucratically defined and managed cooperative clientele. Because of their own false consciousness and lack of options, the elderly become depersonalized and dispensable victims of bureaucratic indifference.

Not unexpectedly, however, wealth and social class do not disappear with age as determinants of social behavior and interaction, survival potential, or adjustment to aging. If the rich do not age like the poor and if aging outcomes vary by ethnic group (Cantor, 1979) and if medical treatment and social services differ by social class, shouldn't we expect sex, sexuality, politics, life-style, etc., to be equally important influences on aging? It is not unreasonable to assume, for example, that women would create more informal and personal responses to aging problems than assimilated, straight, white males (Adelman, 1980). Indeed, it is not unreasonable to acknowledge the validity of "women's world" and/or the reality of a distinctive gay/lesbian "culture." There is a style of being in the world (complete with its own sensibilities) which is recognized as "gay"--if not by outsiders, then certainly by insiders. It is a product of being single, sexual, marginal, relatively affluent and creative. Having been marginalized from dominant societal institutions and operations throughout their life, it is possible that women and gay men have learned something about

survival, self-help, and mutually and freely given cooperation and support which may in fact keep them out of institutional settings or cause conflicts when institutionalization becomes necessary (Kimmel, 1978).

If institutional arrangements are reflections of life experiences, values, and ideological commitments, they are also political manifestations reflecting the assumptions and biases of those who create and manage them. By definition, then, institutional solutions to aging are anti-feminine, anti-gay/lesbian, anti-ethnic, anti-expressive both sexually and affectionally. They do, however, help to solve the aging problem for isolated nuclear families and very specific types of majority individuals. Consequently, we can not assume that people who have been isolated, closeted, and stigmatized (like women and gays) should and/or even can be assimilated into "nursing home culture" as just other Americans after a lifetime spent in sub-cultural social environments.

While it has been the argument of this paper that sexual orientation in itself is not a particularly fruitful category of analysis, it would be unwise to dismiss it completely as irrelevant. Our social system does in fact make an issue of sexual orientation. There are legal, religious, and institutional limitations on "homosexuals" who are generally and popularly understood to be a unique and separate sub-group of Americans. Same-sexers themselves have responded to their marginality and exclusion by creating their own organizations and social networks. Within this "gay world" the stigma of being sexual, single, and homosexually active is minimized. However, since the gay community is institutionally incomplete, it is the rare same-sexer who can live out the whole of life in a gay context. Consequently, problems arise when gays and lesbians are forced to participate in heterosexist socio-cultural environments and institutions.

Indeed, it would be around the issue of institutional support and inclusion that the question of sexual orientation becomes a significant issue.

For example, how would gay and lesbian seniors be incorporated into traditional geriatric settings and institutions? How would their sexuality be accepted and/or manifested? How would the fear of will-contestation by family members or the need to create private and/or secret burial arrangements affect the well-being of the gay/lesbian elderly? Does not the law grant an indifferent and distant extended family more rights to the body of the deceased than it does to lovers and friends?

In addition to having to manage a "morally" unacceptable behavior throughout the life-course (Plummer, 1975:102), same-sexers have to contend with the management of personal, social and institutional limitations on their freedom to live out their lives as they please. If gay men and/or lesbians are placed in a home/hospital, for example, what would it mean or of what benefit would it be to have visits by "family" or clergy? After being ignored by organized religion throughout their productive life-times, what consolation could clergy bring to the gay/lesbian elderly--especially if they are still sexually active? Since the state doesn't recognize homosexual liaisons as valid relationships, how would their "lovers" fit into the nursing home program? Do these partners have visiting and privacy rights? Do they have the right to demand better treatment for their partners? Can they make decisions affecting their health and welfare? Kimmel (1978) suggests that these are some of the real problems and concerns of the gay and lesbian elderly. Given the survival skills of gays and lesbians, however, it is most likely that many of the difficulties of old age could be resolved by and within the collective ingenuity of the community itself.

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