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social reform such as antislavery activity well before the Social Gospel movement and that they worked effectively during the first four decades of the twentieth century to address urban social problems in keeping with the spirit of the Social Gospel.

The provocative research included in this book does, indeed, expand traditional notions of the Social Gospel movement. These essays shows that women as well as men were active particularly at grass roots community levels in working for Social Gospel objectives, that the Social Gospel movement had international dimensions, that African Americans did important Social Gospel related work in cities and that Catholics as well as Protestants were involved. It reveals that the Social Gospel held great appeal for many beyond the walls of seminaries and that its legacy lives on today. It is recommended for students of the Social Gospel movement and anyone interested in the intersections of religion, gender, class and race with nineteenth and twentieth century social reform.

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This study explores sexual identity among 35 gay men and women who were at least 65 years old in 1995. The author got involved in a number of Los Angeles organizations for older lesbians and gay men and chose her snowball sample through the contacts she made.

The study is situated in historical context. Dana Rosenfeld, a sociologist at Colorado College, asked her respondents about the social reality they dealt with during the 1940s and 1950s and then traces their "identity careers" across the many social changes that have occurred since that time. I came out as a gay man while I was a sophomore at UCLA in 1957 so I am not too far off the age and location of her sample. With one foot in that generation, I found myself reflecting on my own identity career and agreeing with her in so many ways. In the following, my voice often blurs with hers.
In the 40s and 50s, homosexuality was a condition rather than an identity. Homosexuals were a deviant group and many of us believed we were psychologically abnormal. We generally led discrete lives not wanting to call attention to ourselves. We came out in private, to ourselves and to trustworthy lesbian and gay friends. Being found out held the possibility of ostracism from family, loss of job, or even arrest. As a result, we often tried to appear as straight as possible, "distancing" ourselves from many of our gay friends so as not to appear to be associated with them. We often felt good about our ability to pull off this charade.

In 1969, the Stonewall Riots occurred and the world began to change. She finds that most of us did not attribute much importance to the riots and some never even heard of them. Today, of course, things are very different. When I began teaching in 1969, homosexuality was a topic discussed in courses on psychopathology, deviance and abnormal psychology. The word homosexual has now even gone out of fashion, except perhaps among homophobic or out of touch heterosexuals. We call ourselves gay or lesbian and many younger gays prefer queer, each term reflecting a different understanding not of a condition but of an identity, a community, a minority status. Coming out is now a public event. You tell everyone as soon as you can. I was pushed out of the closet more by straight colleagues and a few gay students than by a desire to proclaim my sexuality to the world. It wasn't until 1989 that I gave myself permission to lecture on lesbian and gay issues and what a nervous wreck I was.

So what kind of identity do older gays and lesbians have? Dr. Rosenfeld finds that most of us are still caught in the 40's and 50's. We still prefer to be discrete, to pass a little, and not to tell our parents, siblings, straight friends and colleagues. Her data suggest most older men and women continue with a "discreditable" identity. There are differences among us however and a lot has to do with when we actually came out. Those—only seven of her respondents—who came out around the time of Stonewall reflect a more contemporary understanding of themselves, an "accredited" identity.

I think she has a pretty good understanding of the older end of my generation. As I reflect on my gay and lesbian friends, most of whom are in my age category, I do see that those who came out
when I did share many of the attributes of their cohort. I also see a marked difference, more in tune with contemporary thinking, among my friends who for one reason or another came out later in life.

I also share many of the attributes of her respondents who came out before 1969. I still try to be discrete, not call attention to myself, and pass in the company of strangers. On the other hand, the movement has influenced me a great deal and over time I have also internalized many of the aspects of a contemporary conception of gayness. Although she doesn’t make enough of it, she describes a number of different paths people can take on the way to a final identity. She suggests that two respondents—a woman and a man—replaced the old with the current way of thinking about themselves through a process of making “new contacts” and living “new contexts.” I think I fit in here. 1969 was a central year in my life. I finished up my doctorate, started living with the love of my life, and began teaching in a University filled with people that would encourage me to accept the new reality. Now everybody knows I’m gay: a rainbow bumper sticker, a triangle on my lapel, an equal sign on my HRC cap.

I have seen social work students approach their older gay and lesbian clients as if they were peers. They are often surprised when their clients are put off by them. I might complain about the small sample, a few overgeneralizations, and an excess of postmodern jargon. These quibbles aside, this is a book that should be read by everyone wanting to do gerontological social work.

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Globalization as a newly-emergent topic has touched upon almost every social science and human service field including that of health and human services. A growing awareness of the impact of globalization on public health has led to some serious concerns about its possible adverse effect in the form of diseases,