

# QUEER, OLD, AND PROUD: PSYCHOLOGICAL WELL-BEING OF LGB INDIVIDUALS IN LATE ADULTHOOD

## Abstract

Psychological well-being (PWB) can be defined as a combination of an individual's life satisfaction, psychological health and sense of accomplishment. In the later stages of life, psychological well-being is essential to maintain complete mental health. This becomes especially important for marginalized communities who experience several stressors throughout their life. Older LGB individuals fall under two heavily stigmatized populations- the elderly and the LGB. Though, society has slowly progressed to accept the LGB community in the past decade, Lesbians, Gays, and Bisexuals in their late adulthood remain invisible. They share common challenges with the aging heterosexual community; however, it is essential to recognize their unique needs to foster their psychological well-being. They face several unique risk factors such as ageism, discrimination, homophobia, stereotypes, social isolation, homelessness, and problems in healthcare and housing that deter their psychological well-being. However, the elderly LGB community shows high levels of resilience which aid in building their psychological well-being. An emerging area of research has also focused on the differences in psychological well-being of this population in different cultures. While there has been an increase in the amount of scientific research involving LGB individuals in late adulthood, there is great scope for future exploration to successfully promote and foster their well-being as respected members of society.

**Keywords:** Late adulthood, Lesbian, Gay, Bisexual, Psychological well-being, Resilience.

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## I. INTRODUCTION

Over the last few decades an increasing number of countries have decriminalised homosexuality, and a large part of society has come to accept sexual minorities as a normal part of the human race. There has been a substantial increase in the research conducted on sexual minorities in various fields, including psychology. But mental health and well-being of middle and older queer adults remains a relatively unexplored territory. There can be several reasons for the lack of research in this area. First, due to extreme stigma against sexual minorities, several older queer people fear disclosing their sexualities. This makes it extremely difficult to sample the population appropriately. Second, older generations grew up in society in which homophobia and internalised homophobia (IH) are highly prevalent. In a study conducted by Rowen and Malcolm (2003) the beginning phases of homosexual identity formation were found to be associated with greater levels of internalized homophobia. Third, it was seen that sexual identity and gender identity-based questions were often excluded in most health surveys. Such questions are inaccurately perceived as too inappropriate for the elderly to answer (Fredriksen-Goldsen, 2017). And lastly, this is a relatively new area of research and not many researchers have ventured into the field.

This chapter aims to understand psychological well-being among older LGB (lesbian, gay and bisexual) adults.

## II. HISTORY OF LGBT MOVEMENT AND ASSOCIATED CHANGES

For a long period of time sexual minorities were a taboo in several cultures and regions across the world. People who identified as any sexual minority were often relegated to the shadows and were those suffering from a disorder. But the 20<sup>th</sup> century saw many social reforms and drastic changes in the way societies function due to various social and civil rights movement. The Stonewall Uprising of 1969 marked the beginning of a series of events that ultimately lead to granting of civil rights for the LGBTQ+ community in the United States of America and a gradual increase in the visibility of this population across the globe.

According to Fredriksen-Goldsen (2017) the older queer population can be divided into 3 generations: the Invisible, the Silent, and the Pride Generation. The Invisible Generation (1929–1939) were present in a time when sexual and gender minorities had to conceal their identities from the public. In the 1950s, when the Silent Generation came of age in a period where members of the LGBT community were considered as threats to society. Same-sex behaviours were considered a crime, and homosexuality was classified as a psychiatric disorder by the APA (American Psychiatric Association). With increasing social change, as seen through various civil rights movements and the Stonewall Riots of 1969 the Pride Generation became more open about their identities. During the 1960s homosexuality was decriminalised in the USA, and it was removed from the DSM-II-R (Diagnostic and Statistical Manual of Mental Disorders) in 1973. Higher degrees of both identity concealment and internalized homophobia were found in members from the Invisible and Silent Generations. This may have been a safeguard in hostile environments. As for the Pride generation, identity concealment and internalised stigma were lower, however discrimination, victimisation, loneliness and depression were also higher. Thus, based on the generation in which one grew up, the psychological state varied.

In 2009, the Delhi High Court decriminalized homosexual acts in India. Since then, homosexuality has garnered considerable prominence in the nation (Sharma & Subramanyam, 2020). In 2013, The Supreme Court recriminalized it, which led to large-scale protests and agitations from queer activists. This ultimately led to the same court decriminalising homosexuality in 2018. The community of elderly LGB remained relatively inactive during this historic queer movement in India, rendering them invisible in both popular media and research. This was worsened by the long history criminalising homosexuality, and low levels of awareness among the general populations.

While research on this population has gradually increased, there is still space for a great amount of scientific discovery in this field.

### III. PSYCHOLOGICAL WELL-BEING

Psychological well-being (PWB) is defined as one's level of psychological happiness/health, encompassing life satisfaction, and feelings of accomplishment. (Iresearchnet, 2016). Psychological well-being consists of two major components. The first component is subjective well-being. This refers to subjective feelings of happiness and positive emotions (Diener, 2000). The second involves a sense of purpose and meaning in one's life. Ryff (1989) outlines the six aspects of psychological well-being as autonomy, environmental mastery, personal-growth, positive relations with other, purpose in life and self- acceptance.

Stressful experiences faced by LGB individuals can act as a detriment to their psychological well-being. However, these also contribute to building resilience, which in turn can protect their psychological well-being in late adulthood. (Robertson, 2018)

### IV. FACTORS INFLUENCING THE PSYCHOLOGICAL WELL-BEING OF LGB INDIVIDUALS

While there are several common concerns shared by both the heterosexual and LGB aging community, such as ageism, bereavement, economic conditions, health, loneliness, fear of institutionalization, to name a few, there are several challenges unique to the LGB aging community. These risk factors for their psychological well-being include ageism, community division, homophobia, "going back into the closet," homelessness, loneliness, housing discrimination, poverty, social isolation, and a diminution of sexuality. The negative aspects of being homosexual at any stage in life are associated with most of the adverse outcomes in older homosexuals.

1. **Ageism:** Ageism provides a significant risk factor for older gay men and lesbians' psychological well-being. According to Baron and Cramer (2000), gay men experience "accelerated aging," wherein they perceive themselves as older sooner than heterosexuals do. A study by Bennett and Thompson (1990) indicated that gay men believed an average of 39 years old to be the beginning of middle-agedness; old age 54. Conversely, a study by Harry (1982) postulates that this trend might be a result of a middle-aged crisis rather than the self-perception of premature aging.

In a study conducted by Nystrom and Jones(2003), it was found that aging lesbians are affected by ageism, not only within society but also within the lesbian and gay communities-evident in the lack of services planned for them. Even within groups and initiatives for older lesbians, the oldest members may be rendered invisible.

Another aspect of ageism within the LGB community includes an overall orientation towards youth, where older adults who previously fulfilled the role of mentors or friends with younger people are excluded with age. This leads to divides within the LGB community, mainly age-segregated interactions such as younger LGB members being unable to visit bars and youth coming out groups excluding older LGB adults. This segregation is amplified by age-related stereotypes such as the belief that the LGB youth is too radical or that older LGBT people are disconnected from the younger generations. These stereotypes, in turn, are furthered by a lack of interaction between the two groups(Woolf, 2001). The LGBT community has been broken down into separate generations due to temporally varying political and social contexts (Glenda and Bohan, 2005). This lack of positive relations within the community tends to deter psychological well-being.

2. **Discrimination, Homophobia and Stereotypes:** Research indicates that the discrimination, stigma and harassment faced by the community lead to various stress responses including physiological, psychological and behavioural changes within the body. Over time, the aforementioned stressors take a toll over the individual's health (Meyer, 2003). These experiences of discrimination include microaggressions, threats, slurs, sexual and nonsexual harassment and violence. Other factors seen to harm their health include the anticipation of both perceived and experienced discrimination.

Harmful stereotypes that affect the older LGB population include older gay men being seen as increasingly effeminate with age, alienated from friends and family, living alone by necessity, and sexual predators to young children due to their sexual undesirability to other gay men in their "old age," pursuers of anonymous sexual contacts in public spaces and being desperately unhappy. Older lesbians are seen as heartless and unemotional, also subject to accelerated aging and loneliness due to younger lesbians finding them unattractive and bitter and lonely people without family and friends.(Berger,1984) The concept of the homosexual-as-pedophile, ever-present regardless of legal policies, as anti-gay political rhetoric, causes many elderly homosexual persons to experience fear of being seen as a pedophilic older homosexual leading to reluctance in pursuing intergenerational relationships (Russell and Richards, 2003). This reduces the likelihood of forming chosen families between generations.

Ageism and homophobia affect LGB adults in two critical ways. First, both homophobia and ageism amalgamate to leave LGB elders invisible. The stereotype of homosexuals being hypersexual and seniors not being sexual causes the concept of the LGB elder itself to become a non sequitur. Second, homophobia and ageism isolate LGB elders from their own communities, that is, both the senior and LGBT communities.

3. **Healthcare, Housing and Homelessness:** Discrimination is widely experienced by LGBTQ adults across health care and other domains, significantly impacting physical and mental health. A survey conducted on gay men and lesbian women found that there was a

positive correlation between perceived experiences of discrimination and depression (Morrison, 2011). Low optimism and self esteem were reported by Gay and lesbian adults who experienced greater levels of discrimination (Morrison, 2011). Even with the decriminalization and depathologization of homosexuality in most countries, conversion therapy is still a widely used program. Conversion therapy is still being performed in over 60 countries and is proven to cause severe psychological and physical stress.

LGB individuals have been discriminated against and denied adequate health care, employment opportunities and housing or accommodation. According to Harley and Teaster (2016) 9.1% of elderly lesbian couples and 4.9% of elderly gay couples were poor, as compared to 4.6% of their heterosexual couple counterparts. The marginalization and deficits in social support render them vulnerable to psychological illnesses, which in turn leads to an increase in healthcare expenses. Several studies on LGBT elders consistently report themes of fear of facing discrimination in long-term care facilities. These fear include experiencing harassment, social isolation, or rejection by staff members and other residents; being denied services; fear of harsh facility rules that force them back into the closet(e.g., Orel, 2014; Putney et al., 2018; Stein et al., 2010). A decreased sense of environmental mastery subsequently can lead to a decline in psychological well-being.

In a study conducted by Furlotte et al. (2016), a few participants viewed their professional status at work as protection against discrimination. They feared that this protection would be removed if their health deteriorated and required home care. It was found that complex challenges of sexual identity and couple hood and future discrimination were found to be the major concerns of older homosexual couples requiring long term care and home care services. In other similar studies also, it was found that older homosexual showed a higher preference for LGB facilities (McParland & Camic, 2016). Covert discrimination, although unintentional, can occur when healthcare providers make presumptions about patients' relationships with their partners.

In India, sexual orientation was found to be a major obstacle to sexual orientation; moreover, it has frequently been reported as a barrier to sufficient care (De Sousa & Lodha, 2018).

LGB adults have restricted access to important resources such as public safety, employment, and health care. The avoidance of care as a result of fear of discrimination, further heightens adverse health consequences. Healthcare service are predominantly heteronormative, resulting in discrimination against members such as abuse and failure to treat an illness. Due to a legal failure to recognize gay and lesbian partnerships, they are not allowed to visit their loved ones in the hospital or participate in healthcare decisions, which causes distress. These ultimately act as a detriment to psychological well-being.

Older homosexuals face housing discrimination as well. Legal aging policies follow heteronormative assumptions that all individuals including LGB individuals have multi-generational families for support; however, most LGB elders rely on chosen families for care and support. LGB elders rely on single generational "chosen families" to provide auxiliary support and care. LGB older adults are often charged higher rents at independent or assisted living centres and are at risk of being turned away (Equal Rights

Centre, 2014). Family rejection of LGBTQ youth has led to increased levels of homelessness (e.g., Choi et al., 2015; Ecker, 2016). This rejection acts as a detriment to maintaining family connections for LGB people during their late adulthood.

4. **Social Isolation:** Social isolation is a significant issue with LGB seniors, who are twice as likely to remain single through their late-adulthood, more than twice as likely to lead life alone, and have a higher than four times chance to not have any children to rely upon compared to heterosexual older adults (Gabrielson, 2011). Less than twenty percent of LGBT seniors live with a partner, while about fifty percent of non-LGBT elders live with a partner. Intimate partners tend to become the central social support system for older LGB individuals as their support networks are less likely to consist of children and biological relatives. Thus, losing a partner can be especially detrimental. Due to the invisible minority status experienced by LGB individuals, they are deprived of social and economic support following the loss of a partner. Those of the older generations who had experienced homosexuality being criminalized are less likely to have their experiences of loss be recognized, which forces them into “silent mourning”. Here, LGB individuals, especially closeted ones, do not receive adequate social support and instead become socially isolated- magnifying their risk of poor mental health (Langley, 2001)

## V. RESILIENCE IN LGB INDIVIDUALS IN LATE ADULTHOOD

Resilience refers to the ability to bounce back or positively adapt in the face of significant adversity or risk (Snyder & Lopez, 2007). Resilience often determines a person’s coping abilities when dealing with various stressors they face throughout their life.

This ability in turn has an impact on a person’s psychological well-being. Like the rest of the population, older LGB members with high resilience tend to have better psychological well-being. In a study conducted by Sharma and Subramanyam (2020), it was found that psychological well-being was higher for older queer men with characteristics such as stress resilience and optimism. It was also found that optimism and stress resilience were key factors involved in navigating loneliness and depression in older gay men.

LGB elders tend to express higher levels of ageing concerns compared to their heterosexual peers as they age. This is due to various factors such as the assumption of heterosexuality ingrained in social structures, heterosexism, discrimination resulting from homophobia, and stigma and social exclusion, which continue to influence the lives of LGB individuals as they age (Stonewall, 2011). However, adaptive factors such as individual resilience, or the formation of ‘found families’ help to mediate these social influences. (Weeks et al. 2001, p. 9). Most LGB older adults, in fact, display remarkable resilience. In the process of integrating their sexual orientation into their developing identity, they experience identity crisis earlier in life. Resolving this crisis helps build “crisis competence”, which ultimately helps to deal with challenges in older age (Kimmel, 1978). These notions were also supported by Orel’s (2004) support groups where it was found that a majority of the participants believed that the psychological resilience necessary to “come out” prepared them for the psychological issues of ageing.

Over time, LGBT older adults have built communities and systems of resistance and mutual support through the exercise of collective and individual human agency. This has

allowed them to acquire the social, community and psychological resources that assist in dealing with many challenges and buffer against the adversities that they face (Fredriksen-Goldsen, 2017). Thus, LGB older adults who had been open about their identity in their early years had a greater opportunity of finding a community of similar people, therefore building greater resilience. It can also be seen that those who are not “out” often have lesser emotional support and those who had come “out” might have developed the psychological resilience that helps them deal with second stigmatised identity they experience in late-adulthood (McParland & Camic, 2016).

The legal system and the rights provided to LGB individuals significantly influences their quality of life. While several of the legal systems across the world have extended their protection and basic rights to the LGBT+ community, antigay campaigns and politics are still prevalent.

In a study conducted by Russell and Richards (2003), on 316 self-identified lesbian, gay and bisexual (LGB) individuals, five factors contributing to resilience against antigay politics were found:

1. The LGB movement, as part of the larger Civil rights movement, has increased understanding of the impact of homonegativity, increased the community’s sense of efficacy, and helped form a political collective.
2. In the process of confronting the impact of homonegativity, antigay politics have been used as an occasion for understanding and reducing one’s own internalised homophobia and the effect it has on one’s life by LGB participants. While posing a danger to them, antigay politics have provided an opportunity for LGB people to look more acutely at themselves and how their lives have been affected by homonegativity. Confronting the internalised homophobia helps facilitate personal growth and resilience.
3. Expression of affect, such as anger and sadness, in a purposive manner can mobilise a person to action and can be a source of resilience.
4. LGB respondents identify successful witnessing as a source of resilience when facing an antigay action. Successful witnessing refers to a situation where the witness validates that a trauma has occurred and offers support and moral alternative to a perpetration (Staub,1993). It appears to limit the powerlessness and isolation faced by several LGB individuals experiencing political attack.
5. Last but not the least, LGB people benefit from integration into the gay community. The community represents a source of social support.

## **VI. HOMOSEXUALITY IN COLLECTIVISTIC AND INDIVIDUALISTIC CULTURES**

Homosexuality is perceived differently in collectivistic and individualistic cultures. Individualistic cultures are characterised by more acceptance towards behaviours that deviate from social conventions, while collectivistic cultures tend to be intolerant towards divergence from social norms (Trilandis,2004). These trends or patterns of behaviour in different cultures

has a significant impact on one's psychological well-being. Collectivist-oriented nations, such as India, Pakistan and Malaysia have high scores on measures for cultural tightness (Gelfand et al., 2011). Homophobic attitudes vary depending on individual, social, and demographic details, such as age, gender, relationship status, and education level and qualification. As homosexuality violates long-standing traditions and socially constructed gender roles and beliefs, strong antigay attitudes are (Costa & Davies, 2012; Kite & Whitley, 1996; Steffens et al., 2015; Vincent et al., 2011).

1. **Individualistic Culture:** In individualistic cultures such as Britain, it was found that men expressed higher levels of negative affect towards gay men, than women (Davies, 2004). This can be accounted for by the socialization of men as antigay by traditional and societal gender belief systems. In the United States, studies show that homonegativity is more common among ageing individuals with lower educational qualification than younger individuals with higher levels of educational qualification (Herek & Gonzalez Rivera, 2006). It is also shown that unmarried individuals showed less negative views toward homosexuality than married individuals (Herek & Capitanio, 1995). In 21st-century America, while gay rights, women's rights and race relations are progressing on the same trajectory, many still strongly oppose equal rights and policies for LGBT people (Avery et al., 2007).
2. **Collectivistic Culture:** A study conducted by Lowe et al. (2019) was on homophobic "honor" abuse seen in collectivistic cultures, where collectivistic cultures accept extreme aggression in the name of "honor." For instance, according to the gendered "honor" code, homosexual individuals are a violation of the code of honor, which deems hostility or use of aggression against such individuals acceptable. The Gender role enforcement theory accounts for this aggression directed toward those who deviate from gender norms (Parrott, 2009). Studies also indicate that, in Asian territories, gay males have a higher risk of being exploited or abused by their tribal and community leaders, immediate and extended family, and other groups they might be members of (Mahendru, 2017).

Another explanation for the homonegativity of collectivistic cultures might be their alignment with religions which adhere to a strict traditional religious teachings that often deem homosexuality to be a sin. These religions include, but are not limited to, Judaism, Islam and Christianity (Whitley, 2009)

## VII. COLLECTIVISM WITHIN THE COMMUNITY

A study by Saucedo et al. (2016) indicated the importance of collectivistic attitudes in prioritizing harmonious relationships with significant members of one's social world and its subsequent importance within the LGBTQ community. The significance of involvement within the LGBTQ community is essential for sustaining and building the communities and their relationship to crucial health-related factors for individual LGBTQ persons. This is essential to HIV prevention and LGBTQ communities (Kippax, 2012; Reed, Miller, & Adolescent Medicine Trials Network for HIV/AIDS Interventions, 2013; Rhodes et al., 2014). Collectivism could also help inform stigma reduction strategies to empower community members to combat LGBTQ-related stigma and discrimination (Heijnders & Van Der Meij, 2006; Zang, Guida, Sun, & Liu, 2014).



## VIII. INDIAN VIEWS AND POLICIES

There is a great dearth of research on the geriatric mental health of the LGBT community in India. Due to the long history of criminalization of homosexuality and a lack of a legal framework in the nation, LGBT individuals were forced to engage in inconspicuous expression of their sexuality instead of enjoying an open relationship-based life. This has resulted in an absence of awareness about the wide spectrum of sexual orientation seen within the community. Also, ageing queer men in India have been found to be susceptible to negative mental health outcomes due to their highly disadvantaged identities and status. The lack of inclusivity in present mental health policies lead to continued silence in regard to the needs of this community (Sharma and Subramanyam, 2020).

A study by Sharma and Subramanyam(2020) on Indian non-heterosexual men in middle and late-adulthood found that even after taking various stress mitigating factors and sociodemographic details into consideration, loneliness is positively linked to ageism, fear of ageing, and internalized homophobia. Depressive symptoms were positively correlated to internalized homophobia and fear of ageing, and no relation was found to be with ageism. Middle-aged and older bisexual and gay men with higher incomes were found to have fewer adverse psychological outcomes as they were able to manage their masculinities. This population was also found to have higher vulnerability to excessive sexual impulses due to their depressive symptoms and loneliness; this was especially high in older gay men bound in heterosexual marriage.

In a study conducted by Lodha and De Sousa (2023), participants described how improvements in lifestyle, as a result of increased access to resources such as counsellors, various fruitful hobbies, and a vast social network of LGB activists and health professionals, has led to a decrease in loneliness, and an improvement in coping abilities. Acceptance of one's old age and sexuality was mainly found in well-to-do members, and these members formed a large part of the population participating in queer social meetings, pride marches and parades, and LGB events.

## IX. FUTURE SCOPE

Recently, there has been an increase in the amount of scientific research conducted involving ageing LGB individuals, but there remains a dearth in data available on the psychological well-being of this population. As it often becomes difficult to find samples for such research, most of the data is collected through convenience and snow-ball sampling. A relatively large percent of research in this field or area is conducted on upper-middle class LGB people living in urban areas. There is a need to expand research to those living in other sections of the society. While there have been cross-sectional studies conducted on this population, there is great scope for conducting longitudinal research to investigate the trajectories of ageing, well-being, and quality of life in LGB individuals in their late-adulthood. A large part of research is conducted on Caucasian LGB individuals in individualistic cultures. Expanding research to other cultures will not only help understand the influence culture has on the well-being of older queer individuals, but will also help recognise those at risk of illness and provide equitable health care services across various cultures.

## X. CONCLUSION

The evident lack of change and implementation of policies has led to a subsequent failure to protect the LGB elder community, as seen in the numerous challenges that influence their psychological well-being. The scarcity of research only further indicates the invisibility these communities face. This community stands at the crossroads of two heavily stigmatized and often unrecognized populations- the elderly and the LGB- further indicating the need for change. Society's inability to acknowledge this community indicates a lack of understanding and care for the differing needs of the LGB population, as most policies produce unequal results. Efforts to support and foster healthy aging in elderly communities regardless of sexual orientation require systems to acknowledge that LGB elders are different and deserve equal attention as members of society.

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