

Research

Coming out narratives of older gay men living in New Zealand

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Aim: *Explore the coming out narratives in a group of older gay men.*

Methods: *A narrative gerontological approach was employed to explore the coming out narratives of older gay men. Semi-structured digitally recorded individual interviews were undertaken with 12 gay men aged between 65 and 81 years who lived in the community. Data were analysed using a narrative data analytic process.*

Results: *Three collective narratives related to the coming out of older gay men were identified: 'early gay experiences', 'trying not to be gay' and 'acceptance'.*

Conclusion: *Older gay men come from diverse socio-cultural backgrounds. However, they all grew up in an era where same-sex attraction was a criminal offence. The path to accepting being a gay man was individualised and stressful for these participants. Consequently health and social service providers need to support the ongoing development of resilience and provide a person-centred approach to care that promotes wellbeing.*

Key words: *gay, sexuality, older gay men, gerontology, identity.*

Introduction

Gay men aged 65 years and older grew up in an era when engaging in same-sex acts were classified as a criminal offence, punishable by imprisonment. Society viewed gay men as deviant and it was not until 1973 that homosexuality was removed from the Diagnostic and Statistical Manual of Mental Disorders [1].

During this time, a formal diagnosis of being homosexual could have resulted in admission to a psychiatric institution and being subjected to conversion therapy [2]. Consequently, gay men now aged 65 years and over were formerly discriminated against with many living in constant fear of being

'outed' and their attraction to people of the same sex made public. Conversely, in New Zealand this group of men have also lived through, and may have contributed, to the gay liberation movement which led to the decriminalisation of homosexuality and legalisation of same-sex marriage. They have also experienced the devastation caused by the AIDS epidemic.

Gay men over 65 have lived through the most significant and positive changes in public attitudes toward gay men. Some older gay men are 'out', that is their sexual identity has been disclosed and is known to other people, while other men are nervous or reluctant to publically disclose that they are gay [3]. Regardless of how comfortable older gay men are with disclosing their sexuality they do, as a group, face discrimination whether it is age or sexuality related [4]. Studies have shown that health and social service providers in the aged care sector frequently lack the necessary knowledge and skills to work effectively with older gay men [4,5]. This lack of knowledge and skills in health professionals means there is potential for older gay men to be discriminated against, and also continue to conceal who they have intimate sexual relationships with. Discrimination is known to negatively impact the health and wellbeing of this group [6].

For many older gay men getting married and having a family was a common occurrence. Their reason for getting married and consequently denying same-sex attraction was the strong desire to be seen as heterosexual and doing so equated to survival; 'survival meant/means being able to pass as straight' (p. 51) [7]. The decision to make public and disclose same-sex attraction has been shown in studies of older gay and lesbian people to be stressful, negatively impacting on physical, social and psychological wellbeing [8]. The 'coming out' process has been identified as stressful however, coming out can be empowering and improve people's quality of life.

In order to provide a care service that is personalised, also referred to as person-centred, health and social service providers need to have a good understanding of the social backgrounds of older gay men. The central tenets of person-centred care are mutual respect and understanding of the rights of older people and their psychosocial needs, including comfort, identity and inclusion. The older person is an active participant in determining the care to be provided, as well as directing the way the care will be delivered [9]. Being familiar with, attentive to and understanding older gay men's life histories will enable health and social service providers to work supportively with this group to promote independence, health and well-being.

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Aim

To explore the coming out narratives in a group of older gay men.

Methods

Design

Narrative gerontology forms the methodological foundations of this study. It is concerned with the exploration of how older people experience the world, enabling the expression of life-like accounts [10]. This approach supports the telling of life stories in a person's own words, allowing older people to interpret meaningful past events that influence future actions and life decisions [11]. The opportunity to reminisce and retell past events offers valuable insights into the lives of older people and can provide cathartic moments for individuals [12]. The utilisation of this methodology enabled the exploration of older gay men's coming out narratives with the aim that they may inform future care strategies for this group of people.

Participants

Community dwelling gay men aged 65 years and over were invited to participate in the study. The study was advertised in venues and at events catering specifically to older gay men. Those interested in participating in the study made contact via telephone or email. An information sheet explaining the study was then sent, and a time and place convenient to the participant for the interview was determined. Before undertaking the interview participants were given the opportunity to ask any further questions about the study. A consent form was then signed. The data collection methods are fully described elsewhere [13]. Ethical approval was granted by the relevant Human Ethics Committee (approval number 10/058).

Twelve gay men aged between 65–81 years who met the inclusion criteria were interviewed. Data were gathered through in-depth digitally recorded semi-structured interviews. Open-ended questions were used to generate data including, 'Tell me about what it was like for you when you realised you were gay?' and, 'Are you "out"? If so, tell me about your "coming out" process? If not, tell me about why you decided not to come out and what has life been like for you?'

Interviews were transcribed verbatim by a transcriber bound by a confidentiality agreement. Data were returned to participants to check for accuracy and any identified errors corrected. To ensure confidentiality pseudonyms were chosen by participants.

Data analysis

Following transcription a narrative data analytic process was undertaken based on Brown and Addington-Hall's framework [14]. Firstly, each of the transcripts was read multiple times to develop an overall understanding of the text. Main

narratives were then identified and named as 'early gay experiences', 'trying not to be gay' and 'acceptance'. Finally, collective stories evident across narratives were identified. All aspects of the analytic process were inductive and data driven and focused on the semantic content [15].

Results

Three collective narratives relating to the coming out perspectives of this group of people were identified during the data analytic process: (1) 'early gay experiences'; (2) 'trying not to be gay'; and (3) 'acceptance'.

Early gay experiences

Narrators in this study identified as being same-sex attracted at a variety of ages, from early in their lives to much later. This is consistent with evidence that same-sex attraction is individualised and can occur at any stage during the life course [16]. In the following excerpt James identifies that he didn't make the link between his interest in collecting photographs of men and being gay.

I never even thought about it. I used to collect men's photos, it didn't even click with me at the time that I liked men rather than women. I didn't realise I was gay (James).

Similarly Edgar didn't question his attraction to men when growing up and thought that most boys experimented sexually with each other.

I can remember another boy at school I sort of became friends with and we would play around a little bit and even then I didn't think. Even when I sort of went and got a job, an apprenticeship later I don't think I realised, I don't know when I realised that homosexuality was a sort of a special kind of sin (Edgar).

As these men grew up many would meet other men for sex in public toilets or parks, also referred to as 'beats'. For example, as a young man in his late teens and early twenties, Claude describes going to the public toilets to meet other men for sex.

I started work at 16 and then discovered in those days the toilets around Auckland had holes in the walls and that sort of thing and I fell in love with the whole concept. I used to go to town after the movies with my friends and I would come home through all these beats all the way home and my teenage years were spent doing that sort of thing (Claude).

For others they had no idea when they were younger that they were attracted to other men, only discovering this in later life. For example, Larry only realised he was attracted to other men after he was married.

I didn't have any realisation of my . . . any conscious realisation of my gayness until I'd been married for two or

three years at the age of 33/34 and began to realise that I had other interests apart from the marriage and developed that and I was a Presbyterian minister at the same time so it was a dicey situation. So I sort of led a fairly active secret sexual life, in fact a very active one (Larry).

Trying not to be gay

The pathologisation of homosexuality from childhood has left an indelible mark on the lives of many older gay men [2]. The fear of being labelled as sick and perverted drove all of the men in this study to hope that they could be 'corrected' and therefore live a life as a 'normal' heterosexual man. Marriage to a woman and ensuing sexual relations, or attendance at church and prayer were commonly occurring collective stories evident in this narrative. The collective stories also identified these older men were tormented with the thought of being gay, the sin it brought onto them and how they could be redeemed in the eyes of the church and God.

For Patrizio, although he identified as same-sex attracted before his marriage, he fell in love with his now ex-wife and had several children with her. During his marriage he believed that being baptised by a life-long friend who was a pastor would convert him to heterosexuality.

It was Christian Fellowship. He baptised me, came down to Auckland, he baptised me in the stream up in Waitakere with all my friends around and hoping, hoping, hoping that something would happen. The skies would open and deliver me from this curse . . . it didn't (Patrizio).

Some of the men believed that having sex with a woman would make them heterosexual. For example, George believed that getting married to a woman would somehow curb his same-sex attraction.

I never had sexual intercourse with a girl until I got married and at that stage I wasn't sure I could because I'd be playing with boys, the men all the time . . . and I thought that would change me. I thought the availability of on-site sex [with my wife] when I wanted it would change me. Both concepts were wrong. It's not available on site when you want it and it didn't change me anyway. It wasn't very long before I was back out doing the beats again. That continued right through my marriage. Everywhere I went when I was married I was always looking for sex with other men (George).

Acceptance

All men in the study reached a point where they either willingly or unwillingly had to publically acknowledge that they were attracted to other men. This is typically referred to as 'coming out', which involves an acceptance, to some degree, of a sexuality different to the dominant group [17]. In addition, there is often a public declaration to family, friends and possibly others, such as workmates or colleagues, that

they are gay [18]. Most men felt a sense of relief when they came to terms with being gay and openly came out to others. Acceptance narratives varied amongst participants. Charles for example came out after the end of his marriage.

I could perform sexually with both and so it wasn't any big deal being married and being gay because the gay thing didn't actually come into it. It was just something you did on the side. I don't know if that's called bisexual or just hidden sexual but it was only after my marriage broke up that I actually got involved with gay people and went out into the gay scene (Charles).

For others their pathway to acceptance was far more traumatic and several men talked about the negative effects that arose when their wives became aware of their attraction to men. George recounts being forced to tell his wife he was gay after being caught by police at a 'beat', a place where men were known to meet other men to have sex.

My life and my generation for me led to marriage and children, family, house, the whole lot. Then in 1983 I got picked up in a central city beat by the police and prosecuted. My wife found out. She didn't have to find out but I thought it was the end of the world and I contemplated suicide and all sorts of things and I thought my name would be in the paper and my family would be disgraced, the whole damn lot. My name wasn't in the paper, nobody knew but her and I. It just worked that way. (George).

Larry identifies that when his wife became aware of his attraction to other men, they initially tried to maintain the life they had enjoyed together. However over time this became stressful to the point where there was no option but to formally separate.

We'd been married about 10–12 years when my wife discovered [I was having sex with men]. We had four young children and so we talked that through, tears and talk and tears and talk and so forth and so on and decided that we were good friends, good partners, good parents, let's get on with it. Then a couple of years later the sexual life between my wife and I, we decided it was pointless. It was stressful for both of us. Then I met my first lover and that was the reason, or the catalyst really for leaving which I had sort of been wanting to do anyway (Larry).

Discussion

This article has presented the coming out narratives of a group of older gay men who have been shaped by a set of socio-cultural circumstances specific to a New Zealand context. This group of older gay men have lived through significantly challenging and stressful life events. However despite the adversity experienced, all 12 men interviewed have made a choice to live their lives openly as gay men and who are now comfortable with their sexual identity.

No matter a person's gender, the trajectory to acceptance as being gay is stressful for many people and can negatively impact on health and wellbeing [19]. The collective narratives identified that participants had been extremely anxious when contemplating life as openly gay men. Negative societal attitudes, and in some countries laws have conspired to foster low levels of social acceptance resulting in further stigmatisation of older gay men. Consequently, older same-sex attracted people experience what is often referred to as 'double jeopardy'; where, as is the case with this group of gay men, they are stigmatised not only because of their sexual identity but also because of their age [20]. For many older gay men, age-related stigma from both within and external to the gay community, are significant challenges [4].

There is no doubt societal acceptance toward same-sex attracted people has significantly improved [4]. However for many older gay men, while recognising recent attitudinal changes as being positive, in contrast to their previous negative experiences some may still feel nervous about disclosing their sexual identity to others, or be selective about whom they disclose to. Consequently, health and social service providers need to support the ongoing development of resilience as well as a person-centred approach to care provision in order to promote wellbeing.

Same-sex attracted people face particular challenges in relation to service provision. In the case of older gay men many may still feel anxious and at times fearful that they will be discriminated against when interacting with health and social service providers. Studies have shown that health and social service providers may lack the knowledge and skills to work appropriately with older gay men [5,13]. Feelings of fear and anxiety may result in 'going back into the closet' and not disclosing their same-sex attraction [21]. This has the potential to negatively impact on the provision of health care, as a range of literature and practice guidelines suggest that in order for health care practitioners to provide holistic care, they need to be aware and accepting of the identity and sexual practices of consumers of their services [22].

There were several limitations identified in this study. Firstly, the study was advertised in places frequented by older gay men, consequently there was the potential for selection bias. All of the participants identified as gay, were 'out', comfortable with their sexual identity and strongly connected to the gay community with strong gay support networks. The results from this study are limited to the narratives produced from interviewing older gay men and did not include men identifying as bisexual, transgender or intersex. In addition, we only interviewed 12 men and this could also be seen as a limitation. Future research should explore the experiences of all sexual and gender minority groups, as well as those from different ethnicities and cultures.

This small narrative gerontological study has identified that older gay men, while coming from a variety of backgrounds,

have experienced significant adversity, loss and discrimination during their lives. While these findings are broadly in line with other international research, the contribution this study makes is in providing relevant locally situated coming out narratives of older gay men. This local knowledge will reassure health and social service providers in New Zealand that key themes identified in international research are transferable to the local context. The challenge for health and social service providers is to ensure that the care they provide is appropriate, person-centred and supportive of older people regardless of their sexual and gender identities.

Key Points

- Gay men aged 65 years and over grew up in an era where same-sex attraction and acts were criminal offences.
- Many older gay men denied their attraction to other men, got married and had children before coming out.
- Health and social service providers need to understand the socio-cultural contexts of older gay men in order to provide appropriate care to this group.

References

- 1 Clarke V, Ellis S, Peel E, Riggs D. *Lesbian, Gay, Bisexual, Trans & Queer Psychology: An Introduction*. Cambridge, UK: Cambridge University Press, 2010.
- 2 Dickson T, Cook M, Playle J, Hallett C. 'Queer' treatments: Giving a voice to former patients who received treatments for their 'sexual deviations'. *Journal of Clinical Nursing* 2012; 21: 1345–1354. doi: 10.1111/j.1365-2702.2011.03965x.
- 3 Andersen R, Fetner T. Economic inequality and intolerance: Attitudes toward homosexuality in 35 democracies. *American Journal of Political Science* 2008; 52: 942–958.
- 4 Lyons A, Croy S, Barrett C, Whyte C. Growing old as a gay man: How life has changed for the gay liberation generation. *Ageing & Society* 2014. doi: 10.1017/S0144686X14000889.
- 5 Neville S, Adams J, Bellamy G, Boyd M, George N. Perceptions towards lesbian, gay and bisexual people in residential care facilities: A qualitative study. *International Journal Older People Nursing* 2015; 10: 73–81. doi: 10.1111/opn.12058.
- 6 Lyons A, Pitts M, Grierson J. Factors related to positive mental health in a stigmatized minority: An investigation of older gay men. *Journal of Aging and Health* 2013; 25: 1159–1181. doi:10.1177/0898264313495562.
- 7 Cooper Fox R. Gay grows up: An interpretive study on aging metaphors and queer identity. *Journal of Homosexuality* 2007; 52: 33–61. doi: 10.1300/J082v52n03_03.
- 8 Fannin A. Gay and grey: Lifting the lid on sexuality and ageing. *Working with older people* 2006; 10: 31–33. doi: 10.1108/13663666200600069.
- 9 O'Dwyer C. Official conceptualizations of person-centered care: Which person counts? *Journal of Aging Studies* 2013; 27: 233–242. doi: 10.1016/j.jaging.2013.03.003.
- 10 Kenyon G, Clark P, de Vries B. *Narrative Gerontology: Theory, Research and Practice*. New York, NY: Springer, 2001.
- 11 Trentham B. Life storytelling, occupation, social participation and aging. *Occupational Therapy* 2007; 9: 5. Retrieved from <http://www.caot.ca/otnow/Sept%2007/story.pdf>
- 12 Riessman C. *Narrative Methods for Human Sciences*. Los Angeles: Sage Publications Ltd, 2008.
- 13 Kushner B, Neville S, Adams B. Perceptions of ageing as an older gay man. *Journal of Clinical Nursing* 2013; 22: 3388–3395. doi: 10.1111/jocn.12362.

- 14 Brown J, Addington-Hall J. How people with motor neurone disease talk about living with their illness: A narrative study. *Journal of Advanced Nursing* 2008; 62: 200–208. doi: 10.1111/j.1365-2648.2007.04588x.
- 15 Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Research in Psychology* 2006; 3: 77–101. doi: 10.1191/1478088706qp0630a.
- 16 Dubé E. The role of sexual behavior in the identification process of gay and bisexual males. *The Journal of Sex Research* 2000; 37: 123–132.
- 17 Markowe LA. Coming out as lesbian. In: Coyle A, Kitzinger C (eds). *Lesbian & Gay Psychology: New Perspectives*. Oxford, UK: Blackwell Publishers, 2002: 63–80.
- 18 Robinson P. *The Changing World of Gay Men*. Basingstoke, UK: Palgrave Macmillan, 2008.
- 19 Iwasaki Y, Ristock J. The nature of stress experienced by lesbian and gay men. *Anxiety Stress Coping* 2007; 20: 299–319. doi: 10.1080/10615800701303264.
- 20 Haber D. Gay aging. *Gerontology & Geriatrics Education* 2009; 30: 267–280. doi: 10.1080/02701960903133554.
- 21 Stein G, Beckerman N, Sherman P. Lesbian and gay elders and long-term care: Identifying the unique psychosocial perspectives and challenges. *Journal of Gerontological Social Work* 2010; 53: 421–435. doi: 10.1080/01634372.2010.496478.
- 22 Adams J, McCreanor T, Braun V. Gay men's explanations of health and how to improve it. *Qualitative Health Research* 2013; 23: 887–899. doi: 10.1177/1049732313484196.