

is found among heterosexual women, who are subjected to a barrage of commercial messages for products that purport to keep them looking young.

The negative effects of ageism have not been ignored in today's gay community. In the 1980s some younger gay men and women, recognizing that in due course old age awaits them as well, joined such social organizations as San Francisco's GLOE (Gay and Lesbian Outreach to Elders) and New York's SAGE (Senior Action in a Gay Environment), in order to befriend and assist older people. Over the years gay churches and synagogues have also done much to achieve interaction of people of various age groups.

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AGING

Gerontology, the social science of aging, began well before World War II, experienced rapid growth after the war, and has recently become a major field, as an ever larger proportion of the population reaches sixty. For many years, gerontological research assumed that all older people were heterosexual, even though upwards of three million North Americans over sixty are lesbian or gay. This scientific blindness was hardly accidental. The social science of "deviant behavior" knew that older homosexuals existed, but it propagated the myth that "old aunties" and "aging dykes" lived lonely, miserable lives, shunned by a homosexual subculture obsessed with youth. Not until the year of Stonewall (1969) did Martin Weinberg publish the first study showing that homosexuals adjust well to age. Only in the late 1980s did gay gerontology become established as a field of research.

A major theme of gay liberation, as of black liberation and feminism, was a new positive emphasis ("gay pride") which pushed the pendulum of gay gerontology to the opposite extreme. Some research in the 1970s argued that homosexuals actually enjoyed "advantages" over heterosexu-

als, in adjusting to midlife and old age. More recently, a middle position has been taken: homosexuals obviously differ in some aspects of aging, but on such key issues as psychological health, income, friendships, satisfaction with life they do not differ significantly from heterosexuals (Brecher; Lee).

This article supports the middle position—that homosexual elders are no less likely to live happy, healthy and comfortable lives than their nongay neighbors. The focus is on interesting aspects of contemporary homosexual aging, especially those which provide generally useful insights, whatever the person's sexual orientation.

Accelerated Aging. For many years it was argued that homosexuals experienced the effects of aging sooner than nongays. Homosexual culture was considered "obsessed with youth," thus the loss of youthful appearance made thirty the threshold of "middle age." Recent studies indicate that most homosexuals do not feel or act older at 30 or 40 than their nongay peers. However, they do think that *other* homosexuals view them and treat them as if they were further advanced in age. Thus, while feeling young and active at 40, homosexuals may lie about their age because they fear other homosexuals consider 40 "over the hill." It appears that homosexuals still suffer a mutual misunderstanding, rather like that of a male teenage virgin who lies about his sexual conquests because he concludes from his peers' boasts that they are already sexually experienced.

Earlier Socialization and Later Adjustment to Aging. A young person "growing up gay" faces much the same learning tasks as a nongay classmate, but there is an essential difference, which the gay youth has in common with other minority groups: how to handle stigmatized status. Unlike most minority stigmas, the young homosexual can decide to remain secret ("in the closet") yet enter a subculture ("the gay world") which pro-

vides numerous facilities and opportunities for contact with others of the same minority. Prior to "gay liberation" this was the only attractive option for all homosexuals except the few who deliberately chose a "flaunting" role (e.g., Quentin Crisp) or found work and friends in a tolerant, low-status occupation (e.g., restaurant waiter, hairdresser).

One of the major themes of gay liberation is "taking pride in one's chosen lifestyle." In this light, gerontology now distinguishes several forms of adjustment in gay/lesbian aging: (1) the stereotypic or self-oppressing gay/lesbian elder, who has internalized the heterosexual world's hatred of homosexuals, and is ashamed and guilt-ridden; (2) the passing elder, who at least partially accepts the validity of homosexuality as a lifestyle, but fears those who do not, so admits to being gay/lesbian only among those who can be trusted not to betray the secret; (3) the gay-positive elder, who has "come out of the closet" to at least some nongay persons in the family, workplace, and other social contexts, participating in the gay community without fear of being discovered.

There is no agreement yet among gerontologists about the ways and extent to which each of these forms of adjustment affects psychological health or happiness of the gay/lesbian elder. At least some fearful and self-oppressing gay elders lead successful and productive lives and enjoy satisfying friendships, both gay and nongay. There is certainly no evidence to persuade any homosexual, whether very open or very hidden, that the elder years must be less satisfying merely because of sexual orientation.

Older Gays/Lesbians in Their Community. Variations in socialization and adaptation to homosexual stigma pose serious problems for organizations attempting to develop a place for elders in the new gay communities. These groups must cope with the tension between public and politically active members, and those who wish gay social contact without

disclosing their private lives, which they regard as "nobody else's business."

Even a decision to invite a speaker from, or cooperate with, nongay senior citizens groups, or government agencies for the aged, may be opposed by closeted gay elders. Older homosexuals who have been married for many years to unaware spouses, or who have prestigious positions in the work world, are especially fearful that someone who believes them to be heterosexual, may see them at a gay meeting. Thus, groups tend to attract more homosexuals who have little or nothing to lose by being there, and have less resources to contribute to the group's growth.

In spite of these special problems, the number of organizations of older gay men and lesbians is slowly growing in North America. The most successful and enduring organization, SAGE of New York City, has contact with about 60 other elder gay/lesbian organizations in the USA and Canada. Many gay community listings (such as *The Gay Yellow Pages* in Los Angeles), now include one or more gay elders' groups. There is a National Association of Lesbian and Gay Gerontology at 1290 Sutter St., San Francisco.

The Gay Generation Gap. Differences in adaptation to stigma among gay elders have contributed to a "generation gap" in the gay world different from that between young and old in the nongay population. Even if not active in the gay community and gay liberation, many younger lesbians and gay men have grown up in a society which tolerates, and in some cases legislatively protects, their lifestyle. This profound difference in experience adds to the difficulty of younger and older gays understanding each other.

The "generation gap" affects gay individuals and communities by restricting the supply of suitable role models of aging for younger gays and lesbians. Most heterosexual young people have at least some positive images of middle and old age among their family, or in the media, but there are very few models of happy

homosexual aging available to the younger gay/lesbian. Even within the best-developed urban gay communities there is still little contact, and often a good deal of deliberate avoidance, between younger and older gays, and this is often true even within gay liberation organizations officially opposed to "ageism" (Berger). Indeed, the generation gap has probably contributed to the sometimes passionate disputes between "essentialists" and "social constructionists" over the history of gay people. (See **social construction**.)

Age-Stratified Relationships.

Many human societies are age-stratified; they portion out roles and rewards according to the individual's age, with appropriate markers ("rites de passage" like puberty and retirement) to indicate that the individual has successfully passed from one age strata to another. Although there remain many social distinctions between age levels, North American society has tended to emphasize equal liberty of each individual; it now opposes most forms of **discrimination**, including "ageism."

One of the least predictable consequences for the homosexual minority has been the decline of age-stratified intimacy as a key structure in the gay community. From ancient times to the Victorian era, a familiar pattern of relationship in the gay/lesbian subculture was the partnership of an older and a significantly younger person. This pattern provided stability, resources and leadership in the gay underworld. It had its most eloquent defense by Oscar **Wilde** at his second trial, as the partnership of youthful beauty, vigor and hope, with mature intellect, confidence, and social resources.

The age-stratified pattern also provided upward social mobility in the gay world, by which a young man or woman of poor economic and educational background could acquire polished manners, dress and language, and favorable economic opportunities. The reference here is not to the "kept boy" and "sugar daddy," though these also existed and continue to exist,

but rather to the classic mentor/protégé relationship as epitomized by the 33-year partnership of Christopher **Isherwood** and Don Bachardy, who met when Christopher was 48, Don 18.

Gay liberation has tended to undermine the age-stratified pattern, both through its emphasis on social equality (the mentor/protégé partnership must begin with some recognition of inequalities), and through the development, in urban gay communities, of facilities where young gays and lesbians can easily meet each other without requiring (or wanting) the mediation or resources of older homosexuals. Many gay/lesbian elders who grew up in a pre-liberation gay subculture largely organized and financed by their elders, looked forward to a time when they would take over leadership positions, and hopefully find their own young protégé. The new gay communities have reduced or eliminated these opportunities, and many gay elders are finding it difficult to adjust to a gay life largely restricted to age-peers.

Intimacy and Sexuality in Gay/Lesbian Old Age. In an era which first made sexual pleasure practically equivalent to the enjoyment of life itself, and then (since **AIDS**) almost synonymous with the courtship of death, any consideration of happiness in homosexual old age must include sexuality. One should begin with great scepticism of self-reported data such as that of Berger's respondents who claimed not to experience a decline in sexual opportunity and outlet with the onset of old age. Elders are no more likely than teenage male virgins to openly admit that sexual gratification is lacking.

More reliable studies, such as observed behavior in gay baths, studies of advertising for partners, and participant observation in gay communities, all suggest that sexual happiness in the gay older years, *as in heterosexual old age* (Brecher), involves learning to cope with changing circumstances. Lesbians, who tend to place more emphasis on nonorgasmic intimacy from the onset of a relationship, are more

likely to make sexual adaptations to age, including more frequent celibacy than reported by gay male elders.

Coping mechanisms among gay males include willingness to validate sexuality as pleasurable without orgasm; an increased reliance on **pornography** as stimulant to release (an important factor in both gay and nongay populations, as all moralists and censors should be reminded), and an improved ability to use purchased sex safely.

At least until the possibly reduced income of retirement, seniority in our society generally brings rising income, and thus resources to purchase sexual gratification. But a particularly dangerous form of ageism may be found among gay hustlers. It is built into the social structure of the hustler, who reaches occupational obsolescence long before a hockey player, and is translated into disdain, exploitation, and sometimes violence directed at the older customer.

Another notable adaptation more typical of gay males than lesbians (but this is changing in recent years) is the elaboration of sexual foreplay, and reduced emphasis on genital contact and orgasm, through such means as sexual toys, bondage, uniforms, and scenarios. In most large urban gay communities, there is a marked difference in average age between the "twinkle" or "disco" gay crowds, and the "leather and denim" places. As beauty fades, older homosexuals may learn to continue attracting partners by conveying messages of sexual self-confidence and experience through leather, accessories, and body stance.

It is quite possible to be single and happy in heterosexual old age, but overall, satisfaction with life (and even life expectancy itself) is generally correlated with intimate and enduring partnership. Likewise, gay gerontology indicates that having an intimate partner (not necessarily a "lover" or even a gay person) in homosexual old age is a reliable predictor of general adjustment and satisfaction with life.

Sharing old age with a partner "doubles the joys and halves the sorrows."

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AIDS

Acquired Immunodeficiency Syndrome is a medical condition that produces a radical suppression of the human immune system, permitting the body to be ravaged by a variety of opportunistic diseases. It is believed to be caused by the Human Immunodeficiency Virus (HIV), which can exist in the body indefinitely before symptoms emerge. In advanced industrial countries and in Latin America, AIDS occurs mainly among male homosexuals and intravenous (IV) drug users; in Africa it is found primarily among heterosexuals.

The Emergence of an Epidemic.

The as-yet-unnamed syndrome first came to the attention of the medical community through a report released in June 1981 by the Centers for Disease Control, a Federal agency, concerning five California cases. Because the first cases studied were in homosexual men, the syndrome became associated with homosexuality itself. In fact one of the first suggestions for a name was GRID (Gay-Related Immunodeficiency). Although this was shortly changed to AIDS, a ceaseless flow of media reports about gay men affected by the disorder served to fix the connection in the public mind.

For the first few years the number of cases in the United States doubled annually, and about half as many of those already infected died. Not only was the disease spreading very quickly but it was