

Research

Old lesbians: Gendered histories and persistent challenges

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Aim: *This article provides an overview of how gender and historical contexts influence the well-being of old lesbians. It aims to inform the practice of aged care providers in addressing the needs of these women.*

Methods: *The lived experience of old lesbians is examined using feminist methodology with a focus on hegemonic femininity, social structures and cultural life.*

Results: *Old lesbians being selectively 'open', their use of health services and desire for lesbian-specific aged care are all influenced by lesbophobia, a complex of discriminations. The age women began living as lesbian and fluidity of orientation, are central to understanding their particular needs. Many old lesbians have created social groups and intentional communities where there is support and freedom.*

Conclusion: *The current 'inclusivity' approach is insufficient for culturally appropriate aged care for old lesbians. Developing practices that meet their needs requires better understanding of lesbians' different life courses and why they created lesbian cultures.*

Key words: *community network, cultural diversity, marriage, sex factor, social support.*

Introduction

Those of us who stand outside the circle of this society's definition of acceptable women; those of us who have been forged in the crucibles of difference . . . know that survival is not an academic skill. It is learning . . . how to make common cause with those others identified as outside the structures in order to define and seek a world in which we can all flourish. (Audre Lorde) [1]

Because women outlive men by around five years [2], old lesbians are likely to be the most numerous group of elders under the LGBTI umbrella needing aged care services. The Australian female population over 65 is 1 828 611 [2] with an around 22 000 lesbians, based on an estimated 1.2% of the female population [3]. The gender breakdown of national figures for community services [4] means an estimated 4800 old lesbians could be using services, and 1000 may be receiving home care packages. In residential aged care, women

make up 69% of residents [5] which means an estimated 2400 could be lesbians.

The life histories of old lesbians are not simply parallel of those of gay men minus the criminalisation, or those of heterosexual women minus a male partner. Almost 30 years ago, Kehoe published a landmark article on old lesbians [6]. She introduced the concept of 'triple invisibility' to highlight the distinct challenges they faced collectively. Kehoe's work on the intersections of ageism, sexism and homophobia is just as pertinent today, despite changes to antidiscrimination legislation and cultural shifts around homosexuality.

Old lesbians are still largely an invisible minority who create fulfilling lives loving women, despite vilification, shame and exclusion. Their experiences are gendered in very specific ways by historical and social factors and dominant ideologies. These can have negative consequences for their health and well-being as well as forge resistance and resilience.

Events in the early lives of lesbians who are now over the age of 65 have influenced decisions throughout their lives, such as whether or not to stay married, choice of a health practitioner, employment and preferences for aged care. One of the most onerous decisions is when and how to disclose your sexual orientation. Older lesbians have made it daily and weekly from the time they first became aware of their attraction to women. This might be as long ago as the 1930s.

Aged care service providers, educators and policy makers aim to deliver quality care which meets the specific needs of these lesbians. Care and policy will be inferior if there is little understanding of the origins of their needs in issues such as lesbophobia, different life courses, communities and lesbian cultures.

This article does not presume to speak about or on behalf of old trans lesbians. It is important members of marginalised groups speak of their different lived experiences as insiders and for trans people to present the variety of trans experiences and narratives around ageing [7].

Methods

The experiences and challenges of old lesbians are examined from the perspective of an insider lesbian who is also a feminist sociologist. The author grew up in working class in Australia from the late 1940s and was active in various social movements from the 1960s to the present day.

A life course approach is combined with a phenomenological framework and feminist theory. The serious lack of substan-

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tial research specifically about old lesbians in both Australian gerontology and LGBTI ageing research meant some reliance on international data. The largest study to date was conducted by Traies in the UK with 400 lesbians over 60 [8].

Results

Historical context

The everyday understanding of lesbian identity shifted from nineteenth-century religious ideas to various ‘scientific’ medical models in the twentieth. The power and validity of three main ideologies (religious, medical and psychological) to denigrate and punish lesbian identities were eventually challenged by feminist and lesbian and gay activists from the late 1960s.

Lesbians now over 65 grew up in a time of rigid gender roles and a traditional division of labour which allocated men to the public sphere of work and women to the private sphere of home and family. The women’s liberation movement of the 1970s demonstrated how gender was an oppressive social construct which distributes power and material resources unequally. It also began the changes that created economic, social and cultural opportunities for many more women to explore and openly express their love of women.

However, for lesbians over 80, most social changes have come too late. In fact in 2009, Centrelink, a government agency delivering welfare payments such as the age pension, introduced changes that required the disclosure of lesbian relationships. For many old lesbians, these changes have caused further emotional and financial distress.

Lesbophobia

Multiple discriminations have impacted on the visibility and wellbeing of old lesbians. However, one of the least known discriminations is *lesbophobia*. At the same time, it is the most crucial social process in understanding the past and present lives of old lesbians and a major factor contributing to minority stress, anxiety, lowered self-esteem and health differentials.

Lesbophobia refers to the double discrimination experienced by lesbians, sexism and homophobia. It is a variety of complex intersections between the hostility towards women and hostility towards homosexuals. The concept has been used by lesbian feminists since the 1990s to examine the gendered power dynamics of their particular oppressions. However, it is often missing in discussions about LGBTI communities; for instance, the LGBTI National Training Manual for frontline workers and managers in the aged care sector [9] include homo/bi/trans and intersex phobia, but not lesbophobia.

Derogatory public comments, such as ‘ugly women with short hair who I assume were lesbians, and surely hadn’t had a penis anywhere near them in some considerable time’, are

not a thing of the past. Acclaimed children’s novelist Richard Muchamore made this comment in February 2015 [10].

These denigrations are typical microaggressions [11] suffered by old lesbians, individually and collectively, throughout their lives. The above insult exemplifies the usual content of negative stereotypes and assumptions about lesbians, their physical appearance, preference for women partners over men, and messages about the value of penises and masculinity.

Microaggressions can also be unintentional and often have hidden messages of inferiority [11]. A care worker who says ‘sad, she never had any children’ is reproducing hidden messages that invalidate the identity and lived experiences of many old lesbians and position them as inadequate.

‘I get called a “fucking thing” in here and everything, and a “poor excuse for a bloody woman” ’ (Margaret, 63 years old at day care) [12]. Wing reports that for both women who love women and women generally, the outcomes of these microaggressions are inequalities in health, education and employment [11].

Lesbophobia is a major reason lesbians experience higher levels of violence than heterosexual women. Duncan reported 30.6% of lesbian university students had been raped compared to 17.6% of heterosexual students [13]. An American review of 75 studies found lesbian and bisexual women are up to three times more likely than heterosexual women to have experienced a sexual assault in their lifetime [14]. In Australia, 34% of women have experienced sexual violence over their lifetime [15]. Therefore, based on the American meta-analysis, it is likely that at least 60% of old lesbians in Australia have experienced sexual assault. Aged care providers need to be aware of this higher prevalence of sexual assault and be attuned to trauma experiences in their practice.

Internal feelings of shame and the public shaming of old lesbians are maintained by social processes reproducing lesbophobia. Two key components are the fact that most lesbians are biologically female and they centre their lives on other women, not men. Lesbophobia attacks the embodied aspects of lesbian identity:

Your disease [endometriosis] is psychological, not medical. I know a very good psychiatrist . . . He has cured many homosexuals . . . You’re clearly very emotionally upset because you’re a lesbian, and I think it would help you to deal with your disease if you began to work out your feelings about men. You’re young, you can change. [16]

The young lesbian who reported this in 1974 would be over 60 today.

Lesbophobia influences the relationships between health providers and old lesbians. Many old lesbians have not used

health services and preventive cancer checks as regularly as heterosexual women because of the difficulty of finding a practitioner who is not judgmental; does not assume heterosexuality; understands lesbian health risks; and is a woman, remembering there were far fewer female doctors practising last century.

Lesbophobia is the reason very few old lesbians known to the author or in Traies' study were 'out' all the time to everyone. It also helps explain the remarkably consistent finding here and overseas that nearly all old lesbians are looking for aged care specifically for lesbians or LGBTI seniors [17].

'Everything is predominantly heterosexual orientated . . . It's depressing to think I might end up in a home where I could be isolated because to disclose/talk about my life would lead to ostracisation' (Molly, age 68) [18].

This single factor of lesbophobia has important implications for the provision of culturally appropriate aged care. It requires strategies that go beyond LGBTI 'inclusiveness' training of staff, such as creative solutions to the organisation of existing spaces in facilities and the delivery of services that celebrate lesbian culture and foster connections to lesbian networks on an everyday basis.

Early life and later life lesbians

The damaging stereotype of a lesbian as a man hater is a widespread and a taken-for-granted assumption by many. Disrupting this belief is a persistent challenge for lesbians of all life careers.

Traies found more than half (52%) of lesbians over 60 have been married or had significant relationships with men [8]. Hite in 1976, in *Female Sexuality*, found 60% of the lesbian women had been married [19]. Some lesbians in Traies' study had marriages of 30 or more years [8].

I cannot explain how or why I so suddenly became a lesbian because I was enthusiastically heterosexual from say, age fifteen to age thirty. Then I was suddenly equally enthusiastically lesbian and have remained so, all I can say is that I felt one way for a long time and then I felt differently. (Carey) [20]

Pre-1970, it was more difficult to challenge the power of hegemonic femininity [21] and its everyday practices like marriage and dress codes which reinforced heterosexuality as the only natural and legitimate sexuality for women. The pressure to meet parental expectations and no knowledge of any alternatives to marrying a man, apart from a celibate religious life, is part of many life histories.

The word 'lesbian' remained unspoken, and lesbians were completely missing from popular culture. Traies reported that 60% of those who had been married said it was because

'it was the expected thing', 40% said they were in love with their husband, and 10% said because they wanted children [8].

The reasons for leaving marriages to love women were varied, and for some, it was a deliberate 'choice':

By the end of 1979, I decided to put my sexuality where my politics were and came out as a dyke. I was absolutely delighted to find I was sexually attracted to women, so it wasn't just a political choice. I had raised my kids and they were independent. (Jean, aged 71) [22].

Some later life lesbians kept their married names. This provided safety, respectability and protection from legally sanctioned discrimination, especially in workplaces. Like all women, they were paid less than men. Being financially independent of men, lesbians needed jobs for economic survival.

I knew I reaped importance benefits, at work, and in my family, from the perception that I was heterosexual. It reinforced the shame I felt in being lesbian . . . Silence and shame affect emotional security which in turn affects economic security. [23]

The findings that many old lesbians have been married, as well as the lived experiences of later life lesbians, challenge the current orthodoxy about the stability and fixed biological nature of sexual attraction and orientation. This view is held by some LGBTI activists, health professionals and educators in the aged care sector [9]. 'Sexual orientation cannot be changed. A child's heterosexuality or homosexuality is deeply ingrained as part of them' [24].

A detailed exploration of the variability of sexual orientation through the life course of lesbians, and its differences from other non-heterosexual groups, is absolutely essential. The embodied experiences of old lesbians need to be validated rather than discounted and ignored.

The finding that around half of lesbians over 60 have been in a heterosexual marriage also has many implications for front line service providers and care plans. If a woman indicates she has been married, she may have lived most of her adult life of 30+ years as a lesbian without the relative safety and acceptance that come with 'heterosexual privileges' [25] and within a very different culture.

Lesbians who had been married navigated serious adjustments to their former heterosexual identities, living arrangements, finances and existing social relationships. Daughters lost close family relationships. Women were expelled from their valued church communities. Some mothers lost custody of their children because until 1984 in Australia, lesbianism was classified as a mental illness which 'a priori' made them psychologically unfit as mothers.

Almost half of the old lesbians in the UK study have never had relationships with men and remain 'single' without children [8]. They experience quite different life course events and impacts such as the shame and derision attached to 'old maids', spinsters and childlessness: stigmas experienced by all 'single' women. However, lifelong lesbians experienced this stigma in conjunction with their already devalued sexual identity.

Old lesbians who never married are more likely to have come into their lesbianism at an earlier age and in different social circumstances to those who started loving women in later life. Their first 'coming out' was often more traumatic because of their developmental age, usually teens, and the greater impact of family disapproval and rejection. Survival patterns of secrecy were perfected very early on by these women, and they are more likely to remain more closeted in their old age [8].

In 1982, Judy Small, an icon of Australian lesbian music, wrote several songs in response to the shaming of women who reject heterosexuality, marriage and motherhood – *Miss Alice Martin* and *The Family Maiden Aunt*. Of the latter, she said: 'I wrote this song in sheer self-defence after my sister had married and my family turned to me as the next likely family bride!' The final refrain is:

*Yes it's me, the family maiden aunt
Oh isn't-it-sad, marriage-hopes-are-fading aunt
Well there's nothing about my life that I'd be trading aunt
I tell you what, I wouldn't swap it for quids* [26].

The reality of female lesbian bodies for this group results in particular health risks. Women who are over 50, have not had children, have not breast-fed and have not used oral contraceptives have a higher risk of breast cancer. More than half of the older lesbian population have most of these risk factors [27]. Cervical cancer is also highest among lifelong lesbians [27].

These distinctive life careers both pose challenges to everyday pre-conceptions and assumptions about old lesbians. This broad difference between old lesbians, combined with the age of becoming lesbian, is more significant to understanding specific lesbian needs in old age than simple chronological age [8].

Community and culture

Old lesbians did not grow up in lesbian households and had NO cultural mentoring about being lesbian or lesbian culture from family, unlike ethnic and religious minorities who pass on their culture within families. In the absence of lesbian culture in the home, public life and popular culture, lesbians created safe and enriching social places. It is a largely private world of interconnected networks, activism, diverse intentional communities and lesbian cultures.

Brown argues that feelings of shame are most effectively ameliorated by empathy [28]. Lesbian networks and communities are the source of genuine empathy, the antidote to the negative impact of discriminations and microaggressions. For instance, funerals of friends and partners have often hidden the lesbian identity of the woman and ignored her lesbian partner and friends before, during and after the occasion. Judy Small's song *No Tears for the Widow* [29] captures these shaming experiences:

*My friend Amelia lost her love
To cancer's slow and painful glove . . .
Her lover was described by all
As a single woman living well . . .
And who can tell how many other women
Live their lives in shadows
Unrecognized, unsympathized
Unseen and disallowed
Who've lost not only lovers
But often hearth and home
And there were no tears for the widow*

The author has attended several such ceremonies which result in harmful 'disenfranchised grief' among old lesbians [30].

The empathy found in the networks of old lesbians is essential to their recovery from such loss and disenfranchised grief. Aged care providers need to be aware of this type of grief and prioritise their clients' connections to these caring networks outside of biological family. It is also not unusual for lesbians to gather and organise rosters to provide 24-hour care and support to an old lesbian friend who is dying at home [12]. The roster may well include ex partners.

Lesbians over 65 have frequently maintained friendships with ex-lovers and partners, in ways difficult for heterosexual couples to imagine. This attitude to friendship after intimacy helps maintain the viability of these small, precious and long-standing social groups. They are the foundation of lesbian communities where women feel free to be themselves and culture is shared. Needless to say, not all old lesbians can draw on such supportive networks.

Many social networks overlapped and were strengthened by shared political activism around feminist and lesbian issues during the 1970s, 80s and 90s. A number of today's old lesbians were involved in setting up the first women's refuges, rape crisis centres and women's health centres across Australia. The 'women's' peace camps in protesting military bases were largely organised by lesbians, while the non-indigenous organisers involved in the First International Indigenous Women's Conference were all lesbians. The first national lesbian feminist conference was held in 1973 [31] more than 10 years before the first general national lesbian conference and the first Australian lesbian mothers conference in 1984.

Numerous lesbian magazines were produced in Australia by and for lesbians during the 1980s, with the community produced quarterly, Lesbian Network starting in 1984. The monthly magazine Lesbians on the Loose (LOTL) began in 1989, and it continues today. Such publications created extensive personal networks and kept lesbians outside capital cities connected and informed about issues and cultural events such the latest tour by lesbian entertainers like Alex Dobkin, Cris Williamson and KD Laing.

Silke Bader, the current owner of LOTL, argues:

Lesbian media is so important for equal rights . . . it offers visibility for lesbians. Mainstream publications don't feature lesbian weddings, lesbian parenting or lesbian health issues. Without media there is no community. [32]

Intentional communities

Some informal social groups of old lesbians have continued earlier cultural practices of forming intentional communities, in their later years. Some have purchased apartments in the same building (Victoria), some have bought blocks of land in the same housing estate (Queensland), and some are planning a retirement village in rural New South Wales close to the first lesbian intentional rural communities during the 1970s.

While at that time many women established shared households, some radical lesbian feminists formed a series of communities on large wilderness acreages in NSW. They were isolated, anti-capitalist, with harsh living conditions and valued autonomy and women's empowerment and spaces. While not large numbers of old Australian lesbians lived on these 'wimmins' lands, their mere existence was/is an important part of lesbian culture and history which explored all kinds of community living arrangements. Today, in the USA, there are over 100 such lesbian communities.

Conclusions

What would culturally appropriate aged care look like for old lesbians in Australia?

Until key stakeholders in the aged care sector can provide comprehensive evidence-based answers to this question, there is much to be done and learnt about old lesbians and their care needs. To this end, some adjustments need to be made to 'theories' about sexual attraction and orientation across the life span.

It is apparent some older lesbians are creating models and possibilities for their own old age and care which incorporate their lesbian cultural heritage. Stakeholders need to know a great deal more about these and work with old lesbians to develop positive strategies after LGBTI 'inclusiveness' training.

This article is a generalised overview of the uniqueness, challenges and richness of the lives of old women who love

women. Lesbophobia in all locations needs to be acknowledged then addressed. More widespread use of the concept would ensure better understanding of the life courses of old lesbians and how best to fully engage with them. Lesbophobia must be challenged by everyone, including those under the rainbow umbrella.

It is crucial that substantial research be conducted in Australia to understand the significant factors and diversity which shape the specific needs of old lesbians. For aged care providers and policy makers, the unknown needs of old lesbians are likely to result in crucial needs being unmet [17] and compromise the essentials of consumer-directed care and the Aged Care Reform Strategy [33]. By building comprehensive knowledge and critical analysis, old lesbians will indeed be able flourish throughout their old age.

Key Points

- Old lesbians are largely invisible in gerontology and LGBTI ageing research.
- Lesbophobia is a powerful but little used concept to expose and understand the desire for lesbian-specific aged care.
- Many lesbians do not experience their sexual identity as being fixed at birth.
- Quality aged care for old lesbians depends on culturally appropriate care which requires more research evidence and greater understanding of old lesbians and the cultures they have created.

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