

Aging Perceptions in Older Gay and Bisexual Men in Portugal: A Qualitative Study

The International Journal of Aging
and Human Development
0(0) 1–28

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DOI: 10.1177/0091415017720889

journals.sagepub.com/home/ahd



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Abstract

Aims and Objectives: The purpose of this study was to explore the perceptions toward aging among Portuguese gay and bisexual men over 60 years old.

Background: Despite the growth of the older population, and the increased visibility and acceptance of lesbian, gay, and bisexual people in Western countries, the experience of aging in older gay and bisexual men is only beginning to be understood.

Design: We used a qualitative research methodology, based on critical gerontology, for establishing research questions and to identify the perspectives on the aging process in older gay and bisexual individuals.

Methods: We used a structured electronic inquiry with 25 gay and bisexual men over 60 years of age from Portugal. Data were analyzed using thematic analysis to help identify repeated patterns of meaning in the data set.

Results: The recurrent themes in the narratives of the aging experiences of the participants in the study were as follows: positive perceptions of aging, negative perceptions of aging, coping with being a gay/bisexual man and family ties, professional care, homophobia/discrimination, relationships and social support, intergenerational differences, mediating role of sexual orientation, sociopolitical changes, and personal characteristics.

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Conclusion: Analysis of perceptions about the aging process in older gay and bisexual men emphasized the desire for normalization in the social awareness of sexual orientation. It is important to continue doing research on this topic and disseminate this information among professionals who work with older lesbian, gay, and bisexual people so that they may better understand how they can meet the specific needs of this population.

Keywords

aging, gay and bisexual men, older adults, sexuality

Introduction

Despite the growing acceptance of homosexuality in Western countries, and particularly in Portugal (Costa & Davies, 2012; Costa, Pereira, & Leal, 2013, 2015), the identity, social, and physical development of lesbian, gay, and bisexual (LGB) individuals are still restricted by the presence of negative attitudes and the concomitant experience of stigma and discrimination (de Vries, 2015; Rankin, Weber, Blumenfeld, & Frazer, 2010). In Portugal, prejudice remains (Lopes, Oliveira, Nogueira, & Grave, 2017) notwithstanding important significant social-political and legislative advances including the introduction of a nondiscrimination clause on the basis of sexual orientation in the Portuguese Constitution in 2004, the 2010 law allowing same-sex couples to marry, and the 2016 law allowing same-sex couples to adopt and joint-adopt children (Pereira & Monteiro, 2016). That is, even as the Portuguese Constitution now provides protection against (individual) discrimination, specific laws continue to mirror the heteronormative discourses of the lawmaker. In particular, the State is officially neutral, but society is still culturally influenced by Catholic traditions (Oliveira, Costa, & Nogueira, 2013; Santos, 2013) effectively rendering the law a site of (relational) discrimination.

The understanding of the precise workings of political and legislative influences and how these affect the lives of older gay and bisexual men in Portugal warrants further research. As suggested by minority stress theory (Meyer, 2003), such exposure to stigma and discrimination are risk factors for physical and mental health problems (Lyons & Hosking, 2014; Woodford, Han, Craig, Lim, & Matney, 2014), both at a subjective level (highlighting individual processes of coping with stress and adversity) and at an objective level (highlighting objective properties of the stressors). The clear articulation of such adverse social conditions demands a critical gerontological perspective, creating the need to recognize configurations and spaces, however marginal and minor, such as LGB older people. Critical gerontology's approach is to identify and

to discuss how sociocultural categories and historical influences are rooted in political meanings, and how these political and social symbols impact the aging experience, and also in the way it can be studied. Addressing the internal strengths of critical gerontology as a resourceful thought-space tool is key to understanding the political and ideological forces that govern the growing heterogeneity of aging configurations in our present time (Cole, Achenbaum, Jakobi, & Kastenbaum, 1993).

Parallel to the unprecedented growth of the older population, there has been a significant increase in the visibility of LGB people. However, owing to issues of disclosure and stigma, it remains very difficult to know how many older LGB people there are and their particular needs (de Vries & Croghan, 2014)—especially in an international context. Cohort and context are significant factors. The older gay and bisexual men of today (the focus of this article) were born and raised in adverse historical and social contexts, where homosexuality was regarded as a mental illness, and persecution and discrimination were sadly common, creating conditions of fear and anticipation of rejection (Haber, 2009). Such conditions were exacerbated during the early years of the AIDS pandemic with experiences that have been pervasive and far-reaching linked to isolation, loneliness, and a closeted life (Dickinson, Cook, Playle, & Hallett, 2012) and, importantly, resilience and hardiness (de Vries, *in press*).

Notwithstanding significant social and legislative changes over the lives of these older gay and bisexual men, the literature is replete with reports of alienation, social isolation, ageist or body-type exclusions, invisibility, and related increased stress and loneliness among older gay men (Fredriksen-Goldsen, Kim, Shiu, Goldsen, & Emlet, 2015; Iwasaki & Ristock, 2007). The anticipation of the need for support with the most likely health needs and/or assisted care is associated with concerns about who might be available and/or having to reveal one's sexual orientation and be subject to further rejection or disdain (Hughes, 2009; Neville & Henrickson, 2010) in a heteronormative caregiving context (MacGabhann, 2015). Research has identified the presence of both homophobia and heterosexism in healthcare organizations, as well as among health professionals (Adams, McCreanor, & Braun, 2008), perpetuating the invisibility and marginalization of LGB individuals (Knochel, Quam, & Croghan, 2011).

Social support has been seen to buffer the exigencies of lives and aging (Snyder, Jenkins, & Joosten, 2007), but for older gay and bisexual men, such networks take on even greater significance (Barker, Herdt, & de Vries, 2006). Gay and bisexual men in particular often struggle to maintain meaningful relationships and family ties (Shippy, Singer, & Brennan, 2004); research has described the creation of communities of similarly stigmatized others to whom gay men can turn (de Vries, 2013). These “families of choice” are both encouraging constructions and merit some caution: on one hand, their presence signals the potential of support; on the other hand, the extent to which such

nontraditional families are accepted in more heteronormative institutional settings remains to be seen.

Much research with older gay and bisexual men has focused on physical health issues, including HIV/AIDS. This research has found that HIV-positive men have higher health comorbidities and poverty probabilities (Lyons, Pitts, Grierson, Thorpe, & Power, 2010) and consume more toxic substances (Lyons, Pitts, & Grierson, 2013) including tobacco (Brennan-Ing, Porter, Seidel, & Karpia, 2014; Ompad et al., 2014). Similar observations have been noted among HIV-negative aging gay men as well (although higher rates of smoking are less commonly seen). Mental health issues have also been studied with similarly dramatic findings: For example, larger proportions of older gay men have been found to suffer from depression (Shippy et al., 2004), largely owing to experiences with stigma and discrimination (Wight, LeBlanc, de Vries, & Detels, 2012), creating conditions of mental distress in more than 50% of older gay men (Lyons, Pitts, & Grierson, 2014).

Often implicit in this more focused vision in the areas of physical and mental illness research with older gay and bisexual men is how the men themselves perceive the aging process. Some studies emphasize how, in addition to having to deal with all the stereotypes associated with aging that also heterosexual men face, gay and bisexual men have to deal with the tendency of society to view them as “inverted” men (Wright & Canetto, 2009). Moreover, the reported heightened ageism within the LGB community creates great pressure on these men often compelling them to seeing themselves as less valued than the gay youth (Slevin, 2008).

For all these reasons, the construction of a narrative associated with the meaning of being an older gay or bisexual man is a complex, multifaceted effort, accommodating multiple possibilities and paths (Owen & Catalan, 2012). Kushner, Neville, and Adams (2013) note that several areas deserve special attention in understanding the aging process in older gay and bisexual men; these include dealing with homophobia, establishing meaningful relationships and understanding the concerns about future care, keeping resilience and social support as key aspects. Uncovering the aging perceptions of older gay and bisexual men will allow us to better understand the psychosocial care needs and adjust interventions.

Articulating such issues and giving voice to the older gay and bisexual men in Portugal is a primary goal of our study. We correspondingly adopt a qualitative approach, made even more important, given that, to our knowledge, there are no studies on this subject in southern European countries such as Portugal. We present below the results of this research on the aging experiences and perceptions of older gay and bisexual men to weave lessons for a more inclusive psychosocial intervention.

Methods

Design and Procedures

With qualitative research methodology (e.g., Denzin & Lincoln, 2008; Rowles & Schoenberg, 2002), this study used purposive sampling techniques (Patton, 1990; Palinkas et al., 2015) to recruit a final sample of 15 gay and 10 bisexual Portuguese men over 60 years of age. The methodological basis for this qualitative study was critical gerontology (Bernard & Sharf, 2007), encouraging research questions that promote the understanding and manifestations of social change in a particular group of people. This study followed Cole et al. (1993) to identify sources of oppression and interpret the content relating to what it means to grow old as an older nonheterosexual man, according to Meyer's minority stress theory (Meyer, 2003).

Information about the study was disseminated through Portuguese LGB associations and community centers (such as International Lesbian and Gay Association—Portugal, Opus Gay Association, and others), as well as through mailing lists and social networks (e.g., members of nongovernmental agencies and organizations that work with LGB people, internet forums, and Facebook). Participants responded to this outreach online by way of a website created for this purpose. Following the study description and the clarification of the objectives of the research, participants were asked to read and agree to informed consent and acknowledge their voluntary participation, including issues of confidentiality.

A total of 227 contacts with gay and bisexual men over 60 years were established. Inclusion criteria were as follows: self-identify as a gay or bisexual man, live in Portugal, speak Portuguese as their mother tongue, and be 60 or more years of age. All of those who responded were invited to complete a structured inquiry consisting of a short section of sociodemographic questions (e.g., age, education, marital status, place of residence, and professional status) and another section with questions designed according to the study main topics and objectives. A set of 15 open-ended questions was developed by the authors to guide the electronic data collection process (see Table 1).

Participants

Of the total of 227 initial contacts, 25 men fully responded to the two questionnaire sections and comprise the sample for these analyses. These men had an average age of 66.31 years ($SD = 5.60$), ranging from 60 to 82 years. Just over two-thirds (68%) of participants identified as gay and 32% as bisexual. In Table 2, we describe in greater detail all sociodemographic information of the 25 participants in the study.

Table 1. Questions Submitted in the Electronic Interview.

As an older gay or bisexual man:

1. . . . what does aging mean to you?
 2. . . . what are the main obstacles / difficulties that you currently feel?
 3. . . . what are the main advantages / facilities you currently feel?
 4. . . . what type of support do you consider to have been important to you throughout your life?
 5. . . . what type of support do you think is most important today?
 6. What do you think is more important for the health professionals to know about aging gay and bisexual men in Portugal?
 7. . . . how is your mental health now?
 8. . . . how is your physical health now?
 9. . . . how do you describe your social relationships today?
 10. . . . what do you consider to be the main generational differences when comparing your life to the lives of gay or bisexual youth today?
 11. How is that being a gay or bisexual man conditioned (or not) your happiness and your well-being as a person?
 12. How does the recent legislative and policy changes on LGB issues (marriage, adoption, etc.) affect your life now as a gay or bisexual man?
 13. . . . what personal characteristics (personality, character, way of dealing with things, etc.) do you think help or hinder your life today?
 14. . . . what do you consider to be the impact of homophobia / prejudice / discrimination in your life today?
 15. If you had to give advice to a young gay or bisexual man who was not out of the closet, what would you say to him?
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Data Analysis and Tools

The data consisted of the direct transcriptions imported from the information provided by participants in the electronic questionnaires. We used thematic analysis to identify repeated patterns of meaning through the data sets. Thematic analysis is not tied to any specific theoretical framework and can be applied to various theories and methodological approaches (Joffe, 2011). Having successfully been applied to other studies in the area of critical gerontology, thematic analysis was assumed as inductive and data were obtained from the semantic content and latent constructs inherent to the texts of the participants (Braun & Clarke, 2006). Several steps were involved in this process, namely: familiarizing with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report.

The questionnaire answers were systematically analyzed by the authors allowing analysis through a constant comparison process of the recurring themes and the range of variation and nuances of each participant's responses (Strauss & Corbin, 1990). Consistency of coding was assessed by comparing codifications

Table 2. Sociodemographic Characteristics of the Participants
($n = 25$; Mean age = 66.31).

	<i>n</i>	%
Sexual Orientation		
Gay	15	60
Bisexual	10	40
Education		
Up to 4 years of school	4	16
Up to 9 years of school	1	4
Secondary education completed	8	32
University degree	12	48
Marital status		
Single	11	44
Married	6	24
De facto union	1	4
Emotional commitment	1	4
Divorced	6	24
Place of residence		
Big urban place	12	48
Small urban place	11	44
Big rural place	1	4
Small rural place	1	4
Children		
Yes	5	20
No	20	80
Living with		
Alone	13	52
Spouse (woman)	4	16
Spouse (men)	5	20
Other family members (other than spouse)	3	12
Current professional situation		
Retired	19	76
Employed	6	24
Monthly income sufficient		
Yes	17	68
No	8	32

(continued)

Table 2. Continued

	<i>n</i>	%
Living in type of residence		
Owned house/apartment	21	84
Rented house/apartment	4	16
Sexual orientation disclosure		
Nobody	5	20
Only some family members and/or friend	19	76
Everybody knows	1	4

by two authors independently. In the cases where codifications did not match, the two independent coders engaged in a discussion in order to reach a consensus. Translations of the original Portuguese language interview content were carried out by one professional in the field of health and aging, experienced and fluent in both English and Portuguese languages.

Results and Theme Discussion

The content analysis of 25 participants' responses revealed 10 recurring themes encompassing 61 categories, as represented in Table 3. The following are descriptions and discussion of these themes, providing illustrative quotes from our participants.

Positive Perceptions of Aging

In the discussions of aging as gay or bisexual men, many emphasized the need to accept the transformations inherent in this new stage of developmental change, and the importance of having and maintaining good health, either physically or mentally. Several men identified specific tasks asked of them that had a particular gay or bisexual focus (McParland & Camic, 2016), in both the psychological domain, such as maintaining a sense of self, identity, and integrity and, in the social domain, such as maintaining bridges with social support systems and persons:

Aging is part of life, but even if I do not feel the age that I have, I think it is at all equal to heterosexual people, one becomes more mature and more experienced, more peaceful, although there are particular things for us such as AIDS, loneliness, loss of market value, but still, if we can maintain our autonomy, we gain more peace to be with ourselves and with others. (José, 67 years old, gay man)

Table 3. Key Themes Identified.

1. Positive perceptions of aging	<p>Natural order of things (S1, S5, S15, S16)</p> <p>Equality to the heterosexual people (S1, S2, S4, S9, S10, S18, S25)</p> <p>Promotes maturity (S8, S9, S18, S19, S24)</p> <p>Generates self-knowledge (S19, S20, S24, S25)</p> <p>Allows more experience (S9, S10, S24, S25)</p> <p>Provides more peace to be with himself (S1, S5, S6, S9, S10)</p> <p>Greater respect after coming out (S1, S11, S19, S22)</p>
2. Negative perceptions of aging	<p>Physical limitations (S1, S2, S3, S4, S5, S6, S9, S10, S11, S12, S13, S16, S18, S22, S23, S24, S25)</p> <p>Increased risk of being alone (S1, S8, S9, S14, S16, S17, S18, S20, S24)</p> <p>Less physical attractiveness (S3, S4, S5, S10, S11, S15, S19, S24, S25)</p> <p>Loneliness (S1, S2, S4, S5, S7, S8, S9, S10, S15, S16, S17, S18, S22, S23, S24)</p> <p>Constraints in the public expression of affection (S7, S8, S13, S22)</p> <p>sexuality denial (S14, S19, S21, S22)</p>
3. Coping with being a gay/bisexual man and family ties	<p>Have specific information to prevent diseases (S19, S20, S24)</p> <p>Do not lose self-respect (S1, S3, S7, S9, S12, S22, S23)</p> <p>Having financial stability (S4, S6, S7, S9, S11, S17, S18)</p> <p>Maintaining the self-acceptance of sexuality (S1, S3, S4, S9, S10, S18, S24)</p> <p>Promoting acceptance by heterosexuals (S2, S3, S17, S23)</p>
4. Formal care	<p>Geriatric care must be equal for all (S1, S3, S5, S7, S9, S10, S18, S25)</p> <p>Staff should not discriminate against users LGB (S1, S2, S4, S5, S7, S24, S15)</p> <p>Need for attention and respect (S3, S5, S14, S15, S22)</p> <p>There is a lot of ignorance on the part of technicians (S2, S3, S5, S7, S8)</p>
5. Homophobia/discrimination	<p>Although there is more openness, there is still a lot of discrimination (S1, S4, S9, S15, S16, S20)</p> <p>Staying in the closet (S1, S2, S4, S5, S6, S8, S10, S14, S16, S18, S22, S25)</p>
6. Relationships and social support	<p>Allows having more willingness to socialize (S14, S17, S19, S22)</p> <p>Keeping good relationship with family and friends is necessary (S4, S9, S14, S20)</p> <p>Turn to family and friends to seek support (S1, S3, S5, S6, S9, S10, S11, S16, S19, S23)</p> <p>Resorting to the spouse to give and receive support (S2, S4, S5, S14, S17, S18)</p>

(continued)

Table 3. Continued

7. Intergenerational differences	<p>Young people have more freedom, but less responsibility (S1, S2, S8, S9, S18, S25)</p> <p>Young people are more open and more tolerant (S8, S9, S18, S25)</p> <p>Young people value the aesthetics and older ethics (S25)</p> <p>Today there is less sense of fellowship and esteem (S25)</p> <p>Today there is much more access to information (S3, S15, S17, S24, S25)</p>
8. Mediating Role of Sexual Orientation	<p>Family decisions (if would not have married a woman) (S4, S14, S17)</p> <p>Sense of self-improvement after coming out (S1, S2, S4, S9, S11, S16, S19, S20, S22)</p> <p>Difficulties in managing the flow between the straight world and the gay world (S20, S25)</p> <p>Requires restraint behaviors (S14, S16, S20, S22, S25)</p>
9. Sociopolitical change	<p>Allowed marriage or think of getting married (S2, S5, S18)</p> <p>Did not affect their day to day (S1, S3, S4, S6, S7, S9, S10, S11, S12, S14, S23, S24)</p> <p>Increased feeling of social protection (S19, S21)</p>
10. Personal characteristics	<p>Maturity (S1, S6, S9, S14, S22)</p> <p>Calmness (S6, S8, S19)</p> <p>Common sense (S8, S19, S20)</p> <p>"<i>Joie de vivre</i>" (S9, S12, S25)</p> <p>Justice (S1, S5, S9)</p> <p>Coherence (S14, S15, S18)</p> <p>Independence (S1, S3, S6, S18, S22)</p> <p>Normality (appear to be equal to heterosexual people) (S5, S8, S9, S14, S15, S17, S21, S22, S24, S25)</p> <p>Honesty (S2, S5, S19)</p>

Note. S represents which participant reported a given category while analyzing the results.

Now that there is more freedom, more visibility and greater permission for people to be themselves, this allows me to create a vision of myself as an older gay man with more confidence and less fear in being with my partner of 45 years on the street, express some level of intimacy, although little, which helps consolidate our relationship. In this sense, it creates more self-respect. (Manuel, 70 years old, gay man)

Along with the issues of aging shared with heterosexual persons, the gay and bisexual men of our sample noted some of the unique circumstances brought about by being gay or bisexual, and the changing conditions of their lives

(e.g., the greater freedom and visibility). These changing conditions were reported having positive consequences on both identity and relationships as older gay and bisexual men (Adelman, 1991; de Vries, 2015).

Negative Perceptions Toward Aging

One of the main negative views toward aging among our participants has to do with body issues inherent in the physical aging process—again highlighting the commonalities across persons of various sexual orientations. Interestingly, most of the respondents in our study reported to be in good health, both physically and psychologically, similar to what was found by much previous research (e.g., D’Augelli, Grossman, & O’Connel, 2001). Still, physical health factors were noted. Sexual aspects were emphasized by several participants, for example, including erectile dysfunction and loss of sexual interest. The men noted that these sexual dimensions were felt to be associated with a “decline in the[ir] market value”—a poignant and salient characteristic with perhaps a more marked gay focus. That is, in the context of sexual interactions between men who have sex with men, they noted that youth is more valued, and this was classified as a negative aspect associated with aging—even compromising their identity (Slevin & Linneman, 2010), as reported by one participant:

This is a walk to death, the body no longer responds like it used to, sex doesn’t happen as I would like to and the truth is that people lose physical interest in me, I stopped having looks of interest, engaging smiles, and I face the risk of ending up alone. It is the evolution of life, I have to accept it, but the fact that I ceased to be coveted by younger gays makes me feel apart, makes me feel like I’m not special. (João, 64 years old, gay man)

In a slightly different framing of this issue, several men referred to the fact that at this stage of life, they see their sexuality denied by younger gay men, or by health workers and caregivers. Particularly in interactions with formal caregivers, it is both the actual and anticipated experience of rejection that is seen as perpetuating isolation (Stein, Beckerman, & Sherman, 2010) and ultimately challenging their self-identification as gay or bisexual men (Orel, 2014). For example, one of the participants stated:

The fact that I am missing a few capabilities, and may have to ask for care because I live alone and have no one to take care of me, makes me anticipate that, by being gay, a doctor, a nurse or an employee will look at me with mocking eyes or even treat me badly. So I prefer not to say anything to anyone and I reserve the expression of my intimacy to my sexual partners. I just spend time with back pain, leg pain and loneliness. (Luís, 65 years old, gay man)

Coping With Being a Gay/Bisexual Man and Family Ties

As Putney (2014) notes, having active ways of dealing with new life circumstances attenuates loneliness, encourages personal growth, promotes self-acceptance, strengthens self-esteem, and provides a purpose. These were also dimensions that our participants stressed in their responses, including the type of resources they use to cope with aging and make it more successful. These included turning to family and friends (even as these same associates may not know their sexual orientation), depending on the spouse or partner to give and receive that support, and use these interpersonal resources to minimize the possible effects of stigma and discrimination based on sexual orientation.

Sometimes it's very tiring and revolting to deal with prejudice, because I'm in the closet. I often have to swallow my own pride and get away from the public image to be able to live freely. So I take refuge in my family and closest friends, because even though they do not know about my sexuality, I have some attention, affection and respect for the person I am, regardless of my sexual orientation. We get together on Saturdays for lunch, we catch up our conversation and I look like a normal person. I feel respected. (Joaquim, 65 years old, bisexual man)

I have the great fortune to be respected by all. I have a small family, only two brothers and five nephews, but everyone respects me and my partner. He cannot say the same, so he took my family to be his. We've been together for 15 years and he, at the beginning, didn't accept himself. Much work was necessary to the 'normalization' of what a homosexual relationship was in order for him to accept things fully. My family was crucial, perhaps because they have an open mind. My family is the most important. (Roberto, 73 years old, bisexual man)

Still, the aging experience may bring some additional challenges with regard to the maintenance of a positive homosexual or bisexual identity, especially in the context of discrimination, oppression or harassment, explicit or implied, and micro or macro aggressions, which involve subtle or overt heterosexist deliberate acts with the purpose of reaffirming stereotypes about the minority group (Sue, 2010). Not losing self-respect, maintaining a sense of identity congruence and maintaining the levels of openness and acceptance of this identity is critical—and the role of one's social network can be profound. Furthermore, as said by one of our participants, much of this work involves building bridges with straight people:

As gay man, I went through great hardship, because in my time no one could come out as a gay man. I always did, but I quickly realized that my homosexuality did not define myself. I had to make friends who accepted me for who I was, whether straight or gay. Today, almost all my friends are straight and they are like a real

family. Basically, they helped me to never lose respect for myself and gave me a fundamental stability: they were always there for me. That is priceless. (Jorge, 69 years old, gay man)

Professional Care

In Portugal, there is a great paucity of studies and guidelines regarding the nature of formal care with older nonheterosexual people. For this reason, most of the participants reveal some apprehension and fear regarding the possibility of 1 day needing this type of care, fearing the neglect, verbal, physical, or sexual harm reported in the formal care of older LGB individuals (Grossman, D'Augelli, & Hershberger, 2000; National Senior Citizens Law Center, 2011). For this reason, most participants stated that, should they require formal care, they wish it to be based on absolute principles of respect for sexual diversity, although there is a lot of ignorance about human sexuality in general and homosexuality in particular among service providers. This kind of professional attitude is seen as central to a successful aging with the LGB population (Kushner et al., 2013). As a participant stated:

I do not think that there should be geriatric care only for LGB people, I think this would be a certain ghettoization, so I think it should be equal for all people; however, I think I would never enter a home, because I think they would never understand me and accept me for who I am. I think there is a lot of ignorance on the part of professionals and it did not take me a lifetime to accept my sexuality and then get to the end of my days and having someone destroy it only by ignorance. I think the professionals still see homosexuality as a vice, with promiscuity, risk, panic, violence and would treat us like crazy dangerous people. (António, 80 years old, gay man)

However, there are also participants expressing the hope that there is a genuine desire to care for others occasioned by social changes, increased knowledge, and the concomitant removal of misconceptions regarding LGB older people. Importantly, they also put the responsibility of change on the side of users themselves who will benefit from specialized care:

I see no difference for someone who has to take care of an older man, whether he is heterosexual or homosexual. For me, health professionals have the obligation to understand and accept the person they care for and LGB people should be the first to rely on professionals and no longer stay in the closet. If they do not speak, how will others guess? I think the only way to break the loneliness circle is to be genuine and make our sexuality visible. At least that's what I do and has never done me harm. –(Francisco, 74 years old, gay man)

Homophobia/Discrimination

Although there is at present greater social openness and more legal rights for LGB people in Portugal than in the past, it became clear that most of our participants show some degree of internalization homonegativity as described by cultural heterosexism and victimization experiences (Williamson, 2000) encouraging so many gay and bisexual men to stay in the closet. This kind of internal conflict may result in damage to self-esteem, potentially seriously compromising the successful aging process in the older gay and bisexual men surveyed in our study. As Alberto, a 68-year-old gay man, said:

As paradoxical as it may seem, I do not suffer discrimination out there because nobody knows about my sexuality, but this at the cost of great suffering. I see with great anguish examples of homophobia and think it might be happening to me and I feel fear and anxiety. I find it very bad when there are countries in the world that cultivate hatred toward LGB people. So I find myself having two faces: when I'm with other gay men they know about me, but when I'm with straight people, they do not know anything. This creates many difficulties and always have to hold back in social situations.

Relationships and Social Support

Most men in this study noted the importance of having rewarding sources of emotional and social support by establishing meaningful relationships. At the same time, most of the men found themselves alone, expressed a desire to break the solitude, but encountered difficulties in doing so because of obstacles they associated with age (Kong, 2012). The fact that most of them have already retired from their professional activities both increased availability for socializing and limited the potential pool of new personal encounters. For most participants, the use of technological communication tools provided the opportunities to begin to break the isolation and build new bridges with social support:

I have few relevant relationships, I confess. But I have followed the new technologies and feel that all people, regardless of their sexual orientation, are more likely now to make contacts via facebook, email, phone, text messaging, than before. I do not know if it's disturbing, but I think it's a trend to which I will adapt. (Paul, 61 years old, bisexual man)

Intergenerational Differences

The focus on youth that exists in the LGB community causes invisibility and an invalidation of older gay and bisexual men (Murray & Adam, 2001), which can

exacerbate the feelings of rejection, prejudice associated with age, and widespread intolerance. Interestingly, some men emphasized the generational changes associated with changes of values as something positive, giving rise to intergenerational differences that benefit the young and not the older gay and bisexual men as a reflection of expressed ambivalence:

In my day we did not have access to information like there is today; in my youth we would value more fellowship, the ethics of relations, the sense of commitment... Nowadays, people have an easier time coming out because they feel that they will be more accepted and supported by friends and family, but they always turn their backs to older gay men, they are not able to socialize with us. (Fernando, 70 years old, bisexual man)

In this sense, compared with gay and bisexual younger men, our participants identified the significant developmental milestones that improved the quality of life of younger LGB people, while recognizing their generational hurdles and delay which are not comparable with current social circumstances that are more favorable (Drasin et al., 2008). As Júlio, a 69-year-old gay man, said:

Young people today have more freedom, more openness to be themselves, more acceptance, but fewer responsibilities. They jiggle around relationships and do not understand the true meaning of fellowship, both in love relationships and friendships. They are very immature and live for aesthetics, for pleasure, for hedonism and do not see older gay men as mentors or historical examples that might help them consolidate their identity. There is a huge gap between us, it is unfortunate that this greater openness there is now does not bring the youth and the older together.

Mediating Role of Sexual Orientation

The understanding and social acceptance of homosexuality has evolved in recent decades in Portugal and in most Western countries, directly affecting the personal experiences of older men who witnessed these transformations, simultaneously suspicious and gratified. For some men, these constraints were more significant in the field of social openness, or in the sexual domain, and for others in the field of conformity to social pressure, appearing to be heterosexual, having girlfriends and having to marry them:

If it was today I would not have married. I had to make choices of which I'm not proud, I hurt people, although it was not on purpose. In adolescence had very difficult periods, I went through depression, but I was able to make the necessary changes: after the children were raised, I divorced my wife and I managed to get

a boyfriend, with whom I maintain a special and wonderful relationship that has lasted for 17 years now.– (Humberto, 66 years old, bisexual man)

However, most of the participants described not having felt conditioned by society, due to the ability to implement their personal desires and not allow their sexual orientation to interfere with the motivation to fight for their life values. They revealed that real change happened after they have truly accepted their sexual orientation to themselves and to the significant people around them:

I have always chosen my path, with intelligence, with ease and without worrying about what others think of me. However, my life only changed from the moment I came out when I was 24, because at that time I became free from fear and held the reins of my happiness, even if I hit head on the walls some times, but I stood always with dignity and never let anybody put me down. (Pedro, 72 years old, gay man)

Thus, as claimed by Caceres and Frank (2016), sexual orientation acceptance and integration for older LGB people may be positively associated with personal attributes such as optimism, the commitment to change and resilience, which are present among most of our participants.

Sociopolitical Changes

Portugal, in recent years, witnessed major socio-political changes (as previously articulated) that affected the perceptions of aging in our participants. For example, as Mário, a 62-year-old gay man, tells us:

[the new law] allowed my marrying to my partner of three decades, ensuring legal issues in this way, although the main purpose was the celebration of our love to the state and now legally are the family of each other. There is nothing more wonderful than being able to grow old with the person who you love and are committed to.

However, for most men, the sociopolitical changes did not affect at all their everyday lives because:

Despite the increased feeling of social protection, the new laws do not affect me personally, because I do not think about getting married, I do not think about adopting a child and I do not see how these legal changes (which are good, of course), will affect me for the better of my aging as a gay man. Maybe they do, but I do not see how. (Alberto, 68 years old, gay man)

As suggested by Fassin and Salcedo (2015), political changes may not directly affect individual identities. Thus, effort is needed for the legislative and policy measures to normalize the LGB identities, truly addressing the subjective

ambivalence that exists in Portuguese society. Countering the pervasive heterosexism and intolerance toward (older) LGB people will create conditions for facilitating the social inclusion of sexual minorities.

Personal Characteristics

Naturally, personal characteristics also influenced the perception of aging among our participants. Given that most of the men in our sample had advanced academic training, as well as material conditions to survive comfortably in this period of life, it may be said that these favorable socioeconomic backgrounds facilitated narratives that reflected empowerment and self-efficacy. Along such lines, the personal characteristics revealed in the texts included: maturity, calmness, common sense, the joy of living, the sense of justice, coherence, autonomy, honesty, and sense of normality (interpreted as appearing to be equal to heterosexual people).

For many of our participants, the way to become comfortable with themselves may have involved a full acceptance of their personal characteristics, including their homosexuality or bisexuality. As stated by Neville, Kushner, and Adams (2015), many gay and bisexual men have gone through “troubled” paths leading to the persons they have become; over the course of this process, they have built up internal resources that allowed them to assert and consolidate an ideally integrated sense of acceptance of their nonheterosexuality through confrontation with a hegemonic sexual group, who is necessarily different:

Being a mature gay man is a very good thing, I would not change it for being heterosexual. From an early age I learned that I had to live with my difference, to be the person I am without fear or taboos. I am a humanist, reserved, assertive, humorous, serious and rigorous, affectionate, true and front, loyal and supportive older man. This, much more than being gay, is what defines me. (Carlos, 68 years old, gay man)

Overall Discussion

The main objective of this qualitative research was to understand and examine the perceptions of the aging process with a sample of Portuguese gay and bisexual men over 60 years of age. The absence of data of this kind in Portugal is noteworthy and we hope our study begins to fill this void. We further hope that the results may inform programs of social awareness to facilitate inclusion, psychological acceptance by others, physical visibility, and increased participation in social life of gay and bisexual older men.

Notwithstanding concerted efforts in outreach, twice as many of our respondents identified as gay as compared with those who identify as bisexual.

Several reasons may account for this imbalance. There are unique stressors associated with bisexuality including biphobia; in fact, it may be proposed that bisexual older men are exposed to triple sources of stress: homophobia, biphobia, and ageism. Such experiences may limit the public declaration of one's bisexual orientation—and their participation rates in such research.

Several evocative patterns emerge from the results reported earlier. First, respondents reported much about which to be positive when speaking about the perceptions of aging. In many regards, these positive views superseded sexual orientation—that is, aging is aging, whether gay, bisexual, or heterosexual. When sexual orientation was raised in this framework, it was frequently seen as an advantage offering a chance to be at peace with themselves. Several authors have similarly noted these features of what has been identified as positive marginality (e.g., de Vries, 2015; Unger, 2000). Without dismissing the many hardships brought about by stigma and discrimination, so too do LGBT persons note the ways in which their marginal status has provided a way to carve out a life of creative authenticity.

Negative aspects were, of course, raised: Growing old is associated with a gradual decline of some physical and cognitive capabilities. Many of these issues supplant sexual orientations. But there is one aspect in particular that contrasts significantly in this group, which is inevitably the lack of family support: many of the men interviewed have no direct family of their own, no children and grand-children, accentuating the perception of perceived isolation, and the occurrence of more health problems when compared with their heterosexual peers (Fredriksen-Goldsen, 2013).

Also, sadly balancing the positive marginality previously discussed were the pervasive and toxic experiences of stigma and discrimination. Many of the men spoke of their encounters with what they perceived as homophobia and/or discrimination, which points directly to the perceived lack of social awareness about LGBT lives. This situation causes people to protect themselves against possible mistreatment and disdain, including choosing to stay in the closet, be invisible to society, or not disclosing their sexual orientation, which directly limits the possibilities of expression within society. Such limits have many of the consequences previously enumerated, facilitating isolation and loneliness, and compromising the expression of a basic aspect of all human beings: being free with who they are. Therefore, our results are congruent with other studies that demonstrate the negative impact of social discrimination on the well-being of LGB people (Pereira & Costa, 2016), and especially on the well-being of older LGB people (Fredriksen-Goldsen et al., 2015).

The dilemma noted from identifying as gay or bisexual is worth emphasizing. On one hand, a large majority thinks that the situation would improve if they came out of the closet; that is, if they made their sexual orientation more socially visible, which in turn would make them stand in the same situation as any other person and this would allow them to express freely their nature without fears of

being rejected by society—or willing to live with the consequences. On the other hand, many men are willing to pay the price involved in not disclosing their sexual identity because they would be out in a very vulnerable situation without interest or strength to fight against homophobia, rejection, or exclusion. Knowing that there is a positive correlation between coming out and psychological adjustment (Riggle & Rostosky, 2009; Rosario, Scrimshaw, & Hunter, 2011), the fear associated with rejection and discrimination can lead to older LGB people to not seek health care, especially in highly vulnerable situations (Brotman, Ryan, & Cormier, 2003) and therefore elevate risks of mental health problems, such as suicide, bereavement, substance abuse, or verbal and physical violence (McCann, Shareka, Higginsa, Sheerina, & Glackenb, 2013). Importantly, only an insignificant percentage of participants state that they make their homosexual or bisexual identity visible; that is, most hide it throughout society and even in closer environments, such as friends and family. The costs and consequences of such guardedness may be substantial and worthy of further study.

The role of social support was raised in several forms, speaking to its critical importance. Such issues were mentioned directly in discussions about relationships (along with challenges in the maintenance of such relationships) and with reference to intergenerational ties (often framed in terms of how circumstances have changed for younger gay and bisexual men, relative to the formative experiences of our older sample). Indirectly, support was mentioned in the context of negative aging perceptions and the limitations of aging experienced by LGB(T) persons, owing to unique marital and family ties.

Many of these unique ties were framed and seen as consequences of personal characteristics—both a key theme as well as an implicit reference. It is a sad statement that in today's society with all the scientific, technical, and academic progress, the well-being of sexual minorities is still jeopardized by bigotry and ignorance. While disparities are still a reality, there are also important contributions to understanding positive or successful aging patterns, highlighting the importance of community involvement and resilience (Van Wagenena, Driskell, & Bradford, 2013).

Close to half of all respondents were single, comparable to North American research, perhaps owing to both internalization of heteronormative standards and roles, related to what some have called “gay ageism” (Wight, LeBlanc, Meyer, & Harig, 2015) and the freedom afforded by a life at the margins (associated with relationships of a less traditional nature, de Vries, 2009). Relatedly, more than half of our participants lived alone. Being single and living alone renders access to caregiving more problematic with increasing reliance on formal services—itself an expressed concern about aging and justifiably so, at least according to U.S. research (SAGE, 2010).

A similarly influential but more potentially affirmative characteristic of the sample is their degree of training and education: over 50% of our participants

are well educated (comparable to North American research—de Vries, 2013). Such resources can positively influence the understanding of how individuals perceive themselves, allowing them to conceptualize life and all that it encompasses from a broad perspective on possibilities and knowledge of any reality that has to do with life, the human being, and the person in general.

Implications

The present study challenges professionals who work with older clients to reconsider their approach to people who do not identify as heterosexual and to be open to consider that among their older clients are individuals who do not identify as heterosexual. In the case of this study inclusive of older gay and bisexual men, service providers and health-care professionals are encouraged to be cognizant that these men (as well as lesbian and bisexual women, as well as those who identify as transgender) have experienced years of stigmatization, marginalization, discrimination, and victimization from all corners of society including health professionals. The costs of such assaults on the self-concepts of these men merit attention—so too do the resources they have developed to cope with and even thrive in later life. It is therefore important that all professionals examine their own ideas and prejudices of same-sex attracted people to deliver competent and culturally safe care.

Evident in the findings was the importance placed on having good social support networks and diminishing the feelings of loneliness. Consequently, any assessment undertaken with older gay and bisexual men should include information on an individual's support networks. In addition, professionals working with older gay and bisexual men need to ensure that health-care environments are open, respectful, and use inclusive language. Doing so will increase older gay and bisexual men's confidence that should they require health-care services, these will be delivered in a way that is sensitive and appropriate (Gardner, de Vries, & Mockus, 2014).

Limitations

This study is not without limitations. First, there was the potential for selection bias as the study was advertised in gay and bisexual-oriented social-networking venues and as such did not capture those men who did not frequent these places. Consequently, all participants self-identified as gay or bisexual, yet not all men were "out," suggesting the possibility of having gained access to a somewhat hidden group. Further research exploring the perceptions of these hidden groups of older gay and bisexual men would be useful.

Given the qualitative nature of this study, we chose not to separate analysis by sexual orientation, not only because of the small number of participants in each category (gay and bisexual) but also because we consider that the

generational effect affecting Portuguese older gay and bisexual men are transversal to both groups since they represent a hidden sexual minority consistently exposed to sexual stigma. Despite the fact that our objective was to assess the perceptions of aging among men both gay and bisexual, future research should include bigger samples comparing specificities by sexual orientation.

Alternatively, most participants were well educated and of middle-class, which constitutes a threat to transferability of results. As this is a common problem in LGB aging research, it would be useful if future studies could include those older gay and bisexual men from a variety of socioeconomic groups and educational backgrounds, as well as the use of complementary methodologies, such as: in depth face-to-face interviews, focus groups, or Research Action Plans. However, the intention of this study was not to generalize the findings to all older gay and bisexual men, but, through the usage of a critical gerontological lens, foreground the voices of this group so that their perceptions of ageing, as well as how they would like to be treated by health professionals, are heard. Furthermore, this perspective allowed the identification of several sources of oppression and interpret the meanings of what it is like to age as an older gay or bisexual male in Portuguese culture, facilitating dialogue, questioning of source of oppression, and promoting of values which are committed to social change for this group of people, ensuring the implementation of prejudiced-free practice guidelines.

Conclusion

Older Portuguese gay and bisexual men live in interesting times. There have been significant changes in the legislative and social plans in Portugal that benefit LGB people, recognizing their legal and social rights and providing older gay and bisexual men greater visibility in society; at the same time, LGB older persons live with both the legacy and contemporary experience of homophobia and stigma, complicated by the tension of ageism (Richards, 2011). The challenges that older gay and bisexual men face in their day-to-day confrontation with this tension of stigma and increasing visibility may in fact lead to greater vulnerability. That is, gay and bisexual men are more likely to be alone or with fewer family and less social support than older heterosexual people (Knocker, 2006), have greater difficulties in accessing health care that is sensitive to their specific needs, and may feel uncomfortable revealing their sexual orientation, thus creating aggravated severity of circumstances added to the natural loss of autonomy, mobility, and vitality associated with this stage of life development (Heaphy, Yip, & Thompson, 2003).

The study of LGB aging is the examination of diversity, of culture, of limitations and possibilities, and from this, we learn about the varying and fluid roles of sexual identity and aging that the cultural scripts shape during this stage in life (de Vries, 2007). The study of aging perception in gay and bisexual men is

a timely addition to theoretical, empirical, and practical literatures in gerontology, psychogerontology, nursing, medical, and psychosocial care with much to contribute to understanding of aging and sexual identity under stigmatized conditions. Our results also offer much to an analysis of aging more generally, fostering a more holistic and inclusive view of the social and personal experiences of older people.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The authors received no financial support for the research, authorship, and/or publication of this article.

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