

This paper was presented at the 2005 National Council for Voluntary Organisation's 11th Researching the Voluntary Sector Conference held at the University of Warwick on 31 August and 1 September. The conference is a unique meeting place for both researchers and users of research to discuss current research and its implications for the voluntary and community sector.

Multiple identities in older age: a re-examination

Simon Northmore
Claire Ball
Antony Smith¹

1 Introduction

In refining its understanding of disadvantage in older age Age Concern England has explicitly identified gender within its overall approach to equalities and diversity issues in its work. One of the reasons gender is often proposed as a key 'cross-cutting' strand in analysis of the diverse experience and identities of people as they get older is that it is likely to be a consistent element in the multiple identities of older people. Gender analysis explores inequalities in gender roles and responsibilities in society and identifies the practical needs and strategic interests of both women and men. It asks key questions such as: 'who does what?' 'who has what?' 'who gains?' and 'who loses?' It examines the impact not just on men and women as a whole but on particular groups of men and women, taking into account issues such as age, race, class, ethnicity, disability and sexual orientation (Ruxton 2002).

Starting from an examination of the relationship between gender and other dimensions of identity, this paper argues that there is a need to develop a more holistic framework for understanding equalities and diversity work. A 'hierarchies of identity' approach is proposed as a way forward in unravelling the complexity of multiple identities. The implications for older people, policy and practice are explored.

2 Ageing and identity

There is an increasing recognition of the diversity of the ageing population and the need to reflect this in research, policy and practice. However, in relation to older people 'diversity' is typically approached along dual dimensions, e.g. age **and** gender, age **and** race, age **and** disability – an extension of the earlier conceptualisation of 'double jeopardy' (Dowd and Bengston 1978). An integrated analysis of older people's multiple identities, which moves beyond simple classifications of people and their needs and preferences, has proved elusive.

Research on ageing provides some indication of the scale of the task:

¹ Simon Northmore is Practice Development & Research Manager; Claire Ball is National Development & Policy Officer: Black and Minority Ethnic Elders; and Antony Smith is National Development & Policy Officer: Older Lesbians, Gay Men & Bisexuals, Age Concern England

Age diversity – *‘The UK is an ageing country. In 2003 there were 20.2 million people in the UK aged over 50; by 2011 there will be 1.7 million more older people and by 2021 a further 2.7 million. By then older people will make up approximately four-in-ten of the population, up from one-third today. (Age Concern, 2004:9).* There is, therefore, a huge range of life-experience and needs in the over 50 population. One illustration of this is the recent development of ‘sub-classifications’ of older people, such as ‘young-old’ and ‘older-old’. On the other hand, there is growing acknowledgement that older people have much in common with other age groups in society. Most needs are not age-related except in later years, when demand for specialist health-care and support services increases significantly.

Gender – Since women live longer than men, more women than ever will reach ‘older’ old age. Recent research from the Economic & Social Research Council’s Growing Older Programme draws attention to the complexity of the interrelationships involved. While the disadvantages faced by older women are well established (Arber & Ginn 1993) there has been a lack of critical analysis of the *advantages* experienced by some groups of older women compared to some groups of older men, for example divorced, never married and widowed men, in terms of material well-being, social roles and relationships, and the implications for health and health-related behaviours. Marital status is a key factor, with lone older men lacking the skills to establish and maintain social networks and particularly likely to be socially excluded (Davidson & Arber 2004).

Ethnicity - While ethnicity is recognised as important, it remains relatively under-researched. One reason for this is the fact that the ethnic complexion of the population has only recently begun to be systematically documented, with the 2001 Census playing an important role. Others include racism, the relatively small numbers involved, the concentration on poverty and social exclusion in these groups, and the common assumption that their needs were being met by strong family and kinship networks. The Growing Older Programme has put black and ethnic minority ageing back on the research agenda but has also highlighted how little attention has been paid to the relationship between quality of life, gender and ethnicity. Older women from minority ethnic communities are not necessarily disempowered by later life, as is sometimes implied (Maynard 2004). Nor is the experience of disadvantage straightforward. In terms of community, social and family networks, ethnic minority older people fare as well or better than white communities (Nazroo et al 2004). There is also evidence that in some ways black and minority ethnic older people’s experience is becoming more like that of their white counterparts, for example the regularity with which they live on their own (Butt & Moriarty 2004).

Religion/faith – Religion has been found to be an important aspect of self-described identity for people from minority ethnic communities, particularly for those of South Asian origin where religious identification is so high that it varies little by factors such as age, gender and class. About nine out of ten Sikhs, Hindus and Muslims say that religion is important to the way they live their lives, compared to less than half of white Anglicans (nearly a quarter of

the white population). Religion thus marks a significant difference between migrants to Britain and British society. Overall, religion is also strongly correlated with age: the older a Briton is the more religious they are likely to be. However, the longer a migrant has been in Britain, the greater the likelihood of a decline in their original culture. So in the particular case of religion, age and length of residence in Britain work against each other (Modood et al 1997).

Disability – within the diversity of experience of the ageing population, the particular experiences of people with disabilities are often overlooked. It is only within the last 20 years that there has been an identifiable cohort of ageing disabled adults, as distinct from disability acquired as part of the ageing process. People with learning disabilities are also living longer. It has been estimated that over half will have a normal life-span (Hogg & Lambe 1999). It is important to recognise that, while there may be some commonalities in the experience of disabled people as they age, there are also likely to be important race and gender dimensions to how older people with disabilities define themselves. Gender is also a particularly important factor in determining whether individuals are supported or prevented in their efforts to live independently. Social expectations and other barriers often force women into economic and other forms of dependency. Women with disabilities face a particularly acute struggle to overcome obstacles controlling their own lives or even defining their own identities.

Sexual orientation – Older lesbians, gay men and bisexuals have until recently been even more under-represented, both in research and practice. Attempts to redress this have sometimes over-simplified the issues by drawing only on the links between sexual orientation and sexuality, for example in challenging the assumption that *sexual* means *heterosexual*. Notwithstanding the importance of sexual expression, research does in fact highlight many other issues that make growing older as a lesbian, gay or bisexual person different, including legal and partnership rights, homophobia and discrimination.

However, whilst there are inevitably damaging impacts as a result of such discrimination, positive outcomes do occur, such as the development of 'coping mechanisms' that ultimately result in better adaptability to ageing. This is often abetted by having spent more time living alone and greater domestic role flexibility. Whilst this kind of 'coping' may be more taken for granted with regard to women, older gay men go against the male trend and are likely to be less socially isolated than older heterosexual men (Berger 1982 & 1984; Quam & Whitford 1992; Kehoe 1988; Heaphy, Yip & Thompson 2003).

Similarly, whilst older lesbians can find themselves amongst the most financially disadvantaged of social groups – despite successful careers their level of pay has, as women, often been less and their pensions therefore not linked to a husband's generally higher earnings – they have nevertheless a greater sense of financial independence, simply because they have been less reliant on a partner as breadwinner (Heaphy, Yip & Thompson 2003).

What many older gay men share with heterosexual men is a general sense of financial security. However, for both older lesbians and older gay men workplace prejudice with regard to their sexual orientation (*and* gender in the case of older lesbians) can hamper their careers and thus their financial security (Heaphy, Yip and Thompson, 2003).

Transgender issues – Being transgender and older is amongst the least researched areas with regard to diversity and multiple identities. We are only now beginning to see an ageing transsexual population, with people who have been taking cross sex hormone therapy for 25 years or more. In addition, it is only recently that significant numbers of older people have had access to hormone and surgical gender reassignment therapies. There is, therefore, a new, and growing, population of older trans people made up both of longer-term transsexuals (but with little knowledge of what the long-term health consequences of their hormone therapies might be) and people who may be old in years but relatively young in terms of their new gender (Whittle 2005).

The Gender Recognition Act 2004, which came into force in April 2005, enables trans people in the UK for the first time to obtain a new birth certificate indicating their new gender. However, in terms of identity, the situation of trans people is complex. As well as those who seek to live permanently in their new gender, using hormone and/or surgical therapies (transsexuals), they also include part-time cross-dressers (transvestites). Additionally, trans people may identify as straight, lesbian, gay or bisexual, and this may change as a result of hormone therapy. Some post-operative transsexuals continue to embrace a trans-identity, whilst others identify solely with their new gender.

The two key issues that emerge from the modest level of informal research to date are that no assumptions should be made about the chosen identities of trans people and that their trans status should not be assumed to be a problem with which they need help.

3 Hierarchies of identity

Older people, like everyone else in society, have multiple identities constructed from a combination of characteristics which may include their age, gender, sexuality, ethnic and cultural identity, religion and faith, disability, education, socio-economic status and the location in which they live. Some of these characteristics will be more or less important to people, depending on their life experience. For example, for many black people racial identity is absolutely central to their sense of identity, as it may well have been a critical factor in determining life chances and in shaping their experience. For others from minority ethnic communities bound together by a strong religious faith, the elements of ethnic, cultural and religious identity may be much more strongly felt than by those of the majority white population, or people from other minority ethnic groups for whom religion and faith are less important aspects of their identity. For some older people, factors such as social class, educational level and relative affluence, though not discussed in detail here, may be more central in determining how they want to live their lives, who they want to mix with, and what they want to do.

Similarly, while lesbians tend to identify keenly with other women, gay men tend not to identify with straight men in the same way. Feminism, the experience of motherhood and the 'traditional' female attributes of nurturing and pacifism, for example, all cross the boundaries of ethnicity, age, sexual orientation, culture and socio-economic status, whereas 'other' men are seen as the primary source and chief perpetrators of gay men's oppression. This is borne out by both American and UK research into ideal housing options among older lesbians, gay men and bisexuals. Significant proportions of lesbians have a preference for *women-only* (as distinct from lesbian-only) accommodation whereas *men-only* is never cited by gay men, who tend to state a preference for mixed male/female living (Quam and Whitford 1992; Hubbard and Rossington 1995).

The complexity of interrelationships between different diversity 'strands' suggests that advancing our understanding of that complexity through a 'cross-cutting' analysis, even one based on such a universal characteristic as gender, may be limited. While gender is a consistent element in the multiple identities of older people, we would argue that it is a more regularly occurring and relevant cross-cutting issue for certain communities of older women and men than for others.

It may be more helpful to adopt a 'hierarchy of identities' approach in which a person's primary identity will be the one which provides their main sense of commonality and support. This appears to reflect the way in which people conceptualise their identity. Subsidiary identities may also include dimensions beyond the six main equalities 'strands', for example identities formed as a result of living in rural or urban areas; on the basis of occupation or profession; in terms of leisure interests; in relation to family status or in relation to health status. Furthermore, those primary and subsidiary identities are likely to be fluid. Significant life transitions, for example widowhood or retirement, may result in individuals re-assessing their self identity.

While self-identity may be considered in this way, the manner in which older people experience social disadvantage is multi-dimensional. Consideration of the multiple dimensions of *oppression* in the experience of ageing points to the need for a conceptual framework which recognises that all are equally important and simultaneous oppressions. As Zarb & Oliver (1993) have argued in relation to ageing with a disability, rather than being seen as 'additive' or 'cumulative', multiple oppressions are mutually re-enforcing in their impact on the individual older person. Attempting to view multiple oppressions as hierarchical makes no more sense than asking whether a black disabled woman is 'more oppressed' because she is disabled or because she is black.

4 Conclusion: implications for policy and practice

If we are genuinely to address the experiences of the many different communities of older women and men, rather than just the white heterosexual majority, we need to adopt approaches to needs analysis and service development which are not predicated on assumptions about the, possibly, more prominent aspects of older peoples' identities, but which acknowledge the diversity of multiple identities and the

importance for older people of being able to define the primary identity with which they feel comfortable and safe. This presents some key challenges for both policy makers and practitioners.

Despite some good examples of provision for diversity in services for older people there is a tendency for services to be resource driven and respond to 'majority' needs. We need to shift the focus to *outcomes*, as expressed by older people themselves, recognising both differences and commonalities. Diversity does not mean that services should become more fragmented or segregated. Services can be designed on the basis of things held in common. There is an important difference between services that are gender aware rather than gender specific, or race aware rather than race specific.

Nevertheless, a 'hierarchy of identities' approach suggests that we still need to cater for specific needs. A good example of this is the needs of older men. Ideas about well-being in later life derive from a predominantly female experience and may be ill-suited to the perspectives of older men. Older men attach less importance than women to the need for intimacy and social engagement. Attitudes to health are also very different. Older men are less willing than women to contact or admit contact with health professionals, causing delays that can have long term adverse health consequences. However, in general services take little account of the specific needs of older men:

"Organisations providing social facilities are presently geared towards the needs of lone older widows, since most husbands predecease their wife, and there is little infrastructure in place for men who live without partners in later life" (Arber et al 2003:3)

The research evidence does not lend itself to straightforward solutions. However, it clearly suggests that familiar services may need to be re-examined. This is supported by recent policy developments. Growing numbers of older people, increasing costs to the health service, widening health inequalities, and the changing composition of families and communities have contributed to an emerging policy framework that emphasises *'independence, well-being, and choice'* (DH 2005). For voluntary sector organisations such as Age Concern, this may mean working with older people in quite different ways, for example:

- Acting as 'brokers' or 'navigators' - assisting individuals in the construction of low level support packages
- Using community development approaches - working with a much wider range of organisations to ensure that universal services (i.e. transport, leisure, education) are accessible to older people
- Providing information to enable service users and carers to access the support they need in a more complex world of service provision, and
- Investing in new services that meet the needs and expectations of a new generation of older people

There is an underlying tension between the emphasis on 'independence' and 'choice' for individuals and achieving equitable outcomes for diverse communities. Will individuals exercise choice in a way that re-enforces fragmentation? For older people, how can the right balance be maintained between prevention, meeting low

level needs, and providing intensive care and support for those with complex needs? The proposed single equalities body – the Commission for Equalities and Human Rights – seeks to move away from an approach to equalities that emphasises difference and embed a culture of human rights in the workplace, public services, and communities (DTI 2004). The challenge will be to create local structures which provide real choice for individuals whilst also promoting solidarity and social cohesion.

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