DECONSTRUCTING QUEER/TRANS AGING:
A CRITICAL DISCOURSE ANALYSIS

by

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ABSTRACT

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This Major Research Paper (MRP) examines the recent discourse around LGBTQ older adults and aging that has started to be incorporated into Toronto's senior care ostensibly to promote inclusion and diversity. Applying postmodernism, queer theory and critical whiteness studies as the theoretical framework, this MRP conducts a critical discourse analysis of (1) a sample of articles on older adults and aging from a Toronto-based LGBTQ-focused newspaper and (2) a sample of a LGBTQ2S cultural competency manual from Toronto's city-run long-term care homes. The analysis of the findings demonstrates a white-centered, homogenizing and depoliticized discourse. The hope is to push conversations of queer/trans aging beyond homonormative models of senior care.

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CHAPTER 1. INTRODUCTION

In recent years, the lives of older lesbian, gay, bisexual, transgender and queer (LGBTQ) adults in Canada have gained attention from researchers, policymakers and service providers (see for example Brotman, Ferrer, Sussman, Ryan, & Richard, 2015; City of Toronto Long-Term Care Homes & Services, 2017; Sussman et al., 2018; The 519, 2017). This reflects the labour of LGBTQ older adults who have advocated for queer¹/trans² issues to be recognized within the heteronormative³ and cisnormative⁴ field of gerontology and for aging issues to be recognized within queer/trans organizing (Brotman et al., 2015; Daley et al., 2017). Efforts towards inclusive care for LGBTQ older adults have also occurred against the backdrop of discourses concerning both Canada's 'aging population' (see Statistics Canada, 2017) and Canada's image as queer-friendly (see Jackman & Upadhyay, 2014). I am a queer, white, cisgender woman and a social worker in my 30's who works with seniors. I have participated in, and facilitated, workshops on LGBTQ older adults, which emanated from the blossoming knowledge base in this area. This Major Research Paper (MRP) was inspired by the tensions I have felt with prevailing discourses around LGBTQ aging, which seem to contradict, or not fully represent, the lived experiences and subjectivities of the seniors I have worked with. Like King (2016), I have found that a tick-box approach to LGBTQ aging "occlude[s] the complex production and resistance of identity categorizations" (King, 2016, p. 9).

¹ I will sometimes use queer as (1) an umbrella term to describe those with "non-normative sexual orientations, gender identities, and expressions" (Mulé, 2016, p. 40), as well as (2) a politicized stance against conformity and mainstream identity labels (Brown, 2007).

² I will use trans as an umbrella term to describe people whose gender might not align with their assigned sex at birth, including those who are transgender, genderqueer, gender non-conforming and transsexual (Greensmith, 2014).

³ Heteronormativity refers to the "myriad ways in which heterosexuality is produced as a natural, unproblematic, taken-for-granted, ordinary phenomenon" (Kitzinger, 2005).

⁴ Bauer et al. (2009) define cisnormativity as the expectation that "those assigned male at birth always grow up to be men and those assigned female at birth always grow up to be women" (p. 356).

The purpose of my Major Research Paper (MRP) is to critically analyze the recent discourse around LGBTQ aging through a postmodernist theoretical lens that incorporates critical whiteness studies and queer theory. I conduct a critical discourse analysis of (1) a sample of articles on older adults and aging from Toronto-based LGBTQ-focused newspaper *Xtra* and (2) a sample of a cultural competency manual entitled *LGBT Tool Kit: Creating Lesbian, Gay, Bisexual and Trans Inclusive and Affirming Care and Services (2017)*, published by the City of Toronto Long-Term Care Homes & Services (LTCHS). My analysis of the findings reveals that the discourse on LGBTQ aging is homogenizing, white-dominated and depoliticized.

My motive in this MRP is not to discredit the existing work of LGBTQ older adult activists nor is it to oppose the discussion of sexuality and gender identity in senior care. My hope is to contribute to a more intersectional, non-essentializing, emancipatory approach to this topic. According to Fook (2012), naming and forming alternative perspectives is a key part of critical change. Anti-oppressive social work involves the recognition that “[s]ocial work is not a neutral, caring profession, but an active political process” (Baines, 2011, p. 6). Services that address the oppression faced by LGBTQ people are often seen as “inherently progressive” but should be scrutinized for their complicity in white supremacy (Greensmith, 2014, p. 126). As a white queer person who has benefitted from mainstream LGBTQ movements that center white voices, this MRP is one way to hold myself accountable for social practices that are exclusionary. Critical discourse analysis, which understands “language as social practice” (Wodak & Meyer, 2009, p. 5) allows researchers to “produce and convey critical knowledge that enables human beings to emancipate themselves from forms of domination through self-reflection” (Wodak & Meyer, 2009, p. 7).

CHAPTER 2. THEORETICAL FRAMEWORKS

Postmodernism

This MRP is guided by a postmodernist theoretical framework and draws on elements of critical whiteness studies and queer theory. Since postmodernism revolves around a critique of modernism, a brief explanation of the latter is a helpful place to begin (Fook, 2002). In Euro-Western history, modernism began with the Enlightenment when science became positioned as separate from, and superior to, all other forms of knowledge, such as mythology, philosophy and oral traditions (Strega, 2005). Science became equated with truth. Modernism is based on the belief in one legitimate path to knowledge – that is, through a rational, objective subject employing reason, mathematical logic and scientific methods (Strega, 2005; Fook, 2012). Modernism involves the pursuit of universal explanations of human behaviour (Fook, 2012). It is believed that through making these discoveries, humans can progressively improve the conditions of our lives (Fook, 2012; Strega, 2005).

Postmodernism rejects the notions of a universal truth or a knowable reality (Brown, 2012; Fook, 2012). While the material conditions of our lives may be real, the way we make sense of those conditions and ourselves – through available language – is socially constructed, historically situated, interpretive, dynamic (Brown, 2012). Postmodernism critiques and deconstructs the totalizing theories and hierarchical dualisms (such as rational/irrational) associated with modernism (Fook, 2012; Strega, 2005).

Poststructuralism, which is often referred to interchangeably with postmodernism, can be understood as the strands of postmodernism most concerned with language and discourse (Healy & Fook as cited by Fook, 2012), and is of particular relevance to this MRP. Poststructuralism is associated with theorists such as Foucault, Lacan and Derrida and, among them, it is Foucault's

concept of discourse that is most commonly used (Fook, 2012; Strega, 2005). Far from a neutral collection of words or a form of representation, discourse to Foucault is where “power and knowledge are joined together” (Foucault 1990, p. 100). Foucault argues that common sense knowledges, which emerge from particular historical, political and social conditions, inform what statements get to be counted as true or false (McHoul & Grace, 1997). Statements and events “happen according to certain constraints, rules or conditions of possibility” and therefore power relations are always at play (McHoul & Grace, 1997, p. 39). According to Foucault, power is not something that one group holds over another; power “circulates” and is “net-like” (Foucault, 1980, p. 98). Dominant discourses – those that become considered as ‘truth’ – organize all social relations; however, poststructuralism acknowledges the existence of multiple discourses at any given time (Strega, 2005). Since discourses are powerful insofar as they go unquestioned, they are vulnerable to being destabilized by pointing out their contradictions or gaps (Fook, 2012; Hekman as quoted by Strega, 2005). Besides discourse, the poststructuralist concept of subjectivity is significant to this MRP; it is a challenge to the modernist concept of self as an autonomous actor with a core essence (Rossiter, 2007; Strega, 2005). Subjectivity is based on the idea that our minds and bodies are constituted through discourse; people’s identities and choices are made in context and they may change and contradict themselves (Fook, 2012; Weedon, 1987).

It is important to recognize that many feminists, racialized critical race theorists and Indigenous scholars (see for example Alcoff, 1988; Driskill, 2010; hooks, 1995; Lorde, 1984; Matsuda, Lawrence, Delgado & Crenshaw, 1993; Weedon, 1987) have exposed and scrutinized the ideology and power imbedded in language but have not received the legitimacy of postmodernist intellectuals, like Foucault, who are white, Western men (Strega, 2005). The

acceptance of postmodernism as a progressive evolution from modernism is rooted in a Eurocentric version of history (Mignolo as cited by Maiter & Joseph, 2016). Further, a weakness of postmodernism is that, in its refusal to generalize experiences, it can lean dangerously towards an individualist analysis (Moose-Mitha, 2005). By failing to acknowledge collective interests, which are the basis of social action and systemic change, oppressive structures may remain unopposed (Brown, 2012; Mulé, 2016). I am therefore heeding to Brown's (2012) call to harness the strengths of postmodernism in this MRP without sacrificing a political agenda.

The scholarship of Brown (2012), Pon (2009) and Poon (2011) has guided my application of postmodern concepts in this MRP. They each call attention to how seemingly progressive attempts in social work to address the needs of marginalized communities draw on modernist categories that homogenize these groups and reify their status on the margins. Particularly relevant here are Pon's (2009) critique of cultural competency and Poon's (2011) analysis of social work literature on queers of colour. Pon (2009) argues that cultural competency otherizes non-whites while ignoring processes of colonialism and racism. Poon (2011) argues that queers of colour are essentialized in social work literature that tries to capture their cultural codes. Both scholars speak to the invisibility of whiteness as the norm by which all others are constructed against. For the purposes of this MRP, these theorists invite me to question the discursive construction of a queer/trans elder and the discourse of LGBTQ cultural competency presented in my data, and to think especially about how they reinscribe fixed identity categories (including what it means to be old, what it means to be queer and what it means to be both) that regulate people's lives and leave processes of normalization unchallenged. This MRP operates from the perspective that aging and old age are socially constructed concepts (Hugman, 1999). Although growing older involves bodily changes throughout life, the meaning ascribed to those changes

depends on the specific time in history, the social and cultural context, and the power dynamics operating (Hugman, 1999).

Critical whiteness studies

Critical whiteness studies, as I understand and make use of it, is connected to postmodernism in that the roots of whiteness lie in the Enlightenment's construction of the rational, objective, white male subject who exists beyond the limits of time and place (Kincheloe, 1999) – a concept that, as previously mentioned, postmodernism rejects (Strega, 2005). At this historical juncture, as reason was whitened and, simultaneously, became understood as the basis of human nature, whiteness was established as the norm (Kincheloe, 1999). During colonial expansion, whiteness came to represent orderliness versus the perceived “chaos” of non-whiteness (Kincheloe, 1999, p. 164). The use of the term ‘whiteness’ in this MRP refers to practices that naturalize and benefit white people while obscuring systemic inequalities (Yee, 2015). Whiteness also tends to adjoin and sustain other norms such as heterosexual or middle-class norms (Duggan, 2003; Halberstam, 2005; Ward, 2008). My analysis of whiteness is partly based on Yee's (2015; 2017) work which connects the everyday operations of whiteness in mainstream social work (e.g. its focus on the individual, its task-orientation, its administrative techniques) to white supremacy. According to Allen (2001), white supremacy is “the global system that confers unearned power and privilege on those who become identified as white while conferring disprivilege and disempowerment on those who become identified as people of color” (p. 476). Whiteness and white supremacy work alongside colonialism (Yee, 2015). This MRP is grounded in an understanding of Canada as a settler colonial state where “Indigenous peoples [are] marked for physical and cultural extinction,

European settlers for integration, and people of colour for perpetual outsider status as ‘immigrants’ and ‘newcomers’” (Razack, Smith and Thobani, 2010, p. 5)

Applying a critical whiteness lens to the discourse of LGBTQ aging and older adults allows me to uncover the ways that whiteness operates in representations of queerness, transness, old age, caregiving, inclusion, diversity, etc. in my data. Scholars have noted that widely accepted aspects of the queer and trans experience – such as ‘the closet’ or ‘coming out’ – are based on Western values of individualism and autonomy (Jordan, 2009; Murray, 2014). Popular constructions of seniors as dependent, frail and burdensome are also rooted in the Western biomedical model, which associates old age with illness (Freixas, Luque, & Reina, 2012) and in Western capitalism, which frames old age as the loss of productive and reproductive value (Hugman, 1999). These views rationalize the segregation and managing of certain older people into nursing homes (Hugman, 1999). A critical whiteness lens asks me to consider: in queers’ efforts to include elders (represented through the *Xtra* articles) and in elders’ efforts to include queers (through long-term care’s *LGBT Tool Kit*), how do white bodies and white-normed values continue to dominate these discourses and to what end – i.e. who or what gets erased?

Queer Theory

Queer theory emerged in the early 1990s and challenged the assimilationist camp of the gay and lesbian movement that had promoted a “stable ‘born that way’ identity” (Pyne, 2016, p. 57). Most associated with the work of Judith Butler, queer theory posits that sexual and gender identity categories are normalizing and constraining (Pyne, 2016). Butler (1990) argued that the binary categories of woman and man are created not through biology but through the everyday performance of gender; their appearance as natural serves to make heterosexual desire and the subordination of women inevitable. Butler (as cited by Pyne, 2016) argued that “marginalized

identities are complicit in their marginalization through the reification of their own identity boundaries” (p. 59). An overemphasis on ‘coming out’ narratives, for example, tends to reinforce the binary of heterosexual/homosexual (Rasmussen, 2004). Applying queer theory to the topic of older lesbian, gay and bisexual (LGB) people, King (2016) argues that the identification of ‘older LGB adult’ “positions a person within a (hetero)normative matrix” based on fixed, binary notions of sexuality (p. 14).

When queer theory examines sexuality in isolation, however, it ignores how racism, classism and other systems of oppression police people’s lives (Cohen, 1997). Therefore, my extension of queer theory in this MRP is based on the intersectional⁵ queer politics of Cohen (1997) and the anti-neoliberal queer theorizing of Duggan (2003). Cohen (1997) argues that the dichotomy of queer (as oppressed) and heterosexual (as privileged) conceals both how middle-class white queers exercise power and how people of colour’s relationships and family structures, regardless of sexual orientation, get perceived as deviant and/or non-normative – take, for example, the construction of the ‘welfare queen.’ Along similar lines, Ross (2005) argues that the closet paradigm, in which ‘coming out’ signifies a position of freedom, naturalizes a subject that is unmarked by racial-class otherness, experiences of incarceration, etc. When analyzing the data in this MRP, an intersectional queer lens invites me to consider: who is being included and excluded? How are intra-community differences glossed over?

Duggan’s (2003) concept of homonormativity argues that mainstream LGBTQ movements endorse heterosexist institutions and values by prioritizing access to private market consumption, marriage and adoption rights, and the right to serve in the military.

⁵ Intersectionality, introduced by Crenshaw (1993) to theorize how gender and race interact to shape black women’s employment, is a theoretical framework to analyze the intermeshing of social divisions (such as race, gender, age, class, sexuality, disability, etc.) that structure people’s experiences (Yuval-Davis, 2006).

Homonormative politics center and protect the most assimilated, depoliticized, well-off, White and gender-appropriate members of LGBTQ communities (Duggan, 2003). By applying this conceptual framework to dominant discourses of LGBTQ aging, in this MRP I question how LGBTQ-friendly care is used to absorb certain queers into the body politic while neglecting others; all the while, normative relations of care are sustained. Like other scholars (e.g. Greensmith, 2014; Greensmith & Giwa, 2013), I see Duggan's concept of homonormativity as connected to settler colonialism. By seeking recognition from and inclusion within the market and the states, most LGBTQ movements in North America have become complicit in legitimizing the settler state – by, for example, celebrating Canada as a progressive country that legalized homosexuality and same-sex marriage (Morgensen, 2012; Jackman & Upadhyay, 2014). This obscures how heteronormativity is part of historical and ongoing colonial projects: “the nuclear family, private property, and capitalist economics” work to “isolate, disperse, and eliminate indigenous modes of kinship and relationship to land” and to erase those whose gender or sexuality deviate from the settler norm (Morgensen, 2012, p. 170). Greensmith (2014), whose work is also influential in this MRP, contends that white supremacy and settler colonialism underpin mainstream queer service provision in Toronto.

In the next chapter of this MRP, I will examine existing literature on LGBTQ older adults and seniors-specific LGBTQ cultural competency from a postmodernist, critical whiteness and queer theoretical lens. From there, I will outline my research methodology, critical discourse analysis, and the specific methods I apply in this research. I will then present a summary of my findings of my critical discourse analysis of (1) a sample of articles from *Xtra (Toronto)* regarding LGBTQ older adults and aging (2) a sample of the *LGBT Tool Kit* from City of

Toronto LTCHS. The MRP will conclude with discussion of these findings, including their implications for anti-oppressive social work practice.

CHAPTER 3. LITERATURE REVIEW

There is a burgeoning literature on LGBTQ aging based primarily in the United States (US) (e.g. Boggs et al., 2017; Fredriksen-Goldsen et al., 2014a; Fredriksen-Goldsen et al., 2017; Fredriksen-Goldsen, Kim, Barkan, Muraco, & Hoy-Ellis, 2013; Harley & Teaster, 2016) with international contributions growing (e.g. Barrett, Cramer, Lambourne, Latham, & Whyte, 2015; Jones & Willis, 2016; Westwood, 2016). In Canada, there is an emerging body of research focused on improving service provision for LGBTQ older adults (e.g. Brotman et al., 2015; Daley et al., 2017; Furlotte, Gladstone, Cosby, & Fitzgerald, 2016; Grigorovich, 2016; Sussman et al., 2018). Research has suggested that today's LGBTQ seniors have needs that are distinct from heterosexual seniors and from younger LGBTQ individuals, arising out of experiences of discrimination and/or invisibility across the life course, including living through a time when gender and sexual variance were explicitly criminalized and pathologized (Boggs et al., 2017; Brotman et al., 2015; Fredriksen-Goldsen et al., 2013). Scholars have invoked key historical events to help situate the lives of LGBTQ older adults, including that between 1952 to 1973, *The Diagnostic and Statistical Manual of Mental Disorders* (DSM) codified homosexuality as a sexual deviation associated with 'Sociopathic Personality Disturbances' and that Canada did not decriminalize homosexuality until 1969 (Warner, 2002). Also notable is that amid Cold War paranoia that homosexuality was a threat to national security, for decades Canada's federal government conducted a crusade to surveil, harass and dismiss gay civil servants (Warner, 2002). Police harassment of gay and lesbian establishments in the 1960s and 1970s galvanized members of these communities to mobilize around what is now often referred to as the gay liberation movement (Warner, 2002). Legal and social policy changes took decades to crystalize though; in 1995, Canada's Supreme Court ruled sexual orientation as a prohibited ground of discrimination

(Warner, 2002); in 2005, same-sex marriage was legalized federally (Brotman et al., 2015); in 2017, protection of gender identity and gender expression was added to the Canadian Human Rights Code (Department of Justice Canada, 2017).

While most studies have grouped LGBTQ older adults together, some distinguish between generations. Fredriksen-Goldsen et al. (2014b) identified three cohorts: the Baby Boom Generation (b. 1946–1964), the Silent Generation (b. 1925–1945), and the Greatest Generation (b. 1901–1924), while Rosenfeld (as cited by Cronin & King, 2010) differentiated between the ‘young-old’ (50–74 years) and the ‘old-old’ (75+ years). The baby boomers, who reached adulthood before the gay liberation movement, are said to have had greater access to positive representations of gayness, while many who are older have had to hide their sexuality or gender identity for survival (Brotman et al., 2015; Rosenfeld as cited by Cronin & King, 2010). I find the aforementioned approaches to generational differences among this population overly simplistic because they assume all individuals grew up in the US or in a similar Western context, and because they ignore that the gay liberation movement differentially benefitted segments of the LGBTQ population along the lines of race, class, gender, etc. (Brotman et al., 2015; Warner, 2002).

Care experiences and needs

A major theme in the literature is LGBTQ seniors’ experiences and perceptions of healthcare and social services and their resulting needs (e.g. Barrett et al., 2015; Fredriksen-Goldsen et al., 2013; Fredriksen-Goldsen et al., 2014a; Furlotte et al., 2016; Fredriksen-Goldsen et al., 2017; Grigorovich, 2016; Jones & Willis, 2016; Price, 2010; Westwood, 2016).

Researchers have called attention to a wide range of discrimination facing LGBTQ seniors, from overt hostility to covert hetero/cis-normative assumptions (Furlotte et al., 2016; Grigorovich,

2016; Jones & Willis, 2016; Price, 2010; Westwood, 2016). Service providers often do not broach the topic of sexual orientation or gender identity at all with seniors (Donaldson & Vacha-Haase, 2016; Fredriksen-Goldsen et al., 2014b; Portz et al., 2014). According to Brotman, Ryan and Cormier (2003), when this is “coupled with these clients’ need to remain invisible to protect themselves from discrimination, [it] promotes and reinforces a vicious cycle of oppression” (Brotman et al., 2003, p. 197). Common findings in the literature include LGBTQ seniors grappling with ‘coming out’ to health and social service providers and/or having to go back into ‘the closet’ when receiving formal care (Furlotte et al., 2016; Jones & Willis, 2016; Price, 2010; Westwood, 2016). Navigating identity disclosure has been found to be especially challenging for trans elders (Barrett et al., 2016; Fredriksen-Goldsen et al., 2014a; Jones & Willis, 2016). LGBTQ seniors may mistrust healthcare providers and avoid addressing their health concerns (Jones & Willis, 2016). Studies have pointed to health disparities – such as LGB older adults having a higher risk of disability and poor mental health than heterosexuals (Fredriksen-Goldsen et al., 2013), and transgender older adults having a significantly higher risk of poor physical health than cisgender older adults (Fredriksen-Goldsen et al., 2014a).

There is a subsection within the literature that looks specifically at residential needs and experiences (Jihanian, 2013; Stein, Beckerman, & Sherman, 2010; Sullivan, 2014; Sussman et al., 2018; Westwood, 2016). In addition to echoing the above findings, including fears around admission to nursing homes and managing disclosure, these studies also speak to the preference among some for LGBTQ-only seniors’ housing and/or communities (Stein et al., 2010; Sullivan, 2014).

Informal caregiving & support networks

A second theme in the literature is the unique caregiving issues and support networks of LGBTQ seniors (e.g. Barrett et al., 2015; Furlotte et al., 2016; Jihanian, 2013; Jones & Willis, 2016; Orel, 2017; Shiu, Muraco, & Fredriksen-Goldsen, 2016; Stein et al., 2010). Some studies have suggested that LGBTQ seniors face isolation – which may be related to ageism within LGBTQ communities and/or estrangement from biological families (Barrett et al., 2015; Jihanian, 2013; Stein et al., 2010). Others emphasize the importance of ‘chosen families’ – support networks that are not based on marriage or biological relation (Jones & Willis, 2016; Shiu et al., 2010). Some research has found significant diversity in kin relationships among LGBTQ older adults (Cronin & King, 2010; Fredriksen-Goldsen et al. 2017; Orel, 2017). The failure of, or need for, service providers to recognize and respect same-gender partners and chosen families has been well documented (e.g. Fredriksen-Goldsen et al., 2014b; Furlotte et al., 2016; Jihanian, 2013; Jones & Willis, 2016).

Cultural competency

A third theme in the literature is the need for LGBTQ culturally-competent services for seniors (e.g. Donaldson & Vacha-Haase, 2016; Croghan, Moone, & Olson, 2015; Fredriksen-Goldsen et al., 2014b; Jihanian, 2013; Jones & Willis, 2016; Moone, Croghan, & Olson, 2016; Portz et al., 2014). Studies have recommended that senior care providers develop knowledge and sensitivity around the particular needs of LGBTQ older adults, such as an understanding of their historical marginalization (Donaldson & Vacha-Haase, 2016; Fredriksen-Goldsen et al., 2014b; Jihanian, 2013; Jones & Willis, 2016). Studies have found that using inclusive language (i.e. avoiding assumptions of sexual orientation and gender identity on intake forms and in verbal communication), respecting preferred pronouns, acknowledging and involving same-gender

partners and chosen families, and providing visual cues of a Queer-positive space are among the strategies that help LGBTQ older adults feel comfortable receiving formal care (Croghan et al., 2015; Fredriksen-Goldsen et al., 2014b; Jihanian, 2013; Jones & Willis, 2016; Moone et al., 2016). Some scholars have noted the importance of hiring LGBTQ-identified staff (Jihanian, 2013; Croghan et al., 2015; Donaldson & Vacha-Haase, 2016).

Gaps in the Literature

As other scholars (Brotman et al., 2015; Cronin & King, 2010; Van Sluytman & Torres, 2014) have noted, existing research on LGBTQ older adults has largely failed to account for differences within this population. Most studies have involved predominantly, if not exclusively, white participants. Van Sluytman & Torres's (2014) content analysis confirmed LGBTQ seniors of colour are underrepresented in the literature. Indigenous Two-Spirit⁶ and/or LGBTQ older adults appear to be absent from the literature except for Harley's (2016) book chapter which pulled together information from research on the general older Indigenous population and on younger Two-Spirit people. Reflecting the findings of other scholars (Brotman et al., 2015; Finkenauer, Sherratt, Marlow & Brodey, 2012), my review of the literature also revealed that it is predominantly based on those who identify as gay or lesbian, with few, if any, trans or bisexual participants. In their systematic review of trans aging, Finkenauer et al. (2012) argued that research on trans and gender-nonconforming older adults often gets unhelpfully subsumed under the LGBT rubric and it also often fails to differentiate between the experiences of trans women and trans men.

⁶ Two-Spirit is an umbrella term used to describe Indigenous peoples "who fall outside dominant Eurocentric constructions of gender and sexuality" and to assert the spiritual and ceremonial roles that these peoples traditionally play in their communities (Driskill, 2010, p. 72).

The dominance of white lesbian women and gay men in knowledge construction has meant that what we know about LGBTQ older adults is based primarily on their needs and experiences. I question whether studies indicating the need for Pride-related programming and/or LGBTQ-identified staff (e.g. Jihanian, 2013; Croghan et al., 2015; Donaldson & Vacha-Haase, 2016) have adequately recognized people's differing and complicated relationships with these labels and communities. I am concerned that the marginalization of trans seniors, and racialized and Indigenous seniors within the broader, general literature on LGBTQ aging potentially means that issues of salience for these communities – for example, racism experienced by elders of colour (Woody, 2015), violence experienced by trans folks (Pyne, Bauer, Hammond & Travers, 2017), and settler colonialism experienced by Indigenous Two-Spirit communities (Greensmith & Giwa, 2013) – may go unaddressed.

Fortunately, researchers in the US have begun to address these gaps (e.g. Kim, Jen, & Fredriksen-Goldsen, 2017; Seelman, Adams, & Poteat, 2016; Woody, 2014; Woody, 2015). They point to important considerations when discussing LGBTQ aging and older adults. For example, Woody (2015) found that Black women in same-gender relationships perceive racism as more salient than ageism or heterosexism and may not identify with the label lesbian. In their study on mature Black lesbians, Seelman et al. (2016) found that preferred interventions for healthy aging included community building, non-Western, holistic approaches to wellbeing and economic supports. In Canada, research has emerged about racism and settler colonialism within the LGBTQ community (e.g. Giwa & Greensmith, 2012; Greensmith, 2014; Greensmith & Giwa, 2013), and about the distinct needs of racialized LGBTQ refugees (e.g. Lee & Brotman, 2013; Massaquoi, 2013). Massaquoi (2013) theorizes that the Western focus on the 'the closet' as a site of internalized homophobia is not compatible with Queer African refugees' experiences.

Collectively, these studies help to trouble the homogenizing of LGBTQ needs and identities but they have so far not specifically addressed the discursive construction of a LGBTQ elder nor LGBTQ cultural competency training in Toronto – this is where my work is original.

Epistemological issues

It is important to consider not merely *who* has been studied but also *how*. A number of the studies utilized data from closed-question surveys to distill complex personal experiences into statistics and they drew on standardized assessments to measure health outcomes such as depression and quality of life (Fredriksen-Goldsen et al. 2013, Fredriksen-Goldsen et al., 2014a; Fredriksen-Goldsen et al. 2017; Kim et al., 2017; Shiu et al., 2010). Chilisa (2012) argues that supposedly neutral, top-down research methods like these are based on Western biomedical perspectives that may not reflect the lived realities and worldviews of those researched. Even some qualitative, interpretivist studies (e.g. Croghan et al., 2015; Jihanian, 2013) emphasized their efforts towards objectivity and/or their systematic methods of data collection and analysis. Researchers rarely situated themselves in studies on LGBTQ older adults. Following Poon (2011), I am cautious to wholly embrace studies that fail to recognize the researchers' role in co-constructing the realities of participants' lives.

Attempts to theorize queer/trans aging, especially from a postmodernist framework, are lacking, with a few notable exceptions (e.g. Hughes & King, 2018; Kia, 2016; King, 2016). King (2016) applies queer theory to trouble the static category of 'older LGB adult' emerging within organizational discourse, which King argues ignores the discursive power of heterosexuality to order peoples' lives and identifications. Hughes & King (2018) examined the cultural scripts of LGBT aging and older people across British and Australian websites and found that they tended to fall into two opposite groupings – celebration and constraint – which the authors argued

oversimplified people's lived experiences. Kia (2016) applies Foucault's concept of governmentality to postulate that systems of surveillance (including elder care) render LGBTQ older adults simultaneously 'hypervisible' (by their distance from normative family-based care) and marginalized (as targets of control). While not eschewing the liberatory power that increasing LGBTQ visibility has for some, these scholars helpfully invite readers to consider how superficial LGBTQ inclusion policies and practices can also be misused in order to monitor and limit people's expressions of sexual and gender variance. While these scholars make passing mentions of intersectionality, they do not incorporate an analysis of race into their theoretical frame. This is where my work is needed – to put queer theory in conversation with critical whiteness studies at the outset of an analysis of queer/trans aging discourse.

CHAPTER 4. METHODOLOGY

Research Questions

This MRP is guided by the following central research question:

- How do modernist categorization and whiteness operate in the prevailing discourses on LGBTQ aging and older adults in Toronto?

To address this central question, the following secondary questions are worked through:

- How do modernism and whiteness play out in representations of LGBTQ aging and older adults in the sample of newspaper articles?
- How do these discourses get taken up in the context of long-term care provision in Toronto and how might this affect people?

Critical Discourse Analysis

This MRP uses the methodology of critical discourse analysis (CDA). Broadly speaking, CDA researchers examine how dominant ideologies are hidden in seemingly neutral language which serves to legitimize and sustain the status quo of social inequality (Wodak & Meyer, 2009). CDA emerged in the early 1990s in Amsterdam led by scholars Teun van Dijk, Norman Fairclough, Ruth Wodak, Gunther Kress and Theo van Leeuwen (Wodak & Meyer, 2009). CDA studies take various theoretical approaches and methods of data collection and analysis but share a set of common principles, including that they (1) focus on social problems, (2) are concerned with de-mystifying ideologies and structures of power through systemically investigating written, spoken or visual data, and (3) make clear the researcher's position while following scientific methodologies and being self-reflexive through the research process (Wodak & Meyer,

2009). CDA is not about critiquing discourses for the sake of it; it is about transforming society through freeing ourselves from unitary, harmful ways of thinking (Wodak & Meyer, 2009).

CDA as chosen as the methodology because this MRP is concerned with examining the social phenomenon of LGBTQ aging as it is commonly understood in Toronto. While there is a need for research on racialized and Indigenous LGBTQ older adults in Canada – which, through the use of other methodologies, could tell us about their experiences of aging – I am not the right person, as a white settler, to lead that kind of study. I also question whether that kind of study could be undertaken in a truly ethical and reciprocal way within the constrained parameters of this MRP process. In choosing my methodology, I wanted to avoid replicating research practices that are extractive and/or othering.

To the point about researcher transparency, I must acknowledge that my analysis in this MRP does not exist outside of discourse (Jager and Maier; 2009). As previously stated, I am a queer woman and I have my own relationship to queerness that is situated in this particular time and place and is shaped by my whiteness, relative class privilege, Western education, being cisgender, being in my 30s, and other intersections of my identity and ways in which I relate to the world. I am a non-senior working with and writing about seniors. Though I am pushing back on harmful discourses about old age, I am simultaneously implicated in systems that surveil older adults. I am a white settler; my parents settled in Canada easily through legal systems that facilitate both the displacement of Indigenous peoples from their traditional lands and restrictions on the entry of people of colour, which puts me in a relationship of colonial dominance with these communities (Lawrence & Dua, 2005). This is all to say that in engaging with a topic about queerness, aging and whiteness, I cannot separate myself from this topic.

Discourse analysis of any kind (including CDA) is sometimes questioned for issues of validity and reliability – questions which in and of themselves are ripe for analysis of their hidden value judgments about what constitutes research and knowledge (Cheek, 2004). However, following Cheek (2004), this MRP is “not necessarily aiming to seek closure in terms of producing the only possible reading” of the data (p. 1147). From a postmodernist perspective, after all, knowledge is always partial (Brown, 2012). To address the frequent issues raised with discourse analysis, this MRP produces a kind of a decision trail by clearly outlining my conceptual understandings of discourse and CDA and the theoretical framework of my analysis (Cheek, 2004).

Discourse analyst Kress (1985), employing a postmodernist perspective, defines discourse as “a set of possible statements about a given area, [which] organizes and gives structure to the manner in which a particular topic, object, process is to be talked about (p. 7). To that end, my use of CDA is about exploring what can be said or not said about LGBTQ aging and older adults in Toronto and whether and how this is being resisted.

My approach to CDA will be guided by Jager and Maier (2009) because they provide a clear methodology for analyzing media texts and helpfully use newspaper discourse as their guiding example. Their process begins with a structural analysis to identify typical content and vocabulary whereby “the newspaper’s discourse position begins to emerge” (p. 54). Then they move to a detailed analysis of typical discourse fragments, including looking for collective symbolism, argumentation and implications.

Data Collection

The first step in Jager and Maier's (2009) approach to CDA is to choose a phenomenon of interest and a particular discourse that it permeates through. In this MRP, the phenomena of interest are queerness and aging and the discourse is 'LGBTQ older adults' which were chosen for reasons already explained. Jager and Maier emphasize the researcher's need to determine their conceptual understanding of the phenomena in question. For me, this process was two-fold: (1) I undertook a thorough literature review and became familiar with existing knowledge on LGBTQ older adults, identifying dominant themes, approaches and discourses; (2) I read extensively on poststructuralism, critical race theory and whiteness studies, queer theory, and anti-colonialism to develop the theoretical framework of my analysis.

The second step is to choose a discourse plane, i.e. a "social location from which speaking takes place" (e.g. politics, the media, education, etc.) and a sector (for example, sectors in the media would include newspapers, magazines, television shows, etc.) (Jager & Maier, 2009, p. 49). For this MRP, the discourse planes chosen were (1) newspaper media (*Xtra*) as well as (2) a government-published seniors' services manual (*LGBT Tool Kit*). My choice of newspaper media is based on Richardson's (2007) argument that social values and social inequalities cannot be adequately understood "without reference to the formative influence of journalism" and, further, that the construction of news is entangled with the views and actions of (often powerful) social groups (p. 1). Every day, news media (re)produce "the official definition of reality" (Adam as cited by Mullaly, 2010, p. 98); therefore, this is a rich source of data to examine dominant discourses on LGBTQ aging. My choice of a government-published seniors' services manual was motivated by a desire to examine how dominant discourses on LGBTQ aging and older adults get taken up by social service providers which is of particular relevance to

the social work profession and, by extension, to this MRP. In this way, this MRP establishes the interrelationships of dominant discourses, news media and social practices (Richardson, 2007).

The next step in Jager and Maier's (2009) approach to CDA is to delineate the materials for analysis. The newspaper *Xtra* was chosen because it bills itself as Canada's leading LGBT news source and each month over 225,000 readers visit its online site ("About Xtra," n.d). Founded in 1984 as a side project of *The Body Politic*, a Toronto-based newspaper that had played a central role in the gay liberation movement, *Xtra* soon eclipsed the popularity of its predecessor (Pink Triangle Press, 2014). Though *Xtra* spawned offshoots in Vancouver and Ottawa (Pink Triangle Press, 2014), this MRP focuses on its Toronto-published content. My search was limited to articles published between January 1, 2014 and December 31, 2016 by *Xtra (Toronto)* for a few reasons: (1) to establish the dominant discourses circulating in Toronto prior to the publishing of the *LGBT Tool Kit* in 2017 and (2) to make the study feasible within the time constraints of my MRP. While this may seem to be a relatively small window of time, Jager and Maier (2009) stress that "the arguments and contents that can be read or heard about a particular topic [...] at a particular time in a particular social location are amazingly limited" (p. 51). The sample of articles also covers a (discursively) critical time in Canada, as the 2016 census marked the first time that seniors (65 years and older) outnumbered children (14 years and younger) (Statistics Canada, 2017).

It was important to focus on *Xtra*'s Toronto-published content to ground the analysis within the local context, including racial makeup, of this city. Given that this MRP is looking at issues of race through my use of critical whiteness studies, it is of relevance that as of 2016, over half of Toronto identified as belonging to a visible minority group (City of Toronto, 2017). Two-thirds of seniors in the Greater Toronto Area are immigrants and 82% of those who have lived in

Canada 20 years or less are racialized (Um & Lightman, 2017). There are approximately 55,00 Indigenous people in Toronto (Rotondi et al., 2017), which is on the traditional lands of the Mississaugas, the Anishinaabe, the Haudenosaunee and the Huron-Wendat (Freeman, 2010). Erasure of racialized and Indigenous elders takes on a particular meaning within this context.

Collecting data from *Xtra* for the chosen time period had to involve searching both its print newspaper as well as its online site. *Xtra*'s print newspapers were joined by its internet website in 1998; they published content alongside each other until February 2015 when *Xtra* went entirely digital (Pink Triangle Press, 2014; *Xtra*, 2015). Though *Xtra*'s website covers national news, it continues to publish local content – i.e. they have a Toronto page.

The database *LGBT Life with Full Text*, accessed through Ryerson University's online library, was used to search for articles in *Xtra*'s print newspaper between January 1, 2014 to February 19, 2015 when it went out of print. My search terms were: senior, aging, elderly, elder, aged, older adult. To collect articles published online, *Xtra*'s website (www.dailyxtra.com) was used; it files articles under topic and location tags. I collected articles published between January 1, 2014 and December 31, 2016 that were filed under the topic "Aging and Seniors" and the location of Toronto. It should be noted that just because an article is filed under Toronto does not necessarily mean that it features a story that takes place in Toronto; the article may feature a story from elsewhere but its content has been deemed relevant to Toronto readers – sometimes articles are tagged with more than one location. This use of topic and location tags was the data collection process that best supported data reliability and study feasibility. I initially tried to use the website's search interface to search key terms but it yielded results that were far-flung, untrustworthy and would have been too exhaustive to cull through. For example, using the search term aging yielded results that included articles containing words such as managing, raging, etc.;

searching elder yielded an article containing the word midfielder; searching older adult yielded articles containing terms such as stakeholder and older teenager. I tracked these search results and all of my decisions and justifications about inclusion/exclusion criteria on a spreadsheet on *Google Sheets* which became my audit trail. Ultimately, the use of articles tagged under “Aging and Seniors” and Toronto as a discursive sample for this MRP had the strongest logic of the available data collection processes. For these articles, text and still images were included in my analysis; any embedded videos on website articles were excluded (there was only one article that this applied to) because they are outside of the chosen discourse sector.

The other discursive sample chosen, the *LGBT Tool Kit*, is an updated version of a tool kit that was first published in 2008 (City of Toronto LTCHS, 2017). City of Toronto Long-Term Care Homes & Services (LTCHS) was one of the first nursing home providers in North America to designate and support a home to become LGBT-friendly and to publish a LGBT cultural competency tool kit (City of Toronto LTCHS, 2017). The 2017 refreshed and revised tool kit is intended to share their learnings about delivering inclusive care (City of Toronto LTCHS, 2017). The *LGBT Tool Kit* was chosen firstly because it is the culmination of work by key local producers of LGBTQ aging discourse, with its contributors including leading Toronto-based LGBTQ agencies and consultants in addition to managers, staff and service users from the City of Toronto LTCHS. Secondly, its publisher (City of Toronto LTCHS) has an expansive service reach: it operates 10 long-term care homes (2641 beds) and provides extensive supportive housing services, adult day programs, homemaking and nursing services, and meal delivery (City of Toronto LTCHS, 2016). The *LGBT Tool Kit* therefore provides a strong example of how this topic is being taken up by service providers. The sample chosen to analyze from the tool kit is the section entitled *Social and Cultural Competency* (p. 18-34). This is the most content-heavy

section and the most relevant to my research question about how LGBTQ aging discourses are operationalized in long-term care provision. This sample is a goldmine for implementation discourse. The choice of this sample also facilitates a data analysis that is focused, feasible and local; the entire tool kit is 72 pages, 28 of which are appendices with many links to external information that would go beyond the scope of this study. For my chosen sample, text and still images were included in my analysis; links to external websites were excluded.

Data Analysis

After collecting my data, I loosely followed Jager and Maier's (2009) steps of data analysis; the authors state that these steps do not have to be rigidly adhered to. I began with a structural analysis of the twelve total *Xtra* articles. First, I compiled a list of all of the articles into a new spreadsheet on *Google Sheets*. In the first column, I listed the articles' headings. The second column was to document any images accompanying the articles and the third was for subtopics, keywords and phrases. I then read all of the articles, which I had printed, and made notes in the margins on the images, subtopics, key words and phrases that came up. I inputted these margin notes into the spreadsheet (i.e. under the second and third columns in their corresponding row). Next, in a separate spreadsheet tab, I listed all of these subtopics and key words and sorted them into groups (what Jager and Maier call discourse fragments) through painstaking manual tabulation. I then went back to the articles, which I printed on paper, and colour-coded key words and phrases according to these discourse fragments. This is where the newspaper's discourse about LGBTQ older adults and aging began to emerge. Through these steps, three discourse fragments that were frequent and focused on were identified, which I called (1) Closeted versus out and proud; (2) A homogenous population; and (3) The need for LGBTQ sensitivity training and LGBTQ senior homes. With this identified, I then went back to

the articles and chose articles that represented a high level of typicality for the newspaper – i.e. they spoke to these three dominant discourse fragments – to be used for a detailed analysis. These articles were Costa (2014), Irwin (2015); Lewis (2014a), Lewis (2014b), Lewis (2014c), Mann (2016) and Owen (2014).

The detailed analysis of the chosen articles involved examining and documenting argumentation strategies, underlying logic, implications, symbols, sayings and clichés (Jager & Maier, 2009). In this analysis, I did not simply document that, for example, a particular photograph is used, but I asked myself: what does the use and placement of this photograph mean and imply based on my theoretical lens? The final assessment, presented in the next chapter, involved pulling together the findings from the structural analysis and the detailed analysis (Jager & Maier, 2009).

For my analysis of the *LGBT Tool Kit*, I modified the above methods slightly as this data source obviously does not involve newspaper articles. I still followed the basic guide of first a structural analysis and then a detailed analysis. The structural analysis involved reading the sample section and making preliminary notes in the margins on subtopics, images, key words and phrases. I then compiled these margin notes into a spreadsheet on *Google Sheets* and sorted them into groups (discourse fragments) manually. I then went back to the text to complete a finer analysis, which meant highlighting lines of argumentation, symbols, implications, sayings and clichés that reproduced these dominant discourse fragments.

CHAPTER 5. FINDINGS

Newspaper Discourse

A total of 12 articles from *Xtra* fit my search criteria and were collected for a structural analysis (see Appendix A for the list of selected articles). Eleven of the articles were reportage and one was an opinion piece. Ten of the 12 articles focused on or referenced LGBTQ older adults and they covered the topics of LGBTQ-friendly senior care and homes (Costa, 2015; Irwin, 2015; Mann, 2016), emerging research about LGBTQ seniors' needs (Lewis, 2014a; Lewis, 2014b; Lewis, 2014c), films that portray stories of aging queers (Dupuis, 2016; Prendergast, 2014), Pride activities for seniors (Owen, 2014) and a fundraiser for a queer seniors' group (Willard, 2014). Two of the articles made reference to non-queer seniors and aging: these were a chronicling of the history of The 519 community centre (Salerno, 2014), and an interview with a famous singer discussing gendered ageism in the entertainment industry (English, 2014). Seven 'typical' articles underwent an additional detailed analysis: Costa (2014), Irwin (2015); Lewis (2014a), Lewis (2014b), Lewis (2014c), Mann (2016) and Owen (2014). This chapter is a culmination of both the structural and detailed analysis.

Despite the thematic variation of the articles, through my data analysis, I identified three typical discourse fragments which sometimes overlapped. First, there was a portrayal of the LGBTQ older adult as closeted and scared, which was juxtaposed against the rarer out and liberated elder. Second, there was a construction of LGBTQ older adults as a homogenous population. Third, there was a strong articulation for the need for LGBTQ sensitivity training in senior care and LGBTQ-focused senior homes.

Closeted versus out and proud

The most frequent characterization of the LGBTQ older adult in the articles was that of someone who is closeted or is fearing having to retreat to the closet and/or detransition when they accept senior care, particularly admission to long-term care. Among the 12 articles, there were eight references to the closet – a vivid metaphor for secrecy and shame within a Euro-Western paradigm – as well as phrases describing LGBTQ seniors as “often frightened and alone” (Costa, 2014, para. 9), “invisible” (Irwin, 2015, p. 3) or feeling unsafe to disclose (Mann, 2016). One article featured commentary from a senior expressing her fears:

Donna Belle, 70, is concerned about living out the rest of her life in a facility that fails to respect her gender identity. “I don’t think about the future that much,” she says. “It scares me. I don’t want to have to go back in the closet in a care home.” (Lewis, 2014c, para. 17)

Some articles contextualized this closeting with accounts of homophobic straight residents in long-term care homes (Lewis, 2014a; Lewis, 2014c). For example, Lewis (2014a) shared the following opinion from sexual health expert Maureen McGrath: “Many gay and lesbian seniors may feel forced to retreat back into the closet in care facilities where their straight peers aren’t welcoming” (para. 3). Other articles blamed lack of LGBTQ-sensitivity in senior care (Costa, 2014; Irwin, 2015; Lewis, 2014a; Lewis, 2014c; Owen, 2014). For example, Owen (2014) wrote “Administrator Lorraine Siu says it upsets her when she hears that LGBT people are scared to move into long-term care because of the reputation it has for forcing queer people back into the closet” (para. 10). Owen later wrote that “only half the homes in Toronto have received updated training since 2008, and while [the two designated queer-friendly homes] have integrated it, [Heather Bain, older LGBT community worker] knows others have not” (para. 12). Some articles wrote about closeting in relation to lingering effects of historical experiences of

overt discrimination (Costa, 2014; Lewis, 2014c; Mann, 2016). For example, Lewis (2014c) interviewed Dana Parker, executive director of a British Columbia queer resource centre, and reported: “Parker notes that seniors who came of age in an era where homosexuality was still criminal or considered a mental illness are especially likely to stay closeted or return to the closet when they go to a seniors’ home” (para. 16).

The closeted senior was sometimes constructed in opposition to an ‘out and proud’ elder. Two articles featured the story of a gay man, Alf Roberts, who was closeted before moving into Fudger House, a queer-friendly long-term care home in Toronto at 80 years of age (Mann, 2016; Owen, 2014). One article described Roberts as “completely open about his sexual orientation for the first time in life” (Mann, 2016, para. 13) and both highlighted his leadership role organizing Pride-related activities in the home (Owen; 2014; Mann, 2016). Both articles were accompanied by a photograph of Roberts, who is white. The first article’s photograph featured him smiling as he sits at a piano framed with a caption of his coming out story (Owen, 2014). The second featured him at Fudger House’s 50th anniversary party, again smiling, flanked by Toronto’s mayor and a city councillor; he appears to be participating in the ceremonial cake cutting (Mann, 2016). The emphasis on Roberts’s coming out story, images of his smiling face symbolizing happiness, the centering of Pride and celebration, multiple uses of the word ‘open’ to describe him now, and the proximity to power conveyed through the presence of the politicians all work together to imply a progression to liberation. Owen (2014) reported the following:

Roberts, who was a church organist in Toronto for more than 50 years, came out of the closet shortly after moving into Fudger House four years ago. Now, he is head of the home's Molly Wood Social Club, a group dedicated to LGBT topics and activities. "Coming here really opened me up," Roberts says. "When people asked me about being gay years back, I would say, 'I am what I am,' and now I say, 'Yes, I'm gay.'" (para. 7)

Here there was perhaps a slight pushing back on dominant discourses in that Roberts was not saying that he used to be ashamed or in denial. At the same time, given that the story framed his coming out as celebratory, there was still an insinuation that being in a nonlabelled space – ‘I am what I am’ – is inferior to the legible identity category of gay.

The juxtaposition of closeted/out was also found in Irwin’s (2015) opinion piece “What Fudger House means for queers” in which the writer appealed for the home to remain open amid news that it will be shut. Irwin described the positive experience of placing parents in Fudger House ten years ago: “signs of queer visibility hung on the walls. I felt represented. Queer residents and staff were visible” (para. 8). This was in contrast to Irwin’s description of a typical long-term care home: “Do you want to live in an institution where everyone is straight and you’re invisible?” (para. 4).

Articles conveyed the ‘out and proud’ narrative through other means too. An article entitled “Empowering the Elderly,” about improving end-of-life preparedness among LGBTQ seniors, was accompanied by a photograph of an older smiling white woman, attending what looks to be a Pride parade, holding up a sign and wearing a rainbow floral wreath (Lewis, 2014a). The word ‘empower’ next to this image connoted an openly queer liberated subject. Lewis’s (2014c) article about new research on improving care for LGBTQ seniors included an anecdote about a seniors’ home that implemented LGBTQ sensitivity training and “one staff member even came out to fellow coworkers” (para. 4). Given that the article implicitly promoted LGBTQ sensitivity training, by emphasizing arguments in favour of it, this anecdote insinuated that coming out is an inherently positive outcome.

Among the 12 articles, there was only one instance where identity categories were explicitly questioned. In Prendergast’s (2014) short writeup on a documentary about a dance

troupe of aging gay men, trans women and drag queens, the author remarked that the film makes viewers ponder “What is love?” and “what is gay?” (para. 2).

A homogenous population

The *Xtra* articles predominantly treated LGBTQ older adults as a singular community with shared needs. This was implied through comparisons to straight seniors. One headline, for example, read “Are gay seniors lonelier than straight ones?” (Lewis, 2014a). Another article, regarding research by gerontologist Brian de Vries on LGBTQ seniors’ end-of-life planning reported that “De Vries says aging LGBT people dread death as much as heterosexual seniors” (Lewis, 2014b, para. 5). The article went on to state that what differentiates LGBTQ seniors from their straight counterparts is that they do not have the “[s]tandard heterosexual family models” to default to – i.e. children and spouses to handle their affairs (Lewis, 2014b, para. 10). These comparisons to straight seniors convey that the defining factor of LGBTQ seniors’ experiences of aging is their queerness.

The homogenizing of LGBTQ older adults was conveyed through catchall phrases such as “LGBT issues” (Costa, 2014, para. 7), “the needs of LGBT seniors” (Lewis, 2014c, p. 5), “the needs of queer people who are 50 years and older” (Willard, 2014, para. 2), “gay issues” (Lewis, 2014c, para. 10) “the needs of gay seniors” (Lewis, 2014a, para. 14), “the LGBTQ community” (singular) (Lewis, 2014b, para. 10). Among these shared needs and issues were loneliness and isolation (Costa, 2014; Irwin, 2015; Lewis, 2014a). In the article “Are gay seniors lonelier than straight ones?” Lewis’s (2014a) opening statement was “Gay and lesbian seniors experience more isolation and loneliness in residential care facilities than their straight counterparts because of a lack of acceptance, education and lower intake numbers, local health experts say” (para. 1). Lewis quoted sexual health expert McGrath: “‘It’s the loneliness factor. It’s tremendously

negative,’ she says” (para. 4). Lewis also spoke to Alan Herbert, the creator of a gay seniors group, who “thinks the rate of loneliness among gay seniors is particularly high” (para. 8). In Irwin’s (2015) piece, after detailing the distressing experiences of an older trans friend navigating the healthcare system, Irwin described the friend’s current predicament in these terms: “She is now the lone queer in a straight nursing home” (para. 7).

A related issue highlighted by the articles was that of having no partner or children and/or being away from chosen family in senior care (Costa, 2014; Irwin, 2015; Lewis, 2014a; Lewis, 2014b). Quoting De Vries, Lewis (2014b) reported that ““in the LGBTQ community, the majority, especially gay men are without a partner and children at the end of life”” (para. 10). Lewis (2014a) quoted McGrath as stating ““One of the biggest issues is that a lot of queer seniors may go into a home without a partner”” (para. 2). Costa (2014) interviewed Steven Little, manager of education and training at The 519, and wrote “Little says many LGBT seniors feel disconnected and isolated from their community as they age. Life in care facilities, where they may not have access to their ‘chosen family,’ amplifies that feeling” (para. 10). A couple of articles mentioned the need for intergenerational connections (Owen, 2014; Willard, 2014).

Poor-end of life planning – i.e. not appointing a power of attorney or preparing a will – was a problem noted by both Irwin (2015) and Lewis (2014b). Irwin (2015) wrote “My friend was stuck in hospital for six months. With no power of medical or legal attorney, she became a ward of the state. She lost everything she owned but some pictures and books” (para. 7).

A commonly cited issue was discrimination in senior care on the basis of gender identity or sexual orientation (Costa, 2014; Irwin, 2015; Lewis, 2014a; Lewis, 2014c; Mann, 2016; Owen, 2014) and negative health outcomes (Lewis, 2014a; Lewis, 2014b). In Mann’s (2016) article about Fudger House, the following was reported:

“As residents and staff at this home identified several years ago, many LGBTQ seniors did not consistently feel safe in disclosing their sexual identity or orientation due to fear of discrimination,” said Reg Paul, general manager of Toronto’s long term care homes and services division. (para. 10)

Owen (2014) reported the following:

Bain says serious issues exist for LGBT people in care facilities, such as staff members misgendering trans people and avoiding physical contact with HIV-positive residents. "Seniors shouldn't have to hide their favourite photo or feel anxiety from having a partner come to visit." (para. 11)

As the above quotations demonstrate, the above issues were mostly generalized to the entire community. Disclosure of gender identity and sexual orientation was, for example, collapsed into one issue in Mann’s (2016) piece. When more specific experiences or anecdotes were brought forward, it was mostly about gay men and, to a lesser extent, lesbian women. There were, for example, the stories about Roberts previously mentioned (Mann, 2016; Owen, 2014). There were also references to the losses gay men experienced during the HIV/AIDS epidemic of the 1980s and 1990s (Lewis, 2014a; Lewis, 2014b). Lewis (2014b) wrote “with the success of antiretroviral drugs in the last 20 years, gay men have started talking about aging again” (para. 6). Lewis described De Vries’s previous research on “end-of-life needs for LGBT seniors in Palm Springs, where a significant proportion of the population is gay and lesbian” (para. 9). The conflation of gay men’s needs with those of all LGBTQ communities was implied in Mann’s (2016) article about Fudger House where Roberts lives. Mann wrote that “many credited Roberts with making the long-term care facility even more open for LGBT residents” (para. 5) and quoted the home’s administrator saying ““I’m very fortunate at Fudger House that Alf is really our spokesperson”” (para 8).

Among the 12 articles, there were only three instances where the specific barriers that trans seniors face were highlighted. Owen (2014) mentioned that misgendering occurs in seniors’

homes (see quotation above on p. 33). Irwin's (2015) recounted how, following a heart attack, an older trans woman was hastily taken "off of estrogen – cold-turkey" by a doctor (para. 5). Costa (2014) noted that "while lesbian, gay and bisexual seniors have seen tremendous gains in their lifetime, trans seniors are still largely grasping for similar glory" (para. 12). These references to trans seniors were not, however, teased out along the lines of gender (i.e. the differences between trans women, trans men, gender-nonconforming folks, etc.), race, class or other intersections.

None of the articles discussed issues of racism, poverty, colonialism, indigeneity, sexism, citizenship/immigration status or (non-aging related) disability in the lives of LGBTQ seniors today. There was only one instance where gendered ageism was discussed but it was in the profile of a non-queer famous singer (English, 2014). In Salerno's (2014) article on The 519, there were allusions to intersecting oppressions – e.g. through passing mentions of a homeless drop-in and a queer refugee group – but again they were not connected to any discussion of LGBTQ seniors today. Every article that was accompanied by a photograph featured the image of persons who appeared white. There was only one article that explicitly acknowledged the existence of racialized LGBTQ seniors and disabled queers – Willard's (2014) report on an upcoming fundraiser for a queer seniors' group stated that it would "feature such presentations as Connecting Through Kuwento: Conversations of Younger and Elderly Queer Filipinos, and Hidden Rainbow: Queers with Disabilities" (para. 4).

The implication that LGBTQ older adults are a homogenous community was most potently illustrated in Irwin's (2015) plea to keep Fudger House open: "If 10 percent of the population are known queers, why can't our community be given the same consideration as ethnic and religious communities?" (para. 10). This competitive positioning against 'ethnic'

(coded language for non-white) communities had the effect of erasing those who are both LGBTQ and racialized.

The need for LGBTQ sensitivity training and LGBTQ senior homes

Half of the 12 *Xtra* articles implicitly or explicitly promoted LGBTQ sensitivity training in senior care and/or designated LGBTQ senior homes as the key strategies to improve quality of life for LGBTQ older adults. Articles reported on the need for “more education around the needs of gay seniors” (Lewis, 2014a, para. 14) and “guidelines for caring for gay seniors” (Lewis, 2014a, para. 8). Lewis (2014c) interviewed a senior who “thinks LGBT sensitivity training should be mandated as part of care aid certification” (para. 18). Two articles wrote positively about the LGBT tool kit created by the City of Toronto for its long-term care homes (Mann, 2016; Owen, 2014) “to help seniors’ homes become more inclusive to queer and trans people” (Mann, 2016, para. 10). One of them, however, reported that outside of Toronto’s two designated queer-friendly homes, the tool kit still needs to be implemented more consistently (Owen, 2014).

As for what constituted LGBTQ-friendly care, articles wrote about creating safety for seniors to be/come ‘out’ and/or to be free from homophobic comments or attitudes (Costa, 2014; Irwin, 2015; Lewis, 2014c; Mann, 2016; Owen, 2014). Owen (2014) wrote:

For one, LGBT seniors in these facilities should be free from exposure to negative language or behaviour from other residents and staff. Their partners should feel accepted in that environment. They should not have heteronormative assumptions about their gender identity or sexual orientation imposed on them. LGBT seniors should not feel the need to go back into the closet or detransition, and they not have to worry about having services denied or facing any kind of discrimination. (para. 9)

Acceptance of same-gender partners and/chosen family was also mentioned (Costa, 2014; Lewis, 2014c; Irwin, 2015; Owen, 2014). Lewis (2014c) quoted a senior as stating “‘If a gay couple

want to kiss at the breakfast table in front of staff at a care home, then they should be able to” (para. 19).

Other aspects of inclusive care noted were presence of openly LGBTQ volunteers, residents and staff (Costa, 2014; Irwin, 2015) and Pride events and displays (Irwin, 2015; Mann, 2016; Owen, 2014). Mann’s (2016) article about Fudger House included this statement, in which Roberts reflects on his past and present: “‘People weren’t as open as they are now,’ [Roberts] says. ‘Even at a job you had to be careful.’ But it’s different at Fudger House. He points to the annual Pride flag raising and barbecue” (para. 14-15). There were two references to sensitive care for those aging with HIV (Irwin, 2015; Owen, 2014). Lewis’s (2014c) article covered a report by a queer Vancouver-based resource centre that

recommends that all intake workers be trained to ask seniors about their sexual orientation and gender identity so they can place them in more welcoming facilities. It also recommends that LGBT seniors get more than the usual 48 hours to ensure that any bed offered to them is in a facility where staff have been trained to meet their needs. (para. 2).

Although the recommendations were rejected, the report’s publisher is hoping that “‘by increasing visibility of the issue, folks will start to pay attention and hopefully start a dialogue around what can be done for seniors and where we can get support’” (para. 15).

The need for designated LGBTQ senior homes was implied in some articles through commendation of Toronto’s two queer-friendly long-term care homes (Irwin, 2015; Mann, 2016; Owen, 2014). Owen (2014) wrote this about True Davidson Acres: “Although Pride is still weeks away, this facility acknowledges its residents’ diversity year-round as one of Toronto’s designated queer friendly retirement homes;” Owen described its visual cues of inclusion, including a Pride flag and ‘positive space’ stickers (para. 1). In Mann’s (2016) article about Fudger House, the headline in and of itself carried praise: “How a queer friendly senior home

helped an 80-year-old come out.” In Irwin’s (2015) opinion piece “What Fudger House means for queers,” the writer referred to the home as “our space” (para. 2). Irwin (2015) wrote about the significance of Fudger House’s proximity to Toronto’s gay village on Church Street:

[T]he ones they’re touting as queer-friendly now are on Kipling Avenue or Dawes Road. Nothing against Kipling Acres or True Davidson, but they are hardly a stone’s throw from Church Street and not close enough for residents or friends who might like to visit

Proximity to a historically gay village was also referenced as a welcoming factor in an article by Lewis (2014a) regarding a seniors’ residence in Vancouver. Queer-friendly homes were also described as those with strong ties to prominent LGBTQ organizations (Costa, 2014; Owen, 2014).

Most of the articles wrote about integrating LGBTQ awareness into existing models of aged care, especially long-term care, with few exceptions. Costa’s (2014) article about The 519’s initiative to improve long-term care for LGBTQ seniors stated that it would “also look at in-home care and other care options” but there was no further elaboration (Costa, 2014, para. 4). There were fleeting glimpses of alternative narratives of aging. One article, for example, wrote about an intergenerational dance party that incorporated a hands-on art project (Willard, 2014). Another article featured an aging dance troupe at the centre of a documentary (Prendergast, 2014). There was a short writeup on a film about an “aging leather daddy” revisiting the park where he spent his younger years cruising (Dupuis, 2016, para. 5). Lewis (2014a) referenced the importance of sexual relationships and non-sexual intimacy among seniors though did not explore this in any depth.

The Implementation Discourse

The *Social and Cultural Competency* section of the *LGBT Tool Kit* by City of Toronto Long-Term Care Homes & Services (2017) was analyzed as a sample of implementation

discourse (see Appendix B). The sample section was made up of the following subsections: (1) “Terminology” in which terms regarding sexual orientation, gender identity and related phobias were defined; (2) “LGBTQ2S Older Adults Today” which summarized the needs of the population based on recent research; and (3) “Being an Ally” which outlined strategies for operationalizing LGBTQ2S cultural competency. Through my analysis, two dominant discourse fragments were identified which often overlapped and reinforced each other. First, there was an emphasis on capturing the needs of LGBTQ2S older adults and mastering the right lingo. Second, issues facing LGBTQ2S older adults were constructed as a matter of individual attitudes and behaviours.

Knowledge of the other

Of the 16 pages of content in the sample section, 10 of them dealt almost exclusively with understanding the culture, language and needs of LGBTQ2S older adults. Although there is one acknowledgement that “Terminology is fluid” and “tends to evolve over time” it is followed by a set of neat tables that organize terminology regarding sexual orientation and gender identity. “Appropriate term[s]” (such as lesbian, gay, trans, heterosexual) were listed and described (City of Toronto LTCHS, 2017, p. 19-22). In the table on gender identity, the ‘appropriate’ terms sat opposite a column of “Inappropriate/Invalid term(s)” such as ‘transvestite,’ ‘transgendered,’ etc. (City of Toronto LTCHS, 2017, p. 20-22). Some terms were marked with an extra label of ‘offensive.’ In the “Terminology” section, descriptions of LGBTQ2S sexualities and identities were presented first, decontextualized from any discussion of hetero/cissexism; it was not until the end of the section that biphobia, homophobia and transphobia were defined.

The subsection entitled “LGBTQ2S Older Adults Today” outlined information about the characteristics of the population, echoing familiar themes: fears of discrimination from healthcare providers, nondisclosure of identity, smaller support networks, concerns about later life finances, interest in LGBT-only housing, etc. This section drew almost exclusively from a 2014 US-based report on LGBT seniors; it was unclear if any Two-Spirit elders informed this research. The only explicit reference to intracommunity racial or cultural differences in the entire sample was in the definition of Two-Spirit which it called a “traditional Aboriginal term” (City of Toronto LTCHS, 2017, p. 23). The definition was followed by a link to a YouTube video about “Native American” Two-Spirit people (not included in this analysis); otherwise distinct issues faced by Two-Spirit elders were absent from the sample.

In the subsection “LGBTQ2S Older Adults Today” there was a sizeable part entitled “Back to the Closet?” (written in bold letters) which described the “invisibility of LGBTQ2S residents and clients in health care and the still prevalent ‘don’t ask, don’t tell’ dynamic” (City of Toronto LTCHS, 2017, p. 25). This part also stated that for LGBTQ2S older adults today “the overt discrimination from the past has been replaced by a pervasive atmosphere of silence” (Brotman et al. cited by City of Toronto LTCHS, 2017, p. 26). Fear of being forced back into the closet when accepting senior care was described as a “a key concern for older LGBTQ2S persons” (City of Toronto LTCHS, 2017, p. 26).

In the subsection “Being an Ally,” allyship was described as “putting your LGBTQ2S cultural competency to work” – in other words, putting your knowledge of the other to work. The first item under the “Top Ten Tips for Being an Ally in the Workplace” was to “[g]et to know the issues. Make time to speak to your LGBTQ2S colleagues, friends and family and find out about their experiences. They will have ideas about how your workplace can be made more

LGBTQ2S-friendly” (City of Toronto LTCHS, 2017, p. 29). The second tip suggested “Make it personal. Talking about experiences of your own, about LGBTQ2S family members and friends you have, or stories that queer colleagues have shared with you (check with them first!) can help others understand why it’s important” (City of Toronto LTCHS, 2017, p. 29). The fourth tip suggested to “Ask for help” when needed and stated “if you’re taking a positive step you’ll find that LGBTQ2S individuals are happy to answer your questions” (City of Toronto LTCHS, 2017, p. 29).

There were two pages in the sample devoted to outlining “How to Talk about Sexual Orientation” and “How to Talk about Gender Identity and Gender Expression” (City of Toronto LTCHS, 2017, p. 32-3). Once again laid out in a table format, these pages provided “a review of the most currently acceptable terminology” (City of Toronto LTCHS, 2017, p. 33). The first column listed “Terms to use,” (e.g. “openly gay”), the second column listed “How to use” them, and the third listed “Terms to avoid” (e.g. “He admitted he was gay”) (City of Toronto LTCHS, 2017, p. 33-4).

Individual attitudes and behaviours

A second discourse fragment running through the *Social and Cultural Competency* section of the *LGBT Tool Kit* was that of individualization. Nowhere was hetero/cissexism or hetero/cisnormativity named. Discrimination on the basis of gender identity and sexual orientation was attributed to individual phobias – i.e. “misinformation and fear of difference” – and reduced to individual acts – e.g. “stereotypes” and “negative attitudes and behaviours” (City of Toronto LTCHS, 2017, p. 23-4). Three phobias – biphobia, homophobia and transphobia – were defined along these lines. Homophobia was described as being based on “irrational disgust, hatred, fear, repulsion or discomfort towards gay and lesbian people” (City of Toronto LTCHS,

2017, p. 24). Transphobia was described as “emotional disgust, fear, anger or discomfort felt or expressed towards people who do not conform to society’s gender expectations” (Rainbow Health Ontario as cited by City of Toronto LTCHS, 2017, p. 24). In this section of the tool kit, these phenomena were presented not in any context of history or power relations; the strongest phrase used to describe discrimination against LGBTQ2S older adults was “pervasive social stigma” which was only used once (City of Toronto LTCHS, 2017, p. 27).

Because the problems facing LGBTQ2S older adults were attributed to individuals lacking “accurate information about human sexuality” and their fears of “what they don’t understand,” the strategies for change were individualized too. In addition to learning accurate information about LGBTQ2S identities – as explained in the previous finding regarding knowledge of the other – the “Being an Ally” section predominantly covered interpersonal communication. The following statement conveyed the primary role of allyship as one of engaging in difficult conversations:

When considering what it means to be an LGBTQ2S ally in consultations to develop this Tool Kit, LTCHS staff and management expressed a consistent question:
“How do I talk about sexual orientation, gender identity and gender expression to people who are challenged (uncomfortable) by LGBTQ2S identities?” (City of Toronto LTCHS, 2017, p. 30)

This statement was followed by a section on “How to Have Challenging Conversations,” then “How to Talk about Sexual Orientation” and finally “How to Talk about Gender Identity and Gender Expression.” The phrase ‘challenging conversations’ occurred three times in the section. There were suggestions to listen “non-judgmentally,” “[r]emain calm and assume good intentions” and talk with a “non-judgmental tone and facial expression” (City of Toronto LTCHS, 2017, p. 31).

Under the “Top Ten Tips for Being an Ally in the Workplace,” suggestions included “make clear public statements about the importance of LGBTQ2S equality” (City of Toronto LTCHS, 2017, p. 29). Further, “[a]s a leader being visible and saying ‘LGBTQ2S equality at work is important’ can powerfully affect the culture and tone within an organization” (City of Toronto LTCHS, 2017, p. 29). Even when there was an acknowledgement that talking alone was insufficient, the text only went as far as suggesting vaguely-defined behavioural changes:

Put words into practice. Whether you’re a CEO or a line manager, people watch you and take cues from your behaviour. Don’t simply talk about LGBTQ2S, challenge homophobic/biphobic/transphobic behaviour, become an ally or sponsor of the network group and attend events like Pride. (City of Toronto LTCHS, 2017, p. 29)

Another tip for being an ally stated that “you need only reflect on your own personal values. Ask yourself, and your colleagues, how would you like to like to be treated at work?” (City of Toronto LTCHS, 2017, p. 29). Here, again, the work ended at the level of the personal. Further, there was an emphasis on ‘equality’ and sameness that appeared disconnected from history and relations of power. The word ‘equality’ was used eight times in this section.

CHAPTER 6. DISCUSSION

The above findings reveal that Toronto's recent discourse on LGBTQ aging is homogenizing, white-centered and depoliticized. The following chapter will discuss these findings through a postmodernist, queer and critical whiteness lens beginning with the newspaper discourse and followed by the implementation discourse.

Newspaper Discourse

Modernist categories permeate *Xtra's* discourse on LGBTQ older adults and aging. The hierarchical dualism of closeted/out and the totalizing comparisons between queer seniors and straight seniors reinforce simplistic and static dichotomies of oppressed/liberated, us/them. Limited subject positions exist for LGBTQ older adults in this discourse: there is the senior who is closeted and invisible, the senior who is out but scared of a future retreat to the closet, and the rare out and proud senior in a queer-friendly senior home. This finding reinforces, from a Canada-based source, the work of Hughes and King (2018) who found that cultural representations of LGBT older people in Australia and the United Kingdom tended to be either "overly positive or overly negative" (p. 138).

Xtra's negative representations, though, outweigh the positive. Often, the positive representations of LGBTQ older adults (e.g. a queer-friendly home where residents are out and proud) are presented as a means to address negative representations that are more frequent and focused on within the same articles (e.g. the prevalence of closeted, mistreated seniors in mainstream care). Repeated characterizations of LGBTQ older adults as lonely, closeted, in poor health, mistreated and isolated have a pathologizing effect, which mirrors wider trends in gerontology. Hugman (1999) writes that focusing on problems of deficit and decline can contribute to lumping older people together as a 'social problem' that requires intervention. This

lumping together paradoxically tends to lead to individualized frontline responses, not changes to structural issues faced by older people (Hugman, 1999).

The centrality of the closet and/or coming out in the newspaper's discourse on LGBTQ aging, which works to universalize these experiences, is problematic. Coming out of the closet is a particular Western, contemporary conceptualization of "a linear and essentialized sexual identity trajectory" (Lee & Brotman, 2013, p. 165). This finding extends Otis and Harley's (2016) critique of "the assumption of the primacy of one's identification as a sexual minority," their argument being that many LGBT elders "may not view publically acknowledging their sexuality (in any way) as necessary or appropriate" (p. 86). One could argue that *Xtra's* emphasis on the closet and/or coming out represents the real stories of LGBTQ older adults because most of the articles interview LGBTQ older adults and/or researchers and practitioners who work directly with the population. Postmodernist scholars like Brown (2012) and Poon (2011), however, caution against accepting stories like these at face value. Brown (2012) critiques the modernist idealization of the "expert authoritative first voice of the oppressed" (Narrative section, para. 3). While acknowledging that individuals actively participate in creating their stories, Brown contends that "these stories draw upon available social discourses and thus consist of both subjugated and dominant knowledge" (Narrative section, para. 3). I am not interested in assessing whether *Xtra's* coming out stories accurately represent the concerns of LGBTQ older adults. Nor is my goal to idealize a certain boundary-pushing queer aesthetic; obviously many people experience their sexual orientation and/or gender identity as binary and/or essential to who they are (Pyne, 2016). I am simply highlighting that in *Xtra's* discourse on LGBTQ older adults, only particular narratives of queerness get to be told – ones that reinforce the heterosexual/homosexual binary and stable identities. Ross argues that coming out has become

the “definitive articulation of modern sexuality and progressive homosexuality” that constitutes non-Western practices of intragender sexuality as undeveloped (p. 162).

My finding that the newspaper’s discourse grouped LGBTQ seniors’ issues together reinforces concerns raised by other scholars about using one acronym to describe diverse communities, identities and relationships (Brotman et al., 2015; Finkenauer et al.; 2012; Hughes & King, 2018; Trevor & Boddy, 2013). My findings go further though. That *Xtra* discussed queerness/transness in isolation from issues of race, class, gender and colonialism reveals that the dominant discourse on LGBTQ aging in Toronto naturalizes a white male subject. To reduce an issue like healthcare access to one of negotiating disclosure of gender identity and sexual orientation erases those who face barriers because of racism, poverty, being undocumented, etc. To discuss queer support networks as a single phenomena obscures gendered and raced expectations of caregiving (see for example Cronin & King, 2010). To characterize a safe space as one where LGBTQ older adults can be openly queer/trans erases how racialized bodies and relationships and Indigenous modes of kinship are surveilled and targeted regardless (see Cohen, 1997; Greensmith, 2015). To assume Pride or gay villages – where white male consumerism is centered (see Greensmith & Giwa, 2013) – are inherently positive spaces for all LGBTQ older adults effectively whitewashes these communities. Toronto’s gay village is a site where trans women of colour, sex workers and the homeless are “targets of displacement efforts” (Haritaworn et al., 2017). The unnamed whiteness in the newspaper’s discourse is compounded by its invocation of specific white queers as spokespersons for successful aging. My findings regarding the whiteness of this discourse lend support from a Canadian perspective to Van Sluytman & Torres’s (2014) work on the erasure of older LGBT people of colour in scholarly

literature. My findings also reinforce those of Greensmith (2015) that demonstrated queer social service agencies in Toronto prioritize the needs of white queers.

Xtra's discursive promotion of LGBTQ sensitivity training and LGBTQ-focused senior homes as strategies to improve the lives of LGBTQ older adults reflects modernist approaches to equality-seeking through "negotiation and conflict resolution around identity categories" (King, 2016, p. 10). In this case, the idea is that if senior care providers get "trained on gay issues" (Lewis, 2014c, para. 10) then LGBTQ older adults will be accepted in senior care facilities – in other words, accepted into normative ways of treating and managing older people.

Here, the modernist pursuit of truth is perceptible: if people can just discover the real humanity of queer and trans folks, then we will all be treated the same. The goal of sameness, though, should be interrogated. If, for example, a nursing home worker learns through LGBTQ sensitivity training to recognize and respect legible gay identities, this perhaps makes certain queer bodies safer within the institution. While I do not wish to minimize that this can be life-giving for some, Duggan (2003) has argued that approaches of this kind benefit queers who are best situated financially and racially to perform normative relationships. Further, I wonder if this distracts from critical questions: such as why in mainstream Western relations of care older people are disconnected from their extended families and communities and live where visitors are monitored and restricted?

Implementation Discourse

The discursive representation of LGBTQ older adults as a homogenous community, exhibited in the newspaper *Xtra*, gets taken up by senior care through training on the needs, culture and language of the community, exhibited by the *LGBT Tool Kit*. Brown (2012) argues that "naturalistic accounts of the subject" (e.g. older queers are closeted, lonely and/or have no

children) distract from the “the conditions and construction of identity and self” (e.g. how cis/heteronormativity, ageism and whiteness inform available narratives for aging) (Essentialism section, para. 5). When categories are not unpacked, they become essentialized – they become explained as the ways things are and always will be (Brown, 2012). The *LGBT Tool Kit*’s placement of definitions of identity categories before discussions of homophobia, transphobia and biphobia has this effect: these categories become inevitable, unmoored by history and social construction. The cis/heteronormativity and Western individualism that shape phenomena like the closet/coming out go largely unexplored. The *LGBT Tool Kit* described Two-Spirit ahistorically as a “traditional Aboriginal term” (City of Toronto LTCHS, 2017, p. 23) contradicting its emergence in 1990 as partly a critique of white-centered LGBTQ labels and failing to acknowledge that it is an English term to “communicate numerous tribal traditions and social categories of gender outside dominant European binaries” (Driskill, 2010, p. 72). In modernist conceptualization of identity “[d]iversity between and among [marginalized groups] is minimized (Brown, 2012, Essentialism section, para. 15).

The organizing of sexual orientation and gender identity into orderly tables and straightforward definitions and the summarizing of LGBTQ older adult needs and culture belies the complexity and multiplicity of human experience. This finding reinforces and extends that of King’s (2016) study on organizational discourse on older LGB people. King concludes that while invoking people as older LGB in training manuals is inclusive in that it is an appeal to be “part of a collective, with rights and protections under the law” is it also exclusive in that it is “about fitting into place” and meeting certain expectations of identification and behaviour (p. 14).

The findings on the *LGBT Tool Kit*’s implementation discourse make contact with Pon’s (2009) argument that cultural competency conceptualizes culture as a knowable, fixed set of

behaviours and values that can be captured in a checklist. Checklists, tables and definitions dominate the *LGBT Tool Kit*. Cultural competency “overlooks who exercises power to define meaning” (Pon, 2009, p. 60). In other words, it frees social workers from implicating themselves in oppressive practices. Throughout the *LGBT Tool Kit*, readers are instructed repeatedly to learn from LGBTQ people about their experiences. While centering the perspectives of marginalized groups is a part of liberation struggles (Brown, 2012), here it also has the effect of locating the problem of homophobia and transphobia within the communities and relinquishing the responsibility of social workers to contend with the everyday operations of hetero/cisnormativity. The *LGBT Tool Kit* only goes so far as asking workers to consider their personal values. This reflects what Rossiter (2007) writes about the therapeutic use of the modernist concept of self that “stops the investigation at the ‘personal’ and emphasizes the “internal state” of the practitioner (p. 31). Rossiter argues that this practice diverts us from “interrogating our responses in light of our social selves” (p. 31).

The erasure of Black, racialized and Indigenous queer and trans elders in the *Xtra* articles carries through into the *LGBT Tool Kit*. The construction of a narrative of progress – from the overt discrimination of the past to the subtle discrimination of the present – creates a kind of ‘queer nostalgia’ that glosses over, for example, ongoing police violence towards Black communities (Haritaworn et al., 2017). Angelica Ross (as quoted by Krell, 2017) writes “being Black and trans can cost you your life” (p. 238). When we talk about old age, we need to fundamentally question who we are talking about. Who gets to live into old age in a white supremacist state?

In the next chapter, I conclude with a discussion of the implications of this MRP to social work practice, the limitations of this MRP and opportunities for further research.

CHAPTER 7. CONCLUSION

This MRP has demonstrated that dominant discourses on LGBTQ older adults and aging in Toronto's preeminent queer newspaper are white-centered, homogenizing and assimilationist. Further, this MRP has shown that these discourses get taken up in Toronto's long-term care provision through teaching about the culture and needs of LGBTQ older adults while individualizing the problems of homophobia and transphobia. In this final chapter, I will discuss this MRP's implications for social work practice, its limitations and areas for future research.

Implications for social work practice

This MRP is not an argument against integrating discussions of queerness and transness into senior care – it is about questioning how we talk about these things. Building on King's insights (2016), I recommend that social workers and senior care providers consider how older LGBTQ identities are constructed in relation to heteronormativity, cisnormativity, ageism, whiteness and other norms and also simultaneously how people are at all times resisting and “mak[ing] trouble for existing normative orders” (p. 14). Otherwise, we will fall into the trap of judging a ‘closeted’ senior as powerless, for example, or an ‘out’ senior as empowered.

Further, I argue that it is not LGBTQ older adults who should be treated as the problem here; the problems are heteronormativity, cisnormativity and ageism which connect to the mothership of white supremacy. The potential consequence of the former approach is that if LGBTQ older adults are not present (i.e. not visible through a contemporary Western lens) in a space, then these topics will not be considered important to engage with. Like Pon (2009), I suggest that social workers critically reflect on how they sustain normative power relations. Following Rossiter (2007), I believe social workers in senior care should ask themselves “What stories (discourses) are told about the client, and how does power operate in them?” (p. 31).

This MRP also provides support to the de-centering of whiteness in queer organizing. White gay men should not be the starting point from which all other intersections are treated as add-ons. My analysis strengthens arguments against single-oppression mobilizing (Cohen, 1997) in that it erases Black, Indigenous and racialized subjectivities. I also think that social workers need to be skeptical of how stories promoting the visibility of white queer elders and LGBTQ cultural competency can be folded into a “gay imperialist view of Toronto as a beacon of LGBT rights” (Dadui as cited by Haritaworn et al., 2017) and divert us from the critical need for continued mobilization.

What would it look like to truly support the dignity of all LGBTQ older adults? While I do not wish to prescribe an easy set of answers, this MRP rejects the narrow focus on greater access to, and acceptance within, long-term care. Ranzijn (2010) argues that for Australia’s aging policy to be inclusive of Indigenous elders who have a spiritual desire to die on their traditional lands, it would facilitate their access to these lands in later life. In other words, decolonizing senior care would involve land redress. Baskin and Davey (2015) found that for Indigenous older women in Toronto, aging well involves passing on traditional knowledges and values to the next generation. Revisiting Seelman et al.’s study (2016), older Black lesbian participants expressed the need for community building, economic interventions and holistic care. Taken together, supporting intergenerational relationships, community connectedness, safety and wellbeing among LGBTQ older adults engages with issues of affordable housing, protections from gentrification, labour rights, and income supports for older adults and caregivers. I am not suggesting that all Indigenous or racialized older adults have the same radical vision of aging – to do so would only reinforce the essentializing gaze of the colonizer (Yee, 2016). I am, instead, highlighting that there are alternate ways of approaching aging that mainstream seniors’ services

tend to conceal even when they try to be inclusive. Toronto has a rich history of intersectional organizing by queer and trans Black, Indigenous and racialized people that continues to unfold (Haritaworn et al., 2017). It is important for white settler social workers like myself to ask ourselves what organizing is already being done by these communities and how might we back them (Greensmith, 2015)?

Limitations and Future Possibilities

There are limitations to this MRP. First, due to limitations with *Xtra*'s search interface, I was not able to do a keyword search and therefore could have missed some content related to LGBTQ aging and seniors that was not filed under this topic. My sample may therefore not be entirely representative of the newspaper's coverage of this topic. Second, due to the time constraints of this master's program, it was only feasible for me to analyze one section of the *LGBT Tool Kit*. As a result, my findings are not necessarily generalizable to the entire manual. The *LGBT Tool Kit* contains a section on "Organizational Competency" which is ripe for further analysis. While the section I chose focused on individual frontline practice, there is an opportunity to analyze how managerialism plays out at the level of LGBTQ organizational competency. Third, from the outset this MRP used a postmodernist lens that examined whiteness and modernist categories in representations of LGBTQ older adults; the findings indicated that individualism was an undercurrent throughout the data and therefore future research could more fully explore the manifestations of neoliberalism in LGBTQ aging discourses. Finally, this MRP focused on dominant discourses of LGBTQ aging and, even though it criticized them, it could be argued that this contributes to their continued centering. It would be interesting to see future research explore subjugated knowledges; stories of queer and trans folks non-homonormatively navigating older age.

Final Thoughts

Throughout this MRP process, I have been conflicted about critiquing LGBTQ sensitivity training because I know that, even in its most conservative forms, it can be life-affirming for some. As a white queer settler, however, I want to hold myself and my peers to a higher standard of practice that is critical, intersectional and liberationist. The dominant discourses on LGBTQ older adults and aging, analyzed in this MRP, might help to assimilate certain privileged subjectivities, predominately white gay men, but they render others nearly unthinkable. Critical social workers need to open up – not restrict – possibilities of being in this world.

APPENDIX A

Selected Articles for Newspaper Discourse

- Costa, D. (2014, October 16). The 519 starts LGBT seniors' initiative. *Xtra (Toronto)*. p. 7.
- Dupuis, C. (2016, September 7). Queer films to check out at TIFF 2016. *Xtra*. Retrieved from <https://www.dailyxtra.com/queer-films-to-check-out-at-tiff-2016-71883>
- English, R. (2014, August 7). Power principle. *Xtra (Toronto)*. p. 21.
- Irwin, N. (2015, March 16). What Fudger House means for queers. *Xtra*. Retrieved from <https://www.dailyxtra.com/what-fudger-house-means-for-queers-66706>
- Lewis, S. (2014a, April 15). Are gay seniors lonelier than straight ones? *Xtra*. Retrieved from <https://www.dailyxtra.com/are-gay-seniors-lonelier-than-straight-ones-59826>
- Lewis, S. (2014b, October 30). Empowering the elderly. *Xtra (Toronto)*, p. 11.
- Lewis, S. (2014c, December 11). BC won't improve intake policies for LGBT seniors entering care. *Xtra*. Retrieved from <https://www.dailyxtra.com/bc-wont-improve-intake-policies-for-lgbt-seniors-entering-care-65518>
- Mann, Arshy. (2016, September 9). How a queer friendly senior home helped an 80-year-old come out. *Xtra*. Retrieved from <https://www.dailyxtra.com/how-a-queer-friendly-senior-home-helped-an-80-year-old-come-out-71929>
- Owen, D. (2014, May 15). Seniors ready for WorldPride. *Xtra (Toronto)*. p. 7.
- Prendergast, F. (2014, April 25). Before the Last Curtain Falls makes world premiere at Hot Docs. *Xtra*. Retrieved from <https://www.dailyxtra.com/before-the-last-curtain-falls-makes-world-premiere-at-hot-docs-60120>
- Salerno, R. (2014, May 15). See you at The 519. *Xtra (Toronto)*. pp. 10-12.
- Willard, J. (2014, April 24). The intergenerational jitterbug. *Xtra*. Retrieved from

<https://www.dailyxtra.com/the-intergenerational-jitterbug-6006>

APPENDIX B

Selected sample for Implementation Discourse

City of Toronto Long-Term Care Homes & Services. (2017). Social and Cultural Competency

LGBT Tool Kit: Creating Lesbian, Gay, Bisexual and Trans Inclusive and Affirming Care and Services (2017), 18-34. Toronto: Long-Term Care Homes & Services.

References

- About Xtra. (n.d.). *Xtra*. Retrieved from <https://www.dailyxtra.com/about>
- Alcoff, L. (1988). Cultural feminism versus post-structuralism: The identity crisis in feminist theory. *Signs: Journal of Women in Culture and Society*, 13(3), 405-436.
doi:10.1086/494426
- Allen, R. L. (2001). The globalization of white supremacy: Toward a critical discourse on the racialization of the world. *Educational Theory*, 51(4), 467-485.
<https://doi.org/10.1111/j.1741-5446.2001.00467.x>
- Baines, D., & Smith, K. (Eds.). (2011). *Doing anti-oppressive practice: social justice social work (2nd ed)*. Halifax, N.S: Fernwood Pub.
- Barrett, C., Crameri, P., Lambourne, S., Latham, J., & Whyte, C. (2015). Understanding the experiences and needs of lesbian, gay, bisexual and trans Australians living with dementia, and their partners. *Australasian Journal on Ageing*, 34, 34-38.
<https://doi.org/10.1111/ajag.12271>
- Bauer, G. R., Hammond, R., Travers, R., Kaay, M., Hohenadel, K. M., & Boyce, M. (2009). "I don't think this is theoretical; This is our lives": How erasure impacts health care for transgender people. *Journal of the Association of Nurses in AIDS Care*, 20(5), 348-361.
<https://doi.org/10.1016/j.jana.2009.07.004>
- Boggs, J. M., Dickman Portz, J., King, D. K., Wright, L. A., Helander, K., Retrum, J. H., & Gozansky, W. S. (2017). Perspectives of LGBTQ Older adults on aging in place: A qualitative investigation. *Journal of Homosexuality*, 64(11), 1539-1560.
<https://doi.org/10.1080/00918369.2016.1247539>
- Brotman, S., Ryan, B., & Cormier, R. (2003). The health and social service needs of gay and

- lesbian elders and their families in Canada. *The Gerontologist*, 43(2), 192–202.
<https://doi.org/10.1093/geront/43.2.192>
- Brotman, S., Ferrer, I., Sussman, T., Ryan, B., & Richard, B. (2015). Access and equity in the design and delivery of health and social care to LGBTQ older adults: A Canadian perspective. In N. A. Orel (Ed.), *The lives of LGBT older adults: Understanding challenges and resilience* (p. 111–140). Washington, US: American Psychological Association (Washington, DC, US). Retrieved from
<https://search.proquest.com/docview/1554512107/abstract/FA80E911713641B6PQ/1>
- Brown, Catrina. (2012). Anti-oppression through a postmodern lens: Dismantling the master's conceptual tools in discursive social work practice. *Critical Social Work*, 12(2). Retrieved from <http://www1.uwindsor.ca/criticalsocialwork/anti-oppression-through-a-postmodern-lens-dismantling-the-master%E2%80%99s-conceptual-tools-in-discursive-so>
- Brown, G. (2007). Mutinous eruptions: Autonomous spaces of radical Queer activism. *Environment and Planning A: Economy and Space*, 39(11), 2685–2698.
<https://doi.org/10.1068/a38385>
- Butler, J. (1990). *Gender trouble*. New York: Routledge.
- Cheek, J. (2004). At the margins? discourse analysis and qualitative research. *Qualitative Health Research*, 14(8), 1140–1150. doi:10.1177/1049732304266820
- City of Toronto. (2017, October 26). 2016 Census: Housing, immigration and ethnocultural diversity, Aboriginal peoples. Retrieved from <https://www.toronto.ca/wp-content/uploads/2017/12/8ca4-5.-2016-Census-Backgrounder-Immigration-Ethnicity-Housing-Aboriginal.pdf>

- City of Toronto Long-Term Care Homes & Services. (2016). *2016 Annual Report*. Retrieved from <https://www1.toronto.ca/City%20Of%20Toronto/Long-Term%20Care%20Homes%20&%20Services/2%20-%20Divisional%20Profile/2016AnnualReportWEB.pdf>
- Cohen, C. J. (1997). Punks, bulldaggers, and welfare queens: The radical potential of queer politics? *GLQ: A Journal of Lesbian and Gay Studies*, 3(4), 437-465.
doi:10.1215/10642684-3-4-437
- Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43(6), 1241–1299.
<https://doi.org/10.2307/1229039>
- Croghan, C. F., Moone, R. P., & Olson, A. M. (2015). Working with LGBT baby boomers and older adults: factors that signal a welcoming service environment. *Journal of Gerontological Social Work*, 58(6), 637–651.
<https://doi.org/10.1080/01634372.2015.1072759>
- Cronin, A., & King, A. (2010). Power, Inequality and Identification: Exploring Diversity and Intersectionality amongst Older LGB Adults. *Sociology*, 44(5), 876–892.
<https://doi.org/10.1177/0038038510375738>
- Daley, A., MacDonnell, J. A., Brotman, S., St Pierre, M., Aronson, J., & Gillis, L. (2017). Providing health and social services to older LGBT adults. *Annual Review of Gerontology & Geriatrics; New York*, 37, 143–X.
<https://doi.org/http://dx.doi.org.ezproxy.lib.ryerson.ca/10.1891/0198-8794.37.143>
- Department of Justice Canada. (2017, September 18). Gender identity and gender expression. Retrieved from <http://www.justice.gc.ca/eng/csj-sjc/pl/identity-identite/index.html>
- Donaldson, W. V., & Vacha-Haase, T. (2016). Exploring staff clinical knowledge and practice

- with LGBT residents in long-term care: A grounded theory of cultural competency and training needs. *Clinical Gerontologist*, 39(5), 389–409.
- <https://doi.org/10.1080/07317115.2016.1182956>
- Driskill, Q.-L. (2010). Doubleweaving Two-Spirit critiques: Building alliances between Native and Queer Studies. *GLQ: A Journal of Lesbian and Gay Studies*, 16(1), 69–92.
- Duggan, L. (2003). *The twilight of equality?: Neoliberalism, cultural politics, and the attack on democracy*. Boston: Beacon Press.
- Emlet, C. A., Fredriksen-Goldsen, K. I., & Kim, H.-J. (2013). Risk and protective factors associated with health-related quality of life among older gay and bisexual men living with HIV disease. *The Gerontologist*, 53(6), 963–972.
- <https://doi.org/10.1093/geront/gns191>
- Finkenauer, S., Sherratt, J., Marlow, J., & Brodey, A. (2012). When injustice gets old: A systematic review of trans aging. *Journal of Gay & Lesbian Social Services*, 24(4), 311–330. <https://doi.org/10.1080/10538720.2012.722497>
- Fook, J. (2012). *Social work: A critical approach to practice* (2nd ed.). London: SAGE Publications Ltd.
- Foucault, M. (1980). *Power/knowledge: Selected interviews and other writings, 1972-1977*. (C. Gordon, L. Marshall, J. Mepham, K. Soper, Trans.). New York: Patheon Books.
- Foucault, M. (1990). *The history of sexuality. Volume 1: An introduction*. (R. Hurley, Trans.). New York: Vintage Books. (Original work published 1978)
- Fredriksen-Goldsen, K. I., Bryan, A. E. B., Jen, S., Goldsen, J., Kim, H.-J., & Muraco, A.

- (2017). The Unfolding of LGBT lives: Key events associated with health and well-being in later life. *The Gerontologist*, 57(suppl_1), S15–S29.
<https://doi.org/10.1093/geront/gnw185>
- Fredriksen-Goldsen, K. I., Cook-Daniels, L., Kim, H.-J., Erosheva, E. A., Emlet, C. A., Hoy-Ellis, C. P., ... Muraco, A. (2014a). Physical and mental health of transgender older adults: An at-risk and underserved population. *The Gerontologist; Oxford*, 54(3), 488.
- Fredriksen-Goldsen, K. I., Hoy-Ellis, C. P., Goldsen, J., Emlet, C. A., & Hooyman, N. R. (2014b). Creating a vision for the future: Key competencies and strategies for culturally competent practice with lesbian, gay, bisexual, and transgender (LGBT) older adults in the health and human services. *Journal of Gerontological Social Work*, 57(2–4), 80–107.
<https://doi.org/10.1080/01634372.2014.890690>
- Fredriksen-Goldsen, K. I., Kim, H.-J., Barkan, S. E., Muraco, A., & Hoy-Ellis, C. P. (2013). Health disparities among lesbian, gay, and bisexual older adults: Results from a population-based Study. *American Journal of Public Health; Washington*, 103(10), 1802–1809.
- Freeman, V. J. (2010). ‘Toronto has no history!’ Indigeneity, settler colonialism and historical memory in Canada’s largest city (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Global. (Order No. NR72147)
- Freixas, A., Luque, B., & Reina, A. (2012). Critical feminist gerontology: In the back room of research. *Journal of Women & Aging*, 24(1), 44–58.
<https://doi.org/10.1080/08952841.2012.638891>
- Furlotte, C., Gladstone, J. W., Cosby, R. F., & Fitzgerald, K.-A. (2016). “Could we hold

- hands?": Older lesbian and gay couples' perceptions of long-term care homes and home care. *Canadian Journal on Aging / La Revue Canadienne Du Vieillissement*, 35(4), 432–446.
- Giwa, S., & Greensmith, C. (2012). Race relations and racism in the LGBTQ community of Toronto: Perceptions of gay and queer social service providers of color. *Journal of Homosexuality*, 59(2), 149–185. <https://doi.org/10.1080/00918369.2012.648877>
- Greensmith, C. (2014). Diversity is (not) good enough: Unsettling white settler colonialism within Toronto's queer service sector (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Global. (Order No. 3743275)
- Greensmith, C., & Giwa, S. (2013). Challenging settler colonialism in contemporary Queer politics: Settler homonationalism, Pride Toronto, and Two-Spirit subjectivities. *American Indian Culture and Research Journal*, 37(2), 129–148. <https://doi.org/10.17953/aicr.37.2.p4q2r84l12735117>
- Grigorovich, A. (2016). The meaning of quality of care in home care settings: Older lesbian and bisexual women's perspectives. *Scandinavian Journal of Caring Sciences*, 30(1), 108–116. <https://doi.org/10.1111/scs.12228>
- Halberstam, J. (2004). In a queer time and place: Transgender bodies, subcultural lives. New York: New York University Press.
- Haritaworn, J., Moussa, G., Ware, S. M., Choi, A., Panag, A. K., & Rodriguez, R. (2017). Marvellous grounds: QTBIPOC counter-archiving against imperfect erasures. In S. Chambers, J. Farrow, M. FitzGerald, E. Jackson, E., J. Lorinc, T. McCaskell, T., . . . R. Thawer (Eds.), *Any other way: How Toronto Got Queer* (219-223). Toronto: Coach House Books.

- Harley, D. A. (2016) American Indian, Alaska Native, and Canadian Aboriginal Two-Spirit/LGBT Elderly. In D. A. Harley & P. B. Teaster, P. B. (Eds.), *Handbook of LGBT Elders* (135-158). Switzerland: Springer International Publishing.
- hooks, b. (1995). Postmodern Blackness. In W. Truett Anderson (Ed.). *The truth about the truth. De-confusing and re-constructing the postmodern world* (117-124). New York, USA: Penguin Group.
- Hughes, M., & King, A. (2018). Representations of LGBT ageing and older people in Australia and the UK. *Journal of Sociology*, 54(1), 125–140.
<https://doi.org/10.1177/1440783317721350>
- Hugman, R. (1999). Embodying old age. In Teather, E. K. (Ed.), *Embodied Geographies: Spaces, bodies and rites of passage* (193-207). London: Routledge.
- Jackman, M. C., & Upadhyay, N. (2014). Pinkwatching Israel, whitewashing Canada: Queer (settler) politics and indigenous colonization in Canada. *Women's Studies Quarterly*, 42(3/4), 195–210.
- Jager, S. & Maier, F. (2009). Theoretical and methodological aspects of Foucauldian critical discourse analysis and dispositive analysis. In R. Wodak & M. Meyer (Eds.), *Methods of Critical Discourse Analysis (2nd ed)* (1-33). Los Angeles; London: SAGE.
- Jihanian, L. J. (2013). Specifying long-term care provider responsiveness to LGBT older adults. *Journal of Gay & Lesbian Social Services*, 25(2), 210–231.
<https://doi.org/10.1080/10538720.2013.782834>
- Jones, S. M., & Willis, P. (2016). Are you delivering trans positive care? *Quality in Ageing and Older Adults; Brighton*, 17(1), 50–59.
- Jordan, S. R. (2009). Un/convention(al) refugees: Contextualizing the accounts of refugees

- facing homophobic or transphobic persecution. *Refuge*, 26(2), 165+. Retrieved from http://link.galegroup.com.ezproxy.lib.ryerson.ca/apps/doc/A258439539/AONE?u=rpu_main&sid=AONE&xid=1bf05587
- Kia, H. (2016). Hypervisibility: Toward a conceptualization of LGBTQ aging. *Sexuality Research and Social Policy*, 13(1), 46–57. <https://doi.org/10.1007/s13178-015-0194-9>
- Kim, H.-J., Jen, S., & Fredriksen-Goldsen, K. I. (2017). Race/ethnicity and health-related quality of life among LGBT older adults. *The Gerontologist*, 57(suppl_1), S30–S39. <https://doi.org/10.1093/geront/gnw172>
- King, A. (2016). Queer categories: Queer(y)ing the identification ‘Older lesbian, gay and/or bisexual (LGB) adults’ and its implications for organizational research, policy and practice. *Gender, Work & Organization*, 23(1), 7-18.
- Kitzinger, C. (2005). Heteronormativity in action: Reproducing the heterosexual nuclear family in after-hours medical calls. *Social Problems*, 52(4), 477–498. <https://doi.org/10.1525/sp.2005.52.4.477>
- Krell, E. C. (2017). Is transmisogyny killing trans women of color? *Transgender Studies Quarterly*, 4(2), 226-242. doi:10.1215/23289252-3815033
- Kress, G. (1985). *Linguistic processes in socio-cultural practice*. Victoria, Australia: Deakin University Press.
- Lee, E. O. J., & Brotman, S. (2013). Structural intersectionality and anti-oppressive practice with LGBTQ refugees in Canada. *Canadian Social Work Review; Ottawa*, 30(2), 157–183.
- Lorde, A. (1984). *Sister outsider: Essays and speeches*. Freedom, CA: Crossing Press.
- Maiter, S., & Joseph, A. J. (2016). Researching racism: The colour of face value, challenges and

- opportunities. *British Journal of Social Work* 47(3), 755-773. doi:10.1093/bjsw/bcw052
- Massaquoi, N. (2013). No place like home: African refugees and the emergence of a new Queer frame of reference. In S.N. Nyeck & Marc Epprecht (Eds.), *Sexual diversity in Africa: politics, theory, and citizenship* (37-53). Montreal, QC: McGill-Queens University Press.
- Matsuda, M., Lawrence III, C. R., Delgado, R. and Crenshaw, K. W. (1993). *Words That Wound: Critical race theory, assaultive speech, and the first amendment*. Boulder, CO: Westview Press.
- McHoul, A. & Grace, W. (1997). *A Foucault primer: Discourse, power and the subject*. New York: New York University Press.
- Morgensen, S. L. (2012). Queer settler colonialism in Canada and Israel: Articulating Two-Spirit and Palestinian queer critiques. *Settler Colonial Studies*, 2(2), 167–190.
<https://doi.org/10.1080/2201473X.2012.10648848>
- Moone, R. P., Croghan, C. F., & Olson, A. M. (2016). Why and how providers must build culturally competent, welcoming practices to serve LGBT elders. *Generations; San Francisco*, 40(2), 73–77.
- Moosa-Mitha, M. (2005). Situating anti-oppressive theories within critical and difference-centred perspectives. In L. Brown & S. Strega (Eds.), *Research as resistance: Critical, Indigenous, and anti-oppressive approaches* (37-72). Toronto: Canadian Scholars' Press/Women's Press.
- Mullaly, R. P. (2010). *Challenging oppression and confronting privilege: A critical social work approach* (2nd ed.) Don Mills, Ontario: Oxford University Press.
- Mulé, N. J. (2016). Broadening theoretical horizons: Liberating Queer in social work academe.

- In S. Hillock & N. J. Mulé (Eds.), *Queering social work education* (36-53). Vancouver: UBC Press.
- Murray, D. A. B. (2014). Real Queer: “Authentic” LGBT refugee claimants and homonationalism in the Canadian refugee system. *Anthropologica*, 56(1), 21–32.
- Otis, M. D. & Harley, D. A. (2016). The intersection of identities of LGBT elders: Race, age, sexuality, and care network. In D. A. Harley & P. B. Teaster, P. B. (Eds.), *Handbook of LGBT Elders* (83-101). Switzerland: Springer International Publishing.
- Pink Triangle Press. (2014, January 15). *Pink Triangle Press: A chronology 1971-2014*. Retrieved from https://www.pinktrianglepress.com/sites/default/files/15Jan14_PTP_Timeline_and_factori ds.pdf
- Pon, G. (2009). Cultural competency as new racism: An ontology of forgetting. *Journal of Progressive Human Services*, 20(1), 59–71. <https://doi.org/10.1080/10428230902871173>
- Poon, M. K. (2011). Writing the racialized queer bodies: Race and sexuality in social work. *Canadian Social Work Review*, 28(1), 145-150. Retrieved from <http://ezproxy.lib.ryerson.ca/login?url=https://search-proquest-com.ezproxy.lib.ryerson.ca/docview/901146285?accountid=13631>
- Portz, J. D., Retrum, J. H., Wright, L. A., Boggs, J. M., Wilkins, S., Grimm, C., ... Gozansky, W. S. (2014). Assessing capacity for providing culturally competent services to LGBT older adults. *Journal of Gerontological Social Work*, 57(2–4), 305–321. <https://doi.org/10.1080/01634372.2013.857378>
- Price, E. (2010). Coming out to care: Gay and lesbian carers’ experiences of dementia services.

- Health & Social Care in the Community*, 18(2), 160–168. <https://doi.org/10.1111/j.1365-2524.2009.00884.x>
- Pyne, J. (2016). Queer and trans collisions in the classroom: A call to throw open theoretical doors in social work education. In S. Hillock & N. J. Mulé (Eds.), *Queering social work education* (54-72). Vancouver: UBC Press.
- Rasmussen, M. L. (2004). The problem of coming out. *Theory Into Practice*, 43(2), 144–150. https://doi.org/10.1207/s15430421tip4302_8
- Razack, S., Smith, M. S., & Thobani, S. (2010). Introduction, States of race: Critical race feminism for the 21st century. In S. Razack, M. Smith, & S. Thobani (Eds.), *States of race: critical race feminism for the 21st century* (1-19). Toronto: Between the Lines.
- Richardson, J. E. (2007). Analysing newspapers: An approach from critical discourse analysis. New York, N.Y.: Palgrave Macmillan.
- Robinson, W. A., Petty, M. S., Patton, C., & Kang, H. (2008). Aging with HIV: Historical and intra-community differences in experience of aging with HIV. *Journal of Gay & Lesbian Social Services*, 20(1-2), 111-128. doi:10.1080/10538720802179070
- Rosenfeld, D., Bartlam, B., & Smith, R. D. (2012). Out of the closet and into the trenches: Gay male baby boomers, aging, and HIV/AIDS. *The Gerontologist*, 52(2), 255-264. doi:10.1093/geront/gnr138
- Ross, M. (2005). Beyond the closet as raceless paradigm. In E. P. Johnson & M. G. Henderson (Eds.), *Black queer studies: A critical anthology* (161-189). Durham & London: Duke University Press.
- Rossiter, A. (2007). Self as subjectivity: Towards a ‘use of self’ as respectful relations of

- recognition. In D. Mandell (Ed.), *Revisiting the use of self: Questioning professional identities* (21-33). Toronto: Canadian Scholars Press.
- Rotondi, M. A., O'Campo, P., O'Brien, K., Firestone, M., Wolfe, S. H., Bourgeois, C., & Smylie, J. K. (2017). Our Health Counts Toronto: Using respondent-driven sampling to unmask census undercounts of an urban indigenous population in Toronto, Canada. *BMJ Open*, 7(12), e018936. <https://doi.org/10.1136/bmjopen-2017-018936>
- Seelman, K. L., Adams, M. A., & Poteat, T. (2016). Interventions for healthy aging among mature Black lesbians: Recommendations gathered through community-based research. *Journal of Women & Aging*, 0(0), 1–13. <https://doi.org/10.1080/08952841.2016.1256733>
- Shiu, C., Muraco, A., & Fredriksen-Goldsen, K. (2016). Invisible care: Friend and partner care among older lesbian, gay, bisexual, and transgender (LGBT) adults. *Journal of the Society for Social Work and Research*, 7(3), 527–546. <https://doi.org/10.1086/687325>
- Statistics Canada. (2017, May 3). Age and sex, and type of dwelling data: Key results from the 2016 Census. *The Daily* (Statistics Canada Catalogue no. 11-001-X). Retrieved from <http://www.statcan.gc.ca/daily-quotidien/170503/dq170503a-eng.pdf>
- Stein, G. L., Beckerman, N. L., & Sherman, P. A. (2010). Lesbian and gay elders and long-term care: Identifying the unique psychosocial perspectives and challenges. *Journal of Gerontological Social Work*, 53(5), 421–435. <https://doi.org/10.1080/01634372.2010.496478>
- Strega, S. (2005). The view from the poststructural margins: Epistemology and methodology reconsidered. In L. Brown & S. Strega (Eds.), *Research as resistance: Critical, Indigenous, and anti-oppressive approaches* (199-235). Toronto: Canadian Scholars' Press/Women's Press.

- Sullivan, K. M. (2014). Acceptance in the domestic environment: The experience of senior housing for lesbian, gay, bisexual, and transgender seniors. *Journal of Gerontological Social Work*, 57(2–4), 235–250. <https://doi.org/10.1080/01634372.2013.867002>
- Sussman, T., Brotman, S., MacIntosh, H., Chamberland, L., MacDonnell, J., Daley, A., ... Churchill, M. (2018). Supporting Lesbian, Gay, Bisexual, & Transgender inclusivity in long-term care homes: A Canadian perspective. *Canadian Journal on Aging / La Revue Canadienne Du Vieillissement*, 37(2), 121–132.
- The 519. (2017). *Still Here, Still Queer: A Handbook for Affirming LGBTQ Older Adults*. Retrieved from <http://www.the519.org/education-training/still-here-still-queer>
- Trevor, M., & Boddy, J. (2013). Transgenderism and Australian social work: A literature review. *Australian Social Work*, 66(4), 555–570. doi:10.1080/0312407X.2013.829112
- Um, S., & Lightman, N. (2017, May). *Seniors' health in the GTA: How immigration, language, and racialization impact seniors' health*. Retrieved from <http://www.wellesleyinstitute.com/wp-content/uploads/2017/05/Seniors-Health-in-the-GTA-Final.pdf>
- Van Sluytman, L. G., & Torres, D. (2014). Hidden or uninvited? A content analysis of elder LGBT of color literature in gerontology. *Journal of Gerontological Social Work*, 57(2–4), 130–160. <https://doi.org/10.1080/01634372.2013.877551>
- Warner, T. (2002). *Never going back: A history of queer activism in Canada*. Toronto: University of Toronto Press.
- Weedon, C. (1987). *Feminist practice and poststructuralist theory*. New York, USA, Oxford, UK: B. Blackwell.
- Westwood, S. (2016). 'We see it as being heterosexualised, being put into a care home': gender,

- sexuality and housing/care preferences among older LGB individuals in the UK. *Health & Social Care in the Community*, 24(6), e155–e163. <https://doi.org/10.1111/hsc.12265>
- Wodak, R., & Meyer, M. (2009). Critical discourse analysis: history, agenda, theory and methodology. In R. Wodak & M. Meyer (Eds.), *Methods of critical discourse analysis* (2nd ed) (1-33). Los Angeles; London: SAGE.
- Woody, I. (2014). Aging out: A qualitative exploration of ageism and heterosexism among aging African American lesbians and gay men. *Journal of Homosexuality*, 61(1), 145–165. <https://doi.org/10.1080/00918369.2013.835603>
- Woody, I. (2015). Lift every voice: Voices of African-American lesbian elders. *Journal of Lesbian Studies*, 19(1), 50–58. <https://doi.org/10.1080/10894160.2015.972755>
- Xtra. (2015, January 14). *Gay publisher Xtra to embrace digital, close print* [press release]. Retrieved from <https://www.dailyxtra.com/gay-publisher-xtra-to-embrace-digital-close-print-65920>
- Yee, J. Y. (2015). Whiteness and white supremacy in social work. In *International Encyclopedia of Social Work and Behavioral Sciences*. (pp. 569-574). United Kingdom: Elsevier.
- Yee, J. Y. (2016). A paradox of social change: How the quest for liberation reproduces dominance in higher education and the field of social work. *Social Work Education*, 35(5), 495-505. doi:10.1080/02615479.2016.1170113
- Yee, J. Y. (2017). Carrying out research on whiteness, white supremacy, and racialization processes in social service agencies. In H. Parada & S. Wehbi (Eds.), *Reimagining anti-oppression social work research* (61-70). Toronto, ON: Canadian Scholars' Press.
- Yuval-Davis, N. (2006). Intersectionality and feminist Politics. *European Journal of Women's Studies*, 13(3), 193–209. <https://doi.org/10.1177/1350506806065752>