

Chapter 160

LGBTQIA+ Elderly: How male gay men are affected by etarism



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ABSTRACT

The elderly population (60 years or older) is the fastest growing in Brazil. By 2060 these individuals will represent a quarter of the Brazilian population, at least 25.5%, according to IBGE (Brazilian Institute of Geography and Statistics) data from 2018. For this reason, both political, social, psychological, and health issues, as well as Geriatrics and Gerontology intensify their assessment and methodology, to adapt to all these problems that grow exponentially over time (Camarano and Kanso, 2010). The present work seeks to develop research related to how the different prejudices (homophobia and etatism) directed to the people of this population affected/affect their future, their present, and their past with a focus on the

LGBTQIA+ population, focusing on the cut of gay men of this community, to understand how these people lived and how they were of Homophobia in times when they needed to hide their sexuality, how it affected or affects the way they perceived themselves back then and how they perceive themselves today, being elderly people and being within the LGBTQIA+ community, through semi-structured online entertainment. The adversities in the living conditions that this population faces can cause serious psychological problems, adding this to the lack of knowledge and research in this area, explains that aging within the the LGBTQIA+ community is an aspect of this population that needs to be discussed and studied, thus contributing to a better quality of life and aging of these people, without stigmas or prejudices.

Keywords: Aging, Homophobia, Etatism, LGBTQIA+, Sexuality.

1 INTRODUCTION

The elderly population of Brazil currently represents 13% of the general population, according to the Brazilian Institute of Geography and Statistics (IBGE, 2017), and is one of the fastest-growing populations. According to IBGE data from 2018, by 2060 these people will add up to a quarter of the country's population, that is, 25.5%. Certainly, the growth of the elderly population advances faster than the deconstruction of some myths and stereotypes of this phase of development (Almeida and Lourenço, 2010). With this new index of the elderly population, new debates about the well-being of this population and its insertion in the new daily life of the current society come to light.

The LGBTQIA+ population (lesbian, gay, bisexual, transgender and transvestite, queer, intersex and asexual, and others), it is estimated that 17 million people are part of this community (IBGE, 2015). The biological perspective of aging has always been predicted from the social perspective, studies on losses and gains, vulnerabilities, weaknesses, and physical changes, and also in metabolism have come to be more recognized in science and also in common sense (Fechine and Trompieri, 2012).

According to Araújo and Teixeira (2017), old age is not seen as something natural, but rather something socially produced. That is, old age depends on the social, historical, and cultural context of each individual, and also on how the individual perceives himself in the world.

Brazilian society is one of the most prejudiced against elderly people, to this type of prejudice we give the name of etarism (also known as ageism or ageism). Etharism consists of prejudice, intolerance, or discrimination against elderly people or those who are older by society.

According to American researcher and gerontologist Sarah Barber (2017), when older adults are seen as cognitively or physically impaired, they perform below their actual capacity. Therefore, the fact of being elderly already brings a range of stereotypes, prejudices, and negative social representations that do not reflect and do not corroborate with the view of those who are in this phase of life (Silva, Lima, and Galhardoni, 2014).

A large part of this population suffers various problems daily and is excluded from various environments and spaces. The elderly person still lives with stigmas, which make some subjects taboo, including love and sexuality (Solise and Medeiros, 2016). Although scarce, the studies on sexuality in old age revolve, for the most part, around heterosexuality.

When we look at the LGBTQIA+ community, especially the share of gay men, these difficulties and problems, especially cultural and social ones, come from a very early age. We know that LGBTQIA+ seniors experience these stigmas and prejudices differently both because of their age and their sexual orientation. According to Guimarães (2009), considering when these individuals make public their homosexuality, there are several conflicts, both for those who decide to make their sexuality public and for those around this person, from this arises then, a concern about the well-being and conflicts experienced in this period, these people end up going through an abstaining existential issue strong: "to be or not to be" in a community, which even in an implied way, warns and makes clear the losses and losses that these individuals will have from this decision, through a moralizing discourse that disqualifies and distorts this girl from being.

Also, Guimarães (2009) reports different types of prejudices, he says that from the reflection of how homosexual experiences occur for a human being in old age, in a world that, historically, through its discourses on this "condition of being", identifies the subject as a sodomite, perverted, criminal, abnormal and sick.

Toledo and Pinafi (2012) point out that from the eighteenth century, the relationship between people of the same sex ended up bringing these individuals a pathologization coming from professionals in the medical area and also from Psychiatry. In addition to the above, the term "homosexuality" appeared in 1869 and was coined by a Hungarian physician named Benkert, but homosexuality itself as a disease was only excluded from the DSM (Diagnostic and Statistical Manual of Mental Disorders) in 1973, after numerous debates.

In addition, little is said about elderly homosexuals, as well as the challenges they can face, that is, various aspects can make this phase of life a little more turbulent. Moreover, these older men end up facing yet another type of exclusion, which comes from within their community due to their age, etarism.

All these daily prejudices added to the bodily and biological changes that these bodies face, causing them to return to the "closet" or not reveal their sexuality to other people. Therefore, they hide their sexuality for fear of exposing themselves within two communities (both the heteronormative community in which they are inserted, and the community of gay men), which do not accept them as complete individuals.

Maki (2005) also adds the fact that social prejudice ends up inhibiting many homosexuals, in this way they hide their desires, their fantasies, and their sexual impulses. However, even with the fear of being labeled as perverted and of being excluded, some risk themselves insistently in search of a partner, to achieve well-being, and physical and emotional strength.

Given the above, we still have homophobia. Both homophobia internalized by the subject himself, and that perpetrated by other people. This prejudice impacts in many ways the life of homosexual individuals and this is due to heterosexuality that is imposed by the society in which we live, which tells us since childhood that we should be heterosexual and that we need to behave as heterosexual people.

In addition, when we focus our gaze on the Brazilian territory, we realize that we are still an extremely homophobic society and that sometimes it still refers to this population as a stigma or a nuisance. According to data from the Gay Group of Bahia (2017) every 19 hours a person LGBTQIA+ dies violently, a victim of LGBTQIA phobia, which ends up making Brazil the world champion of crimes against this community. The Gay Group of Bahia also reports that 2017 was the year in which this community suffered the most casualties, with a total of 445 people, within these, 387 were murdered and 58 of them were suicides, according to data released by the press and compiled by GGB.

For older gay men or men considered older by the Gay community itself, the challenges that encompass this phase of their life end up being doubled, which leads us to realize that homosexual elderly individuals are, roughly, marked by silence and a double stigma, which weighs on age and sexuality that some subjects believe to be in "deviation", as stated by Becker (2008).

Some homosexual individuals who are already old, according to Papalia and Feldman (2013), may present depressive symptoms if they have internalized negative views about their sexuality or if they have presumed or suffered homophobic attitudes when they were growing up because these situations end up affecting their general self-concept.

Within the LGBTQIA+ world, especially in the younger portion of this population, there is a greater preference for the young, sculpted body, and more "accepted" bodies. According to Oliveira (2014), in Brazil, this archetype of the young body is abundantly valued while the aged body is discriminated against and not accepted, which ends up giving rise to concerns and negative feelings in older people. We can perceive this fact in the movies and series we watch, and in the songs, we listen to, especially concerning the current generation, that the bodies and people who are most "well seen," dearest, most beautiful, and

most desired, are the young bodies. This logic ends up being widely replicated within gay dating apps such as Hornet, Tinder, and Grindr. All these discourses and narratives are being updated within the LGBTQIA+ community, having much more strength within the portion of gay men.

What happens when we try to understand etarism in the LGBTQIA+ community, within the umbrella of gay men? Can this etarism be stronger and more evident within this community? How does this affect these men?

2 GOAL

The objective of the present work is to explain through an online survey, and if possible, also through field research, with the help of semi-structured qualitative interviews, with the help of NGOs and people willing to respond to the survey, how aging people of the LGBTQIA+ community, focusing on the population of gay men, are affected by Etarianism, homophobia (internalized or not) and work, or lack thereof, and what impact these events have on the lives of these people.

3 METHODOLOGY

The present study will be composed through exploratory and descriptive interviews focusing on the phenomena of etarism inside and outside the LGBTQIA+ community and how this prejudice affects aging people in the LGBTQIA+ community, from 40 years of age. Using to understand most of the implicit contents of the various narratives and how prejudice is presented differently to people, we opted for this study a qualitative-quantitative approach, thus achieving that it can identify the most different narratives presented by the people interviewed, according to Gil (2008) the quantitative study is due to data collected and evaluated through techniques statistics, through contact with the reality of the sample of the public that will be evaluated. Such interviews will be conducted initially online through Google's FORMS tool, which helps make the search more diverse and comprehensive since people from different locations can respond to the survey. Suchan tools help the researcher in the delineation of the various answers to the interview questions. In the second moment, the researcher will go out into the field, if possible, and if necessary, to conduct the interviews in person, through visits to NGOs and other institutes that focus their efforts on helping people from the LBTQIA+ community over 40 years old.

The interview was outlined in five specific axes of the life and history of the subjects who will be interviewed, such axes will help both in the organization of the interview and in the design of the research. The axes are person, studies, work, sexuality, and prejudice.

During the interviews, new questions may be added or withdrawn depending on the interviewee's availability and willingness to answer or not answer such questions. Therefore, this qualitative research, as defined by Godoy (1995), aims to expand the current science through descriptive data, obtained by contact with people to obtain the optics of the subjects who are involved in the phenomenon in question.

4 THE PERSONALITY FOR PSYCHOANALYSIS AND A BRIEF HISTORICAL OVERVIEW OF HOMOSEXUALITY

For nineteenth- and twentieth-century sexology, much influenced by the psychiatrist Richard Von-Krafft Ebbing, sex alone was only a tool for reproduction, and every manifestation that escaped this goal was considered a perversion (Von Krafft-Ebing, [1895] 1990, p. 5). For Von Krafft-Ebbing "the perenniality of the human race is guaranteed by a strong instinct (Naturtrieb), which demands to be satisfied."

Freud, the father of Psychoanalysis goes against the statements of sexology in "Three Essays on Sexuality" and tries to break this biologizing discourse, which from this view of a single instinct, reduced the subject to a fixed pattern of behavior and classified any sexual conduct that "escaped" this fixed behavior as perverse and/or unhealthy.

And how does a person's personality play out for psychoanalysis? For Freud, childhood plays a crucial role in shaping an individual's personality. Childhood is already a place of sexuality, desires, and drives and even the memories of this phase of life that are repressed (forgotten) play a fundamental role in this formation. According to his "Structural Theory", also known as the "Second Topic", Freud brings us the most well-known concepts of his theory, which are the ID, EGO, and SUPEREGO. The ID seeks pleasure without considering the consequences, in this instance wants the immediate pleasure of its impulses, and almost all the contents of the ID are unconscious and most of the time, have no contact with the reality in which the subject lives; the EGO has the function of controlling the impulses of the ID, that is, it is responsible for ensuring the health, sanity, and safety for the individual; while the SUPEREGO is developed from the EGO and acts as a kind of judge over the activities of the EGO, it is in the SUPEREGO that is moral codes, models of conduct, etc. That is, for Freud the construction of a person's personality is the product of the struggle between our destructive impulses and the search for pleasure, this is unconscious. The personality of the subject Freud is quite defined in his childhood, but it changes throughout his life, therefore, the personality of an individual is not static. In other words, personality takes place in the way each person deals with his external and internal conflicts, both conscient and unconscious, and is in constant motion.

It is also important to highlight what Freud says about sexuality and about the choice of an object that we make unconsciously. The "sexual choice" is quite complex, as it involves several unconscious factors that occur in the phase of the Oedipus Complex in the individual's childhood. For the psychoanalyst, childhood is essential for the formation of personality and for the choice of the object of desire in the future (Freud, [1923] 1976). In addition to this choice of the object of desire, the phase of the Oedipus Complex and the way the subject represses and introjects various events and traumas in childhood will dictate in which of the great psychic structures we will "fit in" in the future, they are: psychosis, neurosis, and perversion. And despite the names that bring negative connotations to the words, for Freud, this does not mean that we are all sick, however, we can all fit into one of these structures, and once fitted into one of

them, this structure can not be changed. this is where there is the difference between "normality and disease". For this reason, the influence that the family has on the person during the Oedipus Complex phase is fundamental for the construction of the subject's personality.

According to Freud, "It is not for psychoanalysis to solve the problem of *homosexuality*. It must be content with revealing the psychic mechanisms that culminated in the determination of the choice of object, and retrace the paths that lead from them to the pulsational dispositions (Freud, 1920, p. 211)". Here we must consider the time when Freud studied and reported his theory, for nowadays it is unacceptable for anyone to say "homosexuality" since the suffix -ism denotes a quality of disease to the word when the correct is homosexuality. However, as advanced as Freud's discourse may seem for the time it was said, it took the psychoanalytic community a long time to accept homosexuals into its community to become psychoanalysts.

Only in 1989, the Academy of Psychoanalysis adopted a policy of non-discrimination of sexual orientation, which paved the way for the American Psychoanalytic Association, in response to a lawsuit for the threat of discrimination, also approved the policy of non-discrimination regarding the selection and admission of new candidates (DRESCHER, 2008). This discrimination had been going on since the days of the society formed by Freud, in which some psychoanalysts did not admit the entry of homosexuals into the psychoanalytic study groups. And this shift in the segregator policy of the American Psychiatric Association (APA) came long after militant movements began fighting for their rights in 1969 at Stonewall. This is large because militant movements understand that the pathologizing attitudes of the psychiatric community towards homosexuality had a great contribution to social stigma, therefore, the militant movements decided to invade, in 1970 and 1971 the meetings of the APA to protest against the damage caused by diagnoses that gave homosexuality a character. of psychiatric illness or disorder (DRESCHER, 2008).

It was not until 1973, in response to the various protests and after reviewing the issue of homosexuality for a year, that the APA removed homosexuality from the DSM (Diagnostic and Statistical Manual of Mental Disorders). However, before this removal was formally implemented by the APA, analysts from the International Psychoanalytic Association (IPA), who had argued against this change, made a manifesto and filed a petition with the APA, challenging the decision. The document, the result of an IPA meeting, contained more than 200 signatures from members and was against the withdrawal of homosexuality from the DSM. Fortunately, the final decision to remove homosexuality from the DSM was adhered to by a majority of 58% of APA voting members. (DRESCHER, 2008).

5 WHAT IS ETARISM?

Brazil is aging, according to data from the Brazilian Institute of Geography and Statistics, the IBGE on old age in the country. According to the most recent data for the year 2019, the number of elderly in Brazil reached 32.9 million people. Therefore, currently, the number of elderly in the country is already

higher than the number of children up to 9 years of age (26.9 million). With these data, the IBGE estimates that the number of elderly (60 years or more) will practically triple by the year 2060, which will represent 58.2 million elderly people (25.5% of the population). According to Maria Clara (2009), this achievement of more years of age is accompanied, above all, in Western societies, by the illusion that the aging of the individual, if it cannot be validated, can or should be delayed as much as possible.

Ageism, or Etharism as it is better known, is a term coined in 1969 by psychiatrist and gerontologist Robert Neil Butler. The term Etarism is used to describe the discrimination undertaken against a person's age (Minichiello, Browne & Kendig, 2000). And then, in the year 2004, Palmore defines the term Ageism as prejudice against older people. According to Neri (2005), attitudes of prejudice are derived from the factors of cognitive processes: overgeneralization and oversimplification. The maintenance of such stereotypes against the elderly is reflected in these two processes. The elderly are associated with negative stereotypes, those that contribute to the maintenance of the negative and homogeneous social perception that one has about these individuals and aging, for example, that the elderly are lonely and dependent.

The cult of youth is thus increasingly reinforced, and old age is permeated by stereotypes and preconceptions that reduce it to a phase of decline and loss, as Maria Clara (2009) says; we can also perceive that some stereotypes or words with negative connotations are associated with the elderly, such as inflective, lonely, unproductive, of the beings, incapable, lazy, etc.

Many situations can also evidence the manifestations of this prejudice, according to Nelson (2005), the infantilized way of talking to the elderly is one of them. This infantilized or overly simplistic language can also bring several significant problems in the cognition of the elderly individual and the self-esteem of this person, in his identity and his self-perception, is what Minichiello et al. say. (2000). And it is in the context of interpersonal relationships and the feeling of security with the community in which one lives that the greatest impact ends up happening. Therefore, prejudice regarding a person's age has the potential to determine segregation and also discriminatory social policies and practices against this group of the population, which can deprive them of access to jobs, medical treatments, etc. (Neri, 2005).

It is also known that prejudice against age is quite present within organizations. It is common for employees to be asked to retire when they reach a certain age to "rest." What happens, in reality, is that companies don't expect these individuals to be able to contribute and produce in the same way they did when they were younger. The increase in the population between 40 and 50 years within companies will mention over the next few years, as the IBGE says.

The increase of this specific population and its greater occupation bring direct consequences for organizations that do not yet know how to deal with this paradigm shift. The reduction in the supply of younger talents and the pressure on individuals who are more likely to keep their jobs longer because of the economy leads to a greater need to modify and expand more traditional models of Organizational Behavior (BALTES; FINKELSTEIN, 2011).

According to the ETHOS Institute, there is a gap between age and higher hierarchical levels within the 500 largest companies in Brazil (ETHOS, 2010), therefore, the higher the hierarchical level the greater the presence of people with more advanced ages in these positions. This fact brings two consequences, people with more advanced ages and in higher hierarchical positions, end up earning 36.3% more than younger people in hierarchical positions of the same level (IBGE, 2006); this also leads to a greater frequency of people who end up approaching retirement at these same hierarchical levels.

Contrary to these facts, Brazil has had a constantly declining unemployment rate since 2003 for people over 50 years of age, and most of the companies studied do not have any retention program for older people in organizations (IBGE, 2006). It is important to understand how these age stereotypes (low productivity, poor health, risk of illness, etc.) influence recruitment and selection processes, people retention programs and career development, etc. Of course, we need to highlight that some organizations try to formulate strategies to retain older workers who are more engaged and productive while trying to attract young talent through career development programs to be the future leaders within that or other companies (LOTH; SILVEIRA, 2014).

But what about Etarism within the LGBTQIA+ community? How do individuals who are part of this community end up being affected by this prejudice?

According to Ludgleydson Fernandes de Araújo (2017), aging is a universal and natural phenomenon, but how this process is experienced will depend on the historical context in which the subject is living his culture and the way he perceives himself. Therefore, a large portion of how the individual experiences this process is closely linked to the community in which he is inserted. The way the subject perceives himself as part of this community and how this community treats him can also interfere with the aging process and this process also entails several changes, whether physical, psychological, or social.

Kiesner, Cadinu, Poulin, and Bucci (2002), suggest that the identification of the subject with a certain larger group of people that makes him feel welcomed in some way can be conceived in terms of great subjective importance for this subject, which can bring feelings of pride and sentimental towards the group. In addition, this identification can be even stronger and more important when we talk about groups marginalized by society, as is the case of the LGBTQIA+ community. That is, it is a form of connection, an intensity of how belonging to this group is experienced by the individual within that group or community.

In the society in which we live today, the body alone occupies a place of immense prominence, especially the robust, active, and sexualized body (Ludgleydson, 2017). That is, the younger and more perfect the body of a given subject, the better seen and more desired by society, in general, it will be. We can see this in most areas of the LGBTQIA+ community, whether in conversation circles with people who tell jokes or make some kind of mockery of older people, more commonly called "cacuras, daddies, old, old shoes (in the case of women)" etc., or in dating apps that let the user limit the going and the person they want to meet or let the user be openly ageist in the profile of the application, saying that "do not like older

men", not always in such a "polite" way. Therefore, old age can bring with it a nuisance for people in general, but a much heavier nuisance when we look at the LGBTQIA+ community for reasons well known to the two communities, but which impact these communities in different ways. Among these reasons, we can highlight that bodies are no longer the same as in the past, the challenges of life are different, the fear of abandonment and perhaps not having a support network, the sexuality of the individual also changes, etc. (Carlos, 2017).

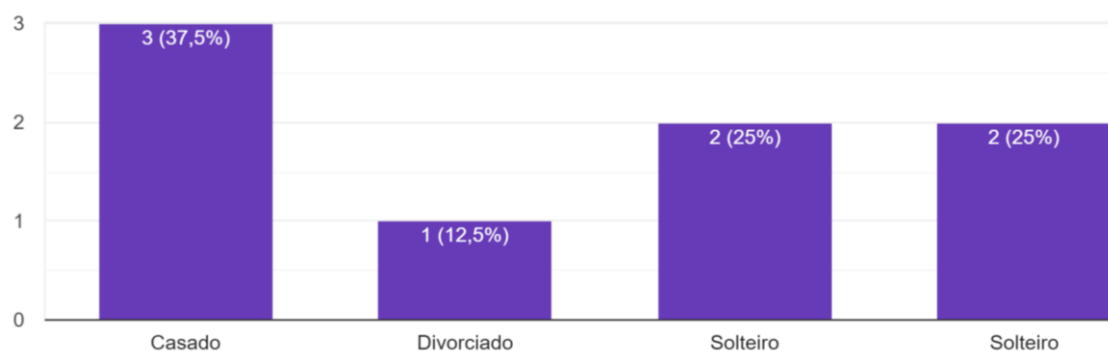
It is important to highlight that people who are now elderly and part of the LGBTQIA+ community, according (Fredriksen-Goldsen, 2015) are members of a generation considered silent, in which same-sex relationships were a huge taboo and were often criminalized, which made them socially invisible. behold. This fact also brings a new conflict to light, that the elderly who are part of this community need to "come out of the closet" again or even come out as homosexual for the first time within this phase of life. In this way, we can see that Etarism affects and brings conflicts to the lives of the elderly in general, but when we look at the LGBTQIA+ community these conflicts are harshly experienced by these people in a different and often much heavier way.

It is also worth noting that while writing this article, the World Health Organization (WHO) has decided that it will include "old age" in the update of the year 2022 of the International Statistical Classification of Diseases and Related Health Problems, better known as ICD, widely used by doctors to diagnose diseases in offices.

6 DISCUSSION

After a few days of the research having been placed on the internet, it was possible to reach eight people who were willing to answer most of the questions proposed by the researcher within the *Google Forms tool*. In the first axis, called Pessoa, the university obtained the following data: all respondents were cisgender gay men aged between 50 and 59 years. Among the respondents, 4 are single, 3 are married and 1 is divorced.

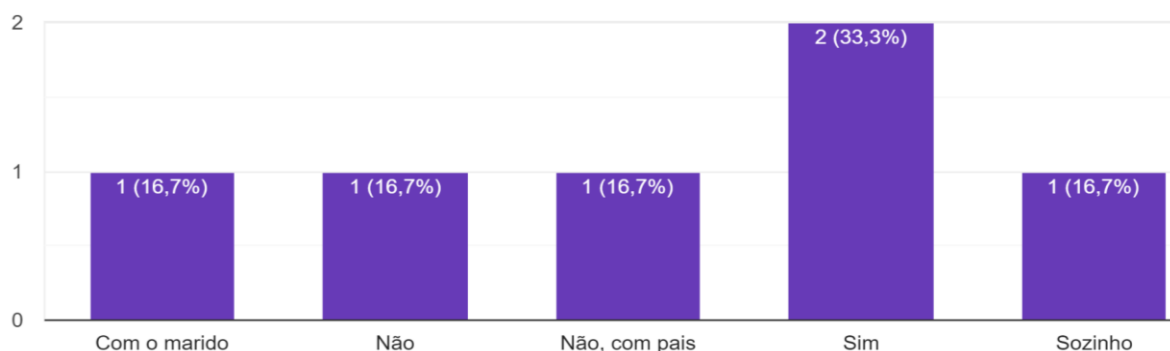
Figure 1 - Marital status information



4 interviewees live in the city of São Paulo, 1 currently lives in Buenos Aires and the other 3 did not answer this specific question.

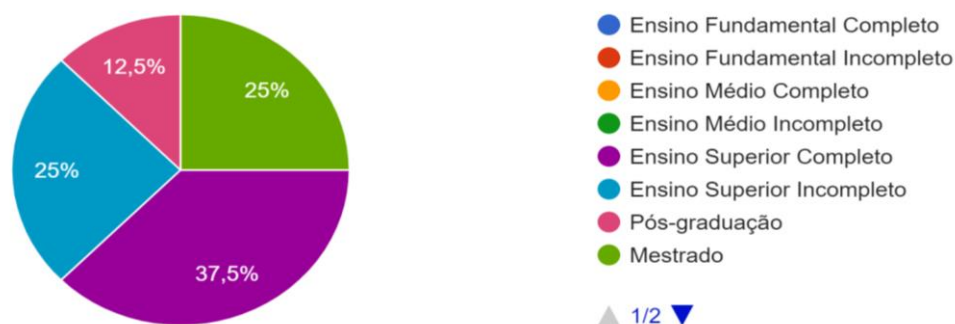
3 of these interviewees live alone, 2 live with their husbands, 1 live with their parents, and another 2 did not answer this question.

Figure 2 - Who do you live with?



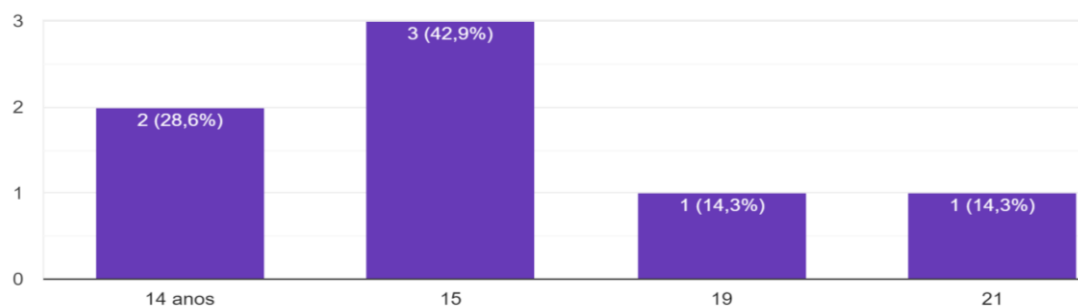
In the second axis, called Studies, 3 of the interviewees have completed higher education, 2 of them have a master's degree, 1 of the interviewees has a postgraduate degree in their area, and only 2 of the interviewees do not have completed high school. It is important to point out that these data contribute to knowing your placement in the labor market, and your income, as well as better retirement and living conditions, both in the present and in the future.

Figure 3 - Schooling



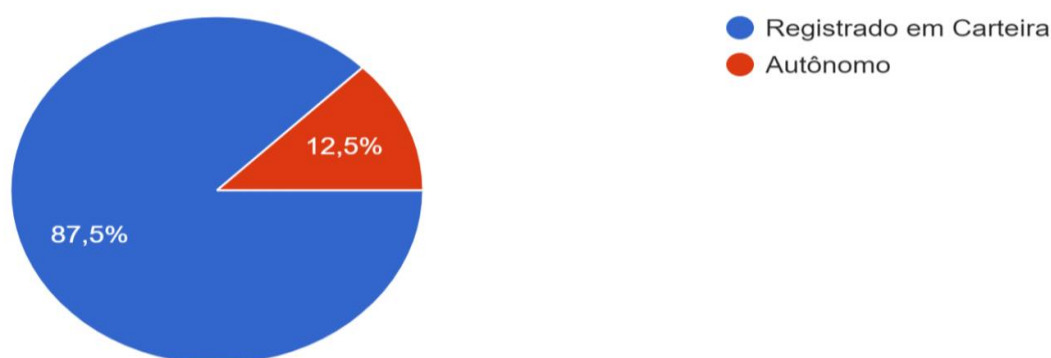
When the questions of the third axis, called Work, were initiated, most of the interviewees answered that they started working during adolescence. Two of these interviewees reported that they started working at age 14 and another three at age 15;

Figure 4 - How old did you start working?



7 of the interviewees had been working since adolescence with a formal contract, and one of them worked autonomously.

Figure 5 - Information about work and registration in the portfolio



Another important point to be analyzed is that most of them said that they did not feel professionally fulfilled (5 of the interviewees), which can lead to feelings of frustration regarding the future, which for the adolescent seems so uncertain. When asked if they feel professionally fulfilled these days, 4 of them said yes, while the others said they weren't sure or chose not to answer.

When asked why they started working so early, most of the answers were "to help parents with bills," and "to have independence." However, another answer draws a lot of attention for showing the prejudiced tone that this individual needed to face already in the period of adolescence: "Viado has to work after finishing the 2nd Degree. I blame my father for not studying at UNB." Here we can see that the individual already faced prejudice that came from inside the house and did not even have the support to continue his studies in college.

As we entered the room of questions, called Sexuality, the participants were faced with the question about when they understood themselves as homosexual. Some interesting answers emerged, such as one of the interviewees stated that he had already felt "different" since the age of five, while another stated that at the age of thirteen, he already knew that he was homosexual, as he reports: *I was a child. I always felt different from the other boys. My first sexual intercourse was at 13. When the charges on girlfriends began,*

I assumed I was understood from 17 to 18 years old, in 1980. The word "understood" was a term often used during the 1970s and 1980s to designate gay men.

Regarding how this process of their sexuality took place, most of the interviewees stated that they were arduous moments, one of the interviewees also reported "*Many conflicts with my parents and relatives. Lonely but I have never seen homosexuality with guilt or deviation of behavior. I've had friendships that have helped me a lot.*" Still on the discovery of sexuality, when asked how the relationship with family members was after this discovery, seven of the interviewees stated that it was "complicated and difficult" for them (the parents) to understand what was happening; only one of the interviewees contrasts with the other answers, stating that "*My sexual orientation was never the cause of fights or charges with my family members.*" When asked how the relationship with family members is today, most answered that they do not have a close relationship with the family, but that this does not affect them; one of the interviewees has a short but very elucidative account of the homophobia that he suffered and still suffers, he reports: *mine are deceased and my relatives do not come to me. No one wants achona animals around.*

When asked if they participated in any kind of LGBTQIA+ militancy, seven of the respondents stated that they do not participate in any militancy or gay group in their city; only one of the interviewees stated that their activism comes through their studies of the LGBTQIA+ community. Still, with militancy and participation in the community, 3 interviewees never participated in LGBTQIA+ Pride Parades; however, two of them stated that they participated and continue to participate in various stops, said they felt very good during the event, and were very welcomed.

When we enter the fifth and final axis, called Prejudice, they all claimed to know what homophobia is. When asked about etarism, 4 of them knew how to answer what this prejudice was, while the other 4 interviewees did not know how to answer. When asked if they had ever suffered any of these prejudices, 4 of the interviewees answered in the affirmative, 2 of them answered that they had never suffered any of the two prejudices and the other two answered that they may have suffered at least one of these prejudices. For 6 of the respondents, homophobia was what marked them the most, for 1 of them etarism was the most striking and for only 1 of them, both precepts marked it significantly.

Within this same axis of questions, when asked about what they felt when they suffered these prejudices, several reports emerged, most of them were quite categorical concerning the answers, such as: "a lot of the bad", and "*traumatic*"; one report ends up drawing attention because one of the interviewees describes what happened as "*a punch in the stomach*", he also said that "*I think homophobia was more complicated because it started at home*", regarding etarism, the same interviewee stated that "*A new gay man said that the bar was full of cacura. At the counter, there was only me with a white beard, I gave an aggressive response.*"

When asked if they already saw themselves as elderly, 4 of the interviewees stated that they did not feel elderly and that advanced age is "*in the eye of the beholder*"; however, 2 answers end up becoming evident. One of the accounts is "*I don't perceive myself as elderly.... but half a century... society classifies*

as elderly...", with this report we realize that etarism is within society and affects people in different ways because as much as he does not feel elderly, society classifies him in this way. The other respondent states that he realized he was elderly *"from the moment people stopped being attracted to me."* The most common point in most research is that older people do not have the right to exercise sexuality as fully as younger people. When asked if they have ever suffered prejudice because they are older people in the community in general, they stated that they have never felt it, but when asked about the LGBTQIA+ community, one of them replied that *"within the community, it is more difficult to age, because the prejudice is more evident"*, another respondent also said that when he suffered this prejudice *"it was sad, I thought I'd never go out with anyone again."* Again we can see that aging people, especially within the G community of the acronym, are forbidden the right to exercise their sexuality fully and to feel that they are a desired person.

When asked what it's like for them to age within these communities, although the first responses were more negative, 6 of the interviewees said they felt *"proud of their age and their walks here, although sometimes it is difficult."*

7 FINAL CONSIDERATIONS

LGBTQIA+ old age is still a taboo subject, which is shrouded in various prejudices, both from people who are inserted in this community, as well as from outsiders. This taboo ends up being reflected in the low number of responses in this work. Etarism is sustained mainly by the maintenance of some stereotypes related to the age of individuals (Pinquart, 2002). Age then ends up being a social category that guides society's attitudes toward people. From a certain conception of a person's age, deductions (positive and negative) are made about skills, both cognitive and social. And it will be these deductions that will determine how people view older people (Cuddy & Fiske, 2002).

It is important to point out that each person will age uniquely, and this is independent of their sexual orientation. However, there are social markers, such as place of residence and place of origin, social class, race/ethnicity, schooling, etc., that will influence this process. The invisibility of the elderly, especially people who age within the LGBTQIA+ community, comes from this social discrimination, which results in the isolation of many of these individuals. It is necessary to talk about the difficulties encountered to discuss this theme, although there is a small advance on the proposed subject, the little literature in the Portuguese language that deals with the subject is quite scarce when focused on the LGBTQIA+ community, which is one of the reasons why we sought to create this work.

Therefore, the fight against etarism, both inside and outside the LGBTQIA+ community, should be done in the change of social beliefs that we have of people considered older. Thus highlighting the great need to change concepts that are related to identities, generation, and gender, because these new configurations have been presented in the present and it is necessary to include everyone.

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ATTACHMENT

SEMI-STRUCTURED ONLINE INTERVIEW

PERSON

- What's your name?
- How old are you?
- What is your sexual orientation?
- What is your gender?
- What is your marital status?
- Have you always lived here?
- Where were you born?
- In which neighborhood?
- Do you currently live alone?

STUDIES

- What is your schooling?
- Did you have the opportunity to study, finish school, etc?
- If so, up to which series?
- Did you go to college?

WORK

- Did you work as a teenager?
- How old did you start working?
- What was his profession?
- Why did you need to start working?
- Did you have a license record or were you working as a freelancer?
- Did you work with what you liked?
- Did you feel fulfilled professionally?
- And today, do you feel fulfilled professionally?

SEXUALITY

- Do you remember when and how you discovered your issue with your sexuality?
- What was that process like for you?
- What was the relationship like and what was the relationship between you and your family at the time?
- How is your relationship with your family members today?
- And with your friends? How did they deal with this issue?
- And what is the relationship with your friends like these days? Do you still keep any friends from that era?
- Have you participated in any Pride parades?
- How did you feel about this event?
- Do you participate in any kind of LGBTQIA+ activism? If so, which one?

PREJUDICE

- Do you know what homophobia is?
- What do you mean by homophobia?
- Do you know what etarism is? (Otherwise, explain this kind of prejudice)
- What do you mean by Etarism?
- When did you notice yourself a person goneto?
- Have you ever suffered any kind of prejudice?
- Which one marked you the most?
- What is it like for you to be elderly within society at large and what is it like to age in this society?
- Have you ever suffered prejudice explicitly for being an elderly person in society at large?
- Are there any specific events you'd like to share about this?
- And what is it like for you to be senior within the LGBTQIA+ community?
- Have you ever suffered prejudice for being an elderly person within the LGBTQIA+ community?
- Are there any situations you'd like to share?
- Is there a specific event where you found yourself elderly?
- And what is it like for you to age within the LGBTQIA+ community?
- Was there anything you'd like to comment on that wasn't asked earlier?
- Would you like to leave a message or a line for the generation that is coming now?