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Cappy Shapiro
The Role of LGBT Community in
the Lives of Lesbians Over 65: An
Exploratory Study

ABSTRACT

This study was undertaken to explore the role of lesbian, gay, bisexual and transgender community in the lives of lesbians over 65. Lesbians over 65 have lived through a period in U.S. history when homosexuality was not socially acceptable or safe; LGBT individuals lived with a real and constant threat of loss of employment and family, and of violence, without protection of law that is afforded today. LGBT individuals are currently more accepted, safe, and visible in the U.S, as are the communities that they have formed. With these new developments, do lesbians over 65 participate in, or connect with these communities? Do they wish for greater involvement? If so, what are the barriers? Do they experience ageism and/or sexism in LGBT communities?

This qualitative study used semi-structured open-ended questions to interview twelve lesbians spanning a range of geographic areas and ages over 65. The study found that participants did not experience exclusion due to ageism or sexism, rather that levels of involvement in LGBT community were determined by personal preference. Initial LGBT community involvement was found to be an important aspect of self-acceptance, allowing for greater engagement with life and self-growth—measures designated by the National Institute of Health that indicate successful aging. Bereavement supports for lesbians over 65 who have lost a spouse were found by this study to be insufficient. The study suggests that LGBT community agencies implement LGBT specific bereavement support services, and outreach and advocacy.

The Role of LGBT Community in the Lives of Lesbians Over 65: An Exploratory Study

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

Cappy Shapiro

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2013

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CHAPTER I

Introduction

In recent years, a modest amount of attention has been given to the aging LGBT population by specialized agencies (SAGE, LGBT Aging Project) and by research. The reason for focusing on this specific demographic is that within aging communities and aging services, consideration is seldom given to needs that are particular to lesbian, gay, bisexual, and transgendered elders—a population that has been widely described as “invisible” among older American populations (Brotman, Ryan, & Cormier, 2003; Butler, 2004; Crisp, Wayland, & Gordon, 2008; D’Augelli, Grossman, Hershberger, & O’Connell, 2001; Hash & Cramer, 2003; Shankle, Maxwell, Katzman, & Landers, 2003). LGBT community membership can offer important strengths and benefits. For example, LGBT-specific agencies offer culturally competent services; social connections with other LGBT individuals provide positive LGBT identity, which is predictive of self-esteem, psychological well-being and adjustment (Frable, Wortman & Joseph, 1997; Luhtanen, 2003). While the benefits of community membership are well researched and accepted, the accessibility of these benefits to LGBT older adults is not understood.

Within the small but growing research studies that focus on aging LGBT populations, none address this gap in understanding the role that LGBT community does or could play in the lives of older LGBT adults. An objective of this exploratory research study is to begin to understand the role of LGBT community in the lives of

older LGBT adults, and to assess whether LGBT community agencies and members need to make changes in order to better support older members. In looking at LGBT involvement, this study specifically focuses on lesbians over 65.

To begin to address gaps in existing research, this study poses the questions: Are lesbians involved in LGBT communities? If not, what are the barriers? Questions secondary to the primary research questions are: How do lesbians over 65 conceive of and define the LGBT community? Do lesbians over 65 experience ageism and/or sexism from the LGBT community? This research seeks to understand whether lesbians over 65 would like to interact more with LGBT communities; to identify the barriers to this population's involvement and participation in LGBT communities; to understand if and how lesbians over 65 feel they may benefit from increased participation in LGBT communities; and to determine how LGBT communities could become more inclusive of the population of lesbians over 65. To answer these research questions, twelve lesbians over the age of 65 were interviewed regarding their concept of, and involvement in LGBT community. Their responses were coded and the data was organized thematically.

Previous research has pointed to homophobia and heteronormativity as forces that have marginalized LGBT older adults within aging and health services (Johnson, Jackson, Arnette, & Koffman, 2005; McFarland & Sanders, 2003; Orel, 2004). Although homophobia and heteronormativity are not exclusive to LGBT older adults, it is clear that they directly affect this population, particularly as individuals age and become more dependent on supports.

Because of the historically conflicted relationship that LGBT adults over 65 have with institutions and providers, community and "chosen family" supports are particularly important for this population (Russell & Bohan, 2005). While research

exists that explores alternative support systems of lesbians over 65, little is understood about support that is specifically from LGBT communities. Complex forces of ageism and sexism could be at play to alienate lesbians over 65 from participation in LGBT communities, leaving this demographic denied the benefits of community involvement. If lesbians over 65 are, indeed, excluded from LGBT communities, their increased involvement could be mutually beneficial to lesbians over 65, to younger community members, and to the overall health of these communities. The purpose of this study is to partly address the gap of research and of knowledge about patterns of support and possible exclusion. Information regarding this population's involvement in LGBT communities could be beneficial to LGBT communities as well as to those working in the field of services to the aging, and to lesbians over 65.

CHAPTER II

Literature Review

The goal of this study is to build on the limited amount of research on aging lesbians, and to promote further research that focuses on this population. This chapter uses empirical evidence drawn from a variety of studies to explain the relevance and importance of studying aging lesbians; the purpose of differentiating lesbians over 65 from their heterosexual peers, and lesbians over 65 from younger generations of lesbians; and the value of connection to LGBT communities. This study also points to research that is needed in future studies to better understand and address the needs of this population. The framework used that best fits this line of research is the theory of intersectionality; Erikson's Stage Theory of Psychosocial Development is explored critically in this chapter.

The estimated population of lesbian, gay, bisexual and/or transgendered individuals over 55 in this country ranges from 3-4 million, and is expected to increase proportionally with the aging population (Donahue & McDonald, 2005), reaching an estimated 6 million by 2030 (Cahill et. al, 2000). Limited research that is available generally concludes that more research ought to be done on this group to understand the specific needs of this demographic, such as culturally sensitive medical, gerontological (Orel, 2004) and mental health care (D'Augeli, 2001), as well as how to best address these demographics' specific needs, including social and welfare policy

reform (Barker et. al, 2006; Knauer, 2009), and cultural sensitivity training for care providers (Donahue & McDonald, 2005). Of the limited research on LGBT-identified individuals over 65, there is a disproportionately small amount of research that focuses on lesbians over 65, rather than on gay men (Barker et. al, 2006), or on a combination of gay men and lesbians over 65.

Pointing to the lack of research about lesbians over 65 raises the question: Why should research focus specifically on LGBT-identified individuals over 65—and specifically lesbians over 65—as distinct from heterosexual individuals over 65? Why would research focus on the 65 and over population among LGBT individuals?

The theory of intersectionality explains that individuals experience “different degrees of oppression and privilege based on “...relative positioning along axes of interlocking systems of oppression, such as racism, classism, sexism, ethnocentrism, and ageism” (Hulko, 2004). Based on intersectionality theory, lesbians over 65 experience sexism, homophobia, and ageism in complex ways. For example, experiences of sexism or of ageism could be vastly different from that of lesbians’ heterosexual contemporaries; homophobia is likely experienced very differently from their gay male peers because of intersecting identities and interlocking oppression. Intergenerationally, the concerns and experiences of younger lesbians may have very little in common with those of lesbians over 65 due to the concurrent experience of ageism. According to Han (2007) and Frost & Meyer (2012) females may feel less connected to LGBT communities because many aspects of these communities are male oriented. Therefore, the experience of lesbians over 65 cannot simply be understood with an additive approach (Hulko, 2009), which is to say that the oppression of women, plus the oppression of LGBT individuals, plus the oppression of individuals over 65 does not equal the overall

oppression experienced by lesbians over 65. This demographic must be studied as distinct from each of these general social categories.

Why differentiate lesbians over 65 from their heterosexual peers?

Studies suggest that lesbians over 65 do not access formal support systems, particularly aging supports. Discrimination (Averett, Yoon, & Jenkins 2013), heteronormativity (Fairchild, Carrino, & Ramirez, 1996; Friend 1987), and distrust of these support systems due to longstanding histories of institutional oppression (Barker et al, 2006; Richard & Brown, 2006) are cited as major barriers to access. Medical, social, and theoretical research resoundingly establishes the benefits—particularly mental health benefits—of having social supports (D’Augelli et al, 2001).

Across several studies, LGB individuals over 65 are observed getting supports differently from their heterosexual contemporaries. For example, the findings of Dorfman et al (1995) are that LGBT individuals over 65 experience, on average, the same level of depression as their heterosexual contemporaries, but that heterosexual versus homosexual individuals over 65 have different support and social systems as protective factors against depression. LGBT identified individuals over 65 typically have support from what is known as “chosen family”—close friends who are deemed family (for example, in instances when support is not available from biological family members who have disowned their relative for being lesbian, gay, bisexual, or trans identified). In contrast, heterosexuals over 65 were more likely to have support from their biological family. Because LGBT individuals over 65 are more likely to rely on chosen family, their connection to community may be particularly important. However, there is no existing research about LGBT community involvement or support for lesbians over 65.

Successful Aging

In recent decades, interdisciplinary research has sought to understand “successful aging,” a concept that aims to counter a Western, primarily medical approach that focuses on physical disability and disease. Instead of pathologizing the physiological changes that occur, successful aging takes a holistic approach to understanding psychosocial and health needs of aging individuals. Although debates about what constitutes successful aging continues, patterns and consistencies in studies regarding psychological, social, and attitudinal factors have emerged (Fisher, 1995; Phelan & Larson, 2002; Reichstadt, Depp, Palinkas, et al., 2007; von Faber, Bootsma-van der Wiel, van Exel, et al., 2001). Understanding these components of successful aging are important in informing clinical practice, policy, and aging services.

Generally, older LGBT individuals’ needs are comparable to those of older heterosexuals (Butler, 2004; Cahill presentation, 2013)—what accounts for differential needs is that older LGBT individuals may encounter or fear homophobia and heteronormativity among peers and from care providers, and have faced tremendous historical disadvantages. Given that LGBT older adults’ needs have been found to be largely the same as those of heterosexuals, the measures of successful aging are likely applicable to this population, though more research is necessary to make this determination.

In a qualitative research study of adults over 60 conducted in conjunction with the National Institute of Health, “self-acceptance and self-contentment,” and “engagement with life and self-growth” were identified as major themes of psychosocial factors that indicate successful aging (Reichstadt et al., 2011). Self-acceptance and self-contentment include “comfort with self and/or self confidence” which, for some who

were interviewed, was a “newfound feeling.” Strong coping skills and self-acceptance among older LGBT adults have been observed in a number of studies (Barranti & Cohen, 2000; Butler & Hope, 1999; Healy, 2002; Van Wormer et al., 2000). Possible reasons for the resiliency of this particular demographic include:

- LGBT individuals have had to forge their own social supports due to familial and/or societal rejection
- LGBT individuals have learned to cope with the stigma of their LGBT identity, and the stigma of aging is not nearly as severe
- LGBT individuals have had prior experience adapting to having an identity that is on the periphery of society
- LGBT individuals have more adaptable and fluid concepts of their own gender and gender roles, which can change in aging processes

This study found that LGBT older adults are more likely to align with the “self-acceptance and self contentment” aspect of successful aging due to this resiliency. This concept is corroborated by a 2011 Met Life report on LGBT aging in which 74% of respondents reported that “being LGBT helps me prepare for aging.”

According to this NIH study, “engagement with life and self-growth,” includes three main components: “novel pursuits,” “giving to others,” and “social interactions.” “Novel pursuits,” engaging in new activities for enjoyment and enrichment, are important for mental stimulation, challenge, and development. “Giving to others” is a way of engaging, socializing, and enjoying oneself, while gaining a sense of fulfillment. Some of the interviewees in this study associated the act of giving to others with a feeling of purpose.

Research points to LGBT older adults facing discrimination from their heterosexual peers (Orel, 2004) and from aging services (Johnson, Jackson, Arnette, & Koffman, 2005; McFarland & Sanders, 2003; Orel, 2004). As a result of discrimination, are lesbians over 65 precluded from participating in activities and community that would fulfill a need for social interactions, novel pursuits, and giving to others? Have lesbians over 65 adapted to exclusion by finding other outlets for these needs?

According to Barker et. al., “Social support has typically assumed a heteronormative paradigm, with age and life cycle norms appropriate to heterosexuals.” In this case, current models for successful aging could likewise be a heteronormative, and culturally inappropriate standard for LGBT individuals. This research project examines these ideas with a supposition that LGBT community could incorporate successful aging into policy, practice, and competency; or that aspects of successfully aging could be used in a model specific to LGBT aging adults.

Why differentiate lesbians over 65 from younger lesbians?

Societal perceptions, definitions, and treatment of homosexuality, and specifically of lesbians, have changed significantly over the past century. The acceptance and visibility of homosexuality have generally grown such that many states have adopted rights for same-sex couples (such as same-sex marriage, adoption, hospital visitation rights), and protection for LGBT identified individuals, the rate at which has been rapid in recent decades. According to Ned Flaherty of Marriage Equality USA, states have adopted same-sex civil marriage thirteen times faster than in 1990 (2013).

While these changes have taken place, many gay and lesbian individuals are more out among friends, family, their communities, and at their workplaces, and many work towards rights for same-sex individuals and couples to varying degrees. Some younger

lesbians foresee themselves marrying, not in secrecy, and with all of the legal bearings of what was once reserved only for heterosexual marriages. Some would like to jointly adopt children. In the excitement of new rights and protections that allow for openness of and opportunity for identity and family, many younger gay and lesbian individuals, perhaps, do not have perspective to understand the danger, not long ago, implicit in being discovered or suspected to be gay or lesbian; there is not a wide recognition of older gays and lesbians, nor empathy for the reticence of older gays and lesbians to be open about their identities.

Traditional psychosocial developmental theories, such as Erikson's Stages of Psychosocial Development describe the processes by which individuals' identities form. In each stage, the individual negotiates the ways in which they relate to the world around them. For example, during the fifth stage, adolescence, the individual needs to develop a sense of self and personal identity. If this stage is not successful, the individual experiences a weak sense of self, and displays role confusion (Erikson 1959; Erikson, Erikson, & Kivnick 1986).

While this theory may be thought of as irrelevant (Peacock, 2000) or insensitive for gay individuals, it can be helpful in understanding how shifting societal perceptions of homosexuality throughout history have influenced individual development of gays and lesbians in different ways. Changing societal perceptions cannot change what an individual experienced in a previous stage.

A lesbian who experienced her adolescence in the 1950's would have had society reflect back to her a rigid role based on her gender. It dictates her dress (feminine), her mannerisms (demure), who she is attracted to (males), and her life objectives (to marry a man, to have and raise children, and to care for her home and husband) (Brown,

2009; Glenn, 2004). During her adolescence, if she experimented with gender-nonconforming roles, she would be likely to have friends, family, and her community reflect back to her that these roles are unacceptable and unsafe.

Lesbians and gays have historically had to “pass” as heterosexual for their own safety (Barker et. al, 2006), because society had previously reflected negatively on homosexual identities and roles (Meyer, 2003). With changing attitudes towards homosexuality, younger generations are more likely to be able to safely experiment with gender-nonconforming roles. They are more likely, for example, to be able to “come out” to family and peers and maintain relationships with them, whereas older gays and lesbians were more likely to jeopardize their relationships with such a disclosure (Dunlap, 2011; Grierson & Smith, 2005; Savin-Williams, 2005).

From the perspective of Erikson’s stage theory, lesbian and gay individuals’ identity development could differ significantly based on societal perspectives of homosexuality during different periods of psychosocial development. Stage theory could, in part, account for patterns of generational differences that have been widely noted by research on older gays and lesbians (Averett et al., 2011; Barker et al., 2006; Cohler and Galatzer-Levy, 2000; Dunlap, 2011; Grov, Bimbi, Nanin, & Parsons, 2006; Johnson et al., 2005; Knauer, 2011; MetLife, 2010; Russell & Bohan, 2005).

LGBT Communities

The importance of connectedness to LGBT communities among mostly younger LGBT populations has been well established by research, particularly as related to mental health and well-being (Frost & Meyer, 2012; Kertzner et al., 2009; Meyer, 2003; Ramirez-Valles, Fergus, Reisen, Poppen, & Zea, 2005). Having a connection with LGBT communities is an important step for many LGBT-identified individuals in addressing

and diminishing internalized homophobia, and in their process of coming out (Corrigan & Matthews, 2003; Frost & Meyers, 2012; Galatzer-Levy & Cohler, 2002). Meyer (2003) posits that by connecting with LGBT communities, LGBT identified individuals are able to make positive comparisons to one another within a shared social norm, rather than comparing themselves to normative, heterosexual standards that are imposed by forces of heterosexism. Connectedness to LGBT communities is also believed to counter the negative effects of minority stress on mental health (from being discriminated against, facing stigma and prejudice) (Frost & Meyer, 2012; Major & O'Brien, 2005; Meyer, 2003).

Research regarding the effects of non-involvement in LGBT communities is inherently difficult to obtain, because LGBT individuals who are not out, or are isolated or alienated from the community, are difficult to find. This topic has yet to be covered with empirical research. Understanding these effects may help to better understand lesbians over 65, particularly if the hypothesis that they are often excluded from LGBT communities is true.

Although some literature exists about LGBT identified individuals over 65, there is a gap of information specifically focusing on lesbians over 65; and while there is research about connectedness and the value of connectedness to the LGBT community among various populations of gay men, there is a gap of information about lesbian identified individuals over 65. Does this deficit of research reflect a deficit of services and supports for lesbians over 65? Does the triple intersectionality of being homosexual, female, and over 65 exclude this population from support from their communities—specifically the LGBT community? In bridging the deficit of information, a key purpose of the study is to create awareness in the LGBT community about lesbians over 65 and

their needs, so that the community can better serve this population, which could strengthen the community as a whole, if indeed there is this need.

CHAPTER III

Methodology

This qualitative exploratory study seeks to better understand the role of LGBT community in the lives of lesbians over 65. Few studies exist that focus on this demographic, and no empirical studies explore connections among the LGBT community and aging lesbians. Because little information is available to draw from, narrative data with open coding is most effective. Twelve to fifteen participants were sought through snowball sampling, as well as through flyers that were posted in public spaces. This chapter will outline the process of collecting and organizing data for this research project.

Sample

This study sought twelve to fifteen self-identified lesbians over the age of 65. Self-identified bisexual women were excluded; self-identified lesbian transwomen were permitted to be in this study. Participants were required to speak English proficiently.

Interviews were conducted with twelve self-identified lesbians ages 65 to 84. The geographic range included seven states; participants inhabited rural, urban, and suburban areas. Participants had a wide range of religions, religiosity, and spiritual orientations. All participants identified their race as white. None of the participants disclosed that they are transgender, nor did they disclose that they are cisgendered.

This investigator sought participants through social media outlets (Facebook [Appendix A] and LinkedIn [Appendix B]), emailed friends and colleagues across the country (Appendix C), and emailed various LGBT and aging organizations (Appendix D). Flyers were likewise distributed to friends and colleagues who were asked to post them in areas where they might have been seen by the targeted sample (Appendix E). These flyers were posted, for example, in senior community centers and in coffee shops. Emails requested that the recipients send them to others who either fit the criteria to be a research subject, or who might know of someone who would. The message to friends and colleagues included a phone number, email address, and mailing address where potential subjects could reach this interviewer. The message for organizations, as well as the flyers, included a phone number and email address.

Participants contacted this interviewer by phone and by email, and were asked to verify their age, sexual orientation, and interest in the study. They were encouraged to ask any questions they had about the study. If potential participants confirmed interest in participating in the study, an interview time was scheduled.

Approval for this research study was obtained from the Smith College School for Social Work Human Subjects Review Committee (Appendix F).

Participant Demographics

This study sought maximum variance in terms of geographical and social location, including racial identity, national origin, relationship status, and age over 65.

Data Collection

Because there is little existing data about aging lesbians' involvement in LGBT communities, this exploratory study uses qualitative interviews. The semi-structured interviews sought to address various research questions: If aging lesbians do interact

with the LGBT community, then in what ways? If they are not interacting with the LGBT community, do they wish to? What are the barriers?

Each participant signed an Informed Consent (Appendix G). Participants who were interviewed in person signed their consent forms before the interview; the participant who was interviewed over the phone was mailed her signed consent form.

All interviews were recorded on the interviewer's encrypted personal computer using the software Garage Band. All interviews are transcribed by the researcher.

Data Analysis

Demographic data was collected and compiled into descriptive statistics. Descriptive data was first analyzed using open coding, meaning that codes were not predetermined, and were developed after close analysis of the transcriptions. Each code is labeled and defined with examples. Thematic analysis was employed and is addressed in depth in the Discussion chapter.

Terminology used in the study was defined to maintain consistency. For example, the term, "interactions" with LGBT community will include both participation and connection. "Participation" in the LGBT community is involving oneself with an organized group or event in which a primary function of the group or event is to bring together LGBT-identified people. "Connection" is involvement in informal groups or social circles that primarily identify as LGBT or LGBT friendly, but are not distinctively created for the purpose of bringing LGBT identified people together

Confidentiality

All identifying data is presented in the aggregate without reference to identifying information or characteristics so as to maintain confidentiality. Participants were assigned pseudonyms for the purpose of the study to protect their identities.

Participants' informed consent forms are stored in a lock box, separate from any data regarding participants. Contact information for all participants is stored in a password encrypted Excel document. Audio files and transcriptions are stored on a password-encrypted computer. Playback of audio files for transcription was done privately with headphones so as to protect confidentiality.

Participants were instructed that they would be permitted to withdraw from the study at any time and for any reason.

All data, audio files, notes and consent forms will be kept securely locked or password-encrypted for a period of three years or until they are no longer needed, as stipulated by federal guidelines, after which time they will be destroyed.

CHAPTER IV

Findings

The purpose of this exploratory research study was to answer the following questions: Do lesbians over 65 wish to have more involvement in LGBT community? Are lesbians over 65 excluded from LGBT community involvement? This chapter will present themes that emerged from interviews in order to address these questions.

Sample Demographics

Interviews were conducted with twelve lesbians ages 65 to 84. The geographic range included seven states; participants resided in rural, urban, and suburban areas. Participants had a wide range of religions, religiosity, and spiritual orientations. All of the participants had occupations that would place them in middle class. One had a job as a contractor, and was working full-time; the other eleven worked or were retired from white-collar jobs, meaning that their careers entailed professional, managerial, or administrative work. Seven continued to work full-time. Four were retired, and of those two worked part-time or volunteered. None of the participants disclosed that they are transgender, nor did they disclose that they are cisgendered—a term that describes a person whose biological sex has been congruent with their gender from birth.

Eight of the participants are divorced from a male partner. One is separated from her wife and cannot obtain a same-sex divorce due to local laws regarding same-sex marriage and divorce. (Her wife has since remarried a female). One participant is

widowed¹, and married in California during the period when it was legal to do so. Her state of residency has since passed marriage equality after her wife passed away. One participant is in a domestic partnership, and her state has since passed marriage equality. Three of the participants are married—none of the three marriages are recognized by their state of residence.

For more information about participant demographics, see Table 1.

Defining LGBT Community

Each of the participants was asked to define what the term “LGBT community” means to them. The range of answers included a general overview of their perception of LGBT community, to definitions intertwined with their own identity and experience. While some offered views of how they currently see LGBT community, others explain how or what it once was.

Some explained LGBT community by who belongs and does not belong.

Jane: Well it’s a really diverse...sort of groupings. I mean once you say community you’ve grouped it by your not saying “the general public.”

Katherine: It means everybody; lesbian, gay, transgender, transsexual, um bi, bisexual, it’s a whole community that identifies itself as gay.

Grace defined LGBT community with examples of subcultures within it.

I realize that there are multiple words for this now and the alphabet is getting longer and longer with queer, questioning, intersex and all that... I see the gay

¹ For the purpose of this paper, the term “widow” will be used to mean a woman who has lost her spouse, although Merriam-Webster defines it as “a woman who has lost her husband by death and usually has not remarried.”

community as broken into several subcultures. and they're not all familiar with one another. I've been very fortunate to have had experiences with leather boys and drag queens and I worked in the early AIDS epidemic and I was in public health service so I saw what was going on there. But there's subcultures of color,

Table 1. Participant Demographics

Participant	Age	Marital	Religion	Employment	Location	Children
Amy	84	Partnered	None	Full-time General Contractor	CA (Rural)	No
Betty	72	Domestic Partnership/ Divorced (male partner)	Unitarian Universalist	Retired LCSW	New Hampshire	Yes
Carol	66	Married/ Divorced (male partner)	Methodist	Full-time Non-profit director	CA (Small city)	Yes
Diane	74	Partnered/ Divorced (male partner)	Spiritualist	Full-time Reverend	CA (Metro area)	Yes
Emily	76	Partnered/ Divorced (male partner)	Jewish (non-practicing)	Retired Editor Part-time work	CA (Small city)	Yes
Frances	82	Partnered	Catholic (non-practicing)	Retired Physical Therapist/ Air Force	CA (Small city)	No
Grace	72	Widowed	Christian (United Church of Christ/ United Methodist)	Retired Public Health	WA (Small city)	No
Harriet	65	Single	Spiritual/ Christian	Full-time LCSW	CT (rural)	Yes
Ida	70	Married/ Divorced (male partner)	Spiritual/ Nature	Retired LCSW	FL (suburban)	No
Jane	69	Divorced	Unitarian Universalist	Full-Time Attorney	VA (Metro area)	No
Katherine	65	Married/ Divorced (male partner)	Baptist	Retired LCSW	FL (suburban)	Yes
Leslie	79	Partnered/ Divorced (male partner)	Atheist	Retired Professor	MA (suburban)	No

there's subcultures of basically where you get your sex. The drag queens were just wonderful and...for them it's entertainment and show...there's the S and M subculture, which I don't have anything to do with, but I knew it was there. And I knew some people that were into bondage. So it's a ...very complex set of cultures. Emily talked about various identities within LGBT identities, and describes how they transgress gender norms.

Oh well besides the standard LGBT, instead of just saying just plain trans it's queer and queer identified and friends of queers, or allies, allies is what it is... it's transgender, transsexual, and just queer identified-- whatever you feel like. In fact I think it's just a very interesting evolution towards the golden mean of Greece...You try to reach a golden mean of...your life ethic. So you're not radical in either way and you're open to every option and you consider everything without worrying about black and white, in other words. So to me it's a very evolutionary break with a feeling that there has to be either male or female there can't be anything else. So they're just really blurring the whole boundary issue in saying you can be anything upon that curve between male and female. So that's why I consider it evolutionary, evolving toward a higher plane I guess.

Included in their definition of LGBT community, Grace and Emily both mentioned the term "queer." This term was not used in interview questions. Whereas younger generations have reappropriated "queer" as a term to describe a spectrum of sexual and gender identities that are not heterosexual, heteronormative, and/or within what is known as a gender binary (rigid, two gender classification and norms), the term was (and continues to be) used as a form of hate-speech. Older LGBT generations

generally do not use this term because they experienced it in a disparaging way (Worthington presentation, 2012). Its use can be retraumatizing rather than empowering. Use of “queer” as a reclaimed term denotes a knowledge of, or participation in contemporary and radical LGBT ideology and dialogue.

In her interview, Carol described LGBT identity as socially constructed, and a response to societal intolerance. She said that LGBT community is:

[m]ostly the friends you identify with. Because [our society is] not as open as it should be, it tends to be sort of artificial in that they will have a Pride Festival or a Pride this or a group that meets that wouldn't otherwise meet, except for that one reason.

The concept that homosexuality itself has no inherent meaning, that its significance exclusively derives from society or individuals, has emerged from post-structuralist theory.

Purpose of LGBT community. Although none of the interview questions specifically inquired as to why LGBT community exists, and about the benefits of membership, four of the participants defined LGBT community by its purpose.

Socioemotional support. Because LGBT individuals have historically been ostracized, isolated, or otherwise unable to be authentic in their public lives, the socioemotional support from one another in the community is particularly important.

Emily: I think that's a lot of support. I mean not only emotionally because you get to share ideas and generate plans that you hope are gonna improve people's situations. I don't know, you just get to have friends. I mean, friends are very supportive in all the ways. You know they care about you and they're invested in you. So I think [it helps in] that self-worth kind of thing.

Ida:...a whole group of us were talking about our history and we decided that the most important factor in being gay was to...have the support.

Safety. The changing function of LGBT community corresponds with changing societal perceptions and treatment of LGBT issues and identity. Whereas in the past, these individuals could congregate with only relative and tentative safety in gay and lesbian bars, LGB individuals and couples are now generally far more accepted, visible, and able to safely congregate and be more open about their LGB identity in the US (though attitudes and acceptance vary widely by location). These changes are especially observable by LGBT individuals over 65. Diane talked about her observation that LGBT community purpose and forums have changed with greater societal acceptance of same-sex couples.

...we don't have any gay bars anymore. Because now two women dancing at any bar, any club, is fine. Two guys is accepted. And so what used to be, that was the hub, that was the LGBT community, [it] was the bar. And nowadays you see this in my age group wherever you go there's booze on the table. Ok. They're just big drinkers because that's the only way they got together was in bars. And when [my partner] and I go places, cause we don't drink, we're finding there's a lot more lesbians now that aren't drinking. Drinking isn't the center of their community. And it's been interesting to watch that. And you know the bars closed and people aren't drinking as much. So the new group of women coming up aren't hanging in bars as much. That was the only place you were protected was in a gay bar.

Katherine explained the change in attitude toward gays and lesbians that she has observed:

I notice that with younger women walking down the street still is like, “Oh wow, look at that young couple,” young women or guys. If you go to Provincetown, Massachusetts or different places where it's out, it's like, let's just sit here on the park bench and watch people go by holding hands and putting their arms around each other. That's so cool. That is still a novelty... Cause we couldn't do it. I didn't dare do it.

She continued by talking about community activity and involvement as respite for her and her partner to be open and feel safe. Although community can provide a sense of security, safety cannot be guaranteed for openly out LGBT individuals of any age. Older LGBT adults have a greater propensity toward feeling unsafe while being out in public due to collective and/or personal trauma as a targeted group.

[T]here's still a slight safety issue in terms of how out I am. It depends on with whom I'm speaking... [My partner and I] marched in the gay parade in Portland, a few times and been open in that way.

Katherine's observation regarding the novelty and amazement at young same sex couples' public hand-holding voices a generational difference of learned behavior in response to societal intolerance, and the constant threat of violence or ostracism.

Identity Validation. For a number of participants who defined LGBT community by purpose, a primary and personal function of LGBT community is to provide validation. Validation comprises, in part, co-creating a positive LGBT identity and group norms, reciprocal empathy for experiences of oppression, and perceiving acceptance from others. Self-acceptance and self-contentment result largely from experiences of genuine validation.

Amy: I could go and I could see that these people looked like me, they were, you know...I wasn't so scared. You know that these were folks trying to deal with the same things.

Grace: [W]hen I was growing up I didn't know anything about gay men. I think I knew one or two in college, but the lesbian community was exceeding and I was in physical education. I went there because I thought there would be lesbians there. And there were. But it was exceedingly closeted. [the small city in Arizona where I was living] had no bars. Everything was sort of done in private homes and it amazed me that given the high risk nature of being a lesbian school teacher it was still a lot of musical beds going on and break ups and getting together and what not. And also that the high school teachers allowed graduate, or the college students, to be a part of the group. I mean, we played summer softball, which was kind of a mix of working lesbians in town and the gay students and some of the teachers. So I was on an intermural softball league for two or three summers in Arizona.

Conversely, Amy talked about being in college in the 1940's where there was no community formation: "I didn't think there was anybody else in the world like me."

Assimilation. For some, a primary value of LGBT community is the activist groundwork that has destigmatized and normalized LGBT identity. Three of the participants expressed that their LGBT identity is not primary, or that they consider it relevant only in accounting for continued stigma and discrimination.

Jane: I don't identify as a LGBT, T, LBGT, LG community, predominantly living in that community. I live in the main, in the mainstream... So I mean I have a few gay and lesbian friends now but I don't mark them as being gay and lesbian friends. They're friends.

Diane: As far as who I am I would very seldom use the word LGBT to describe myself. I'm [Diane]. And people say, but you have a partner. Yeah. Well aren't you married? Yeah. I'm [Diane].

Carol: [LGBT identity is] not immaterial like it should be.

Assimilation is different from "passing," which means concealing one's homosexual identity and acting heterosexual. Rather, it originates from post-structuralist ideology that the concept of homosexuality is not inherently good or bad, but is determined only on a contextual basis.

Contextualizing oneself within LGBT community gives foundation for self-acceptance regarding sexual identity. How one defines LGBT community, and through what ideology, is less important than placing oneself within LGBT community and society, as opposed to placing oneself as separate from both.

Interactions in LGBT Community. Participants were asked about their first encounter with an LGBT community, whether they felt that they currently belong to one, and what their community looks like to them. All but one felt that they have had or currently have involvement in some way in LGBT community. Involvement was broken into two categories. Participation is involvement in LGBT specific organizations or activism; connection refers to informal groups or social circles that primarily identify as LGBT or LGBT friendly, but are not distinctively created for the purpose of bringing LGBT identified people together.

Participation. Four of the women interviewed described themselves as activists and community organizers. Among the participants of this study, the self-described activists and community organizers are the only ones who reported involvement in LGBT specific organizations. These women had or have a general interest in outreach, community, social justice, and activism. Activism, for the interviewees, represents some or all components of “engagement with life and self-growth”—it can be a novel pursuit, provides a way of giving to others, and comprises social interactions.

Ida: I was the chair of a gay pride coalition. I won an award, for outstanding contribution to the gay community. So it’s always been important to me. And I’m kind of an organizer at heart.

Two women reported that some of their first encounters with LGBT community were with NOW (National Organization for Women), a group that advocates for women’s rights, though in its early stages has been heavily criticized for advocating for the rights of heterosexual, white, and upper and middle class women, and disenfranchising women of color and LGB women. In 1969, a few years after the inception of NOW, Betty Friedan referred to lesbians in the organization as “the lavender menace.” Despite its homophobic roots, two of the women described each of their local chapters as lesbian groups.

Ida: I had [support] from day one because I came out from NOW during the years when NOW had come to terms with the fact that most of us were lesbian. And one day I just kind of looked around me and now I thought oh my god all my friends are lesbian.

Emily:...my very first [encounter with LGBT community] was probably as a community thing, probably it was NOW meetings. So I was going to NOW in San

Jose and people were coming out right and left. And organizing these new groups and they were having so much fun.

Three of the participants were active with LGBT youth services, or what Ida and Katherine describe as “sexual minority youth.”

Ida: So being a kind of a community organizer type I helped start [a local] organization for sexual minority youth. I helped start a gay-straight alliance in my school [where I worked]. Um I was in every board and council, every project there. We bought a million dollar building and started a gay community center, which for a [small city] in the south is unusual.

Katherine: I got active...on boards for [a local organization for] sexual minority youth. So it was...young kids. [I] was able to be like an educator with that group, [a] facilitator. And then after I met [my wife] we got into some groups that we actually led some things.

Grace: We had a youth drop in center that is several years old now, maybe seven or eight...they have an outreach to a number of gay and lesbian young people here in [this county].

Grace was knowledgeable about local LGBT organizations and explained how the LGBT youth organization connected with the local LGBT center. She spoke about going with a friend to events that sponsored these groups, as well as going to local fundraising events that support people living with AIDS. In the context of LGBT community involvement, Grace spoke about her early involvement in the AIDS crisis in the 1980's through her government public health job.

Three of the women discussed their involvement in the marriage equality movement. Jane explains that she no longer considers herself to be involved anymore, while the others talk about their ongoing participation.

Jane: So I...personally don't get involved a lot. I used to. I used to be in to gay politics in the 90s. So the mid 90s...we had a group called Gay and Lesbian Attorneys of Washington, Gay Law and were very involved in ... getting the first anti-discrimination and domestic partnership law through the DC Council and then approved by, not disapproved by Congress. In other words when DC passes laws it has to sit in Congress for a while and then either they approve it or they don't approve it they just don't disapprove it. So we manage to get a domestic partnership bill through that wasn't disapproved of. So that was pretty much the most intense work that I ever did with gay men and lesbians and transgendered people...

Betty: ...Maine has been involved with getting some laws changed in the past ten years. And we've been successful. So I've been involved with both calling people for the vote and young people, middle aged, old people, gay, lesbian, trans...being involved with State hearings and the state level. All ages there. And it's basically to enjoy non-discrimination and enjoy equal rights.

Ida: At the march on Washington about three or four years ago [my wife] and I decided that we wanted to march with Marriage Equality New York... we went to a fundraiser that was [for] Edie Windsor who's the widow who's suing against DOMA (Defense of Marriage Act). And we met her and got her movie and brought her movie back and showed it here. So everybody here knows about Edie and her love story.

This last quote by Ida demonstrates how she has used her participation to instill connection in her local community.

Connection. All twelve of the participants reported having had, or currently having some connection in an LGBT community. Eleven reported that they currently have connections, and one interviewee, Harriet, said that she does not participate in, or belong to LGBT community. Each described varying degrees of connectedness to LGBT community.

Although no interview question directly asked about allies, the eleven women who discussed their current connections with LGBT community each implicitly or explicitly talked about their connections to allies or other non-LGBT identified individuals. Eight participants explained that allies are ingrained in their communities and that they do not consider them separate or categorically different from their LGBT-identified friends. The communities varied in their makeup: consisting of mostly of LGBT individuals, consisting of some LGBT individuals, or loosely grouped LGBT individuals as part of a larger community.

Three of the women talked about non-LGBT specific activities or get-togethers that consisted primarily of LGBT individuals. The activities are primarily social.

Betty: I'm part of a community but it's a very different community up here. It's just a community of women. Everything is very much out in the open. And no one makes any distinction except that there's women's parties and it's all women that will come and most of them are lesbian but there are a few probably that are straight friends.

Frances: When we first moved here, which was in 99, there was a woman that lived [in the] area and she had a big house and on property. And she would have

sort of like a summer festival. But everybody was invited, but it was like 95% gays, men and women. And they had music and it's an all night thing. I mean she had it for a couple years. But then different things happened and so that doesn't happen anymore. So I was happy to be a part of that knowing that there were so many gays up here. And how open everybody was...because I never experienced that before.

Diane: [E]very Thanksgiving I go to a thing called WOOF and it's Women Over Fifty for Thanksgiving... I do a lot of things with the different community organizations and have things here [that I] do [through my ministry] like our outreach [to] the HIV/AIDS community. We have a retreat four times a year. And we're primarily all of those people are LGBT.

Ten participants identified with some kind of religion or spirituality, and of those three spoke specifically about the intersection between their spiritual and LGBT community.

Diane: Well for me we have a big community at the [local LGBTQ community center] which is a community together, but also for me LGBT is or represents part of my our ministry. And I do a lot of outreach and I do a lot of weddings and that type of thing with the LGBT community.

Betty: ...we go to church, which is a welcoming community church, which means it's a welcoming community for [lesbian, gay,] and transgendered community. And I mean you have to go through this process the church does of education, et cetera. So that that's where that visible community aspect is. We hang a rainbow flag outside the church and all that stuff.

Grace had joined Metropolitan Community Church, an international Protestant denomination that was created in 1968, primarily for LGBT Christians, in response to homophobic discrimination in existing denominations. When she and her wife moved, they chose a different church that was open and accepting of LGBT Christians, but did not consist primarily of LGBT Christians. Given that both churches were accepting and affirming, they made the decision about which church community they wanted to belong to based on personal preference, not the prominence of LGBT membership.

Metropolitan Community Church is a gay church and [my late wife and I] really liked being involved in that. She got to use her planning skills and organization skills, and when we came back out here we tried the local MCC and it just was not comfortable at all so. [My wife] did a little shopping around and she found the church that we joined and I gotta say even though they weren't an open and affirming church at the time they were so supportive when [she] got cancer. Just really wonderful. So I have stayed and gotten more involved.

Exclusion or Isolation

The previous section explained that eleven of twelve interviewees reported having some connection to LGBT community. One participant, Harriet, who did not, described how she perceived LGBT community in relation to herself.

I think definitely there is a community. I don't feel part of it... there is a community [that] I think is wonderful and positive and people are part of it. Not me.

Harriet explained that she elects not to have involvement in LGBT community, and that she feels that her identity as a lesbian is unimportant, and that it is a private matter.

I was comfortable within the privacy of my [prior] relationship in my home and only [my] inner circle people who knew me knew that. And then otherwise it's kinda separate. So that's why community is just kind of foreign to me. I mean I liked it at Michigan [Women's Festival]. There's community there. I mean that was that nice sense of everybody, nobody's hiding. You can hold hands.

The difference between holding hands at the Women's Festival in Michigan and being out in her local community, she explained, is the anonymity she was allowed at the festival, far from colleagues, clients, and acquaintances at home.

Two other participants spoke about different degrees of isolation from LGBT community, both primarily based on the type of location where they live, and influenced other factors. Amy, like Harriet, is private about her identity as a lesbian. She is not secretive about being a lesbian and having a female partner, and is also not forthcoming. "I don't talk about being gay. I don't tell anybody that I'm gay."

Amy talks about being isolated from LGBT community because of her rural location.

I live up here in the mountains...This isn't the kind of place where you have a whole big community you know where everybody meets and everything. We just don't have that kind of thing here.

She continued by describing ways in which she has essentially created her own LGBT community and supported lesbians in a way that is fitting to her personality and lifestyle.

I have brought a lot of gay women up here. Like I brought the two women next door up here and built their house. I brought another woman up here, meaning bringing em up here, that I knew them in the [metropolitan area] and so they

came up here and bought land from me or next to me or something and I built their houses. So we have a lot of gay women here in town. But there's no real group or anything like you guys have, like you have in the city. You know you have groups and you have suit nights and you know that kind of thing.

Although Amy did not consider that the connections she created could represent LGBT community involvement, the actions she took represent "giving to others," and ensure future social interactions.

Another participant, Frances talks about a feeling of relative isolation because of her small, semi-rural location, and reminisces about what her previous community looked like.

We had lots and lots of activities and social things and meetings and all different functions and really had a lot of good friends. And I was active with them. But moving up here it's we don't have any of that. It's very small and there's a lot of lesbians that live here, and gay men, but we don't have that kind of community.. We see one another and there are different activities, but not like it used to be down in the [metropolitan area or] larger cities. It's too small a town to have that up here.

She denied feeling excluded, and in fact reported feeling very accepted in her community. However, she expressed that she felt some dissatisfaction with the quality and volume of community, which she considers to be somewhat isolative.

None of the participants felt that they were intentionally or maliciously excluded from LGBT community. Katherine spoke about one example of feeling "different" from her old community after being away. She could not pinpoint on what basis she felt this difference.

[My wife and I] were laughing when we went back to [the city we lived in for many years], we were there last fall after being gone like I said for all these years here. And we went to a Gay Pride that was in downtown...and it could just be an aging [thing], like how you having a different (muffled) between aging difference and we're just looking at all the young kids with...a lot of the dressing, the young guys, the dressing was just different from even ten years ago or twenty years ago when there used to be Pride...A lot of family groups and, I don't know. So I didn't feel excluded I just felt older.

Three participants talked about feeling somehow different or othered from part of their community. They each explained that they are, in some way, socially incompatible with the members of LGBT groups.

Grace: The older lesbians that I know in this community, well...I've met a group through Old Lesbians Organizing for Change. They've got a chapter here and some of the real major lesbian activists are involved. ... I think you have to be over 60 to be in OLOC. And they have luncheons once a month and I've started going just to meet people I guess. But cause one of the things [my wife] said before she died is you know if something happens just go with it, you know I don't want you to be alone. Which was kind of nice. She gave me permission to have another life. I don't know that I will ever do that, but I have permission. But the OLOC ladies are they're funny. I'm not really comfortable with them. I think we've had very different life experiences and when the women's music stuff was going on I was [working] on an Indian Reservation [in the 1970's]. I mean what did I know? My life was very different and so I just went to a National OLOC Meeting last year in Boston cause I have friends in Boston. I just couldn't relate to

any of it. And I probably won't ever do that again. They were nice enough but it was just a culture I didn't know much about and couldn't relate to. And the history and the set of experiences that I haven't had.

Emily: What they have up here women's get together sometimes in the summer. It'd be just a huge group of women that come to somebody's property and there'll be games. And there'll be music. And just a lot of people sitting around talking and smoking pot. And so I have not really felt part of the inner group. People that have been here forever, since 70s and this is what they do. And I don't feel part of the younger group that's off playing games or whatever. I enjoy listening to music and talking to various people but you know it's maybe a couple hours of that is fine for me and then I'm ready to go home. Just keeping a connection but not really feeling...an essential part of this group...possibly because we don't have that much social interaction. We meet up over political issues or see people on the street or we have a discussion group [or] I see people at the movies or at the gardens. But...I don't feel like a part of any in-group. And that's why I say those women from the 70s... They do have that community, that shared history.

Jane: I'm not very socially active in [the] sense of going to gay dance groups or gay get together groups I mean I do a few but not very many. Actually I think I don't fit in. But it's not that I don't fit in because of any sexual orientation issues I just I'm not very good at small talk. So I don't do well in social groups where it's da da da da da... if I'm in a setting where everybody has the same agenda of you know a substantive agenda, I'm fine. But if it becomes a social group that's together for social purposes I'm like how long...what are we gonna talk about.

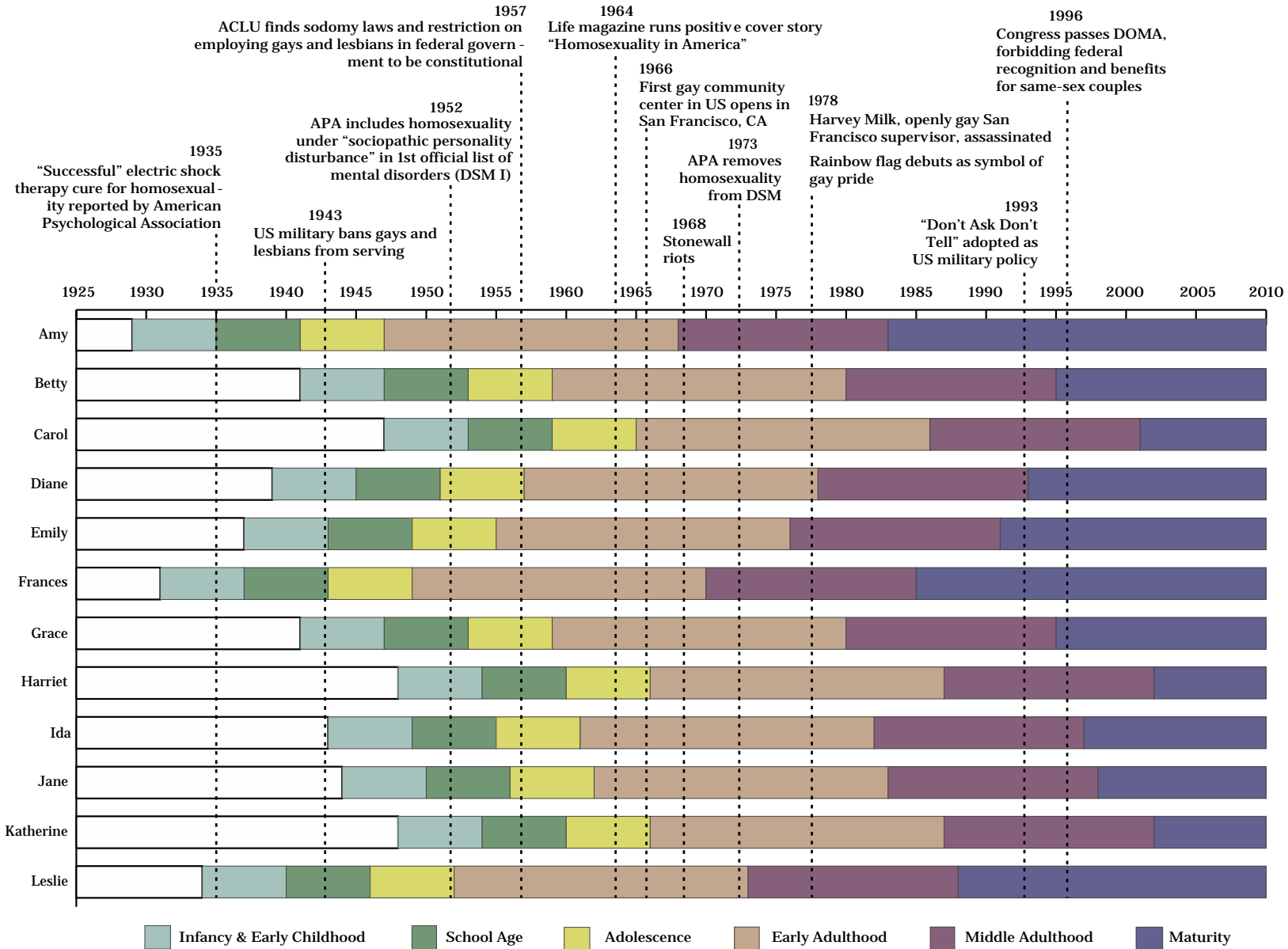
Cause I'm not very good at that. Never have been. So I don't think has anything to do with GLBT issues per se.

Summary

These findings represent perspectives of twelve lesbians over the age of 65 at the time of the interview. Their responses to a series of interview questions were coded in order to find themes in order to address research questions posed.

Definitions of LGBT community varied among participants of this study. The historical contexts of participants' life stages inevitably had an impact on their perceptions of LGBT identity and community (see Table 2), but were not the only, or even the primary influence. Participants talked about changing attitudes and perceptions of LGBT community, which could suggest that conceptualizations of this community change over the life course, along with shifting societal attitudes toward homosexuality and treatment of LGBT individuals.

Participants in this study all had some prior involvement in LGBT community. The mediums through which participants were involved, as well as the degrees of involvement in LGBT community changed over time. Most of the participants' current involvements in LGBT community were reported to be at a lesser degree than in the past. This finding suggests that participants benefited from initial involvement in community membership and activity by gaining self-acceptance regarding their sexual identity. They could then pursue "engagement with life" per their personal preference and interests, irrespective of their sexual identity. LGBT community involvement, for some of the participants of the study, continues to be a medium through which they seek "engagement with life" and "self growth", which includes "novel pursuits," "giving to others," and "social interactions." For some, LGBT involvement was replaced by other



social affiliations, such as religious communities or group affiliation by interest, such as gardening or politics.

The findings of this study also suggest that the role of LGBT community in the lives of lesbians over 65 could be determined more by personal preference than by exclusion or ostracism. Some of the causes of exclusion from LGBT community activities or forums were explained as social incompatibility, such as lack of common interests.

Participants in the study did not indicate that age or sex was a factor in feeling ostracized or excluded from LGBT community. However, the participants of this study spoke about paving their own way and creating their own support systems when many of the LGBT specific agencies, organizations and resource that exist today were inaccessible or absent. For many older lesbians, the need to be self-reliant resulted from not having the support of biological family or of heteronormative support systems. They did not expect support outside of what they themselves have created throughout the course of their lives. As Betty stated, “I’m...72 I feel as if I don’t need to get support at this point in my life.”

The women in this study were either central figures in their LGBT community, or they elected to have moderate or low involvement. Perhaps lesbians over 65 who do not participate in activism or hold leadership roles have sought the support of LGBT services or of LGBT social circles have felt excluded based on age or gender.

These findings expand upon other studies (Barker et. al, 2006; Hash & Netting, 2009), which suggest that the socioemotional supports of LGBT older adults are not measurable within a heterosexist framework or definition of support. Because older LGBT adults could not count on their biological families to be their supports due to hostility towards homosexuality, many adapted by creating their own constellation of

support. As a result, LGBT adults are equipped to act more autonomously in choosing their supports, instead of belonging to obligatory communities (i.e. biological and extended family; religious communities, or social or economic class as determined by family of origin). However, if LGBT community agencies and organizations offered services that older lesbians needed—such as LGBT bereavement support and residential care facility outreach and advocacy—then older lesbians could integrate LGBT community support into their existing constellations.

The following chapter will discuss potential participant biases, address implications for LGBT organizations, and make recommendations for further research.

CHAPTER V

Discussion

Introduction

This study's findings are directly related to the following research questions: Are lesbians involved in LGBT communities? If not, what are the barriers? Questions secondary to the primary research questions are: How do lesbians over 65 conceive of and define the LGBT community? Do lesbians over 65 experience ageism and/or sexism from the LGBT community?

This chapter will first present the strengths and limitations of the research project. The author will expand upon the previous chapter on findings to suggest implications for LGBT organizations and agencies, as well as social work practice and training.

Strengths and Limitations

Interpretations of the findings of this study must be based in an understanding of its strengths and limitations. One of the greatest strengths of this study is that the data was collected in narrative form. The qualitative design, and the use of open coding and a conversational interview style allowed for participants to describe their experiences in their own words

The demographics representation of participants present as both strengths and limitations of the study. One strength is that religious and spiritual identities of the

sample were diverse. Although much of the variance was within Protestant Christianity, the United States population is largely Protestant. In terms of geographical location, participants represent seven states; however, the represented states are all coastal—no participants living in Midwestern or Southwestern states were represented in the sample.

The major limitation of the demographics is that all participants identify as Caucasian. Lesbian, gay, bisexual, and transgender older adults of color are significantly underrepresented in research. Intersections of race, racism, homophobia, and generational norms and values could make being out complicated for many LGBT older adults of color. Audre Lorde, a celebrated Caribbean-American poet who wrote about liberation, oppression, self, and community, whose works often confronted homophobia, sexism, and racism, stated: "I am defined as other in every group I'm part of. The outsider, both strength and weakness. Yet without community there is certainly no liberation, no future, only the most vulnerable and temporary armistice between me and my oppression" (1980). Whereas white lesbians over 65 who participated in this study denied feeling excluded by LGBT community based on their social locations, lesbians of color over 65 are not represented whatsoever. This limitation suggests that older lesbians of color are "othered," even among the so-called "invisible" demographic. LGBT community involvement among the participants was found to contribute to self-worth and fulfillment—if older lesbians of color are excluded from LGBT community, then the original research questions of this study should be applied specifically to this demographic: Do lesbians of color over 65 participate in, or connect with LGBT communities? Do they wish for greater involvement? If so, what are the barriers? Do they experience ageism, sexism, and/or racism in LGBT communities?

Another limitation of the study is that lesbians with disabilities were not represented in the sample. All of the participants lived independently, and in their own homes. LGBT adults in assisted living facilities were not represented. There is concern that LGBT adults in such facilities are going back in the closet and are socially isolated.

Many potential participants were unable to interview because they did not, at the time, have internet or Skype access, or they had limited cell phone minutes or poor reception. Because the sample was sought through snowball sampling, primarily through email, potential subjects without computers or email access were excluded from the study. Although flyers were put up in various communities and settings, all subjects who contacted the researcher found the study through an email.

Again, as with many studies focused on LGBT individuals, closeted and/or socially isolated lesbians were very unlikely to have heard about this study, or to have felt confident or safe enough to speak with a stranger about their experience. Thus, the most disadvantaged, and therefore most important populations of lesbians over 65 were underrepresented, and there is no way of knowing how underrepresented they are.

Older LGBT Role Models

LGBT community provides its members with the opportunity to see others who are like themselves, which can be immeasurably validating and supportive. The following quote highlights the value of having a role model, and demonstrates that it can be an important protective factor.

Grace: I'm not angry at the discrimination...I've had a very blessed life cause I had lesbian godmothers

Emily talked about her experience being regarded as the role model among students at her transgender grandson's college. She explained that the younger LGBT and questioning students were very interested in her story and her advice.

When I went to...parents' weekend, my grandchild put out a poster saying [his] grandmother is gonna be here and will give a talk...there were a number of people who [wanted] to hear it, how Michael's grandmother was gonna tell them about [being a] lesbian, and that's where I ran into these questions. Do you think I should come out or should I wait? Do you think it's okay if I don't say I'm transgender and yet I think I might be? Those kind of questions. And so I think that there is an over-arching thing. We who do this are transgressing against the dominant society.

The concept and importance of role models for younger people, particularly children, is well known and understood. Current research has not addressed the importance of role models for aging populations. Among aging populations, older role models can demonstrate what to do (i.e. how to continue to work, what to do during retirement), but can also demonstrate the change in role from being a caretaker and/or worker to being cared for. When an older person is cared for, the effects can be positive for both the one who is care for, as well as others in the community who observe the role change. Amy spoke about a women's community where she lives part-time, and how she has observed the community caring for its older members, or members who have specific needs.

Between the generations here of being 40, 50s, up to 70, 80, and 90s there's a big caring back and forth. Everyone wants to make sure there's no one left behind here if they need something. I think this is gonna be what caring [is] like...this

model, kind of, for aging here cause there [are] people who just wanna step up and help people through the next you know transition... When we see older women...here we are so proud of em...everyone is so excited about what everybody does here because we know that this is the final place for a lot of people to be. And they have this great wealth of knowledge and experiences.

Conversely, however, when an older individual is not validated, the scope of the damage is not limited to that individual; it instills fear in others that they may be subject to the same experiences. Amy talked about a close friend whose worsening dementia forced her to enter a long-term residential treatment facility.

...There was no other gay person there that she knew. And that's terrible. See because gay people do need somebody to talk to. You know you need somebody to read about. You need to have somebody to identify with. You know, to validate you.

Many LGBT older adults who are in assisted living facilities are forced back in the closet due to fear of discrimination, harassment, and mistreatment. While they may have been open about their identity for many years, they may experience isolation and lack of safety reminiscent of when they first realized their LGBT identity, and before encountering LGBT community.

Implications for LGBT Agencies & Organizations

Participants described a range of definitions of LGBT community. Their conceptualization of community ostensibly impacts the way they are involved in, and understand their involvement in the community. The findings of this study would then suggest that LGBT community agencies ought to practice and promote flexibility in ideologies or conceptualizations of gender and sexual identity. This flexibility requires

personal openness and acceptance of difference on the part of agency workers, a review of policies, and an understanding of LGBT history that has personally impacted LGBT older adults.

Participants of this study reported overall contentedness with their involvement in LGBT community. No one reported any specific complaints or barriers to their involvement. In the course of the interviews, however, some of the participants talked about gaps in their support, or other opportunities for LGBT community to support lesbians over 65.

Grace was the only widow in this study, and described her experience with the hospice after her wife died.

(Referring to heterosexual widows her age) I can relate to them pretty easily because I think a love relationship was a love relationship. And the things that you share and do together have a certain commonality, but the fact that my partner who was a woman and their partner is a man I think sometimes they have trouble seeing a connection. Whereas I didn't see my love and support for [my wife] and things that she went through with her medical problems as any different from the heterosexuals. But I think they don't always return that commonality.... Hospice offered me bereavement opportunities and I wasn't comfortable taking them...They assured me that it would not be a problem if my partner had been a woman, but I don't think I believed em... I just didn't want to go into a group of strangers because I didn't know where they were coming from and were probably mostly heterosexual who had lost a partner....

Although the hospice assured Jane that she would be welcome to join their bereavement support group, they could not account for the other group members' attitudes or

behaviors. Perhaps Jane worried that group members would be hostile or rude; but what she verbalized specifically was her concern that others would not empathize with her; perhaps they would not understand the importance of her relationship and the gravity of her loss. This fear could reflect the culture of homophobia in which Jane grew up, and the vestiges of homophobia and heteronormativity that continue to present themselves in our society.

Grieving the loss of a primary partner can be the most painful experience of one's life, and may leave the bereft feeling profoundly lonely and vulnerable. Those who are grieving the loss of a same-sex partner ought to have access to bereavement support in an environment where the impact of the loss of the relationship is understood, respected, and reflected back. Perhaps this type of service would most appropriately be offered by LGBT agencies; an LGBT setting would not guarantee a space free from homophobia or heteronormativity, but could engender feelings of safety.

Implications for Social Work Practice & Training

Older lesbians have been described as an “invisible” part of older American populations (Brotman, Ryan, & Cormier, 2003; Butler, 2004; Crisp, Wayland, & Gordon, 2012; D’Augelli, Grossman, Hershberger, & O’Connell, 2001; Hash & Cramer, 2003; Shankle, Maxwell, Katzman, & Landers, 2003). Per the NASW Code of Ethics (2008):

Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability.

By considering the research and findings about lesbians over 65 and the role of LGBT

community may play in their lives, social workers can advocate for greater awareness and cultural competency regarding this population within LGBT agencies and organizations.

This information could likewise be applied toward improving cultural competency among professionals who work in aging and health fields. Crisp, Wayland, & Gordon (2012) recommend better training regarding sexual orientation and gender affirming practices among clinicians who work with older adults. Specifically, this study suggests that a key component of LGB affirmative practice with older LGB adults is becoming knowledgeable about the history, the needs, and the strengths of the population. Historical context is critical to understanding developmental considerations for LGBT adults, which are intertwined with changing societal and cultural attitudes, events, policies, and norms.

During the lifetimes of older LGBT adults, collective and personal traumas were perpetrated by institutions such as the American Psychiatric Association, which defined homosexuality as a mental illness until 1973. Additionally, the stigma of homosexuality and the danger of being found to be non-heterosexual forced LGB individuals to be secretive about their identities. Not until the LGBT liberation movements of the 1960s did people began to come out publically, both as individuals and as a collective group (Herdt et al., 1997).

Although mainstream clinicians and medical professionals no longer consider homosexuality to be an illness, there are various and complex layers of distrust among older LGBT adults toward institutions such as hospitals and senior care facilities. Some LGBT older adults have maintained secrecy about their sexual orientation to varying degrees (e.g. they may or may not be “out” to family, coworkers, health providers, or

caretakers). The imperative to remain secretive is enforced by heteronormativity and lack of cultural sensitivity to issues of LGBT older adults, which is perpetuated in part by a lack of knowledge about this population.

Within some geographic regions of the United States—most notably New York City, Boston, and the San Francisco Bay Area—aging and LGBT services are combined to serve the specific needs of LGBT older adults by organizations such as SAGE, The LGBT Aging Project, and Lavender Seniors of the East Bay Organizations that serve this specific population are in major cities, which make them inaccessible to many LGBT older adults outside of their metropolitan areas. According to the 2000 US Census (Gates & Ost, 2004), the population of self-disclosing LGBT older adults accounts for 20% of LGB same-sex couples who occupy 99% of counties in the US. The need for many types of aging services exclusively for older LGBT adults could be extraneous, as many LGBT older adults do not prefer or want services that only serve older LGBT adults (Cahill presentation, 2013, March 11). Instead, any organization, agency, or institution that serves older adults needs LGBT affirming and competent policies and practices. LGBT community organizations, likewise, ought to establish cultural competency practice in order to be responsive to the specific needs of lesbians over 65.

Because of the historically conflicted relationship that LGBT adults over 65 have with institutions and providers, community and “chosen family” supports are particularly important for this population. In order to better serve lesbians over 65, professionals who work with older clients need to have an awareness of, and respect for, these supports. Understanding the various forms of support—including from LGBT community—is vital in effective work with lesbians over 65.

Conclusion

When asked about how she perceives her needs as different from those of heterosexual peers her age, Emily explained how she feels more independent, and unencumbered by gender norms that she observes in heterosexual women:

...women that don't have husbands that are straight, their whole life seems to be bound up with their children. And mine was not. And the ...other lesbians [I know,] very few of them have children, but there are a fair number that do; we don't revolve our lives around our children. And we just are more out there. I'm more likely to go someplace without worrying whether or not I'm gonna show up by myself. I don't have to come with another companion who's either of the opposite gender or a friend or relative or something. To feel like I can just go somewhere. Just go there.

All of the women in the study likewise acted, lived, and made decisions for themselves that were independent of gender norms. Their lesbian identities in and of themselves are transgressions—even more so in earlier decades—and each participant, in the course of their interviews, described major life events or decisions that demonstrated that they live their lives in a way that is not dictated by gender norms.

Amy began an all-women building company in the 1970's, when the industry was almost entirely male. In her 80's, she continues to work as a general contractor in the industry that is still male dominated. Frances joined the Armed Forces when it, too, was largely dominated by men. Carol, Betty, Diane, Emily, Ida, Katherine, and Leslie ended their marriages to men to pursue relationships with women. Diane was in a polygamous marriage. Harriet made multiple attempts at independently having a child through alternative insemination before she was successful, and raised her daughter

independently. Emily, quoted above, created an extensive and elaborate garden, and is the only LGBT-identified and non-upper middle class member of her local gardening clubs. Grace has lived, moved, and worked as a professional independently all over the country. Ida resides in, and is a prominent figure and leader in a women's community. Jane is an attorney and hard-working advocate for clients in her field of elder law. Leslie lived and worked in Thailand for almost two decades. The women interviewed for this study paved paths for themselves to find their own fulfillment, and in the face of homophobia and a heterosexist society, likely could not have done so without the support of LGBT community.

Grace stated, "I realized that sometimes people's life circumstances mean that they have to put off acknowledging who they are." While participants in the study inevitably faced tremendous challenges in the forms of homophobia and heteronormativity, they all had the strength and the circumstances to acknowledge their identities, contribute to others in their LGBT communities, and benefit from their involvement. Yet other lesbians over 65 must deny their identity to themselves or to others and remain isolated from community. This study's findings—that its participants did not feel excluded based on age or gender, and that they benefited from involvement from a "successful aging" perspective—are optimistic in that LGBT community has been an inclusive and vital support. However, more research is required to better understand older populations of lesbians who do feel excluded, and as a result may not be in a circumstance to acknowledge who they are.

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Appendix A: Email to Friends & Family

Hello friends,

As you may know, I am in my second and final year at Smith School for Social Work. As part of my degree requirements, I am conducting a qualitative research project for my thesis. The subject of my thesis is aging lesbians (65 and older) and ways in which they connect to the LGBT (lesbian, gay, bisexual, transgender) community.

I am writing because you may know someone who fits the criteria for a research participant: someone who identifies as a lesbian, and is 65 or older. If you know anyone who may fit these criteria, or if you know of friends or colleagues who may know of someone who fit these criteria, please forward this letter.

By participating in this study, participants could be helping out other aging lesbians like themselves who are often overlooked in research and in aging and LGBT services.

The proposed study poses minimal risk. Participants may experience strong emotional responses when reflecting on this topic. I will have prepared resources for each participant in the study in the case that anyone needs support after the interview.

Participation in the study will involve a phone, Skype, or in-person interview lasting about an hour. I will be asking questions about perceptions of the LGBT community, and ways that interviewees have participated in, or feel excluded by the LGBT community.

I will conduct all interviews. All identifying information will be held in confidence, and will be disguised in all publications and presentations. Participants may leave the interview at any time, and may skip interview questions that they do not wish to answer. Participation in this study is voluntary, and participants have the right to refuse to answer any question in the interview. If participants choose to withdraw, none of the information obtained from their interview will be used in the study.

If you are someone who fits the criteria and would like to consider participating, please contact me with any questions or for more information.

Thank you for your time, assistance, and interest in my research topic.

Sincerely,

Cappy Shapiro

MSW Candidate
Smith College School for Social Work
cappy.shapiro [REDACTED]
[REDACTED]

Appendix B: Facebook Status

Hello friends.

Do you know of any lesbians who are 65 or older? Or, do you know of anyone who might know of any lesbians who are 65 or older? As a requirement for obtaining my Masters in Social Work, I'm writing a thesis about lesbians ages 65+. Specifically, I am researching ways in which aging lesbians define or perceive LGBT community and the ways that they participate or do not participate in LGBT communities.

If you think you could help me out by passing on an email, and inviting others to pass along my email, please message me. Thank you!

Appendix C: LinkedIn Status

Friends and Colleagues – I am recruiting for a study, and am seeking lesbians who are 65 or older and live in the US to participate in interviews. This exploratory study seeks to understand how aging lesbians perceive of and relate to the LGBT community.

Do you know of anyone who may fit this criteria, or of anyone who could pass along info to someone who does? Please email me at [cappy\[REDACTED\]](mailto:cappy[REDACTED]) for details. Thank you!

Appendix D: Email to Organizations

Cappy Shapiro

cappy

[Date]

[Contact person]
[Organization name]
[Address]
[City, state, zip]
[Phone, fax]
[Email address]

Dear [Contact name or Sir or Madam],

I am a candidate for a Masters in Social Work at Smith College. As part of my degree requirement, I am writing a thesis, which is a qualitative research project. The subject of my thesis is lesbians age 65 and older and ways in which they connect or do not connect with the LGBT (lesbian, gay, bisexual, transgender) community. I am writing to you in hopes of reaching potential subjects who may be interested in participating in this qualitative research. The criteria for a research participant are someone who identifies as a lesbian, and is 65 or older.

By participating in this study, participants could help other aging lesbians like themselves who are often overlooked in research and in aging and LGBT services. The general findings of this study are intended to be shared with LGBT and aging organizations in order to better serve aging lesbians.

This study poses minimal risk. Speaking about discrimination can trigger strong emotional responses. I will have prepared resources for each participant in the study in case anyone needs support after the interview. Participation in this study will be voluntary and anonymous. Participants have the right to refuse to answer any question in the interview. If participants choose to withdraw, none of the information obtained from their interview will be used in the study.

Attached to this message is a flyer for the study. Please feel free to post this flyer on any bulletin boards or in public spaces, and to pass this message with my contact information to anyone who may qualify to participate. Likewise, you may pass this message to any colleagues or organizations that may serve this population.

If your organization is willing to assist with recruitment, I will need a letter stating agreement to do so.

Please don't hesitate to email or call me with any questions.

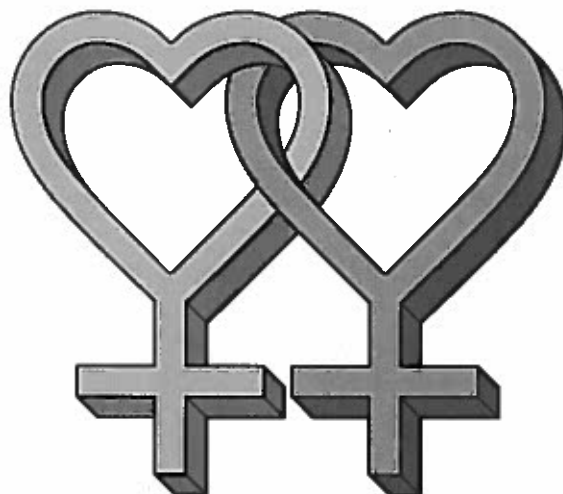
Thank you for your time, assistance, and interest in my research topic.

Sincerely,

Cappy Shapiro

MSW Candidate, Smith College School for Social Work

Appendix E: Flyer
Do you identify as a lesbian?
Are you over the age of 65?



If so, you qualify to be part of a study that hopes to find more information about aging lesbians' relation to the LGBT (lesbian, gay, bisexual, transgender) community. Please read on!

Hello, my name is Cappy. I am a candidate for a Masters in Social Work, and I am doing a research project on lesbians 65 and over. I am seeking participants to interview for a period of less than one hour. Participation will be completely anonymous. Please contact me for more information.

I look forward to hearing from you!

Cappy

[Redacted]
cappy [Redacted]

Lesbians 65+ interview Contact: cappy [Redacted] [Redacted] [Redacted]	Lesbians 65+ interview Contact: cappy [Redacted] [Redacted] [Redacted]	Lesbians 65+ interview Contact: cappy [Redacted] [Redacted] [Redacted]	Lesbians 65+ interview Contact: cappy [Redacted] [Redacted] [Redacted]
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Appendix F: Email to Prospective Participants

{Date}

Hello (Participant's Name)

I want to sincerely thank you for your interest in this study about lesbians 65 and older and the ways in which they relate to the LGBT community. Without participation from people like you, this research would not be possible!

Enclosed is an informed consent form. It contains information that is intended to explain any benefits or risks of participation so that you may make an informed decision about whether you would like to be interviewed for this study. Any information obtained from you thus far has not been recorded, nor will it be used for the study. If you have any questions, do not hesitate to contact me!

Should you be interested in participating, please call or email me to schedule an interview, which will be over the phone, via Skype, or in person.

Thank you again for your interest! I look forward to hearing from you.

Sincerely,

Cappy Shapiro

[Redacted signature]

Appendix G: Informed Consent



SMITH COLLEGE School for Social Work

Dear Participant,

My name is Cappy Shapiro, and I am conducting this research project to fulfill the thesis requirement of my Masters in Social Work at Smith College School for Social Work. For this study, I am researching how lesbians over 65 relate to LGBT (Lesbian, Gay, Bisexual, Transgender) communities. Through this research, I hope to examine the needs and strengths of the population of lesbians over 65; to understand if lesbians over 65 wish to connect to/participate in LGBT communities, or wish to have a greater connection to LGBT communities; to identify the barriers to lesbians', over 65, involvement and participation in the greater LGBT community; and to determine how the LGBT community could become more inclusive of the aging lesbian population.

I am inviting you to take part in this study because you have identified yourself as a lesbian over the age of 65. If you accept, you will be asked to participate in an interview with me for a duration of up to one hour. During the interview, I will sit down with you in a comfortable place, a private conference room at a local library, or similar community space. If it is better for you, the interview can take place in your home or a friend's home. If you do not wish to answer a question during the interview, you may say so and the interviewer will move on to the next question. No one else but the interviewer will be present. The information recorded is confidential, and no one else besides myself will access the information documented during your interview. The entire interview will be audio-recorded on my personal computer, which is password-protected. I will personally transcribe all interviews. Transcriptions will likewise be stored on my password-protected computer. Identifying information will be disguised in transcriptions before they are disseminated. The recordings will be stored and accessed exclusively on my password-protected computer. The information recorded is confidential, and no one else will have access to the recordings. The recordings will be destroyed after three years, or once they are no longer needed by the interviewer.

The proposed study poses minimal risk. You may experience distress when reflecting on your experiences with LGBT communities. You may be uncomfortable expressing your thoughts about this topic with someone who is not familiar to you. I will have prepared LGBT sensitive resources (such as mental health professionals and LGBT peer hotlines) for each participant in case you need support after the interview.

By participating in this study, you may find speaking about your supports to be helpful. This study encourages its participants to reflect on how they are involved with, or would like to be more involved with an LGBT community. As a result, you may decide to make changes as you wish.

You will not receive compensation for your participation in this study.

This interview will be audio recorded. The audio recording will be listened to and transcribed by me. The transcription will be used to analyze the interview information across all participants. If I

use a quote, your identity will be disguised. I will listen to the tape in private to protect your confidentiality. I will be working with my research advisor. My research advisor will review the data after identifying information has been disguised. Confidentiality will also be protected by presenting the data in the aggregate in professional publications, without reference to identifying information or characteristics. Finally, all data, audiotape, notes and consent forms will be kept secure in a locked cabinet in my home for a period of three years or until they are no longer needed, as stipulated by federal guidelines, after which time they will be destroyed.

Your participation in this study is voluntary. You may withdraw at any time. You may skip any questions. You may stop your participation in the interview at any point. There is no penalty for withdrawal from the study. If you choose to withdraw from the study, please contact me via email or phone number by May 31, 2013. You may also contact me by email or by phone with questions or concerns about this study, before or after the interview.

If you have any questions about your rights or any aspects of this study, please call the Chair of Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTOOD THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Printed name _____

Signature _____ Date _____

Thank you for your time and for your cooperation in this study.

Cappy Shapiro

Contact information:

cappy _____

Appendix H

Appendix H: Interview Questions

1) What is your:

Age

Religion or spiritual orientation (if any)

Race

Ethnicity/Country of origin

Primary language

Marital status: single, partnered, married, separated, divorced, widowed, other

Employment status: full/part time employed, disabled, retired

2) LGBT community is a very subjective term, so I want to first ask you: what does LGBT community mean to you?

3) Do you feel that you currently belong in an LGBT community?

a) (yes) What does belonging to your LGBT community look like to you?

b) (no) What do you think are the barriers?

4) Do you wish to be more involved in an LGBT community?

5) Have you ever felt excluded from an LGBT community?

a) Based on your gender?

b) Based on your age?

6) Is there some way that you feel that your LGBT community could be more supportive of you?

Appendix I: HSR Approval Letter



School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950 F (413) 585-7994

February 5, 2013

Cappy Shapiro

Dear Cappy,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your very interesting study.

Sincerely,

A handwritten signature in cursive script that reads "Marsha Kline Pruett".

Marsha Kline Pruett, M.S., Ph.D., M.S.L.
Vice Chair, Human Subjects Review Committee

CC: Claudia Bepko, Research Advisor