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The experience of same-sex partner loss among people age 55 and older

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ABSTRACT

The purpose of this exploratory study was to gain a deeper understanding of how people ages 55 and older experience the death of a same-sex partner. Recruitment occurred using snowball sampling primarily through a social organization for older gay men, resulting in a homogenous convenience sample. The study used semi-structured in-person, phone, and Skype interviews with 12 gay men to gather qualitative data about their experience of losing a same-sex partner at the age of 55 or older. Areas of inquiry within the interview included participants' emotional experience of grief, social supports, meaning making and coping strategies, and practical matters such as medical, legal, and financial issues.

The findings of the research demonstrate the importance of social supports to aid in grieving the loss of a partner. The findings also suggest that LGBT people age 55 and older, specifically white gay men living in major metropolitan areas, may have access to at least one source of support and do not seek counseling to aid in coping with the loss of a partner. People who have few social supports may be more likely to seek social support in the form of counseling and would prefer counseling specific to same-sex partner loss. The findings of the study also suggest that practical issues related to finances and legal matters are a prominent part of the experience of losing a same-sex partner. The participants of this study mentioned care and service providers who were gay themselves or attuned to LGBT issues.

**THE EXPERIENCE OF SAME-SEX PARTNER LOSS
AMONG PEOPLE AGE 55 AND OLDER**

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

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CHAPTER I

Introduction

The one thing that occurs to me, which was said to me so many times, is: 'One day at a time. Take one day at a time and do the best you can.' I really think that's the secret to it: 'One day at a time.' Because with loss like this after 56 years together, it never goes away. It never goes away. – Roger, age 79

Grief and loss are facts of living, and it is our job as social workers and therapists to address grief and loss in our work. The death of a spouse or partner is considered one of the most life-changing losses a person can experience (Carr & Utz , 2001; Naef, Ward, Mahrer-Imhof, & Grande, 2013). The purpose of this research project was to explore the experience of losing a same-sex partner for people age 55 and older. The cross-section of the intersection of the aging population and the gay community seems particularly timely given the growing aging population and growing visibility and acceptance of lesbian, gay, bisexual, and transgender (LGBT) people through policy (i.e. the Supreme Court's 2015 ruling making same-sex marriage legal in all 50 states). In this study I not only learned about participants' experience of losing a same-sex partner, but I also gave them an opportunity to tell their story.

The experience of losing a spouse or partner in old age has an impact on the affected person's relationships and emotional well-being (Lalive d'Epina, Cavalli, & Spini, 2003; Naef, Ward, Mahrer-Imhof, & Grande, 2013). Quality relationships with others have been shown to strongly influence life satisfaction, which is a key indicator of one's emotional well-being and a

commonly recognized aspect of “successful” aging (Cheng & Chan, 2006). The shifting nature of relationships and social supports for a person who has lost a spouse or partner in old age is an important aspect of the bereavement process (Carr & Utz, 2001; Davidson, 2001; Fry, 2001; Lalive d’Epinay, Cavalli, & Spini, 2003; Ha, Carr, Utz, & Nesse, 2006). This is especially true since older adults are likely to experience the losses of close relatives and friends as they age and outlive those around them (Lalive d’Epinay, Cavalli, & Spini, 2003). For many people the loss of a spouse is the loss of one’s closest confidante (Carr & Utz, 2001); however, Lalive d’Epinay, Cavalli, and Spini (2003) made the case that the experience of losing a sibling or close friend in old age causes greater loneliness and isolation than the experience of losing a spouse. Boerner, Wortman, and Bonanno studied (2005) older adults’ processes of spousal bereavement over a 4-year period and concluded that the singular event of spousal loss was typically not enough to make a person experience high distress or depression for an extended period of time; rather, only those who reported high distress or depression before the loss occurred experienced chronic patterns of high distress or depression.

Regardless of the long-term emotional impact of spousal loss, people who have lost a spouse or partner later in life must adjust in terms of taking care of themselves. Their feelings of self-efficacy in particular areas affect their quality of life (Fry, 2001). Some older adults may seek to repartner following spousal loss so that they are not alone and so they have someone to meet their needs for emotional connection and companionship (Davidson, 2001).

Intergenerational supports also become increasingly important, and these relationships may shift or change to adjust for the loss. For example, following spousal loss, older adults become more dependent on their adult children for support six months after the loss, and the adult children become less dependent on the surviving parent (Ha, Carr, Utz, & Nesse, 2006).

This research study explores the experience of same-sex partner loss among people age 55 and older through interviews of 12 gay men who experienced the death of a partner at age 55 or older. One participant remarked upon the conclusion of our 2-hour interview that he found it comforting to share the full narrative arc of his relationship with his partner, from the start of their relationship together to his own healing after his partner's death. The participant said,

I enjoyed talking about it. It's the first time I've ever sat down to [talk to] someone who was really interested in listening to what I have to say from a professional standpoint and not, 'Oh, I'm a friend and let me hold your hand.' Like, I feel like I'm gonna help somebody else. Not only help you understand, but also help other people that are gonna end up reading this, that, yeah, there are these components that many of us don't even think about until we're confronted with them.

Many participants' stories followed a similar narrative arc. Telling our stories is a way of healing. I use the term *healing* not to indicate that the loss of a partner can ever be "cured" but to note that the integration of loss into life moving forward and continuing to live.

My biases as a researcher of the topic of same-sex partner loss later in life include my lens as a young educated middle- to upper-middle-class white woman with heteronormative upbringing and personal life experience. The term *heteronormative* refers to a worldview in which heterosexuality is regarded as the norm. I was inspired to research the topic of spousal loss later in life by the death of my grandfather, who passed away in May 2015 and was survived by my grandmother, his wife of 58 years. I found that, apart from AIDS research from the late 1980s, there was a lack of literature pertaining to same-sex partner loss. Because the idea for this research project originated from an interest in the experience of losing a lifelong spouse, I

inevitably brought a heteronormative bias to researching the topic of same-sex partner loss among people age 55 and older.

I used as a point of departure for my study Doka's (1987, 1989) research on disenfranchised grief, or grief of a loss that cannot be openly acknowledged because of its existence outside societal norms such as marriage, thus resulting in unresolved grief. Doka's concept of disenfranchised grief is based on a *deficit model*, meaning a model that focuses on weaknesses rather than strengths. By using disenfranchised grief as a frame for conceptualizing same-sex partner loss in my research study, I implicitly approached this research study with deficit-based thinking. I attempted to counter deficit-based thinking by focusing not only on challenges participants faced in their grief process, but also on supports and sources of coping.

In addition to my biases, limitations of this study include the small size and homogeneity of the sample in terms of gender identity and race (all 12 participants identified as white men). Although this study is not generalizable, it provides in-depth personal stories of the participants.

From the stories of the 12 participants, this study will touch upon the following aspects of the experience of losing a same-sex partner: (a) the emotional experience of bereavement, (b) caregiving and medical treatment of the dying, (c) social supports, (d) funeral rituals, and (e) financial and legal issues. It is important for social workers to gain insight into the issues impacting people who experience the loss of a same-sex partner in order to best serve and advocate for LGBT middle-aged and older people, who occupy an intersection of societally vulnerable identities, particularly at a time when the aging population is growing and LGBT people continue to struggle for equal rights besides the right to marry.

In chapter 2, I will review the literature relevant to the topic of same-sex partner loss, including spousal loss, disenfranchised grief, and issues impacting LGBT older people. In

chapter 3, I will discuss the methodology used for this research study. In chapter 4, I will discuss the findings of the study. The next chapter will explore some of the research and studies on spousal loss, disenfranchised grief, same-sex marriage, and issues impacting LGBT older people.

CHAPTER II

Literature Review

This chapter reviews the literature relevant to same-sex partner loss in middle age and older age. The review begins with literature pertaining to spousal loss, from which the gap in literature relevant to same-sex couples was identified, continues onto disenfranchised grief, and concludes with the psychological impact of disenfranchised grief compounded with sexual minority status and aging. Theories of grief will also be discussed.

Important themes from previous research consist of the impact of social determinants on the grief experience and the influence of more “innate” characteristics on one’s grief experience. The literature shows that factors such as age, gender, and sexual orientation impact the way people experience grief. A prevalent theme among spousal loss literature, for example, included a gendered characterization of grief. Gender differences were discussed in spousal loss literature to examine how gender socialization manifests in the grieving of a significant other, specifically the bereaved person’s access to social supports. Disenfranchised grief addresses directly how limited access to traditionally available social supports impacts the grief experience and can result in unresolved grief.

Gendered Characterization of Spousal Loss

Gender comparisons of the widowhood experience occurred as a common theme throughout spousal loss literature. The comparison between women’s and men’s responses to the loss of a spouse may occur in part because, as several studies pointed out, women tend as a

majority to live longer than men (Lalive d'Epinay, Cavalli, & Spini, 2003; Naef, Ward, Mahrer-Imhof, & Grande, 2013). The literature highlights the differences between men's and women's ways of relating and being socially connected to others, designating women as more adept than men at maintaining social connections (Carr & Utz, 2001; Davidson, 2001; Fry, 2001; Cheng & Chan, 2006; Ha, Carr, Utz, & Nesse, 2006). Davidson (2001) and Carr and Utz (2001) found that widowed men tended to repartner at higher rates than widowed women because men are more likely than women to have their spouse as their primary source of emotional support. A different study (Cheng & Chan, 2006) found that relatedness was altogether less important to older men after the loss of their spouse. Fry (2001) studied the areas of self-efficacy among people who had lost a spouse and found distinct gender differences in that widowed men were found to have higher financial efficacy and physical-health efficacy and widowed women were found to have higher interpersonal efficacy, emotional efficacy, and social-support efficacy. Intergenerational support from adult children follows a similar gender pattern in terms of the type of support offered (Ha, Carr, Utz, & Nesse, 2006). Bereavement, then, is found to follow a distinct gender pattern in Western culture; however, much of the data on which this conclusion is based is from a generation that was overall adherent to traditional gender roles socialization (Carr & Utz, 2001).

Disenfranchised Grief

Doka's concept of disenfranchised grief (1987, 1989) continues to be used widely as a key component for understanding the experience of same-sex partner bereavement. The concept of disenfranchised grief is invoked frequently throughout the literature on older LGBT people's experience of losing an intimate partner. Doka used the concept of disenfranchised grief to describe the experience of people who lose someone with whom they were in a "nontraditional"

relationship and who, due to the nontraditional nature of the relationship, have limited access to resources for resolving grief. Specifically, Doka (1989) defined disenfranchised grief as “the grief that persons experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned or socially supported” (p. 4). For example, because end-of-life care and funeral arrangements are often assumed to be the responsibility of blood relatives or spouses, a person whose same-sex partner dies may be left out of the process of making arrangements if the relationship was not legally recognized and especially if the relationship was hidden from the family.

Doka (1987) used Worden’s task model of grief (1982) to explain how experiencing the loss of a significant other in a nontraditional relationship can contribute to a disruption to the surviving individual’s completion of the “tasks of mourning,” which must be completed in order to “resolve” grief. The tasks of mourning include accepting the reality of the loss, processing the pain of grief, adjusting to a world without the deceased, and finding a lasting connection with the deceased while moving forward with a new life. Worden’s model (2009) accounts for the diversity of factors impacting a bereaved individual’s experience by including “mediators of mourning” that affect how an individual handles these tasks. The mediators of mourning include biopsychosocial factors, such as the nature of the relationship with the deceased and access to social supports, the latter of which in particular may be unavailable to someone whose relationship with their deceased significant other was hidden, which may be the case for some older people in same-sex relationships due to social stigma that would have been more prevalent when they were growing up.

Similarly to Worden’s model of grief that included the mediators of mourning, Stroebe, Folkman, Hansson, and Schut (2006) developed an integrative risk factor framework for the

prediction of bereavement outcome based on Stroebe and Schut's dual-process model of grieving (1999), which included loss-oriented stressors and restoration-oriented stressors (those encountered in ongoing life, such as poverty and legal problems) related to bereavement, as well as inter- and intra-personal risk factors. The dual-process model builds on and departs from the task model by suggesting that an adaptive coping process is composed of a bereaved individual's oscillation between confrontation and avoidance of the different tasks of grieving. Both the task model and the dual-process model of grieving differ from the widely recognized stages or phases of grief models (Kübler-Ross, 1969; Bowlby & Parkes, 1970; Bowlby, 1980; Sanders, 1999) in that they ascribe a sense of agency to the mourner. In the task model and the dual-process model of grief, the bereaved has an active role in the mourning process, rather than experiencing the process passively.

Psychological Impact of DG Compounded with Sexual Minority Status and Aging

Disenfranchised grief can contribute to a presentation of prolonged and acute grief symptoms known as complicated grief. Complicated grief occurs when the loss cannot be integrated into the survivor's life, resulting in the survivor's experience of persistent acute yearning and distress that overlaps with symptoms of depression and anxiety (Shear & Shair, 2005; Newson, Boelen, Hek, Hofman, & Tiemeir, 2011; Prigerson, Maciejewski, Reynolds, III, Bierhals, Newsom, Fasiczka, Frank, Doman, & Miller, 1995).

Although the most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2013) includes a bereavement exclusion to distinguish symptoms of depression from "normal" grief reactions, there is no formal diagnosis for complicated grief. The Inventory of Complicated Grief, first developed by Prigerson et al. in 1995, has been used to assess emotional distress as identified as complicated grief. Complicated

grief is characterized by “preoccupation with thoughts of the deceased, searching and yearning for the deceased, disbelief about the death, crying, being stunned by the death, and not accepting the death” (Prigerson et al., 1995, p. 68). Newson et al. (2011) found that 25% of older people grieving the loss of a spouse had complicated grief. Research on widows and widowers showing that some respondents took nearly 40 years to be able to “only rarely” experience negative feelings challenges the notion of a stark distinction between complicated grief and normal grief by suggesting “an open-ended model of grief, in which grief is never completely resolved and always is present” (Carnelley, Wortman, & Kessler, 1999; Eakes, Burke, & Hainsworth, 1998; Wortman, 2002; Wortman & Silver, 1989, 2001; as cited in Hooyman & Kramer, 2010).

Research on the psychological impact of losing a partner in older age varies regarding perceptions of either resilience or vulnerability to complicated grief according to several factors, including the partners’ relationship pre-loss and gender differences. Some studies focus on the self-reported quality of the relationship pre-loss to determine the bereaved person’s adjustment to the loss of their partner (Carr, House, Kessler, Nesse, Sonnega, & Wortman, 2000; Shear & Shair, 2005). Hagedoorn et al. looked (2006) at how people’s perceptions of equity in their marriage impacted their psychological distress following the death of a partner.

Much of the partner bereavement literature highlights gender differences in how people adjust to the death of a partner (Stroebe, Stroebe, & Schut, 2001; Fry, 2001). Specifically, several studies have found that because women are presumably more adept than men at maintaining social connections, they adjust better (Carr & Utz, 2001; Davidson, 2001; Fry, 2001; Cheng & Chan, 2006; Ha, Carr, Utz, & Nesse, 2006). Social support has been found to be crucial to determining bereaved people’s resilience to the loss of a partner (Fry, 2001; Stroebe et al., 2001). Older people are at higher risk for social isolation particularly when their partner dies

because they are more likely to experience compound losses, such as loss of health and mobility and friends in their aging peer group who pass away. A lack of social support makes adjustment to the loss harder. As Stroebe et al. demonstrated (2001), it is important to take into account socio-demographic characteristics of the bereaved in order to get a better sense of how these characteristics may impact their access to resources like social support. The term *socio-demographic characteristic* refers to characteristics such as age, race, ethnicity, gender, and socioeconomic status.

LGBT older adults are especially vulnerable to social isolation because they are more likely to have been part of the “silent generation” of people born between 1925 and 1942 who were not *out*, or open about their sexuality, in most areas of their lives (Ramirez-Valles, Dirkes, & Barrett, 2014). Even among the aging Baby Boomer generation of gay and lesbian adults (born between 1946 and 1964) who adopted gay identity and fought against societal stigma (Ramirez-Valles, Dirkes, & Barrett, 2014), many LGBT older adults who are out may not have the support of their families of origin. Family support is often the primary source of support for heterosexual people mourning the loss of a partner. Given that older generations of LGBT adults were less likely to have children within a same-sex relationship, intergenerational family supports, such as support from adult children, are also less often available to LGBT older adults who lose a partner. The lack of intergenerational support from adult children among LGBT older adults is likely to change in the near future as same-sex relationships gain more mainstream acceptance and greater access to alternative methods of having children, such as adoption, and as more same-sex couples marry. For example, a 2016 report by Prudential Financial found that the marriage rate among LGBT respondents has increased to 30% from 8% in a 2012 survey.

The issue of ageism, or prejudice or discrimination against older people, within the LGBT community also means that many community and social activities are youth-oriented, leaving out older LGBT people (Almack, 2010; Wight, LeBlanc, Meyer, & Harig, 2015). Prudential Financial (2016) found that 47% of 1,376 LGBT respondents were millennials (age 25-37) in contrast to 24% who were among the Baby Boomer generation (age 52-70). Wight et al. found (2015) in a study of midlife and older gay-identified men that “‘internalized gay ageism’ – feeling denigrated or depreciated because one is aging as a gay man” (p. 200) – is positively associated with depressive symptoms. The intersection of issues of ageism and homophobia on a societal level contributes to a lack of social supports for LGBT older adults, making coping with the loss of a same-sex partner particularly difficult.

A review of the literature demonstrated a dearth of research on the experience of same-sex partner loss that fits the rapidly changing landscape of the LGBT experience in the United States. The literature on spousal loss, disenfranchised grief, and issues impacting LGBT older adults makes clear the impact of socio-demographic characteristics on the grief experience of people who lose a partner as well as the importance of social supports in coping with grief. Accordingly, this research engages in exploration of the interplay of socio-demographic characteristics and social supports on the grief experience of LGBT adults. The next chapter will discuss the methodology used to conduct this research study on the experience of same-sex partner loss among people age 55 and older.

CHAPTER III

Methodology

Research Purpose and Question

This chapter discusses the methodology used in this study. As noted in the introduction, this study sought to answer the following research question: *How do adults 55 and older experience the loss of an intimate partner within same-sex and/or same-gender relationships?* Current literature on experiences of partner bereavement later in life has focused primarily on heterosexual married couples. Accordingly, I explored the experience of partner bereavement in later life specific to same-sex couples in order to provide relevant care and support to surviving partners.

Design

This study used a qualitative, exploratory research design. This method was the most appropriate for my study as there is still little known about the experience of partner loss and bereavement for lesbian and gay older people. The following sections outline the methodology of this study, including sample, data collection, and analysis, and biases inherent in the methodology.

I conducted 12 interviews with participants in person (n=8) and via telephone (n=2) and Skype (n=2) using a semi-structured interview guide (Appendix A) with open-ended questions. I chose to conduct interviews rather than a questionnaire or survey because I wanted to allow participants to have an opportunity to tell their story. I also wanted to capture the nuance of

people's experiences. I recorded the interviews and transcribed them for analysis. I analyzed the data for themes and patterns based on the areas of inquiry included in my interview guide.

Sample

The sample population for my study included people who learned of my study through a local organization and from friends and self-selected for the study. For this study, I interviewed 12 white gay cisgender men (men whose gender identity matches their sex assigned at birth) who were 55 or older when they experienced the loss of a partner to death.

Inclusion and exclusion criteria. To be eligible for participation, individuals needed to meet two criteria for inclusion. First, the potential participant needed to have experienced the death of a same-sex partner. Second, the individual needed to have been at least 55 years old when their partner died. I decided on this criterion to ensure that I captured the experience of partner loss and bereavement for people in middle and older age, specifically, instead of people who had lost a partner when they were younger. I was interested in studying the experiences of people in a middle-aged and older age bracket. I chose 55 as the minimum age to allow for a range of participants and generational perspectives from people in middle age to those within an older, more popularly recognized "senior" age bracket, such as '65 and up.' I made one exception to this criterion for a participant who was 54 when his partner died because (a) he was only a few months younger than the minimum age for inclusion and (b) at 54 the participant still fell into a middle-aged age bracket, which was what I intended to capture. Participants were excluded if the death of their partner occurred by unnatural causes (i.e. accident, suicide, or homicide).

Recruitment. I began recruiting participants for my study once I received the Smith College School for Social Work Human Subjects Review committee's official letter of approval

for the study (Appendix B). I used snowball sampling to obtain a convenience, non-probability sample. I recruited primarily through the local chapter of a social organization for older gay men in the major metropolitan area where I was conducting my second-year field placement. I originally intended to recruit through various local organizations; however, because I heard back quickly from members of the social organization for older gay men who were interested in participating, I followed up with them before reaching out to others and was led to more interested potential participants within the organization. I e-mailed the president of the organization (Appendix C) and attached a recruitment flier for my study (Appendix D), asking him to share the flier with members of the organization. I received responses from members of the organization who were interested in participating. The first participant I interviewed invited me to the organization's weekly happy hour and dinner event, which I attended and at which the president introduced me to the group of more than 30 members and allowed me to speak briefly about my study and hand out recruitment fliers to interested potential participants. The recruitment flier contained the inclusion criteria for the study so that participants could self-identify as being eligible participants.

I also reached out to friends and family members who had offered to connect me to either key informants or people they knew personally who met the criteria for participating in my study. From this outreach, I recruited through one key informant, an older gay man who is active in the community, who reached out to friends and personal contacts that he knew met the criteria for participation. He then provided me with the contact information of those who expressed interest and who consented to me contacting them. My limited outreach for recruitment led me to obtain an all-male all-white sample in which female participants and people of color were absent.

I recruited 12 participants, all of whom followed through with returning the consent form and participating in an interview. All of the participants in the study were at least 55 years old when they experienced the death of a same-sex partner, with the exception of one participant who was 54 years old when his partner died. All of the participants self-selected for the study, meaning they freely consented to participate in the study.

Participants who learned about my study either contacted me through my confidential e-mail address or, as described above, I contacted them via e-mail or telephone using my confidential Google Voice number after meeting them in person or being provided with their contact information. In a follow-up to the initial communication, I e-mailed participants an electronic PDF of the informed consent form (Appendix E) and asked them to review, sign, and return it. I also initiated scheduling of the interview at that time. I allowed participants without the means to return an electronic copy of the signed consent form to bring a hard copy of the signed consent form to the interview if we met in person or to mail the form to me. I also brought extra copies of the informed consent form to the interview in case participants needed to sign a new copy.

Ethics and Safeguards

Four major concerns arose during the design of this study: consent, confidentiality, the potential for emotional distress, and the potential for “outing.” To address these ethical concerns, I built several measures into the study design and carried them out throughout recruitment, data collection, analysis, and reporting. These measures are outlined in the following paragraphs.

I mitigated the risk of participants being “outed” by recruiting through an organization specific to older gay men and by obtaining the consent of potential participants recruited through key informants prior to contacting them. Participants recruited through the organization chose to

contact me, and participants who were referred to me by other individuals had personal relationships with those individuals and consented to my contacting them. I also interviewed participants at a mutually agreed-upon public location where privacy was available, such as a private conference room at a public library, and I maintained confidentiality of participants' personal information and data as described below.

To reduce the likelihood of emotional distress I informed potential participants of the sensitive nature of the study and the possibility that participation could create emotional distress in the consent form. I reminded participants that they could stop the interview at any time, which was also stated in the consent form. I also invited participants to contact me after the interview should they need a referral sheet of mental health resources.

All participants read and signed informed consent forms approved by Smith College School for Social Work before participating in the study. Before proceeding with the interview, I asked participants if they had any questions or concerns about the consent form or about participating in the study. All participants indicated on the consent form that they agreed to be recorded during the interview. Before I began recording the interview, I asked participants again if they consented to being recorded and asked if they were ready for me to begin recording.

To address confidentiality I have been the only person with access to all consent forms, interview notes, transcriptions, interview recordings, and communications related to the interviews. I recorded interviews using the camera on my cell phone and the recording program Simple Recorder on my personal computer; both devices are password-protected and only I have access to them. I uploaded recordings of the interviews from my phone to my password-protected Google Drive account and then downloaded the recordings to my personal computer, at which time I erased the recordings from my phone and from Google Drive. I used a transcription

tool that maintained recordings and transcribed text on my computer only and did not upload data to its servers. The electronic consent forms, interview recordings, and transcriptions of the interviews have been saved on my computer and in a confidential file in my password-protected Dropbox account. I coordinated all scheduling and conducted other communication with participants directly via my confidential password-protected e-mail and my confidential Google Voice number. I am the only person who has had access to the accounts in which these items have been maintained.

During data analysis I assigned a pseudonym for all study participants that could not be connected to the participants' actual name or identifying information. The pseudonyms will be used to protect the confidentiality of the participants throughout the reporting process. I also changed all other names of people, geographic locations, and organizations to further de-identify the information and protect participants' confidentiality.

Participants may have benefited from this study by having the opportunity to talk about their experiences and the partner they were grieving and to give voice to their needs in the experience of losing a partner.

Data Collection

In this study I used semi-structured interviews to collect qualitative data about participants' experiences of losing a same-sex partner to death in middle and older age from March 2016 to April 2016. Participants were given the option of conducting the interview in-person or via telephone or Skype. Most participants preferred to meet in person due to the personal nature of the interviews, although geographic proximity necessitated that I conduct some of the interviews via telephone or Skype. The interviews were recorded for transcription and qualitative analysis. The data was analyzed using a general inductive analysis approach.

Participant interviews lasted between 45 minutes and 2 hours, although most were around an hour in length. Demographic information was collected at the beginning of each interview, including participant age, race, gender, sexual orientation, and whether or not they were currently receiving therapy or counseling. The interview guide incorporated narrative and open-ended questions to address the following domains for exploration: the partner relationship pre-loss, the grief process, interpersonal and community supports, and perceived barriers to healing. I used the method of opening up the interview to the participant sharing their story and asked questions from the interview guide as prompts only when needed. I asked participants follow-up questions throughout the interview to gain clarity and deeper insight into aspects of their stories. This interviewing approach allowed for the participants to guide the narrative and it highlighted for me what was important to them about their experience.

Data Analysis

I audio recorded all interviews as described above, and I transcribed all interviews using the online transcription and dictation software Transcribe. I saved each completed transcription in its own Word document. I analyzed the data for themes that emerged from the data and according to the areas of inquiry in which I was interested to ensure I captured multiple aspects of participants' experience of partner loss in older age. I used an Excel spreadsheet to organize the codes, designating one overarching theme to each sheet. The overarching themes were: social environment, supports, emotional experience, family, medical financial, and legal. I decided on these themes based on the areas of inquiry in my interview guide and the narrative arc many of the interviews followed. For example, I included the theme "social environment" because at least 7 out of 12 participants talked about factors that influenced their social environment, such as their upbringing and identity development. I read through each interview transcript and assigned

each segment to one of the predetermined overarching themes and I made notes in a column alongside the transcript excerpts (quotes) for subtheme codes. I also used the “Find” tool in the Word documents of the transcriptions to search for words that corresponded to particular themes, such as “support,” “therapy,” and “gay lawyer.”

This research study used an exploratory research design to obtain qualitative data about the experience of losing a same-sex partner in middle and older age, which I collected from 12 semi-structured interviews. The next chapter will discuss the findings of this study.

CHAPTER IV

Findings

The purpose of this research project was to explore the experience of losing a same-sex partner for people age 55 and older. This chapter outlines the findings of this exploratory study based on 12 interviews with people who identified as having experienced the death of a same-sex partner when they themselves were at least 55 years old.

The data presented in this chapter was collected through in-person (n=8), phone (n=2), and Skype (n=2) interviews that I transcribed and then analyzed for common themes and subthemes. The interviews were conducted in a largely open-ended style that focused on participants' relationship with their partner, experience of their partner's death, emotional experience of their bereavement, supports and sources of coping, and barriers to healing. Subthemes that emerged from these areas of inquiry included medical treatment, logistics related to legal and financial issues, and family relationships. Demographic data regarding participants' age, race, gender identity, and sexual orientation was also collected during interviews.

The findings of the study related to the research question of how people 55 and older experienced the loss of a same-sex partner will be presented using Doka's (1987) study on "grief and the loss of significant others in nontraditional relationships" as a framework for comparison. Doka (1989) later used the term "disenfranchised grief" to describe his findings. Doka (1987) defined nontraditional relationships as "multidimensional (including sexual) dyadic relationships that exist outside of the traditional institution of marriage and therefore have limited public

acceptance, some degree of negative sanction, and tenuous legal standing” (pp. 455-6), and he included gay relationships in this group. This classification admittedly seems outdated nearly 30 years later, but bearing in mind the generational breadth of the participants I interviewed and the recency of the Supreme Court’s 2015 decision on same-sex marriage, I found Doka’s framework useful, as it corresponded to themes that emerged from participants’ narratives. The disenfranchised grief framework includes the following parts: (a) specific problems of grief in nontraditional relationships; (b) implications for grief resolution, in accordance with Worden’s (1982) tasks of grief model; and (c) dimensions of relationship. The first two parts of this outline and its requisite subthemes will be used to discuss the findings of my study. Doka’s “dimensions of relationship” will not have its own designated section in accordance with my findings since these dimensions (degree of investment in the relationship; meaning of the relationship to both parties; opportunity to find replacement; acceptance-rejection of the relationship by others; and openness versus secretiveness of the relationship) are addressed within other parts of this chapter. This section begins with an explanation of the demographic data.

Demographic Data

A total of 12 individuals participated in in-person (n=8), telephone (n=2), and Skype (n=2) interviews and all answered demographic questions. The participants’ age at the time of the interview ranged from 59 to 79. All study participants identified as gay or homosexual males. When asked how they identified in terms of race or ethnicity, all participants identified as white or Caucasian. All participants resided in the mid-Atlantic region, and most (n=9) lived within the same major metropolitan area. The homogeneity of the participant sample can be attributed to the use of snowball sampling, which was begun after outreach to a local chapter of a social

organization for older gay men. Further discussion of the implications of this sample bias can be found in the following chapter.

Participants

In an effort to represent the participants more fully throughout this and the following chapter, I will now provide a brief description of each of the 12 participants using pseudonyms.

Harry. Harry was 64 at the time of the interview, and his partner Jeff had passed away 21 months prior, in June 2014. They had been together 9 years.

Roger. Roger was 79 at the time of the interview. His partner Gary had passed away 3 years prior, in January 2013. They had been together 56 years.

Pat. Pat was 74 at the time of the interview. His partner Graham had passed away 10 months prior, in May 2015. They had been together 45 years.

George. George, age 62, was 54 when his partner Malcolm passed away 7 years ago in 2009. They had been together 26 years.

Charlie. Charlie, age 73, was 61 when his partner Ted passed away 12 years ago in 2004. They had been together 34 years. Charlie later met and married Paul, who was also a participant in the study.

Paul. Charlie's husband Paul, age 59, had experienced the loss of several partners. In his 20s Paul was married to a woman who died tragically at age 28. Later at age 49, he experienced the passing of his first male partner, John, with whom he had been in a relationship for 16 years. Six years later, when Paul was 55, he experienced the loss of another male partner, Brian, with whom he had been in a relationship for 2 years.

Everett. Everett, age 71, had also experienced the loss of more than one partner. Within the same year (2013), he lost his dear friend Lester, with whom he had been in a 15-year relationship before deciding to just be friends, and Joe, his subsequent partner of 4 years.

Lloyd. Lloyd, age 69, was 64 when Frank, his partner of 33 years, passed away in February 2011.

Stan. Stan, age 70, lost his partner of 23 years, Hugh, 12 years ago in 2004 when Stan was 58.

Warren. Warren was 78 at the time of the interview. He was the participant whose partner had passed away the longest ago. His partner Rick, with whom he had been in a relationship for 13 years, passed away 22 years prior in 1994 when Warren was 56.

Martin. Martin, age 78, experienced the death of his partner Russ 6 years ago in January 2010. They had been together 38 years.

Kurt. Kurt, age 63, lost his partner Daniel 13 months prior to the interview after 20 years together. They were married February 2014, just over a year prior to Daniel's death in March 2015.

The length of time participants had been with their partners ranged from 2 years to 56 years ($MR=29$). The length of time that had passed since their partner's death occurred ranged from 10 months to 22 years, $Md=4.5$ years.

Specific Problems of Grief in Nontraditional Relationships

Doka (1987) presents five aspects of grief that are specific to nontraditional relationships, all of which impede grief adjustment. These aspects are intense negative affect; exclusion from care and support of the dying; lack of social support; exclusion from funeral rituals; and practical and legal difficulties. I will discuss these five aspects as I observed them in my study.

Intense negative affect. In Doka's (1987) research of grief in nontraditional relationships, respondents reported "strong feelings of guilt, shame, anger, embarrassment, loneliness, and isolation" (p. 457), mostly due to the "nontraditional" nature of the relationship itself. For the most part, I did not find this to be the case among the participants of my study, as I will outline in response to the 6 feelings reported by the participants of Doka's study.

Guilt. Three out of 12 participants mentioned feelings of guilt, but none of them related those feelings to being in a gay relationship, which was indicated as the reason for participants' guilt in Doka's study. Charlie spoke to guilt regarding his partner Ted, who struggled with alcoholism and mental health problems for several years before he died:

I felt guilty when he died because I was glad he died because I knew he was where he wanted to be – because he tried to commit suicide a few times before. [...] I felt guilty when he died 'cause I was relieved. I didn't have to worry about him anymore, and I could get on with my life.

Charlie acknowledged the following: "It took me a while to get out of the guilt before I could really grieve over his loss." Charlie found solace in holding a funeral ceremony for Rick with Rick's family. Charlie said, "That helped me feel less guilty, knowing that the family and I were feeling the same, and we were able to get on with our grieving at his loss."

Warren, whose partner Rick suffered from throat cancer, experienced guilt related to his caregiving for Rick:

After he was gone, I realized I was not as – considerate isn't the right word – I thought of a lot of things afterwards that I could've done better, and I felt guilty that I didn't, but I was under stress, too, as was he. Yeah, afterwards, I did have many sort of guilt of 'Oh, I could've done this better, I could've been more helpful there, I could've been more understanding.'

Warren said that he recognized guilt as a “normal part” of the grieving process.

Lloyd expressed guilt at having enjoyed a trip to his partner’s favorite vacation spot after his partner passed away:

I’m glad I was able to go somewhere that we have been without feeling sadness. Of course, I feel a little guilty about that ’cause I thought, ‘Well, I shouldn’t be happy, you know? You’re gone, I shouldn’t feel happy.’

Lloyd reconciled these feelings of guilt with the belief that his partner would have wanted him to be happy: “He always said, ‘When – I want you to go on and be happy.’ [...] He always wanted me to go forward, so, you know, I’m pretty sure he would have been happy that I was able to enjoy Bermuda.”

One out of 12 participants noted specifically that he did *not* experience guilt. Paul, whose second deceased male partner Brian struggled with alcoholism, said the following:

I would be frustrated by my attempts to change his behavior, and I didn’t love him any less, but it was just so much more demanding of my emotions and my psyche, I guess you could say, so, um – and I didn’t have guilt about feeling frustration about it. I think I did the best I could given the circumstances.

Shame. One out of 12 participants described a sense of shame in his experience of grief. George, who faced severe financial problems as a result of his partner Malcolm’s death, shared the following:

My issues, of course, were financial, once I realized the quagmire of debt that we were dealing with and how I was gonna claw my way out of it, and I had to keep it a secret from a lot of people. Because, once again, it was a stigma of, not only of being a same-sex couple, but the stigma of losing your house to foreclosure. In my family that was,

like, a sin to do that. It was financial irresponsibility, and my parents – that was what was ingrained on me. You know, ‘Don’t have credit card debt’; ‘Pay your car off as soon as possible’; ‘Don’t go out and spend and, you know, live a lifestyle that you can’t afford.’ And so my stigma with myself was that I couldn’t tell people and a very few people knew, and so that was my secret. So, um, once again, that’s self-inflicted.

In addition to the shame George felt about his financial situation, he described a sense of shame that was evoked by how his financial situation impacted his grief. “[I thought] I should be concentrating on the loss of a partner, not on the financial situation I was left with, and so [...] I couldn’t really talk to people.”

Anger. The anger that Doka (1987) observed among respondents in his research was that which respondents felt towards their lost partners for leaving them. None of the participants in my study expressed this sentiment, although at least 3 out of 12 participants voiced anger towards the institutions that failed them, which I will discuss later. Two out of 12 participants noted specifically that they were *not* angry. Martin shared about the feelings that led him to seek therapy:

From the very beginning, [I] realized that death is a part of life. It’s just that I hadn’t faced it in this particular capacity before, and, um – but I think it was just this – I think it was angst, or – I never felt angry about it, ’cause there again, it’s life. Um, but I did – there was an unease that I just couldn’t get over.

Harry described a friend, who had also lost a partner, as a counter-example to how he tries to lead his own life with positivity.

He would tell me how lonely and depressed he was, and he couldn’t get his friend [his partner] out of his mind, and I think he’d taken up to drinking, so he had some drinks

every day, which I don't think is good if you're depressed because alcohol is a depressant and he seemed to me to kind of live in the past, so I try to tell him – same thing I tell my brother, by the way – 'I don't live in the past. I'm going to live in the future because if you live in the past, especially if it's a sad past, then you – you're going to be a miserable person,' so I – just to give you an example, [...] my brother is still angry at things my parents did in the (*laughs*) '60s when we were growing up! They're dead! Right? So I can hardly have a conversation with him on the phone when that comes up – 'Remember when this happened and that happened and –' and he's angry – has anger – to this day. So [...] maybe I'm just reacting from him, uh, so I'm just – you can't be like that or you're gonna be an unhappy person, so that's what I try to tell my friend.

Embarrassment. One out of 12 participants mentioned feelings of embarrassment, but only as it related to how he grieved and sought support. George shared the following:

Knowing that I had emotional support if I needed it was – was very comforting, but at the same time, I was kinda embarrassed to do it. [...] I knew there was somebody looking out for me, even though I wasn't strong enough to say, 'Yeah, I'm losing a grip,' or 'I might lose a grip.'

Loneliness. Six out of 12 participants spoke to a sense of loneliness, but practically none in a way that seemed as extreme as what Doka (1987) found in his research. Participants who talked about their feelings of loneliness did so retrospectively, for the most part. George, for example, recounted the following memory of returning home after being away with family within the month between his partner's death and the memorial service:

When I came back – I remember this was a very bizarre experience for me – I left his car in the driveway, and as I was going down our street, and I was approaching the house,

there was his car there and all of a sudden I thought, ‘He’s not there.’ And that’s when I kind of started losing it, and realizing that, ‘Hey, it’s just me.’ You have all the friends in the world, but it’s just me when I close that door.

Everett spoke to a current sense of loneliness related to aging and mortality.

It’s funny – I’ve outlived all my partners – well, he was older, though, but the other two have all died. I’m beginning to feel like the Black Widow kind of (*laughs*). [...] I feel very lonely, uh, of course my own mortality I’m feeling more and more now ’cause a lot of my friends have died.

George also spoke to being alone related to aging and mortality.

One thing that I have sort of been meting out and I’m very frightened of – but I got a handle on it – is dying alone, and I joked to my friends, I said, you know, ‘I’m worried that if I drop dead, no one’s gonna find me for a week,’ and that frightens me. So I solved the problem. So everyday at 9:00, I text-message one of those little emoji things – I don’t understand all that crap – but a little emoji to a friend of mine at 9:00 everyday and she sends one back to me. She knows, ‘Alright, it’s 9 a.m., he’s alive.’ It’s something, and I tell her – it’s honest-to-God truth – I tell her, ‘If you don’t hear from me, then you text me first, and if you don’t hear from – you keep trying and you call me and if there is - if it goes straight to voicemail, there is something wrong.’ And I said, ‘Call someone. Call the building manager [...] and tell him to get down there and walk in this apartment. And if I’m dead, I’ll only be dead 24 hours.’ But that has taken a huge relief off me, uh, knowing that I – if I die alone, that I’m not gonna be laying there for 10 days, and so, you know, and honest to God, I joke around, I joke with my friends about it, but there is a

seriousness to it, and that is that I live alone now, and I have to take those kind of precautions.

Only one out of the 6 participants who spoke to a sense of loneliness described what I perceived to be acute or extreme loneliness. After his partner passed away, Lloyd experienced a dearth of social supports (my findings related to participants' social supports will be discussed later in this chapter). Friends that Lloyd and his partner had had as a couple stopped contacting him or returning his phone calls, causing great loneliness and distress for him:

The people never responded and the neighbors would just say, 'Hello'; they wouldn't say, 'How you doing?' or – it was just, you know, for 6 months I talk to the dog, you know, and when she died it was, like, 'Now what?' You know? As I said I used to sit and eat ice cream until I'd get sick, hoping I'd die, thinking, 'Please let me go into a diabetic coma [and] not wake up from this.' Of course I didn't (*laughs*), but it was – it was really very traumatic.

Two out of 12 participants noted specifically that they were *not* lonely. Harry put it simply:

I'm not suffering from depression, or anxiety, or any of those things that – or excessive loneliness – or any of those things that some people experience, they tell me – because I have talked to other people and they've said, 'Well, I'm having this and this problem,' and I'm like, 'Well, good for me,' (*laughs*) 'I don't have that issue,' so, different people are gonna react, you know, I guess in different ways.

For George the lack of feeling lonely was a result of maintaining a spiritual connection to his partner:

It's another reason why I don't feel lonely: I feel that there's someone there. I can't reach out and touch. I can't talk and have a response, but I feel that there's someone – someone's looking out for me and my general welfare. [...] You feel like you're still part of a couple; they're just on the other side.

Isolation. Four out of 12 participants described a sense of isolation in the wake of their partner's death. For some this was due in part to issues related to aging, such as outliving friends, as described above. The AIDS epidemic in the 1980s also impacted participants' communities and contributed to the sense of isolation. As Warren recalled,

After Rick died [in 1994], I sort of withdrew from the world and became a workaholic. I just sort of cut off contact with any social sort of thing. By then a lot of our mutual friends had died from AIDS during the '80s, so I didn't have many close friends left, but I had two that lasted through it all. [...] I sort of just withdrew from the world, and I was sort of in a fog for a while just, you know – it was like the two of us had become one and now I was a half. And feeling kind of lost.

George acknowledged that a wealth of social supports were available to him but said, “My grief and my isolation was self-inflicted.” This was, again, related to shame about his financial situation:

I thought my situation was unique – because I wasn't grieving really the loss of my partner, I was grieving the loss of my partner and the life we had built together. I was losing that, I was – he was gone, but everything else was evaporating and I was panicking, and I didn't know what to do. So I didn't know who to talk to.

Although these participants spoke to a sense of isolation, they also identified sources of support and coping in their lives, which will be discussed later in this chapter.

Care and support of the dying. The respondents Doka (1987) studied in his research were often “inhibited from behaviors that are therapeutic” (p. 460), such as providing care and support to a dying partner, due to the “nontraditional” nature of their relationship. This was not the case for nearly all of the participants in my study. Only 1 out of 12 participants may have accurately fallen into Doka’s categorization of having a “nontraditional role” in the lost person’s life, which thus precluded him from caregiving; however, this seemed to be at least somewhat by choice, rather than entirely because of the nontraditional quality of the relationship. In addition to the death of his current partner at the time, Everett spoke to the experience of losing his former partner of 15 years, Lester, who had AIDS and had remained a close friend after their breakup (“in fact, we did better as friends than we ever did as partners”). Everett recalled of when Lester and he were together, “I was going to live with Lester, but his mother didn’t want that to happen, and she told his sister to move in with him, which – now I couldn’t get in.” Everett attributed Lester’s illness to the cause of their relationship ending:

It was because of his AIDS thing that I found I couldn’t respond to him sexually, especially when he was really sick – it was just something that, in my mind – that, you know, I loved him dearly and I would be there for him, but I just couldn’t respond to him sexually and, uh, so that’s why we split, but it was alright, we were very close.

This experience was an outlier in my study, as 9 out of 12 participants described their partner’s process of declining health or prolonged illness in which the participants had been the primary provider of care and support. Among the remaining 3 out of 12 participants, two participants’ partners had died suddenly of a heart attack and one participant’s partner died of rapid onset cancer, precluding the opportunity to provide care in a way that may have been identified as caregiving.

Caregiving. Seven out of 12 participants spoke to the stress of caregiving. Stan, whose partner Hugh battled AIDS for 11 years, recounted the impact of caregiving on his own health: Hugh had to go see the pneumocystis doctor or the diabetes doctor or the eye doctor or his HIV doctor everyday, um, I was like – I had to take off, run him to the doctor, and then run him back home, get him just in bed, get him something to eat, and then go back to work, you know. And, of course, my boss, he was real – but I had the time – the time to do that, I had – I had my sick leave, but I had to watch out for myself, too, cause I’m thinking I’m gonna – any day that it’s gonna be me, you know, um, so I’m running myself kinda ragged taking care of him. [...] I was trying not to get sick myself because I’ve had HIV, you know, for 34 years, and you know the doctor says, you know, ‘Whatever you’re doing, just keep doing it, but, you know, don’t get stressed, don’t get sick, don’t, uh, you know, any- any- anything can weaken your immune system, wear you down, and then you’re the next one, and then we’d both [*inaudible*], you know, [...] and I thought, ‘If I get sick like him tomorrow, then what do we do, you know?’

Warren said of his partner Rick, who was diagnosed with throat cancer 2 years before he died,

I took care of him. He was – once he had the laryngectomy, and then gradually his throat closed up so he couldn’t even use a feeding tube and he needed a stomach feeding tube, so all of his meds were liquid and I took care of all of those and had to keep going to the pharmacy to refill those. The doctors never align things, so you can’t get them all at once – you know, this one comes due and then 2 days later, another one, so it took a fair amount of, you know, time and coordination.

The impact of caregiving on their relationship was emphasized in 8 out of 12 cases.

Warren shared the following:

We still loved each other and all that – that didn't change, but being the caregiver is very stressful and demanding. I saw it when he sort of had to help with his father was about to die and it was very stressful on him and it did make some changes, that stress.

Charlie, whose partner Ted struggled with alcoholism and mental illness, said,

The last 4 or 5 years of our relationship was – he was really, really bad. He couldn't function hardly at all. I would come home and he would be unconscious on the floor or something like that. I would have to call the emergency squad. I think I had to call the emergency squad because the medications that they gave him had adverse reactions, and I would have to, like I said before, have him go into the hospital – mental hospital – have him dried out and get off all the medications that he was on except for maybe one or two, and then they would gradually run him back up to the full extent of the drug program, and then he'd go back downhill again. So in order to keep him where he was able to function, it was like a rollercoaster, he was up and down, up and down. So I felt like I was a caregiver, yeah, not a partner the last few years because I had to monitor his prescriptions and make sure he took them when he was supposed to take them, and sometimes he would wander off and I'd have to go find him.

Four out of 12 participants indicated that they had retired early in order to provide care to their partners and have more time with them. Of caring for his partner Hugh, who suffered from AIDS for 11 years, Stan said,

You know, I, um, I had no regrets for helping him, and I was so glad we had the last 3 years where he was able to be stabilized. In fact, we had just got out – I retired 2 years

earlier because I was – at 56, I could retire or I could work 'til I was 62 and make a lot more money in retirement, but I thought, 'You know, I don't know where he's gonna be. I'm gonna retire and spend time with him.'

Kurt shared a story about discussing with friends an opportunity to retire early:

I said, 'You know, we have this early-out opportunity – they've never offered it.' [...]

I said, 'I'm tempted to take it 'cause I've run out of leave, you know, for taking him to the doctor all the time (*crying*). So [...] they said, 'Kurt, this is a no-brainer. You can retire easy.' And so I did. And what was beautiful about it is it gave me 6 months to take care of him, and that meant getting him up every hour for a feeding or what I called a 'watering' 'cause he had to have water through that bag – it was an IV pole – and some days were good and some days were awful.

George talked about an argument he had with his partner Malcolm 6 months before Malcolm died about George's decision to stop work in order to have more time with Malcolm:

Finally I said to him, 'Look, you probably have 10 years at best in your life.' I said, 'If you want me to be a success in real estate, I can be that success, but when you come back, dinner will not be on the table, the house will be dark, and I will be out doing real estate things.' I said, 'Is that the way you wanna spend the last few years of your life?'

And he said, 'No.' I said, 'Fine, then I will be the househusband. I will be – I will take care of errands, I will take care of – manage the house,' which I'd been doing along. But

I said, 'Don't do this to me. I want to be here for you.' And that settled it.

Lloyd said,

I retired when I was 59 to take care of him, so I was his caregiver and we were together nonstop 24 hours a day continuously. When he went into the hospital for transfusions, I was there the whole time.

At least 3 out of 12 participants spoke with a sense of gratitude for the time caregiving gave them with their partner. Among praise for the hospice staff with whom Paul worked to provide care to his partner John, who had colon cancer, Paul spoke to caregiving as a source of pride:

He never went into the hospital, um, and that was when I got acquainted with hospice. You know, I'd certainly heard of hospice before that. I had friends who had died who had worked with hospice or who had been assisted by hospice, so I have the utmost respect and regard for hospice. They were – they were wonderful. I guess when I first, uh, when we first began working with hospice, John and I, I wasn't really clear on what I would be doing versus what the hospice nurse and, uh, assistants would be doing, and I learned that really a lot of this would be on me. I would be administering drugs, I would be doing a lot of the hygiene, which I'd figured I would do, but it was – it was really more than I had expected, but – but that's fine. It gave me confidence, and I think it was probably also comforting to John that I was helping care for him rather than somebody he didn't really know, though the nurses were wonderful and I can't say enough positive things about them. [...] I was proud of myself for being able to give him the kind of dignified death he wanted, and he died at home.

Three out of 12 participants voiced admiration for how their partners managed declining health. Pat said of his partner Graham, who had a stroke 8 years before his death,

He fought that stroke valiantly for almost 10 years. Uh, he did not – he never gave up. He did acupuncture, uh, he did physical therapy, he did all these electrodes to try to stimulate different nerves, um, constantly researching what he could do. Like I said, he learned to write with his left hand. His car was modified so he drove. He would go every six weeks down to see his sister in North Carolina by himself. [...] He was something. Mm. He didn't give up. He did not give up. Ah, toward the end, ah, he just began to get weaker and weaker, and the doctor told me that it was consequence of the stroke and that he didn't think he would come out, and he didn't. Ah, but he never – he never gave up. He was quite a fighter. Yep. *(laughs)* Yeah, I miss him a lot.

Kurt said of his partner Daniel, who had eventually lost his voice due to the progression of his illness, “He was so, so stoical and strong. He only cried when he told me – and he only cried one other time.”

Paul said of his partner John,

His cancer was so advanced when we learned of it, and he chose not to have treatment because the understanding was he may only be around, you know, another 4 to 6 months. He didn't want to put me through it or put himself through it, so he was very, um, I guess, realistic and kind of stoic about it. [...] I was, uh, I guess proud of John for choosing the route he did.

Treatment by medical staff. Doka (1987) noted that gay men met restrictions on visiting their partners in medical settings and negative attitudes of medical staff. Two out of 12 participants indicated that they had experienced discrimination by medical staff due to being a gay couple. When Kurt called to get the results of his partner Daniel's biopsy and identified

himself as Daniel's partner, the doctor's office manager refused to share the results with him.

Lloyd shared the following:

Even though the hospitals and the doctor – the oncology department – accepted the fact that I was his partner, every once in a while we would run across a nurse who was difficult, and she would say, 'Who are you?' And I would say, 'I'm his partner.' 'Well, do you have power of attorney?' And he would speak up and say, 'He's my partner. I trust him with my life, and he makes all decisions for me' ... it was very traumatic.

Other participants expressed a general dissatisfaction with the care their partner received.

Talking about his partner Daniel's experience of being in hospice care at the hospital, where Daniel was sharing a room with another patient, Kurt said,

A lot of people brought their oldies off to die there. [...] It was the most nightmarish – I think I have PTSD from it, I'm not kidding (*tearful*) – I don't say that lightly. I will have flashbacks to that week.

Based on his and his partner's negative experience with hospice, Kurt went on to say the following of the American hospice system as a whole: "My problem with it is that it looks humane. It's not humane; it's hypocritical is what it is."

In contrast to Kurt and Lloyd's negative experiences with their partners' medical treatment, 3 out of 12 participants reported positive experiences with medical providers, noting how providers treated them as a gay couple with the implication that less understanding medical staff may have been discriminatory towards them. Pat said, for example,

I would always go with Graham, uh, to take notes and because he couldn't remember everything that was going – you know, nobody can when you've been to a doctor, you're

– look anxious, uh, so I always went in. There was no problem with that. It just – things fell into place, which is – which is really good. That’s not always the case.

He went on to say,

I did wanna mention this, too: the hospitals, the doctors – they were wonderful. I mean there was no problem with my being there. I was in the emergency room. They – they shared with me. They knew what was going on. I had one – in the, uh, the, uh, intensive care unit, uh, a nurse came to me, and she – he said, ‘Don’t worry,’ he said, ‘you’ll be able – there’s nothing,’ you know, ‘You’re his partner, you’ll be fine,’ and I was involved with everything, so the hospitals and the nurses were all just – just wonderful.

Roger said,

[When Gary was in the hospital,] I went – I went there about twice a day – morning and afternoon, ’cause it was easy for me to get there, and, uh, the – the medical people, the doctors were all absolutely wonderful, simply wonderful. They tried to explain to me what was going on. Well, well, I don’t really – I’m – I’m – I’m – I’m not in their world, and I didn’t understand it all. I just knew that he wasn’t responding.

George talked about being by his partner’s side in the hospital as his health declined rapidly. “I didn’t have that horror story that a lot of other people have. Everybody was really supportive for me just being there, and they said, ‘We encourage you to be here.’”

Social support. Doka (1987) discusses the difficulty people in nontraditional relationships in his study had in finding social support when their significant other died because of a lack of recognition by others, forcing them to grieve privately without a recognized role or status like “widow” and “widower,” without time off work, and without permission for a wider range of emotions. The results among the participants of my study were mixed. Five out of 12

participants indicated that they were more discrete about their relationship in different areas of their life, such as work, which for some resulted in experiences like those Doka found among respondents of his study. As Warren mentioned above, rather than take time off work, he “became a workaholic” because no one at work knew about his relationship: “They didn’t know about our relationship, so they didn’t know I’d lost my lover. They just knew that I was working long hours suddenly.”

Although Harry took time off work initially – “I didn’t go to work for a couple weeks after he died, and I eventually told my boss why ‘I just can’t come back right now, you know, my friend has died’ and I was very upset” – he had the experience of being outed at work, where his partner had been on the board.

At work where I wasn’t really out, per se – you know, it’s a retirement community, you know – the average age of the residents is 79, so little bit of an older crowd – the average age is 79, okay? So, you know, they really – don’t, uh, put ‘gay’ in their face, you know, I’m on the staff. It’s not really – I didn’t go around, you know, ‘I’m gay’ button, you know, on, so when he died, it was in the press – his obituary] was in the Metropolitan Post –everybody knows! So then I’m kind of outed at work and with the 300 residents, so I felt a little bit awkward, although everybody was very nice and no one seemed to *(laughs)* be shocked or upset about it. Everybody was very sympathetic, but I was just a little bit uncomfortable after that. Every – now I knew everybody kind of knew.

Two out of 12 participants indicated that they had experienced the lack of recognition and permission for a wider range of emotions that Doka identified. Stan, for example, referenced repeatedly this lack of recognition of his role in his partner’s life by talking about how he was treated as no more than a “roommate.”

Lloyd sought support from a support group for people whose spouses had died of cancer and was met with blatant homophobia and disregard for his relationship when the group facilitator asked him afterwards not to come back, saying, “There’s a gentleman here – there was only one other gentleman – who was offended that you can compare your love for a friend to that of his wife.” Lloyd also experienced his partner’s mother’s undermining of the Lloyd’s role in his partner’s life: “I called her one Saturday, said ‘Hi, how you doing?’ ‘I’m doing okay, I miss him so much.’ I said, ‘I know, I do too.’ ‘But I’m his mama!’”

On the contrary, 2 out of 12 participants mentioned experiences in which they felt that people overly recognized their loss. When Harry was talking about moving from the apartment he shared with his partner, he said that one of the reasons was his neighbors’ response:

Every time I would see them in the hall, [they would say] ‘We’re so sorry for your loss,’ and on and on and on, and it’s more depressing than uplifting to run into these same neighbors (*laughs*) all the time, you know what I mean?

Everett also recounted a response from a member of his church:

I remember there was one young man that came up to me, and I knew him a little bit and he said, ‘Oh, he was so sorry to hear about Joe’s dying,’ and here he put his arm around me. Well that felt very awkward to me ’cause I didn’t really know him that well, and, uh, but I could – the gesture was nice that he did that, but it was strange. (*laughs*)

All 12 out of 12 participants were able to identify at least one source of social support that was helpful to them after their partner died. Sources of social support fell into the following categories: family; friends and neighbors; church or faith communities; support groups and social organizations; and therapy.

Family. Nine out of 12 participants reported having the support of at least one family member, including non-immediate family (their own, their partner's, or both) in the wake of their partner's death. The remaining 3 out of 12 participants stated that their families had been generally supportive of them, but they did not identify their families as a source of support in the wake of their partner's death. Six out of 12 participants indicated that they had a strained relationship with at least one of their family members, in most cases because of being gay or because their family disapproved of their relationship. Five out of 12 participants indicated that they had a strained relationship with at least one of their partner's family members; 3 out of those 5 participants experienced a dispute with their partner's family over their partner's will (legal issues will be discussed in depth later in this chapter). Only 2 out of 12 participants indicated that they were estranged from their families of origin. Six out of 12 participants indicated that family was a primary source of support in the wake of their partner's death. Pat said,

That was the key. It really was. I – I couldn't've done it without them. [...] I knew I had their support. I had their love, uh – I knew that if I needed anything, I could call on them and, you know, a lot of people don't have that. [...] I've been lucky in that respect.

Like Pat, Paul acknowledged that he and his current partner Charlie are fortunate to have had so much support in their respective losses.

I recognize that a lot of our experiences dealing with loss have probably been easier in some ways than many others because we've had such a huge support network and so many gay people don't, um, especially in terms of their family support. You know, that wasn't an issue for either of us, and I know that even today in 2016 that remains a big issue for a lot of families. I mean, we have a casual acquaintance – I wouldn't call him a

friend even – who we know because he’s a checkout guy at the grocery store we frequent, and he lost his longtime partner, uh, maybe 6 months – and he’s shared the horrific tales of having to move out of their home because he wasn’t in the will, and his deceased partner’s siblings, um, wanted to – had the right to evict him, and they did. So things like that have happened in the past and still happen today, which is hard to imagine, but they do. So I know that as hard as it’s been for me and Charlie, too, because of the support we have of family and friends, it’s certainly been less difficult than it is for a lot of people today.

Friends and neighbors. Nine out of 12 participants spoke about having had the support of friends and neighbors in the wake of their partner’s death. Paul said,

I have a small family – my mom and dad had both died by now. I have one sibling and she [lives in another state], so I didn’t really have a big family support network, but I had a huge intentional family of friends from my job and from my church and neighbors who just – they cooked, they brought food. [...] So even though it was a terrible thing to go through, though, there was much good about it, including the realization that I really have a huge number of very supportive friends.

George said,

I relied heavily on not only our friends and our network of friends, but also the network of people who lived in the town where we lived because, like I said earlier, we were very well known, we had a broad network of friends and neighbors of people we acquired when we moved there, so I had all of this before.

Three out of 12 participants did not have the support of friends or neighbors. Two out of those 3 participants attributed that lack of support to having lost friends due to aging and AIDS,

which was mentioned previously in the sections on loneliness and isolation. One out of those 3 participants talked about how friends effectively abandoned him after his partner passed away.

Lloyd said,

The people we knew, they avoided me. I would call and say, ‘How are you?’ and never returned my messages, and I was told later that in the gay world when your partner dies it’s too close to home – they don’t want to deal with it. If there are two men involved – you know, two other guys who are coupled – you’re a threat to them, you’re a threat to them because you might be after one of them, so they avoid you and they did avoid me.

Lloyd went on to say that even his neighbors were unsupportive: “Nobody knocked on my door, nobody said, ‘Are you all right?’ Nobody said, uh, ‘Do you want to go out?’ – nothing.”

Church or faith communities. Doka (1987) found among participants in his study who were in nontraditional relationships, due to the fact that their relationships “outside of church-sanctioned marriage” (p. 458), that they “noted a sense of separation from their denominational heritage. They were reluctant to worship, hesitant to contact clergy, and disinclined to participate in religious organizations or church-sponsored grief support groups” (pp. 458-459). I found much different results among the participants of my study. Seven out of 12 participants identified church as a source of support for them (none out of the 12 participants indicated involvement in or support from another religious faith community or that one was a support for them). Six out of 12 participants attended a church prior to their partner’s passing, and 5 out of those 6 participants indicated that they were actively involved with volunteer work at their church, which continued to be a social support for them. Everett said, “My church has been a very good way to meet people – make friends.” One out of those 6 participants, Harry, did not feel comfortable seeking

support from a bereavement group offered by his church, of which he and his partner were members:

They have [a bereavement group], but we're in a transitional world, as we know – Presbyterian church, the whole culture, the gay GLBT community. So they were having a group – it was all, to be honest, straight people, so I opted not to go 'cause I, 'cause I – I mean, they're wonderful people, but it's still kind of, um, I don't know what the word is, but it's still – I think they might be uncomfortable with the subject, to be honest, and I just didn't wanna – I didn't think I would fit in. Does that make sense? So, um, I mean, we went – we always went together, we went everywhere together, so I don't think it would be any big shock, but I'm sure that there are people there that, you know, the gay thing is not entirely comfortable with them, you know. So it's kind of – a matter of fact, I don't even know if there's any other gay people that go to the church, and it's huge! You know, so there's probably 500 people there on Sunday morning. And – but I didn't even notice any other, uh, same-sex couples, but no one ever said anything, so it's kind of accepted, you know, as long as you don't flaunt it, I guess, was the way I perceived it. Even though the church does now, uh, sanction same-sex marriages. As you know, the denomination voted to that, but that's only fairly recently.

As evidence of the “changing times” within the Church that Harry referenced, 4 out of 12 participants indicated that their churches were affirming of gay people. Martin said,

Even in the church that we were going to, which was a - you know - at [my church] congregation, it's just not an issue, and if it's an issue for anyone, then they leave, they – you know, it's our way or the highway, but it's not because anyone is militant about it. It's the top tier, the dean and the bishop are extremely supportive of all people, you

know, so, uh, and that's something, from an evolutionary standpoint, that still doesn't exist everywhere, but it definitely does here.

Charlie shared the following:

We're very active in our church down here. I mean, I was never active in the church while I was with my other partner, but once I met Paul, he kind of introduced me to religion again, and it was a UCC church and it was very gay-friendly, open and welcoming church. I'm a huggy type of person, and I love giving hugs and getting hugs, and I've never had so many lesbians come up and give me hugs and transgender people and gay people. It was just fantastic feeling – to feel welcome like that in the church surroundings. And here [where we live now] we learned that the church here is very open and affirming [...] and it's very active in the – the gay population is very active here. A lot of retirees like myself who are partnered or not partnered or have been in long-term relationships.

Two out of 12 participants found support from a church after their partner's passing: Kurt began attending a church after his partner's death, and Pat felt supported by how the pastor of his partner's church included him in the memorial service. Pat said,

I'm not a – I'm not a church person, and yet, Graham was Catholic, and his – his priest was fantastic. Ah, the ceremony – I was afraid it would be too Catholic, and I thought, 'Oh, what is this gonna be?' [The priest] was – he was wonderful. He was very down-to-earth. He knew Graham well, he knew me. And I – all of a sudden, I was a part of the – I mean, he talked about me in this Catholic service, which I thought was unheard of!

Support groups and social organizations. Support groups and social organizations offered another source of support to participants both during their partner's decline in health

(such as a caregiver support group, n=1) and following their partner's death. These groups included those formed around shared identities and interests (for example, a "gay train club," n=1; and a meet-up for "elder gays," n=2), a therapy group (n=1), and Latecomers, a social organization for older gay men. Social groups allowed participants to feel connected to others by sharing common experiences. Stan said of the support group he attended while caring for his partner,

The caregivers group that was so helpful because I could just go unload on somebody and they went through the same thing this week, you know, and um, you don't have to be the martyr. You can cry a little bit and whine, you know, because it's been a terrible hard week.

Six out of 12 participants acknowledged that a bereavement support group would have been helpful, although 4 out of those 6 participants either did not seek or access group support or think they would need it, and the remaining 2 out of those 6 participants sought a bereavement group but did not find one specific to gay people. Martin said,

I've also always been pretty self-sufficient – you know, emotionally able to cope and deal with things, sometimes better than others, and of course, grief counseling, group counseling – all that kind of thing was available lots of places, but I think I didn't think of it consciously. I just didn't think that I would benefit from it. Of course, but now that I reflect on it, I think my problem was that my – each person's experience is so unique to that individual that I didn't understand how I might benefit from listening to somebody else's grief, and it wasn't because I didn't respect their experiences or want to hear about them. [...] So, uh, yeah, I knew that was out there, but I just felt like I can take care of myself, you know, and um, I felt lucky in that regard.

For Lloyd, who experienced the painful rejection from a bereavement group he attended on the basis of being gay, the feeling of welcome his therapist extended to him in an invitation to a group session and the acceptance he felt there meant everything.

She said, 'You are absolutely welcome in a group session. You lost a husband just as much as anybody else lost a husband or a wife,' but that group was a small group, maybe eight people, mostly women – I think there was one other man. They were all very accepting, they understood totally. They said, 'Love is love; it doesn't matter who you are.' If it hadn't been for that, I don't know if I really could have gotten through the grief.

Latecomers. I recruited 8 out of 12 participants from a local chapter of a national organization for older gay men, advertised as "a social club for mature gay men and their admirers." An additional 2 out of the remaining 4 participants, Charlie and Paul, met each other at a meeting of another chapter of the organization. Six out of 12 participants indicated that *Latecomers* had been a primary source of support for them following their partner's death. Five out of those 6 participants found the organization after their partner's death, and the other 1 out of those 6 participants, Everett, had been a member prior to his partners' deaths. He said, "I was a part of it but not very active. I didn't go that often, but then I went – started going a lot and really started to get to know some of the guys." Warren, whose partner passed away 22 years ago, did not start going to *Latecomers* until 3 or 4 years ago. He said, "I was just ready to maybe start socializing again. And getting bored with retirement." Other participants felt the organization functioned more as a support group. Harry, who sought but could not locate a bereavement group for same-sex partners, said,

The Latecomers is actually the next best thing. [...] I've talked to a lot of – maybe 10 different people in the last year that have lost partners, and so that's – that's been the most helpful thing to me right there.

Charlie shared a similar sentiment:

We would know each other's story – partners dying and what they did to get through it – so we were able to relate to each other – our experiences and our views – and so in doing so, that in itself helped quite a bit in the grieving process, being out there and being with people who've been through similar situations.

Stan spoke to the group's function as a source of support in the face of aging and mortality. He said that when he met his partner in his late 20s,

You can go out, you can go to the bars, you can go to the clubs, and it's fun, but at 58, I went back out to meet people and it was like, 'Oh, no, I'm too old. More depressing when I stood in the corner and watched everybody else go off and pair up and go off, you know, and I thought, 'This isn't – I've gotta get out, I wanna meet people and, um, this wasn't how.' [...] I went to this party and then I met people there that went to Latecomers. They said, 'You oughta come with us,' and I joined them, and Latecomers is really what I needed 'cause most of those people are all widows, they've lost their spouses, they're in the same position, um, nobody's there to pick up dates; it's there for camaraderie, uh, support group – that's why I've been going to them for, like, 10 years, just, like, and they'll listen to you. We've all got the same problems. [...] We're all getting old, we're all getting all the – we're facing death and we're all getting all the, uh, cancers and heart – and we're doing it together, so I'm not gonna do this by myself, you know, even though we're not related, but I find it is a very good network of men that just

– I’d call them any day I need to talk to them, and every week just go and check in and just, um – I feel better when I leave there.

Speaking to the support the group provided, Charlie said, “All the people at Latecomers are professionals – you have teachers, professors, doctors, lawyers – so a lot of times when we’d go to a Latecomers meeting, it was like going to therapy.”

Therapy. As a clinical social worker-in-training, I was interested to know if participants in my study accessed therapy or counseling as a source of support in grieving the loss of their partner. One out of 12 participants was currently receiving therapy at the time of our interview. Eight out of 12 participants had seen a mental health professional at some time in the past. Six out of those 8 participants saw a mental health professional – either a therapist or counselor (n=2) or a psychiatrist (n=4) – to help them cope with their partner’s death. For at least 3 out of those 6 participants, it sounded like treatment was short-term (3 to 5 months) and focused on psychiatric medication as the primary intervention. This was effective for some, such as Roger, who saw a psychiatrist who was also gay. Roger said,

He was very kind, and it just felt good to just talk things out. Uh, he recommended that I increase the dosage of the medication I was taking. It was a tremendous help – this – this cloud of depression just went away, and I was, uh, more able to, uh, to deal with, uh, reality of the situation. So that helped.

This treatment was not effective for Stan, though, who said, “I thought, ‘This isn’t what I’m looking for, and I don’t want medication. I just need to get – get over this – this bereavement,’ you know?”

Four out of the 6 participants who saw a mental health professional in the wake of their partner’s death indicated that it was useful to them in their grieving process. Martin said,

I could just ask anything and everything, and um, yeah, support is a very good way to put it because he wasn't guiding me or telling me what to do or how to do it, but as he got to know me, he reinforced the things that I needed to concentrate on and healing and getting used to, you know, being alone by myself.

It took Lloyd a year and a half after his partner's death of "wandering around in a stupor" before he found his therapist, with whom he worked for more than a year.

She let me talk and she gave me she gave me some suggestions, which sounds so stupid. She would say to me, 'What do you do when you sit at home at night?' And I said, 'Watch the TV.' 'What programs do you watch?' 'I don't know, TV's on, I don't know. I'm trying to remember what I watched last night, I don't – you know, I'm staring – I'm not – I'm thinking about him, I'm not doing anything.' She said, 'Get yourself a crayon book with some crayons.' She said, 'Sit at your dining room table and crayon a picture, bring it in and let me see it,' something stupid like that. I mean it actually takes you – you actually have to pick the color out and color the leaf carefully, and you're not thinking about yourself. You're actually thinking for a second about what you're doing. It's silly little things like that. And for a brief amount of time you're not thinking of him for a moment.'

Four out of 12 participants indicated that they did not think they needed therapy or counseling to cope with their partner's death. Harry expressed skepticism about therapy:

Well, to be brutally honest, I'm not so – I'm not so convinced that therapy is all that helpful (*laughs*) a lot of times – no offense if you're going to be a social worker. [...] I don't know, I guess I just – I don't have a positive readout from going to a therapist.

They're gonna just sit there and listen sympathetically and – I don't know, it just doesn't seem like there's a whole lot going on there, but maybe it works for some people.

Pat, who saw a mental health professional for two different episodes of depression in the past, did not discount the helpfulness of therapy but had not felt the need to see a therapist in the 10 months since his partner had passed away. He said, "I've thought, 'Well, maybe I'll do that,' but then I say, 'No, I can – I'm handling this.' And it's because, you know, it's because of my family and friends, really." Paul echoed this sentiment:

I think that therapy is a good thing. My brother-in-law is a psychotherapist. He's a pastoral counselor – my sister's husband – so, you know, just talking to him was helpful, but I guess it's not something – I certainly am not opposed to therapy, I think it's a wonderful thing, but at the – to fulfill my needs at the time, um, I guess I felt that I was receiving enough support without therapy.

Funeral rituals. Doka (1987) discusses how people in nontraditional relationships may be left out of participation in planning funeral rituals, which can aid grief adjustment (p. 462). He found that participants of his study, in many cases because their relationship to the deceased was unknown to others, were not included in the planning of or participation in funeral rituals. This was largely not the case for participants of my study due to such factors as having family acceptance, acceptance among their religious communities, and living openly as a couple. Eleven out of 12 participants indicated that they were involved in planning a memorial service or funeral for their partner. One out of 12 participants indicated that he had been excluded from funeral planning and had encountered conflict with his partner's family over funeral rites.

Lloyd shared the following of a conflict with his partner's mother:

He wanted to be cremated when he passed. She always said, 'If I'm still alive when you die, that will never happen.' He told me, 'If I ever die before she does, don't tell her I'm dead before I'm cremated because I do not want her to stop it,' and I didn't.

After finding out Frank had been cremated, his mother harassed Lloyd for the ashes neglected to tell him about a memorial service she had planned for Frank. "[She] wouldn't even tell me where it was so I could send a flower, wouldn't even do that, but, you know, the slaps, they just keep coming." She was also rude to Lloyd in his grieving. At a memorial dinner Lloyd hosted in honor of Frank, Frank's mother

never shed a tear, not one tear. When they came up – and I was getting ready for the memorial in the bedroom, which was very emotional – I was crying, and I heard her say to Frank's cousin, 'For God sakes, he's in there boo-hooing again,' and I thought, 'How can you as a mother say that about your only child?' you know?

Participants who hosted memorial services for their partner found it was a source of support to feel others gathered around them to remember their partner. In addition to the acceptance Pat felt by being included in his partner's funeral mass, as mentioned in a previous section, he said,

A month later I had my own little celebration at the house, and it was over 100 people came. And lots from [where we used to live], lots of people he had worked with. I was overwhelmed with that, they were – I was – I was so proud of those people coming, you know. So that was good. That helped me, too. It really did.

George's friends relieved him of the emotional and financial burden of coordinating his partner's memorial service:

All of our friends, who were in the same social group that we were in – and all of these are heterosexual couples – said, ‘We will take care of the memorial service.’ And he planned his memorial service. We were in the hospital and he said, ‘This is what I wanna do.’ [...] And [the priest] said, ‘Now all of your friends want to do the reception afterwards, and they’re picking up the tab and they’re doing everything, and all you gotta do is be there’, and so they took care of everything for me.

Practical and legal issues. Doka (1987) speaks to legal and practical difficulties that people in nontraditional relationships in his study faced due to a lack of legal standing or problems of inheritance, including legal disputes with family (p. 464). The participants of my study spoke about the financial and legal logistics both that were put in place in preparation for their partner’s death and that occurred as a result of their partner’s death. These issues tended to mediate participants’ experiences of their partner’s death. In other words, people whose legal and financial preparations provided protection to them upon their partner’s death seemed to have had a less fraught experience of their partner’s death than those who were negatively impacted financially and/or legally as a result of their partner’s death. This aligned with Doka’s (1987) finding that such difficulties created “additional stress or concurrent crises that impeded the resolution of grief” (p. 465).

For George, for example, whose story appears throughout this section, the experience of losing his partner was overshadowed by the financial devastation in which he found himself as a result. He said,

Once he died and the real estate market tanked, I was stuck holding the bag. So that was my grieving process, was – everything that we had built in that 26 years together was slipping away from me, from my grasp.

Doka's (1987) definition of nontraditional relationships as those existing of the traditional institution of marriage sets up a marker that resonated with at least 4 out of 12 participants in my study who talked about the impact of not having access to the protection of marriage on the financial and legal outcomes of their partner's death. George related the severe financial problems he faced after his partner's death to not having been married.

I mean the world fell apart financially for me. 'Cause I paid, like, oh gosh, I think I paid, like, about \$75,000 in inheritance tax just to get my half of the house that he left to me. See – and that's – that's one of the things that – I don't know why – I forget the extent – it's so long ago that I read that book, but the thing that we had always been pushing on was 'make sure everything is in both names,' but you know what? When you own a car together and that person passes away, when you're married, that car – the entire car – automatically becomes yours. When you are not married, you have to pay inheritance tax on the value of the car on 50% of that car, and we had so much real estate, so many assets that the – the first million dollars of the estate was completely – it was like, 'Okay, you can set that aside federally; you don't have to pay inheritance tax on that,' but the state [where we lived], because we were not married, they were ruthless, and I had to, like I said, I had to pay \$75,000 plus attorney's fees, the probate, everything.

Because Harry and his partner were not married, Harry did not get the benefits to which a spouse would be entitled.

Since we were not married, unfortunately, so then that means that I don't get pension benefits from the government, I don't get social security (*laughs*) – survivor's benefits – because I don't really think – oh, well, I have an attorney – but I really don't think that I

could prove beyond a reasonable doubt in a court, you know, that we were common law marriage. That's kind of a new legal issue.

The same 4 out of 12 participants spoke to their lack of rights as same-sex couples.

Lloyd's partner's employer discriminated against Lloyd by refusing him his partner's pension.

It was just horrendous when dealing with the government – because he was a government employee, and when I had to report his death, I called – I forget what it's called – OPM or office of personnel management, OPM – well, it took forever to get through, but I finally got through. I explained to him that Frank was an employee, he has passed away, and he said, 'Who are you?' and I gave them my name, and I said, 'I'm executive of his will. I'm his representative of the will, and I happened to be his partner.' He said to me, 'We don't recognize those kind of people,' and I said, 'It doesn't matter whether I'm a cousin, a brother, a father, a neighbor, a friend, a lawyer; I am his representative.' In the end they owed him a month's pay; I never got it. They refused to give it to me even though, technically, they should have given it to me. It would have gone into his estate and then I would have gotten it anyway because he left everything to me. To this day I have not received it. They told me to send them his mother's social security number – don't give it to her, which actually is against the law. I finally said, 'To hell with you,' but throughout every step it has been just horrendous, so difficult.

Stan said,

When he got sick with full-blown AIDS, that's when we realized we have no rights, you know, even if we're domestic partners, even if we've been living together. I had no rights at the hospital or for making decisions for him – it all went back to his family.

Ten out of 12 participants indicated that they had worked with a lawyer to assist with legal preparations, such as wills, powers of attorney, and joint ownership. Stan and his partner Hugh invested in a lawyer to assist with measures such as a medical power of attorney, which Stan indicated would not have been necessary if they were married.

We got a lawyer and we had – I guess like a power of attorney. I had power of attorney for his medical decisions. We did everything – we got a gay lawyer to write for our particular situation so that we could, um, I could make decisions for him; he could make decisions for me, and the lawyer said, ‘Keep this on file at the hospital. Keep this on file and give a copy to your doctor, and if you travel, take it with you; it might not always be recognized in every state’, but this is giving each other power of attorney to make decisions – medical decisions – things that, you know, normally a married couple would just get automatically, um, so we had that power of attorney, which is good because then we had to make medical decisions – I could make decisions for him. So yeah, that was just one of the hurdles you gotta go through, and I think now with same-sex marriage that would all have been taken care of by going down and getting married, you know.

For 3 out of 12 participants, the legal measures intended to offer them protection turned out to be problematic or insufficient. Lloyd, for example, faced difficulties retrieving his partner’s body because of the wording his lawyer had used in his partner’s will, creating undue stress for him.

When they told me he was going to go that night, they told me to call funeral homes and make arrangements, like, call the funeral home. They told me to fax papers to them; I did, and when I did they informed me no funeral home in [this region] will handle this because in his request was the term ‘domestic partners.’ He said I [partner’s full name]

hereby bequest my domestic partner [Lloyd's full name] to be my executive,' and they said, 'In [this state] if it has the word 'domestic partner,' it's invalid.' They wouldn't give me his body; I had to go back to the lawyer the day he died. I had to call the lawyer that morning, go back to the lawyer and be declared his agent – non-domestic partner – his agent. Well, as an extra slap in the face, the judge said, 'I will release his body to you on the condition that you agree you were not his domestic partner and you agree to pay for a coroner to go into the hospital to examine his body to make sure he did not suffer any injury from your hand.'

He continued:

I was his medical power of attorney, I had all the power of attorney, but they wouldn't give me his body because it said 'domestic partner' in the papers. We had a lawyer figure that out. Unfortunately, the lawyer did not understand issues; in fact when we went to the lawyer, he was a very straight-laced gentleman, and my partner said, 'Do you have a trouble with gay couples?' and he said, 'No, I don't have a trouble with them at all,' and he said, 'Fine, we'll use you,' and we paid quite a bit of money to have this all drawn up, and it turned out in the end it was all wrong.

Lloyd faced further discrimination trying to have his partner buried due to legal issues:

I received a letter in the mail [from the cemetery] with the check [I had sent them] saying, 'The designer of the facility does not want the name of two men on the box.' This is unbelievable! I contacted a lawyer, the lawyer said, 'The cemetery's in [a nearby state]; there's a law – they can't do that,' so the lawyer contacted them, they contacted me back, I went back and they said, 'The box you wanted is gone and so are all the boxes in that area,' so I went back to the lawyer, he went back to them and said, 'You now have to

negotiate in good faith and come up with something that he will be happy with.’ [...] I said, ‘I want to be under that tree.’ She says, ‘Oh, that’s a prime location.’ I said, ‘Yeah and your point is...?’ They finally gave it to me. I got the cremation bench under the tree I want, so I won, so to speak, but, you know, even in death they discriminate.

Stan also had difficulties recovering his partner’s body after he died. The staff at the hospital where his partner passed away told Stan that his partner’s body would be released to the funeral home in the coming days. Stan was surprised, then, to get a call from the hospital 3 days later, saying they were going to send his partner’s body to the morgue.

I said, ‘So I’m waiting for you all to call,’ and they said, ‘No, we’re waiting for his family to give us directions. I said, ‘No, I told them when I left that morning when I went to identify the body,’ and they said, ‘No, at his death, your power of attorney ceased, so you have no more – no more power of attorney.’ So, you know, this is a – a very upsetting week, and now I’ve gotta – I thought, ‘Last thing I want is losing the body to the morgue ’cause you’ll never get him out – um, or if you get him, out it might not be his body.’ So I had to call his brother, see if he could fly out, but you know, they’re gonna – they’re not gonna pay to store him anymore – ‘Can you fly out?’ So I called the hospital, and they said, ‘Well?’ I said, ‘Can you hold him ’til my brother-in-law gets a flight ticket and can get out here? Probably won’t be –’ you know, this is like Thursday – ‘til probably Saturday or maybe Monday.’ They said, ‘Well, we’ll accept his phone call.’ So I did a three-way phone call with him –they knew I was callin’ – he said, ‘I’m his brother, um, I authorize you to release the body.’ Well, I coulda done that, you know, I coulda called up and said, ‘I’m his –’ you know, so the technicalities here. I know the

hospital has to protect themselves, but as a gay person, this is another wrench in the ringer, you know, another hurdle to go through.

Like Lloyd, George had thought what he and his partner had put into place with their attorney would have protected him after his partner died.

We had always taken steps, you know, we had – had an attorney. I had medical power of attorney. I had, you know, I had, um, you know, all those things. I was gonna have the entire estate, the house was gonna go to me. All that stuff, we had all planned this for each other. If I had gone first, same situation. [...] I kept thinking, ‘We’re golden!

Everything is in my name! I’m great! It’s all in line! All I have to do is sell the houses.’ I didn’t realize I was gonna have to pay, uh, inheritance tax.

George’s financial situation after Malcolm died was complicated by the fact that they had taken out a substantial home equity loan on one of their houses after making hundreds of thousands of dollars’ worth of renovations on it and the subsequent housing market collapse of 2008, which prevented George from selling the house as easily as he had anticipated.

I didn’t realize, of course – the market had collapsed at that point. So the house stayed on the market for – oh gosh – a year, year and a half, couple years, I guess. And I ended up losing the house. I finally had to say to the bank, ‘Take it. I can’t – I can’t pay it anymore,’ which was another nightmare in itself. [...] But, um, so yeah, I got burned financially from his passing. Even though I supposedly got everything, I didn’t get everything ’cause the great – that’s when the state [where we lived] stepped in and said, ‘We want our share.’ [...] In the state [where we lived], if you default on a line of credit, they can come after everything that you have – every asset that you have they can come over. [...] They have the reciprocity where they can come after everything – every asset

that you have they can come after it – if you own a car, if you own another house, if you own anything of value, they can attack it and come after it. So, you know, I was at risk of losing everything, and I eventually did.

In hindsight George realized the following action they should have taken as a safeguard: We should have put everything in a trust so that, you know, the beneficiary and the survivor would have control and it would not be taxed as inheritance, and that – and I – I was very bitter about that with our attorney. ‘Why didn't you tell me that, you know, long before?’

Four out of 12 participants, while talking about the preparations they had made with an attorney, noted those who were gay themselves, “gay-friendly,” or well versed in issues pertaining to same-sex couples. Roger said,

Yes, we have a very friendly, uh, gay-friendly attorney. There are lots of those these days. And, uh, we had recently – I think maybe 2011 – well, it doesn't matter – we had recently redone our papers, and, uh, from his family nobody came looking for anything from me. Nothing like that happened.

Pat said,

Our lawyer happened to be gay. That didn't have, you know – that does not have to be the case, uh – certainly they were not at the hospital, but they were all open and knew what was going on and understood the situation, and we had no, no problem at all, which is – like I said, you hear these horror stories, and I never – never had any of that.

Four out of 12 participants discussed their considerations of marriage to their partner. George and his partner Malcolm, for example, had planned to marry just months after Malcolm ended up passing away.

We met with our attorney probably about a year before 'cause we would probably meet once a year to go over it. He said, 'You know, have you thought about getting married?' Now at that time, um, I forget what states you could get married in, but Massachusetts was one of them, and his oldest niece lived in Boston and she sort of, like, kept saying, 'Why don't you guys come up here and get married?' And my parents were gone, his mother was gone, his father had gone long before, and so we decided, 'Okay, let's do that.' And our attorney said, 'That's a great idea,' because [the state] where we were both residents, was not a DOMA state – Defense of Marriage state – so he said, 'Even though you cannot legally be married in the state [where we were residents], the state would not *not* recognize your marriage in another state. So we thought, 'Oh, okay, well, let's go visit the family in [a state that allowed same-sex marriage] – um, his niece – in August, and we will just do a little backyard ceremony and it'll be very private and it'll be very quick and it'll be legal and, you know, the whole bit.' Well, he died in June. So we never had that opportunity to even go that far.

Although Stan was skeptical, his partner had persuaded him to enter into a domestic partnership in the hopes of it leading to the opportunity to marry.

I didn't think – well, why you would go through it? But he said, 'Let's go through it to show that people want this and then if they do, um – when they pass same-sex marriage, we can show that we've been in a steady relationship for, you know, a period of time, you know.' Um, so it was like taking baby steps, but it's all going the right direction.

The domestic partnership, however, gave Stan no rights to make medical decisions when Hugh was ill or any rights after Hugh passed away.

At least 2 out of 12 participants indicated that they might have been open to marriage in the future. Harry, for example, said,

So, so Jeff and I, we never got married. You know, he was older than me, you probably noticed. So he didn't really feel comfortable doing that. He was more, like, in the closet, than – than me, I'm a little bit younger and (*laughs*) so more comfortable with the idea. And I think we might have eventually, uh, done that, but he didn't make it.

Although Roger and Gary, his partner of 56 years, were relatively discrete about their relationship, Roger saw it as a sign of his partner's family's acceptance of their relationship when, after his partner's death, his partner's brother asked him, "Did you and Gary ever consider getting married?" He said,

Well, it – it – it took me back a bit, but, uh, after all, I am who I am, and after all these – and I just said, 'No, um, that had sort of, um, passed us by.' And, of course, by the time the Supreme Court decision came down, Jim was gone. But it was – it was interesting, nonetheless, that that should come out.

Two out of 12 participants indicated they were disinterested in marriage. Both Martin and Kurt saw marriage as a futile attempt at "mimicking" straight couples. Martin said,

We never celebrated anniversaries like a lot of people do; we never tried to mimic a married couple. It just didn't occur to us; we were just partners living out our days, and we certainly came to travel together and do everything together as the years went on.

Kurt said,

Daniel never really believed in gay marriage because he'd been married [to a woman], he didn't think we needed to mimic straights, we knew we had our own rules, our own values and it worked. Why did we need to mimic straights?

Kurt and Daniel did end up marrying 19 years into their relationship (1 year prior to Daniel's death) due to the benefits it would give them, such as spousal rights in dealing with medical staff and making medical decisions as well as Kurt's eligibility to receive Daniel's social security.

Paul and his partner, Charlie, who was also a participant in the study, are currently married. Paul said,

We decided – well, we knew when we moved here that [the state where we live now] had, uh, approved same-gender marriage. This was a year before – more than a year before it became nationally allowed, so, um, I guess that wasn't necessarily the reason we chose to move [here], but we knew that was something we could do if we chose, and we decided, 'Well, why don't we go ahead and do it before we get too involved in a new life here, while we still have time to plan a wedding,' even though it was a fairly small affair, so we decided, 'Yeah, we wanna do this. Let's do it,' again, 'before we get too busy with building our lives here.' And I think, I mean, we made the right decision.

Three out of 12 participants encountered legal disputes with their partner's family such as those Doka (1987) referenced. Harry, for example, was in the middle of a legal dispute with his partner's family over his partner's will at the time of the interview, even though his partner had modified his will in a supplement called a codicil to include Harry.

If you're not married and you can't prove in court that you were in some kind of intimate relationship – whatever it's called these days – then you can have legal problems, so just to let you know, I've paid so far in legal fees \$27,000 and counting, and we're still – it'll be 2 years in June (*laughs*) and we're still going 'round and 'round. So what all these codicils say is 50% goes to his sister and the other 50%, you know, will go to me, so that were – you know, those were his wishes, and then, of course, there's his other two sisters

that I told you about that weren't even on speaking terms, who now want their share of the inheritance all of a sudden, so we're kind of in this legal thing, so we'll see what happens, so I have the stress of that in the mix.

Warren said,

With regard to the will, we each had divided up our assets three ways – with our partner and with our two siblings – and that was symmetrical, they both were that way. And then when Mark was in the hospital, his brother sent their lawyer to convince Mark to change that, so that I would not get his inheritance or whatever you call it. It kind of shocked me because his brother and I, I felt we were close and liked each other. It was sort of selfish on his part.

Everett said,

He had left me some money, you know, in the will. It was quite a sizable amount, too, it was, like, about half a million, which just I didn't know he had it, but it was in a – a 401K thing. And he wrote that when we – very early on when I met him and left nothing to his family, which, um – so when he died they were very – I didn't know this 'cause I had never seen the will. And his – they didn't like it one bit; in fact they tried to hide it from me. I finally had to write to the courthouse to get – 'cause it's public domain, so you can get copies of it – and then they kept calling me and say, 'Well, how much of it are you gonna give to us?' You know, and I had to get a lawyer finally 'cause it – they were really harassing me. And then all of a sudden, they found a second will, which gave me only 15% of it, which was written later. [...] And, uh, of course that changed the whole thing, and my lawyer and I said, 'I think it's a forgery.' That, um, then my lawyer said, 'I don't – I think you're better off just taking the 15%,' and she said, 'They're gonna fight

this, and forgeries are very hard to prove, and, uh, they will find something to keep dragging it out.’

Six out of 12 participants indicated that they had an overall positive experience in terms of legal and financial issues. Martin said,

It didn’t dawn on me that it would be as much left for me, and the other thing that was controlling was that everything we had was joint tenants with right of survivorship, [which] means that we have all of our bank accounts, will – mine and his were joint – I was primary on mine and he was primary, but they were joint, so the minute he died, they all became mine and all his brokerage accounts and things like that, so it left me a lot more comfortable, I guess, than, you know, I might have been otherwise. I didn’t have to change lifestyles at all, so that was a big help, you know. Lots of times people have to downsize or cut back or whatever.

At least 2 out of 12 participants indicated that they had come away from the experience of losing their partner with an idea of how they would advise others to prepare. George said,

If I was gonna say – I was gonna give advice to anyone, whether – it’s basically just two people that have committed themselves to each other, make sure your stuff is together, make sure that you have power of attorneys and you have, you know, medical power of attorneys, mainly so that you can pull the plug if you have to, which is what I had to do. And, you know, that was the main thing, and I wish, looking back on all of this nightmare, and had I pulled together my emotions and said, ‘Look, get that financial management certification so that you can help people by not making that same mistake.’ But the dynamics have sort of changed now because of same-sex marriage, but that’s what – one of the reasons I’m such an advocate for it.

Paul said,

I guess one important thing, actually, that I've learned from all of this, including back to the death of my wife almost 31 years ago, is being prepared for death, you know, having legal, end-of-life advance directives in place, powers of attorney, and so forth. I mean that's especially true for gay couples before they had the opportunity to be married legally, but I would say what I, in experiencing the loss of a partner when I've been pretty young, relatively speaking, has made me appreciate the need for those, and luckily I have had those in place each time, and I'm grateful for that, including a will – you know, a living will and a will, myself. So that is one practical way that this has affected me, realizing the importance of having all that documentation.

Implications for Grief Resolution

Doka (1987) uses Worden's (1982) tasks model of grief to discuss how the above specific problems of grief in nontraditional relationships combine to complicate grief for survivors. According to Worden (1982) the four tasks that must be completed in order to resolve grief are "(a) accepting the reality of loss, (b) experiencing the pain of grief, (c) adjusting to an environment in which the deceased is missing, and (d) withdrawing emotional energy from the deceased and reinvesting it in others" (Doka, 1987, p. 465). Those who experience the specific problems of grief in nontraditional relationships have greater difficulty completing the tasks of grief.

I found that this finding resonated with the findings of my study: participants who had experienced more difficulties related to the specific problems of grief described a quality of anguish about their experience – calling the experience "traumatic," for example – that was absent in other participants' stories. It happened that among the participants of my study nearly

50% (5 out of 12) had not experienced any of the specific problems of grief in nontraditional relationships. Even those that had experienced at least one of the specific problems of grief, however, named evidence of coping with their loss. This section will focus on participants' coping strategies to address the latter two tasks of grief in particular.

I found that participants spoke to both external and internal sources of coping. As discussed in a previous section, all 12 out of 12 participants had some if not several social supports. Other external source of coping came in the form of pets, artistic media, and home improvement or redecoration.

Five out of 12 participants mentioned that pets were a source of comfort to them. Harry, for example, showed pictures of the cat he adopted after his partner passed away and said, "Having a pet is, I thought, very helpful. [...] She's a lot of company. And, so then I don't have that loneliness, you know, there's someone greeting me at the door when I come home – stuff like that."

Stan fell into a job with a dog walking service, which he said was how he "fell into my second chapter."

I think it's not just physical, but it's good mental therapy, you know? The dogs are happy to see you, it's a pleasant – it's a pleasant job. They're happy to see you and walking in the park is the best thing for you, you know? So I – to this day I still walk my dogs.

Three out of 12 participants talked about the role of different artistic media in their grief process. Such media included poetry, books on the subject of losing a partner (2 participants mentioned Diane Rehm's recently published memoir about the death of her husband), sculpture and religious visual art, and film. Everett shared the following:

What really helped me after about 9 – maybe 8 – months after he died, I saw a movie and it was *The Most Glorious Marigold – Exotic Hotel* or something. [...] Oh, it's a wonderful movie. And they all had lost spouses and they all kind of saw this ad for India to go to this Marigold Hotel – the Most Exotic Marigold Hotel – and they all kind of realized that life isn't over with, it goes on. And that sort of – I just kind of realized, you know, there's no point in moping around and looking gloomy and grouchy.

Three out of 12 participants talked about changing their physical environment as a way of reckoning with the loss and moving forward in their life without their partner. Lloyd recalled, It took me until last year to paint [the bedroom]. I left the b-board and I left the trim white and I did the walls in an aqua blue, so it looks Caribbean, and after I finished I thought, 'Gee, this is beautiful,' and then I realized without even thinking, 'Ah! This is his favorite color!'

As in Stan's case, maintaining and updating the house also served as a source of confidence, reminding him of his own competence.

Twelve years later, I'm very proud of myself. I'm doing – the house is caught up, I'm doing things that he would always do the research, he would always take care of it, and now I'm doing it myself, and it makes me feel good, you know? I can do it and sometimes I fall and make the wrong decision, but I keep on going, you know? Um, so no, it was like it's a whole new chapter at 58.

This sense of competence is just one of the internal sources of coping to which participants spoke. Other means of internal coping included keeping busy and having a purpose, which 8 out of 12 participants indicated; maintaining a connection to their partner through memory, their spiritual imagination, and traditions they shared as a couple; taking perspective

and making meaning; and accessing and believing in their personal capacity for resilience. In an illustration of the latter, Kurt remarked, “I’ve got this real strong – you know, I’m German on my father’s side and I’ve got this *strength* – it’s just puzzling to me, but somehow I keep going.”

In reference to the task of reinvesting emotional energy from the relationship into new relationships, 5 out of 12 participants indicated that they had dated or pursued relationships with other people after their partner’s death. An additional three participants indicated that they would be open to having another relationship. George voiced some trepidation about a future relationship that others echoed:

I know if I was 35, I would be like, ‘Oh, yeah, in a heartbeat, not a problem.’ Now I would have to really consider, ‘Hey, if I’m gonna make this investment in a person like I did in the prior person of 26 years, I wanna make sure that this person has his act together just as much as I have, and they have some sort of financial security in some way,’ because now I’m financially secure, I’m insulated. I have retirement and I have social security and I have a steady income now, and, um, I don’t wanna, you know, I don’t wanna spend it on some 30-year-old who’s unemployed and wants to lay around and smoke pot and drink beer all day just so I can say I have a hard body to sleep next to.

Paul, on the other hand, who was currently married after experiencing the death of three partners over the past 30 years, spoke to relationship being a means of coping:

I’m someone who needs companionship. I’m not an introvert, um, I need to be around people, and when things are happening, um, and – and I think that’s one reason I seek to – I seek companionship, you know, pretty quickly after I’ve lost a partner, and I think it’s – I don’t think it’s disrespectful. I think it’s testimony to success I’ve had with building

relationships with folks, and it's, you know, points to the good things about those relationships that I want another one.

Summary

Congruent with the literature on spousal loss and disenfranchised grief, the findings of this study demonstrate the importance of social supports to aid in grieving the loss of a partner. The findings of this study show that many LGBT older adults who have lost a same-sex partner (or at least gay white men in the sample in this study) had access to at least one source of support. Social groups and organizations were the most accessed support among the participants of this study. The majority of participants of this study did not think counseling would be useful to them in coping with the loss of their partner. For people who had few social supports, however, therapy and counseling was especially important. People who were interested in therapy or counseling had trouble finding support specific to same-sex partner loss. Practical issues related to finances and legal matters were also a large part of the experience of losing a same-sex partner. The participants of this study mentioned providers (i.e. medical care providers and lawyers) who were gay themselves or attuned to LGBT issues.

The next chapter will discuss the implications of this study for social work practice, the future direction of this research, and recommendations for future research.

CHAPTER V

Discussion

The purpose of this study was to explore the experience of losing a same-sex partner for people age 55 and older. A qualitative study method was used to conduct in-person, phone, and Skype interviews with participants, which allowed them to tell their stories in an open-ended manner to gain their perspective on experiencing the death of a partner as a member of a sexual minority. The findings from this study provide an important perspective on an intersection of growing populations in the United States with specific issues that need to be understood by providers of mental healthcare, healthcare, and legal services. The major themes from this study are as follows: (a) the emotional experience of bereavement, (b) logistics related to legal and financial issues, (c) medical treatment, and (d) social supports and sources of coping.

I will examine the major findings of the study and how they relate to theories presented in the literature review, consider the strengths and limitations of the current study, and conclude with implications for social work education and practice.

Major Findings

The most significant finding of this study is that, congruent with Doka's disenfranchised grief, participants who experienced more difficulties specific to nontraditional relationships, such as a lack of social supports and financial and legal problems, had a harder time adjusting to the loss of their partner in that they experienced greater distress and anguish in their bereavement. These cases laid bare the impact of institutionalized discrimination and homophobia on the

individual level. Had they had access to the protections afforded marriage, many of the participants who experienced at least one of the difficulties specific to nontraditional relationships would not have experienced those difficulties. In this way marriage served as a representative of social acceptance and access to resources and institutional power. Although the Supreme Court ruled same-sex marriage a legal right across the country in 2015, our current political climate suggests that that right may be jeopardized by the incoming administration. This finding raises for me the question of setting up the institution of marriage as an end-all-be-all to accessing resources when this issue could be mitigated by respecting people's relationships and challenging homophobia.

Another major finding of this study was that people are resilient and social supports and access to financial resources can significantly mediate the experience of loss. Even participants who described a particularly fraught experience of their partner's death expressed how helpful it was to feel accepted by even just one person. Acceptance, therefore, served as a social support. The participants of my study, even those who experienced financial hardship after their partner's death, indicated that they had access to financial resources, which were needed for healthcare and legal assistance. Several participants noted specifically that they had worked with gay providers (i.e. gay lawyer, gay doctor, gay therapist), which seemed important to feeling understood or seemed to come with an expectation of being understood, even though some people said the orientation of their provider did not matter. This raises the question of availability of providers versed in LGBT issues and the availability of these resources for people who do not have access to financial resources.

Strengths and Limitations

The strengths of this study lie in its qualitative nature, which allowed for the depth with which participants were able to share their stories. Despite the small size and homogeneity of the sample in terms of race and gender, this study gives platform to the experiences of a specific yet multi-generational group and contributes to a pluralistic view of the middle-aged to older gay male population. In addition to the opportunity to share with a future clinician their experience, participants gained insight for themselves from the process of telling the narrative of their experience (several called it “therapeutic”), making it a valuable exercise for both parties. The ability to engender participants’ trust was an asset to this study. Meeting participants in person and having tangential personal connections to them most likely aided this. It may also be that this was made possible by my differences from participants (being a younger woman with heterosexual life experience), which perhaps made me less intimidating to them, but I have no way of being certain about this.

Despite the strengths of the study, limitations exist in the small sample size, lack of diversity among participants in terms of race and gender, and in my own inherent bias as a researcher. All 12 participants were white men, recruited, as they were, using a snowball sampling method from one social organization for older gay men and from personal contacts of myself as a white person. Because I reached most of the participants through a social organization, there was an implicit sample bias towards people who were accessing that type of support. In other words my sample did not include anyone who was completely isolated and without any type of social support. By using Doka’s disenfranchised grief concept as the guiding theory of this study, I was operating implicitly from a deficit framework, leading those participants for whom it was true to clarify that they had not experienced the “horror stories” other LGBT people have. I speculated above that the differences in my identity from those of

participants may have been an asset, but it just as well could have presented a barrier between the participants and myself. Participants may have felt, for example, a need to “normalize” their experience for me, with my heteronormative gaze, by saying their relationship was no different from a heterosexual marriage. I wanted to resist heteronormative framing of the research question (i.e. by not comparing participants’ experience to heterosexual spousal loss), but inevitably there is a heteronormative lens on this experience, given my orientation and life experience and where the question originated for me (i.e. from the gap in spousal loss literature that left out same-sex couples). Given the small size and the homogeneity of the sample, the findings of the study are not generalizable to the entire middle-aged and older LGBT adult population, but it provides a starting point and gives insight to issues of institutional discrimination.

Implications for Social Work Practice

The most important aspect of this study is its implication for social work on both the clinical and macro level. As noted previously this study provided insight into the impact of policy on individuals and how institutions like marriage can grant access to resources and wider social acceptance. This underscores the importance of working for LGBT people’s rights on a systemic and institutional level. The study emphasized the importance of supports, such as healthcare and legal assistance, which are specific to the issues impacting older LGBT adults. The findings of the study also highlighted the need for providers in all fields (i.e. law, social work, and hospice and healthcare) who understand LGBT issues. As a cross-section of the aging population that already faces issues of mortality and the fact of losing peers, older adults who are LGBT are more likely to be impacted by social isolation. It is crucial, therefore, that mental healthcare-oriented supports, such as bereavement groups and counseling, exist and are

accessible to people who have lost older LGBT people who have lost a partner and may not have other social supports. Although, as many participants noted and as I observed among the stories shared, no two bereavement experiences are the same, the recognition of one's loss and the opportunity to share one's story – and as therapists being able to hold a person's grief – can make a difference and lead to healing.

Future Direction of This Research

Future research on the experience of same-sex partner loss should seek a greater variety of socio-demographic factors among participants, such as race, gender, and socioeconomic status. The participants of this study were all white men who I perceived to have access to financial security, most of whom resided in the same major metropolitan area and were members of the same social organization. While the homogeneity of the sample of this study allowed for a portrait of a very specific group, future research would be benefitted by recruiting from various organizations in various geographic locations. Because I recruited primarily from one social organization for older gay men, I was more likely to reach participants who were relatively out. In order to capture more varied experiences of the older gay generation, it would be beneficial to seek participants from organizations or facilities catering to older people, such as veterans' hospitals, nursing homes, and retirement communities. Given the findings among spousal loss literature pertaining to gender differences in the grief process, it would be beneficial to seek out female participants as well as people who identify as transgender and gender-nonconforming. It would also be worthwhile to consider alternative ways of framing the research study that do not privilege long-term monogamous relationships that more closely resemble traditional conceptions of heterosexual marriages.

My appreciation for the open-ended structure of the interviews I conducted reflects my bias for allowing participants to tell their story in a manner similar to a therapy or counseling session. As the researcher of this study, I tended to detour from my interview guide in order to ask follow-up questions, which resulted in a lack of uniform attention to each question on the interview guide. Future research may benefit from a more standard approach that ensures participants answer all questions on the interview guide; however, I think the quality of personal connection in the interviews conducted for this study was one of the study's greatest strengths.

Areas for Future Study

Topics that were raised in this study but that could be studied in greater depth in the future include: (a) the impact of surviving partners' own health issues; (b) intergenerational supports, such as deceased partners' children; (c) the experience of compounded losses, such as losing friends and peers; and (d) the impact of trauma and prior experiences of loss. Future studies on the topic of same-sex partner loss among middle-aged and older people could also include more specific questions about marriage, caregiving, and LGBT aging.

Conclusion

Although the movement for equal rights for LGBT people has made significant progress in recent years, it is important to acknowledge the continued struggle against institutional discrimination and the ways in which institutional discrimination impacts individuals in the already-fraught experience of losing a partner. It is important that social workers seek knowledge of the experience of LGBT older adults and the issues impacting this population and work to provide accessible and informed care to the most vulnerable among the LGBT older adult population.

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Appendix A
Interview Guide

Interview Guide:

How old are you?

How do you identify yourself racially or ethnically?

How do you identify your gender?

How do you identify your sexual orientation?

How did you hear about this study?

Are you currently receiving therapy or counseling?

*

*

*

1. Can you tell me about your partner?
2. Can you tell me about your relationship with your partner?
3. How long were you and your partner together?
4. Can you tell me about your experience of losing your partner?
5. How long has it been since your partner passed away?
6. How old were you when your partner passed away?
7. How old was your partner when he/she/they passed away?
8. What were the responses of those around you to the loss of your partner?
9. What types of support did you access following the loss of your partner?
10. How have you coped/been coping with the loss of your partner?

11. What kinds of resources or supports would have been helpful to you when you lost your partner?
12. What sort of resources or supports would you like to see for people over 65 who have lost a partner?
13. Have you had any relationships since your partner passed away?
14. Can you share your thoughts and feelings about having other relationships since losing your partner?
15. Was your relationship with your partner recognized in any legal way, in terms of civil partnership, naming each other in wills, etc.?
16. How do you think what you had or did not have in place legally has affected your experience of losing your partner?
17. Is there anything you would like to share that we have not covered?

Appendix B

HSR Approval Letter



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

January 23, 2016

Courtney Woodburn

Dear Courtney,

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.

Congratulations and our best wishes on your interesting study.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Thao Pham, Research Advisor

Appendix C

Recruitment Email

Sample Email for Recruitment:

Hello,

I am a graduate student at Smith College School for Social Work, and I am conducting my master's thesis on the experience of partner loss and bereavement among older LGBTQ people. I am reaching out to you in the hope that you would be willing to distribute information about my research study to clients and staff at your organization, particularly anyone who meets the criteria for participation. **Participants must a) be age 55 or older, b) have lost an intimate partner to death at the age of 55 or older, c) self-identify as having been in an intimate relationship with someone of the same sex and/or gender.** I will be conducting interviews in person with participants about the relationship pre-loss, the grief process, interpersonal and community supports, and perceived barriers to healing. Please find attached a flyer with further information about the study. I would greatly appreciate your distribution of the attached, and I would also be happy to visit your organization to meet you and any potential participants in order to put a face to my name. Please let me know if there is a time that may work to meet in person, and please let me know if you have any questions. This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC).

Thank you for your time and consideration. I look forward to hearing from you.

Best wishes,

Courtney Woodburn
MSW Candidate, Class of 2016
Smith College School for Social Work

Appendix D

Recruitment Flier



Have you experienced the death of a same-sex partner?

Were you age 55 or older when you experienced the loss?

Would you like to have the opportunity to talk about your experience?

You may be eligible to participate in a research study consisting of one in-person interview with questions about your relationship with your partner, the grief process, people and resources that have supported you, and any barriers to healing. The interview will take place at a location of your choice where privacy is available. The interview is expected to take approximately one to two hours.

This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC).

Contact the researcher by email at [REDACTED], or call [REDACTED]

Appendix E

Informed Consent Form



2015-2016

Consent to Participate in a Research Study

Smith College School for Social Work • Northampton, MA

.....

Title of Study: The Experience of Partner Loss among Older LGBTQ Adults

Investigator(s): Courtney Woodburn, MSW Candidate, [REDACTED]

.....

Introduction

- You are being asked to be in a research study of the experience of losing a partner as a LGBTQ person age 55 or older.
- You were selected as a possible participant because you met the following criteria:
 - You are at least 55 years old.
 - You lost an intimate partner when you were at least 55 years old.
 - You identified yourself as having been in a same-sex, same-gender, gay, or lesbian relationship with your partner who has died.
 - Your partner did not die by unnatural causes (i.e. by accident, suicide, or homicide)
- We ask that you read this form and ask any questions that you may have before agreeing to be in the study.

Purpose of Study

- The purpose of the study is to better understand how people 55 and older experience the loss of a same-sex partner.
- This study is being conducted as a research requirement for my master's in social work degree.
- Ultimately, this research may be published or presented at professional conferences.

Description of the Study Procedures

- If you agree to be in this study, you will be asked to do the following things:
 - Participate in at least one interview at a location that is convenient for you and where privacy is available. The interview may be conducted by phone or Skype if it is more convenient for you. The interview will take approximately one to two hours. I will first ask you some information about yourself, then I will ask you interview questions about the experience of your loss. After the interview I may be in touch with you to ask clarifying or logistical questions.

Risks/Discomforts of Being in this Study

- The study has the following risks: You may experience emotional distress as a result of talking about the loss of your partner. You will have the option of ending the interview at any time if it becomes too distressing for you to continue. I will also provide you with a list of available mental health support resources you can access in the event that you do experience emotional distress after the interview.

Benefits of Being in the Study

The potential benefits of participation are: gaining insight, having the opportunity to talk about your partner and issues that are important to you.

The benefits to social work/society are: This study could benefit the field of clinical social work by adding to what little research exists about partner loss experienced by LGBTQ older adults. This study could inspire further research that will continue to inform how clinical social workers provide relevant care and support to LGBTQ older people, particularly those who are partnered or have lost a partner.

Confidentiality

- Your participation will be kept confidential. In order to protect your identity, I will communicate with you directly to schedule where we will meet for the interview. If you require assistance with transportation or if I come to your place of residence to conduct the interview, it is possible that those assisting you with transportation or those who also live at your place of residence will know about the interview. I will work to ensure privacy during the interview by securing a private space where we can conduct the interview uninterrupted. In addition, the records of this study will be kept strictly confidential. Audio recordings will be made and downloaded to my personal computer and saved in a password-encrypted file. I will be the only person who has access to the audio recordings and to my computer. I will transcribe the recordings and disguise your identity on the transcription tool. Recordings will be erased after they are transcribed using a data shredder tool on my computer.

All research materials including recordings, transcriptions, analyses and consent/assent documents will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period. We will not include any information in any report we may publish that would make it possible to identify you.

Right to Refuse or Withdraw

- The decision to participate in this study is entirely up to you. You may refuse to take part in the study *at any time* (up to the date noted below) without affecting your relationship with the researchers of this study or Smith College. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. You have the right not to answer any single question, as well as to withdraw completely up to the point noted below. If you choose to withdraw, I will not use any of your information collected for this study. You must notify me of your decision to withdraw by email or phone by April 1, 2016. After that date, your information will be part of the thesis, dissertation or final report.

Right to Ask Questions and Report Concerns

- You have the right to ask questions about this research study and to have those questions answered by me before, during, or after the research. If you have any further questions about the study, at any time feel free to contact me, Courtney Woodburn at [REDACTED]. If you would like a summary of the study results, one will be sent to you once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

Consent

- Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep. You will also be given a list of referrals and access information if you experience emotional distress related to your participation in this study.

.....

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

.....

1. I agree to be audio taped for this interview:

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

2. I agree to be interviewed, but I do not want the interview to be taped:

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

Form updated