

Gay, Lesbian, and Bisexual Elders: Expressed Needs and Concerns Across Focus Groups

Nancy A. Orel, PhD, LPC

ABSTRACT. Although the Gay, Lesbian, and Bisexual (GLB) senior population is growing, there has been little attention given to identifying and understanding the needs and concerns of this growing population. This paper will present results from a series of focus groups and in-depth interviews with GLB elders from three select areas in the Midwest. Content analysis of the expressed beliefs, attitudes, and opinions from participants revealed that there were seven major areas of importance for GLB elders (physical health, legal rights, housing, spirituality, family, mental health, and social networks). The needs, concerns, range of issues, common issues, opinions, and attitudes expressed across the three focus groups are discussed and recommendations are provided. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2004 by The Haworth Press, Inc. All rights reserved.]*

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Nancy A. Orel is Assistant Professor for the Gerontology Program at Bowling Green State University, 218 Health Center, Bowling Green, OH 43404 (E-mail: norel@bgnet.bgsu.edu).

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Due to dramatic increases in life expectancy, the number of individuals aged 65 and older in the United States has grown tremendously. While the overall U.S. population has tripled in the past century, the number of people aged 65 and older has increased eleven fold (U. S. Census Bureau, 2000). Currently, nearly 35 million Americans are aged 65 and older, representing 12.4% of the population, or one in eight Americans. During the next thirty years (2000-2030), as Baby Boomers age, the number of elderly Americans will double, from 34.7 million to 69.4 million. It is estimated that in 2030, one in five Americans will be 65 years of age or older.

Paralleling the overall elderly population, it is assumed that the number of Gay, Lesbian, and Bisexual (GLB) elders will significantly increase over the next few decades. However, obtaining accurate estimations of the present and projected GLB elder population has been problematic for two reasons. First, sexual orientation as a research variable has been absent in almost all major gerontological research studies including the U.S. Census (Barranti & Cohen, 2000). It was not until the 2000 U.S. Census that unmarried cohabiting couples—heterosexual, gay, lesbian or bisexual—were given the opportunity to be counted. Secondly, the pervasive homophobic attitudes of society have discouraged the GLB elder population from “coming-out” and being counted. Many GLB elders are fearful that if they disclose their sexual orientation on a “government document,” this act may jeopardize receiving government benefits now or in the future. Therefore, only estimations of the GLB elder population are presently available. These estimations are based on estimates of the overall GLB population, which have ranged from as low as 1% to as high as 10% of the general population (Barranti & Cohen, 2000; D’Augelli & Patterson, 1996; Kochman, 1997). The National Gay and Lesbian Task Force (NGLTF) have recommended the use of a conservative range of three to eight percent to estimate the actual GLB elder population. Applying these percentages, the NGLTF Policy Institute (2000) estimates that one to three million Americans aged 65 and older are gay, lesbian, or bisexual.

Although the gay, lesbian, and bisexual senior population is growing in number, the unique needs and realities of this population have been unknown and largely ignored by most institutions in our society (Cahill, South, & Spade, 2000; Dorfman, Walters, Burke, Hardin, Karanik, Raphael, & Silverstein, 1995; Quam & Whitford, 1992). Federal, State, and local governments offer a wide variety of social programs and services that support the lives of elderly people, yet none of these programs explicitly recognize or support the issues facing GLB elders (NGLTF, 2000). For example, Social Security survivor benefits are an essential part of a widow or widower’s income, yet same-gender partners do not receive this benefit.

An investigation of the unique needs and realities of older gay men and lesbians is needed when one considers the fact that despite the growing size of this population, relatively few studies on the patterns of adult development and aging among homosexual men and women have been conducted. Because our culture tends to categorize sexual orientation into polarized divisions of heterosexuality and homosexuality, research on older adults who self-identify as bisexual is especially warranted. Furthermore, the current models and theories on aging among gay, lesbian, and bisexual men and women have been criticized in the literature (Cruikshank, 1991; Tully, 1992). Critics contend that most theories were constructed based on a heterosexual view of society and previous research included skewed samples (e.g., White, middle-class, well-educated, male respondents). However, when criticizing the lack of research on GLB elders, it is important to acknowledge that recruiting GLB elders for research studies is problematic because the gay, lesbian, and bisexual population is largely invisible. Present cohorts of GLB elders were raised during a time in which homosexuality was considered illegal, immoral, psychopathological, sick, and evil (Kochman, 1997). Most GLB elders were forced to remain silent and invisible for self-preservation and survival (Kimmel, 1978).

Important insights have been provided in previous research on GLB elders. Berger's (1982) classic study of 112 older gay men revealed that, contrary to popular belief, older gay men were not lonely, unwanted, or isolated. Rather, Berger speculated "psychological adjustment may increase with age for homosexual men" (p. 76). Berger also found that if gay older men were experiencing difficulties, these problems were due to institutionalized heterosexism. The first major research study that focused on older lesbians was Marcy Adelman's (1980) dissertation. Adelman reported that it was not sexual orientation per se that affected the psychological well-being of middle-aged and older lesbians, but rather the social stigma that lesbians faced because of their lesbian identity.

Many "preliberation gay and lesbian elders" (e.g., those born and raised prior to the era of gay liberation), internalized the discriminatory attitudes of the hostile and intolerant culture (Kaufman & Raphael, 1996). Empirical studies have found higher rates of depression, stress, addictions, and suicide for those GLB elders who never challenged internalized, extremely negative heterosexist beliefs (Bradford, Ryan, & Rothblum, 1994; Brotman, Ryan, & Cormier, 2003; Gillow & Davis, 1987). Conversely, researchers have also found that many preliberation gay and lesbian elders developed adaptive coping skills and strategies to deconstruct the negative images associated with heterosexism and homophobia. Psychological resiliency was evident amongst these older gay men and lesbians. In addition, research indicates that these psychologically resilient older gay men and lesbians adjusted to aging more

successfully than their heterosexual counterparts. They reported higher levels of life satisfaction, greater flexibility/fluidity in gender role definition, lower self-criticism, and fewer psychosomatic problems (Adelman, 1990; Barranti & Cohen, 2000; Berger & Kelly, 1986; Friend, 1990; Humphreys & Quam, 1998; Kimmel, 1995).

In addition to psychological resiliency and gender role flexibility, support from family and community has been found to be instrumental in facilitating adjustment for gay men and lesbians in later adulthood. In a review of the literature on GLB elders, Reid (1995) concluded; "what is unique to older bisexuals, gay men, and lesbians is the challenge of pursuing and maintaining social and emotional attachments in the face of intolerance, stigma, and discrimination" (p. 229). The limited research that has been conducted on the quality of gay and lesbian elders' social support networks and familial relationships indicate that gay men and lesbians create a support network of life-long friends and supportive family members that make up what Weston (1991) called "families of choice." Additionally, the quality and extent of affirming social support networks is related to the gay/lesbian elder's own level of comfort with his/her sexual orientation, degree of external community homophobia, and the availability of a lesbian and gay community (Barranti, 1998; Patterson, 2000). The lack of a supportive lesbian and gay community and/or the fear of experiencing discrimination from the larger community can socially isolate GLB elders. This in turn can place the individual at higher-risk for self-neglect, decreased quality of life, and greater mortality risk (Herd, Beeler, & Rawls, 1997; Peterson & Bricker-Jenkins, 1996; Quam & Whitford, 1992).

Although gay, lesbian, and bisexual elders experience numerous challenges because of their sexual orientation, many now find that they face additional challenges and stigma due to ageism (e.g., negative attitudes toward older people). Similar to their heterosexual counterparts, GLB elders face considerable obstacles when accessing adequate health care and social services in a youth-oriented society. However, the obstacles for GLB elders are intensified because of the continuing societal stigmatization of homosexuality and resultant lack of gay-positive social policies and practices that would assist GLB elders in obtaining needed services (Brotman, Ryan, & Cormier, 2003).

The NGLTF Policy Institute recently released *Outing Age: Public Policy Issues Facing Gay, Lesbian, Bisexual, and Transgender Elders* (Cahill, South, & Spade, 2000), the first comprehensive report to address public policy issues facing millions of gay, lesbian, bisexual, and transgender seniors in the United States. The task force specifically recommended the development of gay-positive policies and practices for GLB elders. Likewise, the task force indicated that

“affirmative research” on GLB elders, particularly studies of GLB elders who are not well educated, economically successful, and White are desperately needed.

Because comprehensive investigations of the key concerns and issues for older gay men, lesbians, and bisexuals have not been conducted in the past, it was the primary goal of this researcher to develop a wide-ranging needs assessment instrument that would identify these areas of concerns. However, prior to the development of the specific needs assessment instrument, qualitative methodological strategies (e.g., focus groups, in-depth interviews) were used to isolate the variables that would be included in the needs assessment. Focus groups have been suggested as a useful starting point for the design of survey questionnaires because “they provide a means for exploring the ways potential respondents talk about objects and events, for identifying alternatives for closed-ended survey items, and for determining the suitability of various types of scaling approaches” (Stewart & Shamdasani, 1990, p. 12).

Therefore, the aim of the focus group research was to identify the diversity of perceptions regarding the needs, concerns, and issues affecting a select group of older GLB persons. The aim of the focus group discussions was not to reach consensus or to find solutions to issues discussed, but rather to encourage a range of responses that would provide insights into the attitudes, perceptions, or opinions of participants about aging within the GLB community and the utilization of aging services by GLB elders. The focus groups conducted with GLB elders enabled a qualitative understanding of quality of life issues for GLB individuals aged 65 and older. It is important to note that participation in the focus groups was limited to individuals over the age of 65 who self-identified as gay, lesbian, or bisexual. Due to the complexity inherent in issues related to sexual orientation and aging, the experiences of transgender people were not included in the current study. The perceptions and points of view of transgender elders are unique enough to merit a distinct and separate inquiry.

The purpose of this paper is to present the results from a series of focus groups and in-depth interviews with GLB elders from three select areas in the Midwest (Northeast Ohio, Northwest Ohio, and Southeast Michigan). The needs, concerns, range of issues, common issues, opinions, and attitudes expressed across the three focus groups will be discussed and recommendations will be provided.

DESIGN AND PROCEDURES

Participant Recruitment

Assistance with recruitment of participants and coordinating the activities of the focus groups was available through pre-established collaborative relationships with faculty/staff at the Western Reserve Geriatric Education Center and Eastern Michigan University. Technical assistance was also available from existing national and local organizations and advocacy groups that have been addressing issues related to GLB elders (e.g., Senior Action in a Gay Environment [SAGE], Prime Timers, Chiron Rising, and Old Lesbians Organizing for Change [OLOC]).

A variety of methods were used to recruit potential participants for the three focus groups. This researcher, identified colleagues, and “agents” personally recruited participants for the focus groups. Identified colleagues recruited participants who belonged to older gay men and lesbian friendship networks (e.g., Lavender Triangle, Gay, and Gray), support groups (e.g., PrimeTimers), and/or religious organizations (e.g., Dignity, Lutherans Concerned). Agents were individuals known to this researcher who had access to other potential respondents who were not members of political/social GLB organizations. This researcher gained entry into the established GLB elder community through personal acquaintances and assistance from advocacy groups in each of the three geographical locations. Local mental health counselors who advertise in local gay and lesbian business guides were also contacted and used to identify potential participants.

All focus group participants were informed, in writing, of the general nature of the research project, the name/contact number of the moderator/researcher, the foreseeable risks, and the voluntary nature of his/her participation. Participants were also informed that the focus group discussions would be audiotaped, but only the moderator would have access to the tapes. After this information was presented and questions answered, participants provided their signed consent to participate in the focus group discussions. Assurances about the confidentiality and anonymity of the information that would be obtained was provided and participants were asked to use pseudonyms instead of their own names throughout the discussions. Focus group participants were also informed that they had the right to refuse to participate in any part of the discussion. Institutional Human Subjects Review Boards conducted reviews of this protocol. Recruitment of the participants took place one week prior to the focus group discussions.

Three focus groups of 7-10 self-identified older GLB persons in three different areas (Northwest, Ohio; Northeast, Ohio; and Southeast, Michigan)

were organized. A total of twenty-six (26) GLB elders participated in the focus group discussions. There were ten gay males, thirteen lesbians, and three women who identified their sexual orientation as bisexual. Participants ranged in age from 65 to 84, with a mean age of 72.3. Considerable effort was made to ensure that the focus groups reflected the diversity that exists within the general population. Collectively, the three focus groups consisted of GLB elders of various ethnic groups (African-Americans [n = 6], European Americans [n = 17], Asian Americans [n = 1], Latino/Latinas [n = 2]), socio-economic statuses (low-income [n = 5], middle-income [n = 15], upper-income [n = 6]), and educational levels (less than 8th grade education [n = 2], high-school graduates [n = 17], college graduates [n = 5], advanced degrees [n = 2]). The focus groups were conducted over a period of six months and the length of each focus group was from one and a half to two hours. The physical locations of the focus groups were at pre-identified gay-friendly sites and/or at locations that could offer privacy and comfort for the participants (e.g., university meeting rooms, senior centers, public libraries).

This focus group moderator/researcher received assistance from an observer (a self-identified lesbian elder) who was trained specifically for this project. As an observer, she took detailed notes during the focus group discussions, and these notes identified the key issues discussed. Additionally, she noted non-verbal messages and body language between focus group members. The observer and moderator/researcher met after each of the three group sessions for a debriefing meeting. During the debriefing meeting, initial impressions of the sessions were shared and main themes were identified.

Generally, the success of a focus group depends on the quality of questions and the forethought given to the question route. The question route is a pre-prepared series of questions that is used to guide the discussion and elicit the types of responses to meet the research objectives. The question route that was developed for this project was flexible enough to allow the group to direct the discussion towards the issues which they viewed as important, yet it had enough structure to prevent the group from diverging too far from the topic of interest. The questions were also ordered from more general to more specific, and the questions with the greatest importance were posed early in the session. Additionally, the question route was pre-tested on people with similar characteristics to the participants before any focus groups were actually conducted. During the pre-testing, brainstorming was also encouraged to identify additional issues. Generally, the focus group participants were asked to discuss their unique needs and concerns as older GLB persons and to what extent they were satisfied with service providers (examples of focus group questions and probes are provided at the end of this paper).

ANALYSIS

Analysis of focus group data was an ongoing process and was performed at a range of levels. Analysis of the transcripts was the most formal process, whereby information was examined, categorized, tabulated, and coded. Two colleagues also coded the focus group transcripts independently to enhance reliability. Content analysis of the expressed beliefs, attitudes, and opinions from participants in the three focus groups revealed that there were seven major areas of importance for GLB elders. These seven areas were physical health, legal rights, housing, spirituality, family, mental health, and social networks. Each of these areas will be discussed in the following sections.

Physical Health

All twenty-six focus group participants indicated that their health care needs were a primary source of concern. Similar to their heterosexual counterparts, GLB elders discussed their concerns about rising health care costs and concerns related to failing health. Chronic illnesses that were reported by the participants included arthritis, hypertension, diabetes, heart disease, emphysema, and cancer. All participants, however, rated their current health status as good and did not report any medical needs for which they were not receiving care.

A unique medical and physical healthcare concern for GLB elders that focus group participants emphasized was the discrimination and bias that they have experienced within health care settings. Over half of the participants indicated that they have been prevented from visiting their life partners in hospitals. It is important to note that it was the GLB elders who did not share their sexual orientation identity with health care personnel that were prevented from visiting their partners in hospitals. Conversely, for those GLB elders who shared their sexual orientation identity with their primary care physicians, they reported that the experience was more positive: "I was hesitant to tell my doctor that I was gay, but it was the best decision I could have made." "Now that my doctor knows about my sexual orientation, my partner is included in all aspects of my care. I can't begin to tell you the difference that has made."

There were distinct differences between the experiences of "out" GLB elders and "closeted" GLB elders concerning their perceptions of medical care. A heightened sense of frustration with the health care system was apparent for those elders who did not share their sexual orientation with their health care provider. Many of the focus group participants, especially lesbians shared their frustrations when physicians would assume heterosexuality when exploring issues related to sexual behavior. It is also important to note that more

than half of the participants indicated that their physicians never discussed the issue of sexual activity. This mirrors the available research that indicates that most physicians assume that older adults are not sexually active, and if physicians obtained sexual histories, most physicians only elicited information about heterosexual vaginal intercourse (Petersen & Brinker-Jenkins, 1996; Gabbay & Wahler, 2002).

Focus group participants also identified specific health risks. These health risks included (a) not practicing “safe sex,” (b) over-indulging in alcohol and nicotine, and (c) over-indulging in high caloric foods. Over half of the participants indicated that these health risks have been on going and did not develop once they became age sixty-five. All expressed their concerns about their lack of “healthy habits” in their adolescence and early/middle adulthood and the subsequent health risks. For example, all ten male participants expressed surprise that they did not experience an HIV-related illness. Although all ten of the male respondents continue to be sexually active, none reported that they practice safe sex.

Another primary medical concern for the focus group participants was financial constraints in seeking medical care. This issue was a primary concern for all sixteen female participants. Although all participants had some type of medical insurance, the degree to which this insurance covered health-related expenses tremendously varied. Because the female participants relied solely on government-sponsored programs (e.g., Medicare), their health care expenses were often “out-of-pocket” costs (e.g. prescription drugs). Conversely, most of the male participants indicated that their supplemental health care insurance covered all of their health-related expenses including prescription drugs.

All participants expressed their concerns about providing caregiving services in the future to their long-term partners (if needed). Specifically, participants discussed their concerns about employing home health care personnel who would not discriminate against them because of their sexual orientation. Three female participants discussed the difficulties they experienced when they provided caregiving services to their ailing parents within their own homes. All three of these women were not “out” to their parents and became even more “closeted” when their parents moved in with them. One participant expressed her frustration with this by saying “Here I was bathing my mom and wiping her butt, but I knew that if she discovered I was a lesbian she would hate me . . . it wouldn’t matter how helpful I was to her.” Another participant said, “My partner and I had to sleep in different rooms because mom would wander at night and we didn’t want her to walk in and see us cuddling. That put a big strain on our relationship.”

LEGAL RIGHTS

Legal issues were another identified source of concern for all twenty-six GLB elder focus group participants. Focus group participants voiced their frustrations that same gender long-term relationships do not have the same rights as “married” couples. Specifically, all same gender couples have had to make special legal arrangements to obtain the legal rights inherent in heterosexual marriages. Focus group members discussed these legal rights afforded to heterosexual couples but denied to same gender partnerships. These include: spousal benefits through Social Security or other pension plan; status of next of kin for hospital visits and medical decisions; automatic inheritance of jointly owned real and personal property; dissolution and “divorce” protections; immigration and residency for partners from other countries; joint leases with automatic renewal rights in the event one partner dies; spousal exemption to property tax increases upon the death of one partner; joint filing of income tax returns; bereavement or sick leave to care for a partner; decision-making power with respect to burial or cremation; and domestic violence protection orders. Two of the participants specifically discussed the problems that they experienced when their partners were diagnosed with a terminal illness. Upon the deaths of their partners, they found themselves grieving this significant loss while at the same time attempting to maintain jointly owned real and personal property. One focus group member indicated that she lost all rights to the home that she and her partner called “home” for over 22 years. Both of these participants wished that they had prepared more for the eventual death of their partners. Among the statements regarding the importance of adequate legal protection were the following:

“We (referring to herself and partner) assumed that our Living Wills and Durable Power of Attorney for Healthcare was enough. It wasn’t until she became ill that I discovered all the other legal documents that we needed.”

“I’m still not sure what type of legal arrangements are needed to protect me and my partner. We’ve heard about one lesbian who had to fight to get the ashes of her lifetime partner when she died. Her ashes were given to a niece.”

Housing

Focus group participants all voiced their concerns when discussing housing needs, specifically their concerns that their present homes could not meet their needs if they developed major physical limitations. Although all participants

expressed that they would prefer to “age in place” and remain within their own homes, they also recognized that they might need assistance in the future. When participants were posed with the reality that 45% of the U.S. population will spend at least one day of their lives within a nursing home, all participants expressed the sentiment of “I’d rather be dead than in a nursing home.” However, three participants did indicate that if nursing homes were gay/lesbian-only and owned and operated by gay/lesbian personnel, they would consider nursing home placement as a viable option if they could no longer live independently.

The majority of the participants indicated that they would prefer gay/lesbian-only retirement communities. None of the participants were aware of any gay/lesbian-only retirement communities within their communities. There were many reasons given for this preference for gay/lesbian-only retirement communities (e.g., similar interests, sense of “family,” and potential relationships), however the primary reason stated was the belief that if their sexual orientation identity was known, they would not be welcomed within existing retirement communities. Among the statements regarding living in a retirement community designated for GLB elders only were the following:

“I think it would be great! I couldn’t imagine how that would feel to be accepted by everyone around me.”

“Considering how the gay community has always helped its own, it only makes sense that we would be best at providing the best of care within a GLB retirement community.”

“It’s a great idea, but we could be sitting targets for those who would want to discriminate against us. The place would need a lot of security for me to feel safe.”

Spirituality

All participants indicated that their spiritual beliefs have become more important to them with advancing age. One participant said, “When you get closer to meeting your maker, you want to be sure that he knows who you are.” Many indicated that during adolescence and early adulthood, they struggled with organized religions’ negative stance on homosexuality. All participants indicated that they would be more active within religious organizations if this bias against homosexuality did not exist. Focus group members also discussed how they have had to seek out religious organizations that are open to GLB individuals. It is within these “gay-friendly” religious organizations, that their spirituality has been heightened. As one participant said: “It wasn’t until I

heard a minister during a service say that God loves everyone, including gays that I started praying again.”

There was considerable sentiment amongst the participants that spirituality rather than religiosity was an accurate description of their beliefs:

“I believe in a higher power, and consider myself to be very spiritual but I don’t belong to any specific religious organization.”

“I’ve always known that God loves me, despite what the Catholic Church has said about my sexual orientation. I stopped going to church, but I never stopped believing in God.”

Family

An important area of discussion for all focus group participants was familial relationships. For those focus group members that were not “out” to family members, there was an overwhelming sense that this non-disclosure has prevented them from feeling emotionally close to family members. This was evident in statements from participants such as “I just can’t feel close to my sisters when they don’t know who I really am,” and “So much of who I am has never been shared with my family . . . we can’t be close.” Conversely, for those members who were “out” to their families (and subsequently accepted by their families), familial support was reported as being extremely important for their sense of happiness and well-being.

All focus group participants indicated that throughout their lives they have had to create their own “families of choice.” The majority of participants also indicated that their social networks are composed of primarily other GLBT individuals, but that this exclusivity has decreased throughout the years. One participant said:

“I don’t want to be old and alone. When I lost all my gay friends to AIDS, I realized that my social sphere was pretty small. I can’t just have gay friends.”

It was the male participants in particular who expressed their concerns about growing old alone. “Children are supposed to take care of their elders. What happens when you don’t have children?”

Another very important area of discussion for focus group participants was familial relationships with grown children from prior heterosexual relationships. Ten women discussed how they did not “discover” that they were gay until after many years of being married and being a mother:

“I just did what you were supposed to do . . . get married, have kids, and own the house with the white picket fence.”

“When I was growing up, being gay was not something that you talked about. Kids today have it so much easier.”

“Even though I think I knew that I was gay, I wanted children. Back then there wasn’t the option of being artificially inseminated.”

“Being a mother kept my focus on raising my kids . . . so I didn’t have time to think about how my marriage wasn’t working.”

These women also discussed their concerns about their relationships with grandchildren, specifically whether or not to “come-out” to their grandchildren. Three of the ten grandmothers in the group indicated that they have not yet discussed this issue with their adult children, but would like to have this opportunity. Seven grandmothers were “out” to their grown grandchildren and they reported that coming out has been a positive experience. “Once I found out that my son told my grandchildren that I was a lesbian, I knew our relationship would improve . . . because I could be honest.” “My grandchildren were full of questions at first. Now it’s no big deal anymore. I’m just grandma who lives with another grandma.”

Mental Health

The majority of focus group participants perceived themselves as being healthy, happy, well adjusted, and able to negotiate the challenges of aging. Many of the participants expressed that the psychological resiliency necessary for “coming-out” prepared them for the psychological issues related to aging. For example, many indicated that their ability to deal with the numerous losses that are associated with aging was an extension of their ability to deal with the losses that often accompany “coming-out.”

An important area of discussion amongst the participants was the ability to openly grieve the loss of a long-term partner or a member of their families of choice. For those focus group participants who have not come out to friends, family, and/or co-workers, the grieving process has been viewed as being more difficult. For example, one participant said “No one knew how important she was to me (referring to her partner of 15 years) . . . so when I was with my straight friends or co-workers, I couldn’t cry. I felt like I was betraying my partner.”

Half of the participants had previously utilized formal mental health services. The mental health issues that treatment was sought for included sub-

stance abuse, anxiety, and depression. Two participants continue to see their therapists on a weekly basis for issues related to bereavement. Participants who have used professional mental health services discussed the importance of finding “gay-friendly” therapists. Among the comments regarding this issue were:

“It was real hard finding a therapist who didn’t want to convert you (to heterosexuality). You have to remember that back then if you were gay you were mentally ill.”

“My first therapist just couldn’t relate. He expected that my relationships with women would be like his relationship with his wife. He even asked that question . . . What do you do?”

“It’s a treasure when you find a straight therapist who truly understands the gay lifestyle.”

“I will only see gay therapists. Luckily, even therapists are open about their sexual orientation now. Thirty years ago therapists were in the closet.”

Social Networks

All focus group participants expressed the importance of their membership within the gay/lesbian community. Many indicated that it was because of the affirming GLBT community that they were able to be comfortable with their own sexual orientation. This was evident in the following statements:

“Without the gay community, I would have internalized all this country’s hatred towards homosexuals.”

“Being old doesn’t matter in the gay community. In fact, it’s seen as being an accomplishment. Everyone looks out after me.”

There were five focus group participants who have attended government sponsored senior centers, specifically to participate in the social activities and nutrition program. These individuals indicated that the staff and participants at the senior center were not aware of their sexual orientation. All five expressed their beliefs that if their sexual orientation was known, they doubt if they would be accepted. All focus group members initially expressed their desire to have “gay only” senior centers, but they later concluded that senior centers that were accepting would probably meet more of their needs.

DISCUSSION

Members of the three focus groups reported their experiences as gay, lesbian, and bisexual elders. Focus group members shared important information about the “specific” issues of importance for older GLB men and women. The seven life areas (physical health, legal rights, housing, spirituality, family, mental health, and social networks) that were discussed by the focus group members have also been previously identified in the literature as being areas of importance for *heterosexual* older men and women (Ferrini & Ferrini, 2000). Likewise, Davis (1998) focused on these seven areas when she surveyed lesbians, age forty and older, living in Santa Monica, California; Columbus, Ohio; and Salt Lake City, Utah.

The focus groups were a very effective method for exploring many aspects of older GLB persons’ beliefs, attitudes, and opinions. Due to the small number of focus group participants, as well as the convenience nature of participant recruiting practices, the results cannot be generalized to a larger population. However, it is important to note that it was not the goal to generalize. Rather, the goal was to obtain qualitative data from a relatively small number of respondents in order to obtain “deeper levels of meaning, make important connections, and identify subtle nuances in expression and meaning” (Stewart & Shamdasani, 1990, p. 16). It is also important to reiterate that nonrepresentative and convenience sampling are often the only samples possible when researching an “invisible” sub-group population such as GLB elders (Berger, 1996). Self-selection was the primary limitation that occurred with this sampling strategy. Inclusion for the most part was dependent upon a person’s level of activity and participation in the gay/lesbian/bisexual community.

Because most researchers have historically recruited gays, lesbians, and bisexuals whose sexual orientation was a significant aspect of their public and private identities (Cahill, South, & Spade, 2000), the information that was provided from the GLB elder focus group members that were not “out” is of great importance. It was apparent from the focus group discussions that the needs and concerns of the participants were different based on whether or not they were “out” and the level of comfort with their sexual orientation identity. For example, familial relationships were extremely important for all focus group members, but for those focus group members that were not open about their sexual orientation to family members, there was an overwhelming sense that this non-disclosure prevented them from experiencing the full range of emotional support that is possible from family members.

The ability to deal with the numerous losses that are associated with aging was also reported to be different based on whether or not a GLB elder was

“out.” For those focus group members whose sexual orientation was “visible,” they indicated that their ability to deal with the losses that are associated with aging was an extension of their ability to deal with the losses that often accompany “coming out.” Likewise, focus group members who have successfully accepted their gay, lesbian, or bisexual identity (despite societal biases), developed useful coping strategies to deal with yet another societal “ism”—ageism. This finding concurs with previous research that indicated that the experience of repeatedly disclosing one’s homosexuality to others stimulates adaptive coping strategies that are useful in meeting the challenges of aging (Gabby & Wahler, 2002; Quam & Whitford, 1992; Rosenfield, 1999).

Previous research has also indicated that the process of “coming out,” or acknowledging one’s sexual orientation, can be psychologically traumatic with potential negative physical, financial, legal, emotional, and social consequences. However, as was reported by the participants in this study, the process of coming out also had psychological and social benefits. Disclosing one’s homosexuality increased the participants’ likelihood of meeting similar others. The presence of similar others and social support from friends has been found in previous research to have a positive effect on self-esteem and is instrumental in maintaining a high quality of life in later adulthood (Dorfman et al., 1995; Frable, Platt, & Hoey, 1998; Grossman, D’Augelli, & Hershberger, 2000). It is important to note that not all researchers (or all GLB elders) would agree with the contention that being open about one’s sexual orientation and being active within the gay community is instrumental for the emotional well-being of GLB elders. Lee (1987) argued that older gay men and lesbians who avoided the crisis of “coming out” reported greater happiness and Adelman (1990) found that high life satisfaction for gay and lesbian elders was associated with low levels of involvement in their gay and lesbian communities. The findings from this investigation suggest that the lifelong process of coming out has potential benefits for GLB elders. The skills and coping strategies that developed when GLB elders repeatedly engaged in the process of disclosing their homosexuality to others within an oppressive heterosexual society are the same skills and coping strategies that are assisting them in navigating the oppressive youth oriented society. However, the decision to disclose their sexual orientation was based on a thoughtful deliberation of the potential consequences.

There were important gender differences in the expressed needs and concerns of focus group members. First, lesbians reported greater financial concerns. This result was not unexpected because the available gerontological research indicates that finances are a greater concern for older heterosexual women than men, especially for divorced or widowed women. With same-gender relationships, two older gay men generally have a higher socio-economic status

than two older lesbians. This can be attributed to life-long differentials in earnings between men and women. Historically, if women on average earn \$250,000.00 less than men over their lifetimes, a lesbian couple would therefore earn on average a half of a million dollars less than a gay male couple. This finding parallels the sentiment of Quam and Whitford (1992) who believe that the issues and concerns of aged lesbians may be more similar to other aged heterosexual women than they are to aged gay men. A second gender related issue that was unique for ten female focus group members was their concerns about their relationships with grandchildren. This is an issue that requires additional research and has clinical implications when working with older lesbians and older bisexual women who have adult children and grandchildren.

IMPLICATIONS

The results of this research contribute to our knowledge and understanding of the unique issues, concerns, and needs facing gay, lesbian, and bisexual older adults. The results presented here suggest several noteworthy implications for future research and clinical practice. The focus groups were a very effective method for exploring many aspects of older GLB persons' beliefs, attitudes, and opinions. However, the information obtained from the focus groups gave little indication of how general these issues are in the community. Therefore, a needs assessment instrument is necessary to identify the prevalence of the issues in the general community. Presently, a comprehensive needs assessment instrument is being developed. Specific questions for the self-report survey instrument will be generated from the needs, concerns, range of issues, common issues, opinions, and attitudes expressed across focus groups. Another focus of the needs assessment is an inquiry into the efficacy of programs and services that have been developed for the general older adult population and the applicability of these programs and services for gay, lesbian, and bisexual elders.

The results of the focus groups have clinical implications for social workers. Results indicate that GLB elders would benefit from programs and services that specifically address their unique needs and concerns. Although the aging network provides numerous programs and services for older adults, the overwhelming majority of these programs and services assume a heterosexual older population. This assumption on the part of aging social service providers has discouraged many GLB elders from utilizing these agencies and organizations. Research has also indicated that the aging network is more homophobic

and heterosexist than the general health care system because the attitudes and beliefs within the aging network have gone unchallenged (Brotman, Ryan, & Cormier, 2003).

Social workers are in an excellent position to address the marginalization of GLB elders, but they first must acknowledge and address their own internalized homophobia, institutionalized homophobia, heterosexism, and ageism that may affect their ability to successfully work with GLB elders. Heightened sensitivity to the unique issues and concerns facing GLB elders is crucial in developing and providing affirming support and service. Affirming support groups that have been specifically designed for GLB elders and facilitated by social workers have been very beneficial (Slusher, Mayer, & Dunkle, 1996). Gays and Lesbians Older and Wiser (GLOW) is a support group, sponsored by the University of Michigan's Geriatric Center in Ann Arbor, Michigan. This group has addressed the concerns of GLB elders that were not being met through general aging services or by gay organizations for over eight years. Support groups modeled after GLOW should be available throughout the United States for all GLB elders.

All social workers need to become more politically involved in the complex arena of public policy and support legislation that benefits GLB elders. In light of the current legal and political events that have precipitated a resurgence in anti-gay sentiment (e.g., U.S. Supreme court ruling enabling the Boy Scouts to maintain their homophobic policies, the Vatican issuing an attack on the drive for same-sex marriages, and the opposition to the election of an openly gay male as Bishop Coadjutor of the Diocese of New Hampshire), the social work profession needs to continue to take the lead in combating homophobia and heterosexism.

Therapeutic interventions with GLB elders must take into consideration the great diversity of ethnicity and culture within this group. The older adult population is an increasingly diverse population. In 2000, approximately 16% of older Americans were ethnic minorities. Eight percent were African-American, 5% Hispanic, 2.3% Asian/Pacific Islander, and less than 1% Native American (U.S. Census Bureau, 2000). Social workers will need to use counseling strategies and interventions that are appropriate for GLB elders and their respective cultural perspectives and worldviews (Ehrenberg, 1996).

A continued awareness to the issues, concerns, and needs facing gay, lesbian, and bisexual older adults is necessary. Ideally, the results from this and additional research will assist in the development of (a) programs and services that address the unique concerns of older GLB persons, (b) concrete suggestions for public policy change, (c) educational programs for personnel in

mainstream aging organizations, (d) effective outreach strategies for GLB elders, and (e) gerontology and social work curricula that will train future aging specialists and service providers in the particular needs of GLB elders. Most importantly, ongoing research will advance scientific knowledge and have practical applications for a sector of the gay, lesbian, and bisexual population that has historically been underrepresented in scientific research.

Examples of GLB Elder Focus Group Questions and Probes

1. All of you have identified yourself as being both an older adult and either gay, lesbian, or bisexual (GLB). As a way to get started, let's talk about being a GLB elder.
2. What are your primary concerns about aging?
3. What are your primary concerns about being a GLB elder?
4. Do you utilize existing programs and services that are available for older adults?
5. How satisfied are you with the services and programs that are available for older adults?
6. How has your sexual orientation affected the types of governmental assistance that you are either eligible for or are presently receiving?
7. Have you faced discrimination being a GLB elder?

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