

A Pilot Study About the Needs of Older Gays and Lesbians: What Social Workers Need to Know

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ABSTRACT. In a pilot study, a population of gay and lesbian elders were surveyed to determine what types of long term plans they have made in preparation for their old age, what types of information they feel service providers need to know to better meet their long-term needs, and what is their perception of aging. The results of this pilot study demonstrated that almost three-fourths of the total sample have started to make plans for growing old. The respondents reported that social workers needed to be more knowledgeable about gay lifestyles and the importance of their partners. It was also found that the views of aging became more positive as the gay and lesbian individuals grow older. *[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>> © 2003 by The Haworth Press, Inc. All rights reserved.]*

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The Policy Institute of the National Gay and Lesbian Task Force estimates that one to three million, or 3-8% of the American population over the age of 65, are gay, lesbian, bisexual or transgender (Cahill, South & Spade, 2000). Despite this, there has been little empirical attention given to the support networks and the long term planning needs of the gay and lesbian aging population. Therefore, the purpose of this pilot study was to identify the psychosocial needs of aging gay and lesbian individuals.

REVIEW OF THE LITERATURE

The relative paucity of research knowledge about this population is directly related to the history of gay and lesbian individuals in the United States. The current population of older gays and lesbians came out before the sexual revolution and gay rights era. If the subjects' homosexual identification developed in their teens or twenties, the idea of "passing" became an essential goal due to discrimination and negative stigma attached to being gay (Berger, 1982b; Rosenfeld, 1999). Many individuals actively participated in heterosexual dating and marriage as a cover. Martin and Lyon (1970) coined the phrase "lace curtain lesbians" to refer to those women who denied being gay while living with a same sex partner. As a result of the historical context that the current population of gay and lesbian elders lived through, it is essential to recognize that the gay and lesbian person's adjustment to later life is related to how the person coped with the stigma attached to being gay (Adelman, 1991).

Methodological Problems

Despite efforts to learn more about the gay elderly population, multiple methodological problems are cited in the literature. Limited sample size continues to plague the research as a result of the difficulty in identifying members of this population (Blando, 2001; Kochman, 1997; Quam, 1992). Respondents who participate in research activities are most likely white, middle class, well educated, and self identified volunteers (Kohoe, 1986; Wahler & Gabbay, 1997). Given this, the indi-

viduals who are participating in the research process may be secure in their sexual identity, thus, severely biasing the findings. Additionally, participants who have already self-identified themselves as gay are more likely to be open about their sexuality. Also, as Butler and Hope (1999) note, most of the studies are conducted in metropolitan areas (e.g., Lucas, 1999; Quam & Whitford, 1992), which neglect those individuals who live in other geographic locations. Another major problem is that research on gay and lesbian elders is that is being conducted on individuals who are 30-40 years old (Quam, 1993). While finding individuals who are a part of the old-old age group (85+) is difficult, individuals under the age of 60 may perceive the aging process different than those over the age of 60. Finally, little is known about the population of older individuals who have never identified themselves as gay or lesbian, but has shared their life with someone of the same sex. This group of gay elders may not be identifying themselves as homosexual even though they are engaging in a homosexual lifestyle, thus, excluding themselves from participating in research altogether.

The methodological problems with the gay and lesbian research has lead to biases and problems in other areas of gerontology. Most importantly, many gerontology textbooks fail to mention the needs of the gay and lesbian population (Berger, 1982a; Cruikshank, 1990; Minnigerode & Adelman, 1978; Tully, 1992). Furthermore, the lack of knowledge available about the lives of gay and lesbian elders has precipitated the idea that older adults are asexual. Until recently, the field of gerontology did not recognize older adults as sexual beings and acknowledge that sexuality is a characteristic that remains with people through their lives. (Quam, 1993).

The lack of education for social workers on the issues of aging gays and lesbians must also be acknowledged. Van Voorhis and Wagner (2001) examined the coverage of gay and lesbian subject matter in social work journals between the years 1988-1997, and found only 121 social work journal articles published on homosexuality. Two-thirds of these articles focused on HIV/AIDS issues. As a result, the field of gerontology, and especially professions such as social work that provide clinical services to aging individuals, needs to obtain more knowledge and awareness about this relatively isolated population.

Adjustment to Aging for Gay and Lesbian Individuals

Earlier research conducted on gay and lesbian elders supported many of the negative stereotypes associated with this population and pre-

sented a negative view of their adjustment to the aging process. While Kelly (1977) characterized gay men as lonely, oversexed, unemotional and physically unattractive, Berger (1982a) found that lesbians were also described as lonely and unemotional. More recent research, however, has helped to change many of the earlier stereotypes about these elderly gay individuals. Berger (1982b) reported that the respondents scored as well or better than a sample of elderly drawn from the general population, on measures of depression and self-acceptance, while Deevy (1990) indicated that older lesbians reported excellent health and positive views toward their own aging.

Kimmel (1977) identified several advantages of being an aging gay or lesbian individual including more responsible for self, non-reliant on family and children, not limited to male or female roles, and the development of a strong friendship network. This lack of dependency on families is different than what is found with heterosexual elders. Lucco (1987) also found that individuals felt being gay assisted in the aging process. According to Lucco, being gay provided older adults with the following benefits: acceptance from a larger community; more awareness of planning for the future such as finances; and stress of being in a minority classification enhanced the psychological and spiritual dimensions of life. Kimmel, who coined the term "crisis competency" to describe how early family upheaval, because of the coming out process, may "buffer the person against later crises" (p. 117), speculated that being gay helps to facilitate a successful aging process. Other predictors of successful aging for homosexuals are financial resources, higher education and the presence of a life partner (Lee, 1987; Wahler & Gabbay, 1997).

Role changes have also been examined as qualities that lead to successful aging among gay and lesbian individuals. Friend (1990) reported that role changes associated with aging might be less severe due to flexible gender roles and increased independence. It is suggested that many lesbian and gay individuals develop skills for managing their lives as they deal with their sexual orientation, which ultimately facilitates their adjustment to the aging process.

Two other important issues related to the gay and lesbian aging process include self-esteem and stigma management. Frost (1997) reported that gay men struggled with the issues related to feeling attractive and being accepted by younger men. Additionally, Frost indicated that hearing negative stereotypes about aging gay men throughout their lifetime affected self-esteem, as well as doubt that they could be loved as they age. The influence of social stigma and how an individual manages that

stigma over time also impacts the adjustment to aging for both gays and lesbians (Adelman, 1991). If individuals did not adequately handle the negative social stigma in their younger years, it will be difficult to maintain high self-esteem and self-acceptance as they age.

Informal Support Systems

The role of social supports has been an important variable associated with the study of gay and lesbian elders. Kurdek and Schmitt (1987) found that lesbians were three times more likely to turn to friends rather than family for support. Additionally, many gay individuals utilize the support of friends in the absence of familial support (Bell & Weinberg, 1978; Francher & Henkin, 1973). This may be a concern since national data demonstrates that the primary source of support for the elderly is from families, with 80% of all care being provided from this source. Quam and Whitford (1992) also found a significant difference between men and women about their sexual orientation of their friends. Over half of the women reported that most of their closest friends were lesbians, while only 27.5% of the men reported that most of their friends were gay (Quam & Whitford, 1992). Women may find more acceptance and support during their older years, due to having larger support networks of lesbian friends. Comparisons between gay and non-gay elders have demonstrated limited differences in their social supports (Dorfman, Waiters, Burke, Hardin, Karanik, Raphael, & Siverstein, 1995). However, Dorfman et al. did find that homosexual elders obtained more support from friends, whereas heterosexual elders obtained more support from family members. This research raises concern over potential isolation of gay elders who do not have strong friendships.

Formal Supports

Research has started to identify formal service usage by the aging gay and lesbian populations. Jacobs, Rasmussen, and Hohman (1999) found the utilization of social and support groups occurred within the gay and lesbian community, but general health services were obtained through non-lesbian/gay social service organizations. Quam and Whitford (1992) found that sixty-two percent reported that they would consider living in a lesbian or gay men only retirement community. Lucco (1987) also reported that almost 90% of a sample of lesbian and gay men were interested in planned retirement housing sensitive to the needs of gay and lesbian population. Fear of discrimination, as well as disclosing

one's sexual identity, has been cited as factors that have prevented the use of formal services among aging gay and lesbian individuals (Healey, 1994; Kohoe, 1986; O'Hanlan, 1997).

Based upon the limitations that exist within the literature geared to gay and lesbian elders, as well as the minimal information about their long-term care needs, this pilot research study provides descriptive data to answer the following research questions:

1. What types of long-term plans have been made by gay and lesbian elderly?
2. What type of information do gay and lesbian elders feel social workers need to know to better meet their long-term care needs?
3. Who do the gay and lesbian population anticipate turning to for help as they age?

The answers to these questions will not only assist in providing additional insight into the needs for gay and lesbian elderly, but will also help social workers and agency personnel better prepare to serve this population of elders.

METHODOLOGY

This study attempted to obtain pilot data on the needs of aging gay and lesbian individuals. Two hundred forty-six surveys were distributed to older gay and lesbian individuals through local Metropolitan Community Churches (MCC) in Pennsylvania, New Jersey, and Delaware.

Procedures

Upon receiving an exemption from the college's ethics committee, pastors were sent a letter requesting the participation of individuals 50 and older from their congregation for a pilot research study about the psychosocial needs of aging gays and lesbians. Pastors who received permission from their congregations to participate in this study contacted the researchers by email. A total of 15 churches agreed to participate and were each sent between 15 and 25 surveys to be distributed to congregants by the pastor. The 6-page survey was designed to obtain descriptive data from the self-identified aging gay and lesbian members about their social supports, perspectives and concerns about the aging

process, and the long term planning processes. A cover letter was attached to each survey, which explained the purpose of the study, assured complete anonymity, and described the informed consent. A self-addressed stamped envelope was also included.

RESULTS

Sample

Fifty-nine individuals completed the survey, resulting in a 24% response rate. Forty-four percent ($n = 26$) of the sample was female while 56% ($n = 33$) was male. The age of the respondents ranged from 49-86 years old with a mean of 59 ($SD = 7.4$). Sixty-three percent ($n = 37$) indicated that they were gay, 31% ($n = 18$) were lesbians, 2% ($n = 1$) were bisexual, and 5% ($n = 3$) were transgender. The majority of the sample ($n = 28$, 48%) indicated that they lived in a large urban area, while 11 (19%) reported that they lived in a small city, and 19 (32%) lived in a rural community. Fifty-nine percent ($n = 35$) reported being in an intimate relationship. The number of years in an intimate relationship ranged from less than one year to over 32 years, with an average of 8.5 ($SD = 10.1$). Finally 31% ($n = 18$) of the sample had graduate degrees, 19% ($n = 11$) had bachelor degrees, 22% ($n = 13$) had an associates degree and 29% ($n = 17$) had graduated from high school or less.

Future Utilization of Services

One of the main aims of this pilot study was to determine the types of services that gay and lesbian individuals would access to assist with physical, emotional, and psychological changes associated with the aging process. Two concerns were present in the data. First, 51% ($n = 30$) of the sample indicated that they did not have support systems currently available to them to assist them with physical and psychological changes that may accompany the aging process. Secondly, 70% ($n = 41$) reported that they did not possess the financial resources to assist them in meeting their physical and psychosocial needs as they age. As a result, two of the main factors associated with a successful aging process were relatively absent among individuals in this sample.

Other concerns arose when examining the types of services that gay and lesbian individuals would consider accessing as they age. The services that would assist the gay and lesbian individuals in remaining in

their community were most often identified as being appropriate options for future utilization. For instance, 58% (n = 34) would consider utilizing home health care. Additionally, 54% (n = 32) found that transportation services would be considered for usage, as well as 64% (n = 38) reported that they would consider residing in a senior apartment complex. However, very few individuals reported that they would move into a long-term care facility or access any type of service that may recommend or refer to long-term care facilities. More than half of the sample (54%, n = 32) indicated that they would not move into an assisted living facility, 78% (n = 46) would not utilize adult day care, 81% (n = 48) would not utilize a nursing home, and 88% (n = 52) would not use a care manager or any type of care management service. The main reason given for not utilizing these services was that the sample did not believe the staff was knowledgeable about gay/lesbian aging concerns and issues.

Knowledge Needed by Social Work Providers

One of the major findings from this pilot study was that many individuals felt additional knowledge about gay and lesbian lifestyle was needed by social workers and other professionals who worked with older adults. Respondents felt social workers needed more detailed knowledge about gay lifestyles (58%, n = 26), as well as a greater understanding about the importance of including partners in all aspects of life (46%, n = 29). Forty-one percent (n = 19) felt that staff in agencies and long-term care facilities needed to be more "gay friendly" (open and accepting of gay lifestyles). One area that the sample indicated that they did not feel was important was exclusive gay services, such as gay exclusive long term care communities. Only 8% (n = 3) of the sample indicated this was a concern for them.

Long Term Planning

One of the research questions this study attempted to address was the level of preparation and planning the gay and lesbian population engaged in during the aging process. Almost three-fourths (73%) of the sample had started making plans for growing old. Respondents identified that they had made plans such as life insurance (70%, n = 41), wills (73%, n = 43), power of attorney (54%, n = 32), nursing home insurance (15%, n = 9), financial planning (53%, n = 31), and estate planning (25%, n = 15). When asked about having friends or family they could

live with when they grow old, only 20% (n = 12) stated they had family they could live with and 17% (n = 10) stated they had friends they could live with in old age.

Barriers to Accessing Services

The issue of barriers to care was important to explore with this population because it will impact their ability to receive support. The respondents were asked what barriers to care they expected to encounter as they age. Thirty-eight percent (n = 22) were concerned about discrimination from the health care system, while 33% (n = 19) felt that lack of understanding from the service providers would be a barrier. Over fifty percent (57%, n = 33) identified that they believed that the limited legal rights of the partner served as a major barrier to the aging process.

DISCUSSION

This pilot research is one of the few studies that provides valuable insight into the needs of aging gay and lesbian individuals. As a result of the very limited sample size, the results are not generalizable to other aging LGBT (lesbian, gay, bisexual, and transgender) populations; however, the results do provide a foundation for future research and an indication of the potential needs of this population. As noted by other researchers (Blando, 2001; Kochman, 1997; Quam, 1992), the small sample size and use of a convenience sample point to an inherent struggle researchers face when conducting research on this population: potential subjects are difficult to obtain due to the lack of visibility and possible fear of discrimination. Additionally, the use of a religious organization to obtain a sample may impact the sample's views of the aging process, as well as the type of psychosocial needs they report.

Despite the inherent limits, this pilot study provides valuable information on the needs of the older LGBT population for geriatric social work professionals. Most importantly, the descriptive results from this study could be used as background knowledge for more empirical studies on the older gay and lesbian population. It can be argued that even though the sample size is quite small and non-representative, more education is needed for mainstream community service providers and social workers about the lifestyles and special concerns of the LGBT population. For instance, respondents in this study indicated that they were concerned about discrimination and lack of understanding from

the community agencies. Connolly (2000) states that "older adults who have been open about their sexual orientation in many aspects of their lives fear that they might be required to go back into the closet to avoid discrimination when seeking LTC services" (p. 1). Altman (1999) describes the vulnerable position that gays and lesbians are subjected to when they are frail, and dependent on service providers. They fear they may be discriminated against if their sexual orientation is known. It is of grave concern that individuals may neglect their health needs out of fear of discrimination. Social workers need to encourage and advocate for programs to educate community service providers to decrease the potential of discrimination or the need to hide an individual's sexual orientation. Social workers can take a lead role in this education process by providing sensitivity training to agency providers. Agencies need to be aware of and sensitive to clues of sexual orientation during the intake and assessment procedures and to create "gay friendly" environments. If this population continues to remain invisible, afraid, and hidden, social workers cannot provide adequate services to them as they age. Social workers must advocate for all levels of agency and facility personnel to be aware of the special concerns of the gay and lesbian older adults. Disapproval of a gay and lesbian lifestyle by any agency employee cannot be tolerated.

This research also identified that many gay and lesbian older adults feel that the role of their partner may not be recognized by service providers. With over half of the sample being in an intimate relationship, the importance of recognizing a persons' partner as a main component of their support system is essential. This becomes particularly important if the individual has not maintained strong family ties throughout life.

This research also demonstrates the need to focus on the development of a strong support system for the gay and lesbian population as they age. As other researchers have noted (Bell & Weinberg, 1978; Francher & Henkin, 1973), the support of friends is important when familial support is absent. However, this becomes a particular concern when the gay and lesbian aging individual is living in a small town or rural community. In these communities, the amount of social supports available to this population may be extremely scarce. Again this is due to ignorance of the community providers and lack of visibility and networking of the LGBT population in smaller communities (Butler & Hope, 1999). Outreach efforts and education must be increased in these areas. Social workers can help older gays and lesbians explore community options and utilize effective coping strategies as they begin to need aging services.

Finally, the results from this study may not be a clear description of the long-term needs and utilization in the LGBT population due to the restrictive age range of the sample. It is reasonable to assume that it is difficult for individuals in their 50s and 60s, who still feel young and healthy, to think about future services and needs. Over three-quarters of the respondents indicated that they would not utilize adult day care or nursing homes, which could be predicted with a mean age of 59 for the respondents. One may assume that the results may be different if the sample had a mean closer to 65 or above. In the area of long range planning, almost three-fourths of the total sample stated that they have started making plans for growing old. The two most common planning tools selected were life insurance and wills. This study also reported that only 15% of the respondents had purchased long-term care insurance. In a survey conducted by the National Council on the Aging (2002) of the general population age 65+, 43% of the respondents reported that purchasing long-term care insurance was important in their preparation for later life. Despite that the National Council on the Aging survey examined individuals over age 65 and this study had a mean age of 59, it is still important to recognize that gays and lesbian older adults in this study had a lower than average rate of purchasing long term care insurance. While this comparison may not be completely equal, it still raises a concern about the long term planning of gay and lesbian individuals. Social workers should make sure that older LGBT individuals are given information about long-term care insurance so they can make informed decisions about the usefulness of this long-term planning tool for themselves.

Many respondents also noted that limited legal rights of their partner would be a barrier to their care, yet many had not made plans to alleviate this barrier. It is of particular concern that only one half of the respondents had obtained a power of attorney. These concerns regarding medical treatment and estates can be minimized with carefully legal documents (Connolly, 1996; Ettlbrick, 1996). Education about long term planning needs to be expanded to emphasize the importance of personal wills, general power of attorney and medical healthcare power of attorney.

Future Research

Future research needs to find ways to reach the hidden LGBT population that is not so visible and active in the community. In addition, this

study was only able to reach a small percentage of minorities, bisexual, and transgender individuals. It will be important for future researchers to attempt to include more individuals of ethnic backgrounds and a variety of sexual orientations. Most importantly, all research conducted on the aging population should include demographics on sexual orientation, so that social work professionals have insight into the unique needs of the LGBT population. If mainstream organizations are researching family support for the elderly, the definition of family should be broadened to include partners or significant others. If sexual orientation is not included, it may lead to a bias in the research results (Dorfman et al., 1995).

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