

‘Surviving and thriving’ more challenging as LGBT adults age

By **Aimee Van Wagenen**, **Jeff Driskell** and **Judith Bradford**

Lesbian, gay, bisexual and transgender (LGBT) older adults share a social history of coping with adversity. Someone who now is 75 came of age at a time when concealing homosexuality was the only choice, as it was classified as a mental disorder, and when homosexuals were legally and routinely fired from jobs and often had professional licenses revoked.

While the climate has improved over the years, collectively LGBT older adults have faced life-long experiences of generalized violence, discrimination, intolerance and social exclusion. Many have lost large swaths of friends and lovers to the HIV/AIDS epidemic.

Common Aging Challenges Exacerbated by LGBT Status

For some LGBT older adults, the experience of weathering historical adversities as a community is a badge of honor. As one 64-year-old lesbian in Cambridge, Mass., put it: “It’s different to be gay. I feel we are superior because we have overcome so many things.”

Handling the difficulties adversity can bring is also a regular part of everyday life for LGBT older adults. This was the major finding of our study, published in the January 2013 issue of the *Journal of Aging Studies* (27:1; [dx.doi.org/10.1016/j.jaging.2012.09.001](https://doi.org/10.1016/j.jaging.2012.09.001)), in which we interviewed 21 older LGBT adults in a project conducted by the Massachusetts LGBT Aging Needs Assessment (M’LANA) Coalition. We learned that most were coping with challenges in one or more life domains (physical, mental, emotional and social); many of these were seemingly unrelated to sexual or gender minority status and were changes commonly associated with aging: arthritis, back, neck or knee pain; the sense of the body slowing down; or adjusting to a new role and social identity in retirement.

Respondents spoke of challenges not solely associated with being LGBT, but talked about concerns that intersected with their LGBT identities, like being alone as they aged or becoming infirm. This was especially common among childless interviewees. While the absence of offspring is not unique to LGBT elders, it is more common to this group.

One subject said, “I don’t want to be alone. I don’t have a conventional family ... you do start thinking, who’s going to be at my bedside, who is going to witness for me?” Many respondents faced mental health issues, an outcome that has been correlated with experiencing stigma and discrimination.

For one respondent, mental health problems clearly intersected with sexual orientation. He described struggles with depression, shame and guilt over his sexuality that stemmed from more

than 15 years of “reparative therapy” (the attempt to change sexual orientation through therapy), a practice now discredited by the American Psychological Association and outlawed in California.

Another challenge directly related to sexual orientation involved individuals’ difficulty in connecting with the LGBT community or other LGBT people. One respondent described a lifetime of reluctance to engage with this community for fear of being outed at work—he worried he would be discriminated against. Now in retirement, he yearned for a connection to this community and a network of gay friends he never had in his younger years.

Other respondents talked about the lack of a place for elders in the youth-oriented gay culture. Subjects mentioned not feeling welcome or not having the energy for gay and lesbian bars, which are central LGBT gathering spots. We interviewed one older lesbian who told us that after many years of enjoying visits to Rhode Island’s Provincetown, she no longer finds a sense of community in this LGBT-friendly beach town. On recent visits she felt invisible: “I walk by and these young [LGBT] people don’t even see me; it’s like I don’t exist.”

Common Coping Mechanisms in Chosen Families

Almost all respondents described some challenge to their physical health, mental health, social engagement or emotional state, and the vast majority were coping (to varying degrees) with adversity. We described these respondents as “surviving and thriving” or “working at it,” depending upon how well they were coping.

Many relied upon a network of LGBT friends and upon their partners; these chosen families seem to play a vital role in the lives of LGBT elders. “My life is with my friends,” said one interviewee. A dramatic example from our sample illustrates the importance of chosen family: one respondent’s friends saved his life after he had had a stroke, when they broke down his door after not hearing from him for more than 24 hours. Organizations like the LGBT Aging Project in Boston, Mass., which sponsor community events and gatherings for LGBT people, help to build and fortify these important networks and facilitate feelings of pride in LGBT identity and communities.

Not all of our respondents were able to successfully cope with adversities; a handful faced insurmountable mental health, emotional health, physical health or social challenges. Our current research is aimed at better understanding why some LGBT elders are able to cope successfully with adversities while others struggle. We think that the severity of exposure to stigma and discrimination may be a determining factor, and that positive attitude may be a buffer.

We also want to understand how best to intervene to improve health and well-being for LGBT elders, and we know culturally competent aging services will be an important part of the mix. Such services are especially important given that coping with adversity and negative consequences as they affect multiple dimensions of health are common experiences in the lives of stigmatized minorities. ■

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