

8

FAMILY ISSUES FOR LGBT OLDER ADULTS

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For many people, families are a foundational and lifelong source of economic, education, social, and emotional support (Demo, Allen, & Fine, 2000). Family members often provide for each other in times of need, and positive family relationships are important for one's overall health and happiness. The importance of family relationships is particularly salient for older adults, who may rely on family members for care (Fredriksen-Goldsen et al., 2011) or find relationships with kin to be particularly meaningful (Carstensen, 1991). Yet although recent research has made advances in understanding the diversity that characterizes later life families, less is known about the family lives of older lesbian, gay, bisexual, and transgender (LGBT) adults in contemporary society. This chapter provides an overview of the existing scholarship on contemporary LGBT older adults and their families, with a focus on identifying and understanding the issues confronting them.

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The Lives of LGBT Older Adults: Understanding Challenges and Resilience, N. A. Orel and C. A. Fruhauf (Editors)

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Life course theoretical insights contextualize older LGBT adults' family lives, offering a dynamic framework for analyzing social and historical context, understanding changes over time, and examining the ways that family members' lives are linked (Bengtson & Allen, 1993; Cohler, 2005; Elder, 1998; Rosenfeld, 1999). A central component of life course approaches is the role that social and historical contexts play in both early and later life experiences (Bengtson & Allen, 1993; Elder, 1998). For instance, many older LGBT adults have lived much of their lives in a social context in which it was expected that they hide their sexual orientation and romantic relationships from family and friends, essentially living a double life "in the closet" (Seidman, 2002). Life course theory suggests that an early life experience such as this would likely shape older adults' interest in talking about their sexual orientation or romantic relationships with their family members. For more details about historically relevant LGBT issues, see Cook-Daniels's (2008) comprehensive review of events that inform older LGBT adults' contemporary experiences, including, among others, the U.S. State Department hearings and subsequent dismissal of its employees based on allegations of homosexuality (1950), the inclusion of homosexuality as a psychiatric diagnosis in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM; 1952), the Stonewall riots (1969), the removal of homosexuality as a psychiatric illness from the DSM (1973), and the debut of the rainbow flag as a symbol of LGBT people (1978).

Scholarship on these issues has often focused on older adults with lesbian or gay identities, as these are the most historically relevant identity categories for contemporary older LGBT adults (Reid, 1995; Rosenfeld, 1999). As such, when referencing this literature, we refer to lesbian and gay older adults and include transgender or bisexual identities only as appropriate. Researchers often define *older adults* as people over age 50 years, and existing scholarship about older LGBT adults often includes multiple cohorts of older adults (American Association of Retired Persons, 2004; Fredriksen-Goldsen & Muraco, 2010). Although this approach is widely acknowledged to be problematic for its lack of analytic specificity, this is a common limitation. In this chapter, we specify these issues of age, cohort, and generational context as the existing theoretical and empirical literatures allow.

We categorize this review into four major areas of family life: coming out in later life, relationships with significant others, relationships with family members of origin, and families of choice. For analytic clarity, we discuss these issues separately, although we also recognize that these categories are not discreet and that there is a great deal of overlap between them. We conclude this chapter with a discussion about gaps in this scholarship and suggestions for future research.

COMING OUT IN LATER LIFE

Throughout their lives, LGBT people face countless situations in which the decision to come out or not has to be made; thus, coming out may be best conceptualized as a lifelong process (Hunter, 2005; Morrow, 2006). This means that LGBT people are constantly managing information about who knows about their sexual orientation or gender identity with many groups of people, including friends, family, coworkers, neighbors, and medical professionals. As such, LGBT people may be known as LGBT in some contexts but not others.

Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders (SAGE; 2011) estimated that more than 2 million adults over age 50 self-identify as lesbian, gay, or bisexual. Many LGBT elders who were secretive or discreet about their sexuality or gender identity in their younger years will remain so as they age; conversely, this generation also contains the pioneers of the gay rights movement who may continue to strongly identify with this aspect of their life (Morrow, 2006). In general, older adults are less likely than their younger counterparts to be open about their sexual orientation or gender identity in all social contexts (Morrow, 2006; Seidman, 2002), but perhaps particularly with their families of origin (Heaphy, 2009; Seidman, 2002; Weston, 1991; Witten, 2009).

Some older LGBT people came out to themselves early in their lives, but, faced with homophobic social conditions, decided not to tell others about their sexual orientation or gender identity. Even though social conditions have changed somewhat, some older LGBT people are still uncomfortable being out about their sexual orientation (Morrow, 2006). There are also differences between the experiences of those who come out as lesbian, gay, bisexual, or transgender; in other words, this process is not something that is experienced in the same way among all sexual minority identities. For example, Witten and Eyer (2012) wrote that transgender older adults are “less likely to be ‘out’ regarding the transgender history than their younger peers” (p. 188).

Some LGBT people do not come out until later life. This can happen for a variety of reasons, including not realizing one was lesbian or gay earlier in his/her life, already being in an opposite-sex marriage, fear of the loss of heterosexual privilege, or a combination of such factors (Hunter, 2005). There is a dearth of literature specifically addressing coming out in mid- and older adulthood (Johnston & Jenkins, 2003). Some older LGBT individuals who have lived for much of their life as an out person may feel the need to “go back in the closet” by hiding their sexual orientation or gender identity from others (Cronin, Ward, Pugh, King, & Price, 2011). The reasons for this are many: fear of being discriminated against by a health care system that is

heteronormative; fear of family rejection; or the desire to assimilate into a new living environment, such as an assisted living or retirement community (Cahill, South, & Spade, 2000; Fullmer, 2006). These fears about going back into the closet may be particularly salient for older transgender adults, who may feel concerned about “being mistreated in case settings on the basis of transgender presentation (including ‘anatomical mismatch’), some to the point of considering ‘de-transition’ (resuming presentation in the birth-assigned gender)” (Witten & Eyler, 2012, p. 188). Little is known about how often older LGBT people elect to conceal their sexual or gender identity from other people in their lives.

LGBT ELDERS’ RELATIONSHIPS WITH SIGNIFICANT OTHERS

Although LGBT people have always formed romantic partnerships, gaps exist in what is known about the demographics of couplehood among older LGBT adults. The Williams Institute estimated that lesbian, gay, and bisexual (LGB) people age 65 or older number 1.5 million today and may grow to nearly 3 million by 2030 (SAGE, 2010); the 2010 U.S. Census documented 365,823 unmarried same-sex partner households over age 65 (U.S. Census Bureau, 2012). Other research finds that around 60% of older lesbian and bisexual women and 40% of older gay and bisexual men report being in a coupled relationship, with younger participants more likely to be currently coupled (Heaphy, Yip, & Thompson, 2004).

Differences From Heterosexual Marriages

Historically, same-sex relationships differed from heterosexual married relationships because they may have been more temporary, been geographically distant, or involved maintaining separate households or keeping financial resources separate (Barker, Herdt, & de Vries, 2006). For these reasons, LGBT people in same-sex relationships were able to remain closeted to family, coworkers, and the community at large, but they could still selectively disclose (Barker et al., 2006). Financial planning is of particular concern among older LGBT couples; same-sex couples are significantly more likely to be poor than are heterosexual married couples (Albelda, Badgett, Schneebaum, & Gates, 2009). Lesbian couples are particularly vulnerable: Women in same-sex relationships who are 65 or older are twice as likely to be poor as heterosexual, married couples (Albelda et al., 2009). As a federal benefit of marriage, heterosexual married couples are entitled to their deceased spouse’s Social Security benefits and presumed 50% mutual property ownership; same-sex couples are denied such benefits, and in situations where the deceased

partner earned significantly more than the surviving partner, the financial impact of widowhood can be devastating (Cahill & South, 2002). Although financial stability is a significant concern for many aging LGBT people, one study of 1,000 older LGBT adults found that 85% had not purchased long-term care insurance, only 12% expected assistance from their families, and 31% reported unspecified or uncertain plans in financing their long-term-care needs (MetLife Mature Market Institute, 2006). In light of these important differences, the same-sex relationships of older adults should not be assumed to be the same as those of older heterosexual married couples, but rather examined for their unique traits.

Previous Opposite-Sex Marriage

Many older LGBT people came to their sexual or gender identity later in life (Fullmer, 2006; Hunter, 2005). For some, this meant that they were previously married to someone of the opposite sex, as was particularly common among older cohorts (Barker et al., 2006; Cahill et al., 2000; Reid, 1995). Coming out in later life may be additionally complicated by ageist attitudes (Cahill et al., 2000; Heaphy, 2009; Higgins et al., 2011) because “an older person who comes out late in life may find it difficult to meet people of the same age and develop relationships because of a youth-oriented culture both within and outside the GLBT communities” (Fullmer, 2006, p. 294).

HIV/AIDS

Yet another important factor in older gay and bisexual men’s relationships is HIV/AIDS (Blank, Asencio, Descartes, & Griggs, 2009; Fredriksen-Goldsen et al., 2011; Grossman, 1995). Today’s older gay, bisexual, and transgender men may have experienced significant losses of community support, friends, lovers, or partners during the AIDS epidemic of the 1980s and 1990s and as a result could display elements of “survivor guilt” that have an impact on intimate attachments in later life (Barker et al., 2006; Shernoff, 1998). Older gay men may continue to pose a special problem in the HIV/AIDS epidemic because they may be less likely to take safer sex precautions, less willing to disclose their HIV/AIDS status to sexual partners, and less comfortable discussing their sexual orientation with health practitioners (Blank et al., 2009; Cahill et al., 2000; Grossman, 1995).

Same-Sex Relationships and Long-Term Care

Older LGBT couples consistently describe housing and long-term-care placement as an issue wrought with fear and uncertainty (Fullmer, 2006;

Higgins et al., 2011; Reid, 1995). Although the possibility of institutionalization remains a source of anxiety for many people, regardless of sexual orientation or gender identity, older LGBT couples cope with additional concerns as they contemplate living in an environment where their sexual orientation is rendered invisible or where LGBT discrimination occurs (Higgins et al., 2011; Jenkins, Walker, Cohen, & Curry, 2010; MetLife Mature Market Institute, 2010). Although long-term-care facilities typically provide accommodation for married couples in the same room, same-sex couples may have their partnership reduced to that of “roommates” so that they can live together. Furthermore, because same-sex couples are less likely to have a legally recognized relationship, medical decision making will often fall to a next of kin who may not be aware of the patient’s health care wishes or relationship (Hash & Netting, 2007; Powell & Neustifter, 2012).

Disenfranchised Grief

The grief and loss reactions experienced by LGBT people after the death of a same-sex partner have been described as *disenfranchised grief* (Doka, 2002) in which the loss is not, or cannot, be openly acknowledged, socially sanctioned, or publicly mourned. This loss might not be validated by society, family, or friends, ultimately having a significant impact on the mental health of the LGBT elder (Higgins et al., 2011). Furthermore, for the grief to be acknowledged, the survivor must have some degree of “outness” to supportive others (Hornjatkevyc & Alderson, 2011). The grieving process might be additionally complicated by external issues, for instance, as same-sex partners are denied the protections that a heterosexual spouse receives at the death of his or her spouse, such as inheritance benefits or a Social Security pension (Blank et al., 2009; Cahill et al., 2000).

Transgender Relationships

The relationships of transgender people deserve attention in their own right, particularly considering how stigmatized and pathologized gender transitions are in contemporary society (Erich, Tittsworth, Dykes, & Cabuses, 2008; Istar Lev, 2006). One key aspect of older transgender people’s relationships is the timing of their gender transition relative to the relationship (Bischof, Warnaar, Barajas, & Dhaliwal, 2011). For instance, a social or medical gender transition early in life might yield challenges, for example, if and when to disclose this history to a new romantic interest in later adulthood. This disclosure could be emotionally challenging because the significant other might experience difficulty coping with his or her feelings, be forced to decide whom to trust to speak with about this sensitive topic, and confront his or her

own stereotypes about what it means to be transgender (Bischof et al., 2011; Istar Lev, 2006; Zamboni, 2006). In contrast, if an older person undergoes a gender transition later in life, not only would a significant other face many of these same emotional issues, but both members of the couple would also confront the changing dynamics of their relationship. For instance, a transgender person may require his or her partner's support with medical procedures or the renegotiation of the partner's own sexual identity (Pfeffer, 2010, 2012; Zamboni, 2006). These issues of timing are central to life course analyses because they examine not only the presence of a given life event, such as a gender transition, but also when the event happens (Elder, 1998). As this example illustrates, the timing of an event within a person's life could lead to profoundly different life experiences.

RESILIENCE FROM ADVERSITY

Interestingly, some research shows that the adversity older LGBT adults have faced over their lives often results in a resilience that many LGBT elders are able to use in creating meaningful lives for themselves and their families (Fredriksen-Goldsen, 2009). These lifelong experiences of discrimination and self-sufficiency may enable older LGBT people to adjust to the challenges of aging more successfully than their heterosexual peers (Fullmer, 2006; Powell & Neustifter, 2012; Reid, 1995). Recent gerontological research shows that older LGBT people belong to many types of families (Fredriksen-Goldsen, 2009) and are aging with "significant strength of spirit, fortitude, forgiveness and compassion" (Higgins et al., 2011, p. 100). One example drawn from the second author's hospice experience is that of Anne, a 65-year-old lesbian who was diagnosed with inoperable lung cancer and given 6 months to live. During life review sessions, Anne stated that being a lesbian did not fit in with her conservative Irish Catholic family environment, so as a young woman, she moved to the city where she felt as though she could pursue a more authentic life. Anne's contact with her family remained "superficial," their reaction to learning about her sexual orientation having led to varying degrees of estrangement. Coming out did, however, allow her to meet people and make friends "from all walks of life, other people who also did not fit in with the mainstream. And we formed a bond where our race, sex, religion or education did not matter." As her condition worsened, these friends and relationships (including an ex-partner) assumed constant caregiving for Anne, enabling her to live independently. Anne reflected that as a young woman, she had felt as though she had a choice to either suppress her sexual attractions and retain her family relationships or take a risk and establish relationships that felt more authentic. Although Anne was sad

regarding her terminal illness, she found much comfort in knowing that she had truly “lived” her life. She jokingly stated that, compared with her coming-out experience, dying would be “a piece of cake.”

RELATIONSHIPS WITH FAMILIES OF ORIGIN

Contemporary older gay men and lesbian women have lived much of their lives in a social context in which gay or lesbian lives were seen as incompatible with positive relationships with families of origin (Seidman, 2002; Weston, 1991). As a result, many older gay men and lesbian women felt as though they had to choose between living an authentic life as an LGBT person and maintaining ties with their families of origin. Consequently, some older LGBT people do experience strained relationships with their families of origin because of their sexuality (Heaphy, 2009; Witten, 2009). This may particularly be the case for older bisexual people, who report less accepting families than their lesbian or gay counterparts (MetLife Mature Market Institute, 2010).

Many gay and lesbian people have found ways both to maintain ties with family members and to live satisfying lives as an out gay or lesbian person (Connidis, 2010; Fullmer, 2006; Heaphy, 2009). Indeed, Heaphy’s (2009) research with 266 gay men and lesbians over age 50 indicates that for almost two thirds of participants, “relationships with family members were important,” they “were open about their sexuality and same-sex relationships to at least some relatives,” and that “relationships with families of origin were, therefore, more important than is suggested by much of the existing literature” (p. 128). Considerably less is known about the family relationships of older transgender people; however, formative scholarship indicates that their family relationships may be particularly complex (Witten & Eyster, 2012).

Relationships With Adult Children and Grandchildren

In contrast to their heterosexual peers, little is known about older LGBT people’s relationships with their adult children. This gap may be partially attributed to a “reluctance to acknowledge the families of gay and lesbian individuals” (Connidis, 2010, p. 143) and partially to barriers many older gay and lesbian adults faced regarding parenting (Claassen, 2005; Connidis, 2010; de Vries, 2006; Espinoza, 2011; Heaphy, 2009). Historical analyses indicate that parenting has been a challenge for gay and lesbian people because they may have faced hostility from their heterosexual coparent, worried about being emotionally rejected by their child because of her or his negative stereotypes

about homosexuality, and faced significant barriers to obtaining legal custody of their children.

That said, some older gay and lesbian people do have biological or adoptive children, often through previous heterosexual relationships (Cronin et al., 2011; Hunter, 2005; Tasker, 2013). One study of older gay men and lesbians found that “42% of women and 24% of men were parents” (Heaphy, 2009, p. 128). Other research found that among 341 older LGBT persons in New York, 20% had children, and 7% had grandchildren (Cantor, Brennan, & Shippy, 2004), and younger cohorts of older adults may be even more likely to be parents (Claassen, 2005). These studies indicate that children may be important, and potentially overlooked, family members of older LGBT people.

Because of the challenges associated with parenting, some gay men and lesbians have elected not to disclose their sexual orientation to ex-spouses, children, or other kin (Higgins et al., 2011; Quam & Whitford, 1992). Others waited until much later in life to come out to family members (Connidis, 2010; Hunter, 2005). Coming out to children often happens indirectly and is an emotionally challenging milestone for many LGBT persons, although children often suspected their parent’s sexual orientation (Higgins et al., 2011; Hunter, 2005; Orel & Fruhauf, 2006).

Little is known about how adult children respond to the news of having an LGBT parent; how their responses may be shaped by other factors, such as race, gender, or age; and how these relationships may change over time. Scholarship suggests that coming out as transgender to children may be particularly difficult because children must adjust to new pronouns, preferred names, and even family names (e.g., mom or dad; Downing, 2013; Witten & Eyley, 2012). The relationships between older LGBT persons and their adult children hold promise as an increasingly important area for social research.

A small but growing body of literature has examined older lesbian and gay individuals’ relationships with their grandchildren (Fruhauf, Orel, & Jenkins, 2009; Orel & Fruhauf, 2006; S. Patterson, 2005a, 2005b; Whalen, Bigner, & Barber, 2000), with the majority of studies focusing on lesbian grandmothers. In one early study (Whalen et al., 2000), findings on lesbian grandmothers’ grandparenting practices were similar to those of previous research with (presumably) heterosexual grandmothers. Orel and Fruhauf (2006) found that not all lesbian and bisexual grandmothers decide to come out to their grandchildren, sometimes to protect a grandchild from discrimination or because an adult child asked them not to. When grandmothers did come out to their grandchild, the disclosure often happened indirectly and depended on the grandchild’s age or developmental stage. Research also indicates that lesbian grandmothers’ own experiences of discrimination and marginalization shape their interests in wanting their grandchildren to grow up with fewer

negative conceptions about same-sex relationships (Orel & Fruhauf, 2006; S. Patterson 2005a, 2005b).

To date, only one study has examined gay grandfathers' relationships with their grandchildren (Fruhauf et al., 2009), and these researchers found that adult children played a significant, and largely positive, mediating role in grandfathers' coming-out process with grandchildren, which was true for lesbian and bisexual grandmothers as well (Orel, 2006). The grandfathers interviewed by Fruhauf et al. (2009) reported adopting a variety of roles in their grandchildren's lives, reflecting the diversity of grandparenting experiences more generally. Furthermore, coming out to grandchildren was described as an easier process than coming out to children for gay grandfathers, potentially because of parents' mediating roles. In this way, adult children acted as a mediator for both grandmothers and grandfathers as they sometimes facilitated more authentic relationships between grandparents and grandchildren—for instance, as they talked with their child about their grandparent's sexual orientation. However, adult children were also complicit in cultivating more distant relationships between grandparents and grandchildren—for instance, when their own disapproving views about sexual orientation facilitated more distant grandparent–grandchild relationships. To date, there is no empirical research on older transgender people's relationships with their grandchildren.

Caregiving

Relationships with families of origin become particularly salient for older adults who are faced with declining cognitive or physical abilities. In the general population, older adults often rely on adult children, spouses, parents, or other family members for care and support in their activities of daily living (National Alliance for Caregiving & American Association of Retired Persons, 2009). These caregiving relationships may be additionally complicated for older LGBT adults, given that some older LGBT individuals have strained relationships with their families of origin because of their sexual orientation or gender identity. Despite these challenges, research indicates that older LGBT adults are often significant sources of care and support for their families of origin as well as recipients of care from their own families (Brotman et al., 2007; Cantor et al., 2004; Coon, 2003; Cronin et al., 2011; Fredriksen, 1999; Price, 2011; Shippy, 2007).

Older LGBT adults provide a great deal of care for their families of origin, particularly for their own aging parents (Cantor et al., 2004; Cronin et al., 2011; Fredriksen, 1999; Fredriksen-Goldsen et al., 2011; Price, 2011), parent-in-law, another relative, or adult child (Fredriksen-Goldsen et al., 2011). Price (2011) noted that some older gay and lesbian people

experience pressure to provide care to their families, potentially because “their personal relationships and responsibilities were perceived as being of limited importance when contrasted with those of their heterosexual/married siblings” (p. 1293). This privileging of heterosexual families contributes to inequalities where LGBT individuals may be expected to do more care work than their heterosexual family members (Cahill, Ellen, & Tobias, 2002; Price, 2011).

Older LGBT persons also receive care from their families of origin. The majority of older LGBT individuals who are in need of care are cared for by a significant other (Fredriksen-Goldsen et al., 2011). However, if the LGBT person is single, or if his or her partner is unable to provide the level of care needed, biological family members may step in (Fredriksen-Goldsen et al., 2011; Heaphy, 2009). Fredriksen-Goldsen and colleagues (2011) find that of LGBT older adults who were receiving care, only 11% were receiving care from biological family members, a much lower proportion than in the general population. LGBT persons are often reluctant to accept care from biological family members, possibly as a result of distant or strained relationships over the life course. Furthermore, older LGBT persons may be concerned that biological family members might not be knowledgeable about their caregiving needs or might not honor their decisions around living preferences.

Medical Decision Making

In the United States, our system of health care decision making largely follows legal kinship definitions, a reality that becomes keenly important for older LGBT people. Although it is assumed that in heterosexual marriages the spouse would be the one making such decisions, the same cannot be presumed for LGBT couples. For instance, older LGBT couples must consider the legal recognition of same-sex relationships in their resident state. Even couples who do reside in a state that recognizes their relationship must take additional steps to document their relationship according to the state’s procedures. Thus, many same-sex couples are not afforded legal protections regarding making end-of-life decisions for a partner or spouse (de Vries, Mason, Quam, & Acquaviva, 2009; MetLife Mature Market Institute, 2006; Stein & Bonuck, 2001). When LGBT older adults become ill, medical decision making will likely fall to a next of kin who may not be aware of the patient’s health care wishes or may not acknowledge the importance of the patient’s significant other. The LGBT couple can complete an advance directive or medical power of attorney, with the option to designate the other as their health care decision maker. Yet despite being aware of the importance of advance care planning, relatively few LGBT elders have completed such documentation (MetLife Mature Market Institute, 2006).

FAMILIES OF CHOICE

Families of choice is a term that emerged to describe the kin networks that gay and lesbian people form, particularly when families of origin are not the source of support and care one might expect of familial relationships (Weston, 1991). Chosen families developed initially when relationships with families of origin were strained. “In the absence of tradition, biological, support systems, gay men and lesbian women have embraced the need to develop and maintain diverse and, arguably, unique networks of support” (Price, 2011, p. 1297). These family members often provide many of the same supportive functions as families of origin, including emotional and instrumental support (Barker et al., 2006; de Vries & Megathlin, 2009). Indeed, “lesbians and gay men consider friendships equally—or sometimes even more—important than relationships with partners or relatives” (Heaphy, 2009, p. 129). Furthermore, although friendships are important for older adults more generally (Adams, Blieszner, & de Vries, 2000; Blieszner, 1995), they are particularly important for older LGBT individuals given their unique social and historical experiences (Barker et al., 2006).

Engagement with a gay or lesbian community or social network has been conceptualized as a critical aspect of successful aging for LGBT older adults (Quam & Whitford, 1992). Indeed, “for gay men and lesbians, the enlarged role of friends is likely to be complex and broadly based, as kinship is for blended families” (Barker et al., 2006, p.13). Having supportive social networks that know about the older adult’s sexual orientation is associated with positive outcomes such as decreased feelings of loneliness and more positive mental and emotional health statuses (Grossman, D’Augelli, & Hershberger, 2000). Friendship networks vary among lesbians, gay men, transgender and bisexual people. For example, lesbians tend to have close friendships with other lesbians and heterosexual women (Claassen, 2005; Grossman et al., 2000; Quam & Whitford, 1992), whereas gay men tend to have more gay or bisexual men in their networks (Grossman et al., 2000). In contrast, bisexual people tend to have more heterosexual people in their social networks than lesbian women or gay men (Grossman et al., 2001). The social support systems for older transgender people will vary depending on the level of their desire to completely blend into society in their corrected gender, with many seeking kinship and support from Internet communities (Persson, 2009).

Research indicates that older lesbian women and gay men prefer to rely on partners, friends, or members of their chosen family for care and support instead of members of their biological family (Heaphy, 2009; Price, 2011) and are more likely to seek assistance or care from families of choice (Fredriksen-Goldsen et al., 2011; Hash, 2006). Receiving care from other LGBT persons may offer particular benefits to older LGBT adults, for instance, because they

may feel that they don't have to "de-sexualize" or otherwise erase aspects of their sexual orientation from their home or their stories for the comfort of a heterosexual caregiver (Cronin et al., 2011).

Some scholars have suggested that housing transitions may be difficult for LGBT older adults (Cahill et al., 2000; Higgins et al., 2011), particularly when coupled with anticipated or actual experiences of marginalization within assisted living facilities (de Vries, 2006; Hash, 2006). Yet, some recent research suggests that "older lesbian and gay individuals do not need to be involved in their lesbian and gay community to experience life satisfaction" (Jenkins et al., 2010, p. 415). Rather, the identity management skills and ability to seek out community support that many older LGBT people have needed at different points in their lives emerge as potential strengths, as they may be able to find community and adapt to new relationships more easily than others.

AREAS FOR FUTURE RESEARCH

Perhaps one of the most obvious gaps in the scholarship on older LGBT adults' family lives is that of inequalities in knowledge about certain identity groups, including older LGBT people of color, older bisexual and transgender people, as well as differences between different age cohorts of older LGBT persons. The gap in knowledge about older LGBT persons of color is consistent with research about the intersections of racial and ethnic identities among LGBT people more generally (Croom, 2000; DeBlaere, Brewster, Sarkees, & Moradi, 2010), as well as with older adults of diverse racial backgrounds (Curry & Jackson, 2003; Feldman, Radermacher, Bird, Browning, & Thomas, 2008). Given the extensive empirical and theoretical scholarship on how family structures, roles, and support vary depending on racial background and ethnic identities (Demo, Allen, & Fine, 2000), scholars may reasonably expect that older LGBT people of color would also have unique experiences in forming and maintaining intimate partnerships as well as with their families of origin and chosen family members. The drawbacks to racially homogenous empirical samples are considerable for scholars interested in using this research to inform policy and practice interventions that are relevant to a diverse group of LGBT older adults and their families. As a result, future research should incorporate issues that are relevant to a racially diverse group of older LGBT people and their families.

Comparatively less is known about the family lives of older bisexual and transgender people. In particular, "there has been very little study of men and women who self-define as bisexual in a continuing preference across the course of life" (Cohler, 2005, p. 87). Although older bisexual people's family

lives are often examined alongside those of gay men and lesbian women, they are rarely studied on their own or in comparison with lesbian and gay identities. For exceptions, see Dworkin (2006), Rodriguez-Rust (2012), and Keppel and Firestein (2007). Future research may examine older bisexual people's coming-out experiences in families of origin, experiences in forming intimate relationships or constructing chosen families, and what unique strengths or particular challenges bisexual older adults demonstrate in their family lives.

Older transgender people's family lives also deserve more attention in scholarly research. Little is known about how the timing of gender transitions within one's life course shapes aspects of family and relational life. For example, how gender transitions are discussed within family systems is currently underexplored. It may be that adult children (or other family members) are uncomfortable talking about their parent's gender transition with other family members, potentially straining the older transgender adult's relationships with other family members. At the same time, as transgender identities become increasingly visible, older transgender adults may find supportive allies in younger family members, who may be more accepting or understanding of the transition process. Empirical research on older transgender people's family lives would be of value, given that existing scholarship is largely theoretical or conducted with small samples.

In empirical research, participants' ages range greatly but often start at age 50, so differences between younger and older cohorts of older LGBT people are expected. Future research on LGBT older adults' family relationships should include cohort-specific analyses of the issues facing LGBT older adults, because their experiences are sometimes overshadowed by those of younger cohorts. Furthermore, purposefully using a life course approach in these analyses would provide useful insight into how social and historical experiences have shaped the family lives of different age cohorts of older LGBT adults. For example, a younger cohort of baby boomer LGBT older adults may be more likely to have friends and family members with more accepting beliefs about same-sex relationships and policies that are affirming of same-sex relationships by virtue of their cohort's involvement in the civil rights, feminist, and antiwar movements of the 1960s and 1970s (Barker et al., 2006).

"There is a dearth of research about the ties of adult children with their gay fathers or lesbian mothers or about the ties of older parents with their adult gay and lesbian children" (Connidis, 2010, p. 144). Subjects for study include adult children's advocacy work on behalf of their parent(s), their potentially unique caregiving experiences, and how their degree of acceptance of their parent(s)' sexual orientation (or gender identity) might motivate how they enact that parent's end-of-life wishes.

Initial findings about older lesbians' and gay men's relationships with their grandchildren have provided important insights into these older adults'

relationships with their families of origin. Future research should build on these initial findings to examine the experiences of the partner of a grandmother or grandfather and how these “step-grandparents” may experience inclusion in family events or develop relationships with grandchildren. Furthermore, little is known about how these relationships have changed over time, how changing social norms or policies may have influenced these relationships, or how coming out as transgender may shape grandparent–grandchild relationships. Although grandchildren and adult children may be particularly salient relationships for older LGBT people, little is known about the roles that other family members of origin play in their lives; it may be that families of origin are more involved than has been previously assumed (Connidis, 2010).

Given the changing social conditions for LGBT people, continuing to use a life course approach for examining how policy changes or changing attitudes about LGBT people will be particularly important for contextualizing older adults’ family lives within a sociocultural context. Although many older LGBT persons have had children in the context of a previous heterosexual relationship, in contemporary society, LGBT individuals of all ages are experiencing greater opportunities for parenting through biological technologies and improved opportunities for adoption. Future research may usefully use a life course framework to examine how changes in reproductive technology and state policies on adoption have altered the family lives of older LGBT people.

Given the many concerns LGBT older adults have about making a housing transition, future research should continue to examine the long-term viability of LGBT-specific housing options as well as the efficacy of cultural competency trainings with existing long-term-care facilities. Scholars may also wish to examine the changing roles of families of choice in the lives of older LGBT adults in long-term-care facilities, including how LGBT older adults are able to maintain ties with families of choice or how they may form new communities of support.

IMPLICATIONS FOR PRACTICE

The findings conveyed in this chapter indicate that families of choice and families of origin shape psychosocial functioning and quality of life for older LGBT adults. Therefore, practitioners should empower clients to provide their own definition(s) of *family* in assessing the social support of older LGBT individuals. For this effort to be successful, practitioners must explore their own definitions of family and be willing to expand them to include nontraditional familial systems. It is likely that each member of the client’s

family of choice has their own unique role and identity within this system. Attending to the meanings that older LGBT adults make of these relationships, rather than only family structure, will provide opportunities for practitioners to better support this population (C. Patterson, 2000).

A general familiarity with the coming-out process, including intra-personal and sociohistorical influences, will be helpful as practitioners assess their older LGBT clients' coping strategies and resilience. Likewise, familiarity with the legal concerns facing LGBT clients and same-sex couples must be understood, particularly in the areas of health care and financial decision making. Practitioners also need to be conscious of how they present themselves to the older adult LGBT client, being sensitive to gendered pronouns and how the client describes his or her significant relationship (e.g., husband or wife, partner, significant other). And because older LGBT clients have likely endured discrimination, rejection, and disparate treatment throughout their lives, establishing positive rapport is of critical importance. At the same time, practitioners should also recognize that this history may have cultivated unique strengths, such as enhanced coping skills or a wide network of supportive relationships. Like other older adults, each LGBT person is shaped by his or her own history, and it could be important for practitioners to explore the meaning their clients have given to their sexuality or gender identity, including how it has shaped their life experiences.

CONCLUSION

Older LGBT adults have faced numerous challenges in their lives. Experiences of homophobia and heterosexism have shaped many aspects of older LGBT adults' lives, including their coming-out experiences and their relationships with significant others and their families. Because of these experiences, older LGBT adults may be reluctant or unwilling to share their authentic selves with others; may experience strained family relationships; and may have limited health, legal, financial, and housing resources. Yet practitioners should also attend to client strengths, as older LGBT adults demonstrate impressive resiliency in the face of considerable challenges. As this field moves forward, we encourage researchers and practitioners to focus on advancements for the most vulnerable among this population, particularly regarding race, ethnicity, gender identity, socioeconomic status, and geographic location. Examining the family relationships of older LGBT adults encourages us to attend to the diversity of older adults' family relationships more generally, as researchers and practitioners alike seek to improve the health and well-being of older adults in contemporary U.S. society.

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