

AgingToday

the bimonthly newspaper of the American Society on Aging

ISSN: 1043-1284
www.asaging.org

Page 1

MAY-JUNE 2014
volume xxxv number 3

Despite disparities, most LGBT elders are aging well

By **Karen I. Fredriksen-Goldsen**

Lesbian, gay, bisexual and transgender (LGBT) older adults display remarkable resilience as they live their lives and build their communities, despite adversity they may face. In fact, LGBT older adults' resilience may result from adversity and strengthen their fortitude, enhancing their health and well-being. Understanding health disparities among LGBT older adults is critical to identifying pockets of risk in these communities, but it is also imperative that we remain cognizant that most LGBT older adults enjoy good health and are aging well.

Our research findings from *Caring and Aging with Pride* (CAP), a national study of 2,560 LGBT adults ages 50 to 95, demonstrate that most LGBT older adults are satisfied with their lives and aging successfully with strong personal and social ties, as illustrated in *The Aging and Health Report: Disparities and Resilience among Lesbian, Gay, Bisexual, and Transgender Older Adults*, (2011 <http://goo.gl/4shpj>).

Yet research demonstrates that les-bian, gay and bisexual older adults are a health-disparate population with elevated levels of poor general health, physical limitations and mental distress compared with heterosexuals of similar ages. Transgender older adults have even higher rates of disability, poor physical health and depression. The Institute of Medicine and the Centers for Disease Control and Prevention identify the lack of attention to sexual orientation and age as critical gaps in our understanding and ability to reduce health disparities.

Study Participants Are Active, Connected

Nearly 90 percent of the study's LGBT older adult participants feel good about belonging to their communities, and most have at least moderate levels of social support. More than 90 percent of the participants are involved in some type of leisure activities, with an average of five activities per week. Eight out of ten participants engage in moderate physical activities and slightly more than half engage in vigorous physical activities. Many (38 percent) are regularly involved in spiritual or religious activities or services; transgender and bisexual male older adult participants have the highest rates of involvement. LGBT older adult participants reporting higher rates of leisure and physical activities show significantly higher rates of positive health and better quality of life.

One 81-year-old CAP participant shared: "I'm probably the happiest I have ever been, living in a gay-friendly retirement community. I'm out for the first time in my life. My only sadness is the lack of a cuddly friend, though I'm in love with an 85-year-old pianist."

An important strength of LGBT older adults is their social engagement and connectedness. In the general population, 30 percent of people provide informal caregiving, with women (66 per-

cent), compared to men (44 percent), providing the majority of care. However, among LGBT older adult study participants, the rates of caregiving are high for both the women (30 percent) and men (26 percent). Within this network of caregivers, LGBT older adults rely heavily on partners and friends to provide assistance and support to one another as they age. The social ties of LGBT older adults, like the general population, are linked to good health.

History Weighs Heavily on Health Outcomes

LGBT adults of varying age groups have experienced differing historical and social contexts over the life course. LGBT adults ages 65 and older came of age during the McCarthy Era when homosexuality was severely stigmatized and criminalized. These LGBT older adults were most likely to experience pervasive silence about their sexual and gender identity throughout their lives; the American Psychiatric Association branded homosexuality to be a sociopathic personality disorder until 1973, when it was removed as a diagnostic category from the *Diagnostic and Statistical Manual of Mental Disorders* (DSM).

Some LGBT people were involuntarily committed to institutions and subjected to brutal procedures, including castration and lobotomy, in attempts to “treat” the disorder. Still today, gender variance continues to be stigmatized. In the 2013 publication of the *DSM V*, gender identity disorder was reformulated as gender dysphoria, with gender non-conformity identified as a psychological disorder if its presence causes clinically significant distress.

This cloak of invisibility is often evidenced in the experiences of older LGBT adults. One 72-year-old CAP participant revealed, “I am alone—I never had a partner because I lived in a closet. I still have two sets of friends—they may suspect, but are too polite to ask and I would not share anyway.”

On the other hand, LGBT midlife adults ages 50 to 64 came of age at a time of tremendous social change reflected in the Stonewall riots in 1969, the catalyst for the gay liberation movement, the civil rights and women’s movements, as well as the shifting context that occurred during the AIDS pandemic. During these times, LGBT people became more visible socially and politically, and concomitantly LGBT persons were more likely to disclose their sexual and gender identity.

“The LGBT community has stepped up in the past to address coming out, AIDS and civil rights. The next wave has to be aging,” said one 63-year-old CAP participant.

Risks, Resources Differ Dependent Upon Age

In our research we find there are distinct resources and risks in different age groups. Among participants in the midlife age group we find higher rates of sexual and gender identity disclosure and higher rates of social support, combined with higher rates of victimization and discrimination. As the age of participants increases, the rates of disclosure and social support decline, as do rates of victimization and discrimination. The oldest participants (ages 80 and older) have the highest rates of stigma, and the lowest rates of disclosure, social support, victimization and discrimination. Higher rates of victimization and discrimination are linked to poor physical and mental health for both LGBT midlife and older adults.

Despite adversity in their lives, the majority of LGBT older adults are satisfied with their lives and aging successfully. A 70-year-old CAP participant put it this way: “In spite of some of the hassles I have had in my life because I am gay, I consider being gay a gift. It has made my life richer and opened so much of the world for me. Of course if I had it to do over again, there are some things I would have done differently. But being gay isn’t one of them.” ■

Karen I. Fredriksen-Goldsen, Ph.D., is professor and director of Healthy Generations Hartford Center of Excellence in Geriatric Social Work at the University of Washington in Seattle, Wash.

Caring and Aging with Pride

To read more about the *National Health, Aging and Sexuality Study: Caring and Aging with Pride* and access *The Aging and Health Report: Disparities and Resilience among Lesbian, Gay, Bisexual, and Transgender Older Adults* and key journal articles, visit www.CaringAndAging.org.

Research reported in this publication was supported in part by the National Institute on Aging of the National Institutes of Health under award number R01AG026526 (Fredriksen-Goldsen, P.I.). The content is solely the responsibility of Fredriksen-Goldsen et al., and does not necessarily represent the official views of the National Institutes of Health.

—Karen Fredriksen-Goldsen