

Towards a Diverse Vision of Aging: An Exploration of LGBTQ Aging Experiences and Perceptions

by

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AUTHOR'S DECLARATION

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

I understand that my thesis may be made electronically available to the public.

ABSTRACT

How do you envision the later years of your life? How do you feel about aging? For many LGBTQ individuals, the later years of their life are a time of isolation, invisibility, harassment, and depression (Butler, 2004). The discrimination LGBTQ individuals have faced in their past does not end when they reach the age of 65, rather homophobia and heterosexism persists while being compounded with age related issues and ageism (Cronin & King, 2010). LGBTQ older adults often avoid the use of social, psychological, and medical services due to fear of discrimination and harassment (Brotman, Ryan, & Cormier, 2003). The avoidance or prolonged delay of medical attention may have serious repercussions for the social, psychological, and physical wellbeing of LGBTQ older adults (Finlon, 2002). However, it is well documented that participation in recreation and leisure activities has a profound impact on an individual's life satisfaction and overall wellbeing (Mannell, 2007). It is conceivable that leisure and leisure experiences may provide a framework for challenging the largely negative perception of aging within the LGBTQ community, and potentially eliminating the grim outlook for the later years of life for LGBTQ individuals.

By conducting active interviews with nine older adults, who self-identified as lesbian, gay, or transgender, the intention of this study was to contribute to and celebrate the growing understanding of leisure and diversity in aging and later life, as well as to call attention to the unique experiences of LGBTQ older adults. A critical gerontological lens and a critical phenomenological approach guided the data collection, however as I progressed through analysis and interpretation my research journey took a methodological turn. Through the use of heuristic inquiry and creative analytic practice this study presents the meanings ascribed to the aging perceptions and experiences of LGBTQ older adults.

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CHAPTER ONE: INTRODUCTION

“What’s next?” or “What’s your plan once you’ve completed your Masters degree?” If I had a nickel for every time someone asked me any variation of these questions, I would have roughly ten dollars in my pocket and a dozen different career paths to choose from. My answer is rarely identical to the previous but always centers on working with older adults. My uncertainty about what my future holds has been the root of numerous conversations with friends and family. What is my “dream job” and perhaps more pressing, how I can get there? More often than not these conversations come to the conclusion that I should open and operate my own retirement home but not just any retirement home – a retirement home entirely catered to the potentially unique needs of lesbian, gay, bisexual, transgender, and queer (LGTBQ) older adults. Ordinarily I would shrug my shoulders and promptly push the idea to the wayside with a remark such as, “Ya! I’ll get right on it... as soon as I win the lottery!” Conversation over.

Being a young LGBTQ individual, with a large proportion of LGBTQ friends, thoughts of later life and retirement rarely crossed my mind. However, as my knowledge of and interest in the later years of life increased, I began wondering what lies ahead for my friends and me. Will there be inclusive services? Housing? Will we be accepted into retirement homes or long-term care facilities? Then it dawned on me that if I was having these thoughts and concerns for the future, what is the current cohort of older adults experiencing? Thinking? Feeling? All of these questions raced through my mind, whirling around like the Tilt-A-Whirl at my local County Fair. I didn’t know where to look for some clarity. I didn’t know who to ask for some insight. I just didn’t know what to do. So I put those thoughts and questions on the backburner as I pushed forward to complete my Master’s coursework. These questions stuck with me as I went to work on my thesis proposal.

Just about two years ago, with my coursework completed, I was sitting in my office staring at a blank Word document, watching the cursor flash unable to collect my thoughts, let alone put them down in print. I had hit a wall. I was struggling to complete a sentence, completely unenthused about my topic at the time – the care experiences of older adult male carers – and completely distracted. After days of struggle, I made the decision to peel away from my laptop and go meet one of my friends at a nearby Starbucks to debrief. I needed to revamp, revitalize, and refocus! The coffee break turned out to be just what I needed... in more ways than one! It was great to sit, chat, and catch up, but, the conversation quickly turned inspirational! My friend was telling me about a Stu Maddux documentary she had watched recently – Gen Silent (Maddux, Applebaum, Cox, & Atkin, 2011) – and how it had opened her eyes to the hardships and discrimination that LGBT older adults may face in later life. Gen Silent, based in Boston, Massachusetts, asks six LGBT seniors about their fear of discrimination and unfair treatment in health care and long-term care facilities. Many of who have felt so much fear that they felt the need to hide their lives from healthcare professionals and service providers. Some have such strong fear that they are afraid to even reach out for help. The film exposes the wide range in the quality of services available for LGBT older adults. At the end of our conversation, a wave of emotion washed over me bringing with it the questions I had previously placed on the backburner. I knew immediately that I had to watch this documentary.

My first course of action was to search the library for a copy of the film. When that didn't pan out, I turned to the Internet in an attempt to find a free online streaming of the film. Still nothing. On the verge of becoming discouraged, I was casually browsing my Twitter feed when something caught my eye! A tweet on December 18, 2012 by the Official Gen Silent twitter account (@GenSilent) stating that, "Gen Silent is streaming for free to home viewers for a limited time! Catch it before December 31! <http://ow.ly/gcR9v> #lgbt #aging." I couldn't believe my luck! I was so excited that I immediately started streaming! In total, I probably watched the documentary about 5 times just to be sure I didn't miss anything. As I watched, I felt myself grow to know each person. I felt their stories. I cried for their

pain. I cheered for their successes. Gen Silent shed light on some of my questions; the insights, however, did not necessarily paint a picture perfect vision of later life. So many more questions and thoughts sprouted from this film – How could this be happening in today’s society? Why isn’t there more support for LGBTQ older adults? Why is this group of people being overlooked? Why is it so difficult to find inclusive, supportive services? What can be done to make services and programs more inclusive? The conversation with my friend, and more importantly this film, had switched on the light bulb in my head. I had just had my “ah-ha” moment!

I then had a lot to think about. Do I push through the writer’s block and continue with my current topic? Or do I scrap the work I had done and embark down a new path? The more I weighed each option, the more my passion grew for learning more about the later life experiences of LGBTQ older adults and the oppressive structures and practices that shape those experiences. It became crystal clear that I needed to change directions and pursue this topic for my thesis. From the moment I made the change, I haven’t looked back! I couldn’t have been more driven or excited about working with LGBTQ older adults. I wanted to hear their stories and set out to explore what they need to enhance the later years of their lives. In this thesis I hope to explore with LGBTQ older adults their lived experiences and perceptions of aging and later life, as well as the influence of leisure on experiences and perceptions.

1.1 CONTEXT

It is well known that the world’s population is aging. Specifically, in Canada, older adults are the fastest growing demographic (Statistics Canada [Stats Can], 2011). In 2011, the first members of the “baby boom” cohort – individual’s born between 1946 and 1965 – reached the age of 65. As members of the “baby boom” cohort, or baby boomers, continue to reach the later years of their lives, the proportion of the population over the age of 65 is going to experience a rapid expansion (Minister of Public Works and Government Services, 2002; Stats Can, 2012). As a consequence, the population of Canada, and the world, will change dramatically. Recent projections state that

individuals aged 65 or older could account for more than one-quarter of Canada's population by the year 2036 (Stats Can, 2012). We cannot ignore that the population of Canada, and the world, is aging and as such we must continue to make strides towards inclusive and age-friendly programs, services, housing, health care, and communities.

Diversity in the human experience does not cease in old age; rather the vast differences in the intricacies of life experiences remain prevalent throughout the entirety of one's life course. Diversity is the recognition of the uniqueness and difference that exists between each and every individual. Diversity can occur along a variety of dimensions, such as age, gender, race and culture, ability, religious affiliation, socioeconomic status, and sexual orientation. Diversity goes beyond recognition to understand each other's individuality so we can move beyond mere tolerance toward a celebration of the uniqueness within each individual (Associated Students of the University of Oregon, n.d.). Diversity is not only present across the life course, but is also undeniably present within today's baby boomer cohort as they are, for example, a geographically, culturally, and sexually diverse group. However, there is very little demographic information to illuminate the sexual diversity of this cohort, specifically sexual orientation and gender identity. While Statistics Canada (2011) does not offer a definitive number of individuals who identify as lesbian, gay, bisexual, transgender, or queer, the Canadian Community Health Survey Cycle 2.1 states that 2% of Canadians aged 15-59 consider themselves to be gay, lesbian, or bisexual. This percentage, however, does little to illuminate the sexual diversity within the baby boom cohort – effectively excluding all older adults 60 years of age and older. Nevertheless, American data estimates that there will be approximately 2 to 7 million LGBTQ older adults between now and the peak of the aging boom (Grant & National Gay and Lesbian Task Force Policy Institute [NGLTFI], 2009). Although the shift towards a completely inclusive and understanding society has begun, as seen through the large amount of research and focus on the lives and experiences of LGBTQ youth and

young adults, the sexual diversity of individuals aged 65 or older until recently remained largely ignored in Canada.

The driving force behind this shift towards a more inclusive and understanding society is the work of individuals, allies, support and advocacy groups, such as Services & Advocacy for Lesbian, Gay, Bisexual & Transgender Elders [SAGE] and Rainbow Health Ontario. However, much of this work is aimed at increasing awareness of the sexual diversity within youth and young adults. For example, a great deal of inquiry has explored the lived experiences of LGBTQ youth and young adults coming out journey (Fedders, 2006; Rosario, Hunter, Maguen, Gwadz, & Smith, 2001), experiences of transgendered youth (Grossman & D'Augelli, 2007; McGuire, Anderson, Toomey, & Russell, 2010), bullying and harassment (Berlan, Corliss, Field, Goodman, & Austin, 2010; Espelage & Swearer Napolitano, 2008), and so forth. What is lacking, however, is inquiry and exploration of the later life experiences of LGBTQ older adults. To date, there has been very little research conducted with LGBTQ older adults in Canada (Brotman, Ryan, & Cormier, 2003; Brotman, Ryan, Collins, Chamberland, Cormier, Julien, Meyer, Peterkin, & Richard, 2007; D'Augelli & Grossman, 2001), with the majority of existing research being conducted in the United States (Fundamentals for Lesbian and Gay Issues, 2004; Johnson, Jackson, Arnette, & Koffman, 2005; Shankle, Maxwell, Katzman, & Landers, 2003). The research conducted in the United States may not be a completely accurate portrayal of the Canadian context since LGBTQ individuals in Canada are afforded a number of rights and freedoms not available to their American counterparts. For example, "...Canadian law has afforded new protections, from equal spousal status for the purposes of support, to equal marriage and property rights, and more recently, equal parental status by birth registration and declaration of parentage" (Radbord, 2007, p.32). Generally, the Canadian research that does exist explores topics such as social support networks (Grossman, D'Augelli, & Hershberger, 1999), mental health (D'Augelli, Grossman, & Hershberger, 2001; Meyer, 2003), and victimization (D'Augelli & Grossman, 2001). A broader Canadian perspective on aging and later life

experiences and perceptions of LGBTQ older adults will add depth and breadth to the current, albeit severely limited, body of research conducted with LGBTQ older adults.

For most older adults, the later years of life mark the cessation of full-time paid work and entrance into retirement (The Special Senate on Aging, 2009). For others retirement may signal the beginning of a lifestyle in which you become fully engaged in activities and relationships that may have been put aside in order to focus on building a career. Retirement should be a time for older adults to engage in volunteerism, enjoy their hobbies and leisure activities, and spend time with family and friends. While the a large proportion of older adults are able to enjoy what has been referred to in the literature as “the golden years” (Haas & Serow, 2002), there is a segment of the older adult population for whom the later years of life are a time of fear, harassment, and discrimination. According to research conducted with LGBTQ older adults (Butler, 2004; D’Augelli & Grossman, 2001; Grossman, D’Augelli, & O’Connell, 2002; Orel, 2004), the perceptions held by LGBTQ individuals regarding their later years are predominately negative. Lifelong discrimination and harassment does not appear to fade as LGBTQ individual’s age (D’Augelli & Grossman, 2001; Grossman, D’Augelli, & O’Connell, 2002). Rather, research indicates that many LGBTQ older adults are living out the later years of life in isolation making them invisible to the majority of the population, including healthcare professionals, service providers, advocacy groups, family, friends, and so forth (Butler, 2004; D’Augelli & Grossman, 2001; Grossman, D’Augelli & O’Connell, 2001; Orel, 2004). For LGBTQ older adults, their invisibility in later life has direct implications such as lack of access to needed services and programs, increased prevalence of chronic health conditions, and limited opportunities for leisure.

1.2 PROBLEM STATEMENT

The later years of life present a new set of challenges, including ageism, isolation, and age-related issues, as older adults transition into retirement and the later years of their life. For many LGBTQ individuals, specifically within the American context, the later years of their lives are a time

of isolation, harassment, and depression (Butler, 2004; D'Augelli & Grossman, 2001; Grossman, D'Augelli, & O'Connell, 2002; Orel, 2004). The LGBTQ baby boom cohort has lived through the oppression of the years leading up to the Stonewall Riots – police discrimination and brutality, violation of basic human rights, and daily harassment and discrimination (Arriola, 1995). LGBTQ baby boomers were among the activists who participated in the 1969 Stonewall Riots in New York City and fought to eliminate the stigma that defined homosexuality as criminal, psychopathological, sick, immoral, and evil (Butler, 2004; Orel, 2004). Today's LGBTQ baby boomers have been at the forefront of the historical progress made through advocacy groups and the gay rights movement. However, their work does not appear to be complete as discrimination and harassment does not appear to end at the age of 65. Rather stigmatization and homophobic attitudes and actions within mainstream society persist today, and compounded with ageism and age-related issues, create the social condition for oppression of LGBTQ older adults (Banks, 2003; Cronin & King, 2010).

In contrast, it is well documented that participation in recreation and leisure activities may have a profound impact on an individual's life satisfaction and overall well-being (Griffin & McKenna, 1998; Iwasaki & Schneider, 2003; Mannell, 2007; Trenberth, 2005) across the lifespan. Older adults who have meaningful leisure lifestyles report positive influences on physical, psychological, and social/spiritual health (Dupuis, 2008), in addition to acting as a means for coping with stress (Iwasaki, 2006; Iwasaki & Mannell, 2000; Iwasaki & Schneider, 2003; Mannell, 2007). Further, leisure has been identified as a space for resisting dominant stereotypes, ageism, and sexist attitudes within society (Dionigi, 2006; Grant, 2001; Iwasaki, Mackay, Mactavish, Ristock, & Bartlett, 2006). Conversely, leisure could also be a space for further oppression and marginalization (Wearing, 1995). The impact of leisure in the lives of LGBTQ youth and young adults is well documented as having both an affirming as well as an oppressive influence depending on the situation or circumstances (Johnson, 2000; Kivel & Kleiber, 2000). Our lack of understanding raises many questions: How do LGBTQ older adults think about and experience leisure? Is leisure a space

to challenge largely negative perceptions and stigma or is it a site for harm and suffering and the reproduction of homophobic attitudes? How might leisure provide opportunities to promote life quality and well-being especially when these opportunities do not exist in other facets of people's lives?

1.3 DISCOVERING CRITICAL GERONTOLOGY

As I began to delve more and more into the literature on LGBTQ older adult experiences, I came across critical gerontology and immediately saw a fit between my values, my work, and this theoretical framework. It was now clear that critical gerontology was the framework for my study. I feel that the key values and assumptions underlying critical gerontology are in complete alignment with my personal and academic values and ambitions. Critical gerontology, according to Chris Phillipson and Alan Walker (1987), is “a more value-committed approach to social gerontology – a commitment not just to understand the social construction of aging but to change it” (p. 12). This emphasis on social justice, as well as other key values and assumptions discussed later, have helped shape and give guidance to my research approach and goals. Additionally, critical gerontology explores “...a collection of questions, problems and analyses that have been excluded by the established ‘mainstream.’ The need for a specific program of ‘critical’ gerontology arises *because and as long as* certain questions are banned from official discourse” (Baars, 1991, p. 220). Ultimately, a critical gerontological perspective challenges researchers to confront the inequitable treatment and hardships experienced by society's older adult population. That is, a critical gerontological perspective aids in challenging the mainstream assumptions and overall lack of understanding of persons marginalized in our society. By taking a critical gerontological lens to my work, I hope to be able to shed light on factors that might shape the experiences of LGBTQ older adults in Canada, specifically illuminating the unique needs of LGBTQ older adults, and how dominant heteronormative practices shape their experiences. By understanding these needs and experiences, work can be done to change these circumstances – through increased education,

training and advocacy – thereby addressing many of the concerns and fears LGBTQ older adults hold with respect to aging and later life.

1.3.1 CRITICAL GERONTOLOGY

Historically, gerontological research has made important contributions within the biological, medical, and psychological domains of aging (Minkler, 1996). Within recent decades, researchers and gerontologists have recognized that in order for gerontology to continue to grow, the aforementioned perspectives on aging must be complemented by aspects of critical theory, feminist scholarship, the humanities, as well as biographical and narrative perspectives, in tandem with culturally-relevant ways of thinking about ageing in multicultural societies (Minkler, 1996). According to the Public Health Agency of Canada [PHAC] (2010), culturally-relevant refers to “recognizing, understanding and applying attitudes and practices that are sensitive to and appropriate for people with diverse cultural, socioeconomic, and educational backgrounds, and persons of all ages, genders, health status, sexual orientations and abilities.” Specifically, the infusion of culturally relevant ways of thinking enhances the emphasis placed on the need for attitudes and practices that inclusive to the needs of LGBTQ older adults brought to light by a critical gerontological approach to this study.

This new outlook not only calls for attitudes and practices that are respectful of an increasingly diverse society, but also effectively questions the past assumptions and ‘taken-for-granted’ notions of aging and older adults. The growth in diverse perspectives over the past couple of decades has led gerontologists to engage in a reassessment of how researchers, professionals, and gerontologists alike think about and study aging and older adults (Bernard & Scharf, 2007; Minkler, 1996). Critical gerontology, as described in King and Calasanti (2006), frames aging “...as a social rather than biological process. This alternative view of aging is central to the critical perspective because many experiences related to aging result from the socioeconomic conditions and inequalities experienced (and compounded) over the life course” (p. 145). The following

sections discuss the roots and values of critical gerontology, and how the key tenets of critical gerontology have shaped my research questions and approach.

1.3.2 ROOTS OF CRITICAL GERONTOLOGY

Alongside its roots in gerontological research, critical gerontology finds its beginning in critical theory (Moody, 1993). Critical theory aims to expose and critique oppressive discourses and practices within society in order to promote emancipatory change (Atchley, 1993). The two streams of critical gerontology, referred to as political economy and humanistic gerontology, arose from the critical “...stance that scientific and philosophical constructs are enmeshed in and serve to recreate the wide socio-historical settings” (Luborsky & Sankar, 1993). Feminist gerontology, also with roots in the critical paradigm, has been influential in the formation of a critical gerontology. The fundamental tenets of feminist research that can be found at the root of critical gerontology include an action orientation, attention to power, attention to history and context, emphasis on inclusivity and social justice, and an emphasis on self-critique and reflexivity (Hesse-Biber, 2011). Feminist research also emphasizes the importance of moving towards research that focuses on “power with” and “power to” marginalized individuals and groups, in particular older women, older gays and lesbians, and racial and ethnic minorities (Minkler, 1996). Work within the humanities, by researchers such as Thomas Cole and Harry Moody, have infused critical gerontology with the belief that research must include open dialogue between older adults, professionals, academia, and other relevant groups (Phillipson, 1998). The humanities also place language, discourse, meaning, and interpretation as integral components in the social construction of social life and aging (Phillipson, 1998). To complement the influence of humanities research, biographical research of scholars such as Malcolm Johnson (1976) and Jaber Gubrium (1986) helps critical gerontologists come to understand the influence of history and context on aging and older adults (Phillipson, 1998). The components of feminist research, the humanities, and biographical research that resonate most

with my understanding of the foundation of critical gerontology will be discussed further in the following section.

1.3.3 UNDERLYING VALUES AND ASSUMPTIONS

Critical gerontology stems from a variety of theoretical and ontological roots that emphasize the importance of working with marginalized groups through dialogue to transform their lived experiences by interrogating taken for granted knowledge and understanding and unveiling new knowledge that leads to action (Minkler, 1996; M. Ray, 2007). As a result of these roots, critical gerontology aims to call attention to the context, history, and power underlying oppression and marginalization on individual or group experiences, focuses on the collective capacity and dignity of marginalized individuals and groups, and strongly emphasizes the need for and importance of reflexivity and self-critique by researchers and participants alike (Bernard & Scharf, 2007; Holstein & Minkler, 2007). Finally, critical gerontology calls gerontologists, researchers, policy makers, and others to action – to be advocates, to challenge taken for granted practices, and to make change (R. Ray, 2007). The following sections will highlight the underlying values of critical gerontology that spoke most to me.

Attention to history, context, and power. As defined above, critical gerontology views aging as a social process. To view aging as a social process requires researchers to explore the historical, social, political, environmental, and cultural factors, as well as the contexts in which aging takes place, and the consequential power relations between subgroups of the older adult population (Kincheloe & McLaren, 2005; Minkler, 1996). To advance our understanding of this conceptualization of aging, I will further delve into the influential factors of history, context, and power below.

History. Developing a deeper understanding of LGBTQ aging entails an inquiry into the historical period in which an individual lives, their location in the social system, and the individual's biography (Minkler, 1996). It is important to consider how these profound differences and

opportunities in life experiences build and compound over time. As they may consequently play an influential role in how one experiences and perceives the world and situations around them (Holstein & Minkler, 2007).

Context. In order to even begin to understand an individual's identity and lived experience, researchers consider how historical, social, and cultural contexts interact to inform, predict, shape, and maintain one's experience (Warner, 2008). An individual's identity is much more than a compilation of personality traits and individualized experiences; rather identity is shaped by the influence of societal, institutional, and political structures (Holstein & Minkler, 2007; Warner, 2008). For example, stemming from intersectionality theory, an LGBTQ individual's experience of discrimination is related to context, in addition to being based on their sexual orientation or gender identity (Purdie-Vaughns & Eibach, 2008; Warner, 2008). That is, depending on the context, an individual may experience advantage, and oppression and discrimination, or even both simultaneously (Warner, 2008).

Power. History and context are important to the critical researcher for understanding how inequality and power imbalances have emerged over the life course (Baars, 2006; Minkler, 1996). Critical gerontology pushes researchers to expose and examine the numerous influences, whether oppressive or supportive, in the lives of marginalized groups of older adults (Kincheloe & McLaren, 2005; Minkler, 1996; Warner, 2008). When exploring an older adult's lived experience, critical gerontologists pay specific attention to the structures of power that influence aging discourses and potentially constrain access to social, economic, and material resources (Dannefer, 2003; Estes, 1999; Mock, Shaw, Hummel, & Bakker, 2012). Such power relations also result in the struggle to have their voices heard, recognized, and understood – further contributing to the oppression of older adults with marginalized identities (Purdie-Vaughns & Eibach, 2008).

As a critical gerontologist, it is important to address the multiple interacting and interconnecting levels of the relationship between context, history, and power and how these shape

the lives of LGBTQ older adults (Kincheloe & McLaren, 2005; Minkler, 1996), as well as attending to the reciprocal nature of the social process of aging. That is, context, history, and power do not independently influence the process of aging, but the increased presence of older adults also influences and changes society (Baars, 2006). Drawing on intersectionality theory, the challenges of misrepresentation, marginalization, and disempowerment will be amplified in individuals with multiple minority identities (Purdie-Vaughns & Eibach, 2008), for example, the multiple intersections of racism, sexism, heterosexism, and ageism.

Intersectionality. Although the literature on intersectionality is well established (Cronin & King, 2010; Purdie-Vaughns & Eibach, 2008; Warner & Shields, 2013), how LGBTQ older adults experience aging and the intersection of gender, ageism, stigmatization, and homophobia is largely underrepresented within gerontological research. Intersectionality, an area of research that is continually evolving, provides the platform to explore how one's social identities overlap and interact to create circumstances of advantage, disadvantage, and/or neutrality (Diamond & Butterworth, 2008; Warner, 2008; Warner & Shields, 2013). Intersectionality sheds light onto how the multiple sexual minority identities mesh with the vast array of other dimensions of identity, such as gender, race, and age – for example, how an older African-American lesbian experiences the intersections of age, race, gender, and sexual orientation (Cronin & King, 2010; Warner & Shields, 2013). According to Warner and Shields (2013), “at its core, intersectionality is the embodiment in theory of the real-world fact that systems of inequality, from the experiential to the structural, are interdependent” (p. 804). Rooted within feminist scholarship, intersectionality can be conceptualized in a variety of ways, ranging from theoretical perspective, method of inquiry, as a framework, or as an approach to social justice (Diamond & Butterworth, 2008; Warner & Shields, 2013).

On an individual level, intersectionality plays a direct role in an individual's social interactions. Multiple subordinate group identities create a uniquely integrative subjective

experience that cannot be stripped down to its individual identities and subsequently explained on their own (Diamond & Butterworth, 2008; Iwasaki et al., 2006; Warner, 2008). As a social construct, intersectionality is viewed as the foundation of an individual's various social relationships. Such that the interplay of one's social identities effectively creates situations of both oppression and opportunity due to the influence of structural power relationships on the individual (Iwasaki et al., 2006). As a framework, intersectionality orients researchers to the idea that the investigation of one identity, such as sexual orientation perhaps, must run in tandem with the exploration of various ways other identities interact with and shape lived experience (Iwasaki et al., 2006; Warner & Shields, 2013). Finally, as an approach to social justice intersectionality has the capacity to uncover the influence that intersecting structures of inequality have on shaping individual lived experiences (Warner & Shields, 2013). Thus, intersectionality may provide a means for illuminating the need to change practices and policies in order to best address the unique needs of marginalized groups (Warner & Shields, 2013).

Typically, the focus of intersectionality is on individuals who are marginalized, or ignored, as a means to better understand and represent their experiences and perceptions (Warner, 2008). The interaction of social identities, such as age, race, gender, class, and sexual orientation, results in the creation of qualitatively unique experiences and meanings that vary from one individual to the next (Warner, 2008). Much of the research within intersectionality scholarship has focused on whether or not individuals with multiple subordinate group identities experience more marginalization than individuals with single subordinate group identities (Parent, DeBlaere, & Moradi, 2013; Purdie-Vaughns & Eibach, 2008). Historically, there has been two sides to this debate: on one side are scholars who support the claim that disadvantage intensifies as one's subordinate group identities increase; while on the other side are scholars who support the claim that individuals with a single subordinate group identity are at a greater disadvantage as they endure the greatest impact of discrimination (Cronin & King, 2010; Parent, DeBlaere, & Moradi, 2013; Purdie-Vaughns & Eibach,

2008; Warner & Shields, 2013). However, Purdie-Vaughns and Eibach (2008) have proposed an alternative model of intersectionality that shifts focus away from the score-keeping approaches illustrated above.

The model proposed by Purdie-Vaughns and Eibach (2008) provides a framework for extensive inquiry into the ideological discourses – androcentrism, ethnocentrism, and heterocentrism – that marginalize subordinate group members by exclusion of their experiences and perspectives. As a result of androcentrism (males as the standard), ethnocentrism (Caucasian as the standard), and heterocentrism (heterosexual as the standard), individuals who do not fit these standards – or prototypes – are perceived as non-prototypical members of these identity groups. Further, individuals with multiple subordinate identities will experience intersectional invisibility. Purdie-Vaughns and Eibach (2008) explain intersectional invisibility as the failure to recognize individuals with multiple intersecting identities as members of their subordinate groups, or non-prototypical members. For example, due to the influence of ethnocentrism and androcentrism, the prototypical LGBTQ individual is white man, while non-prototypical individuals will include white lesbians, and ethnic minority LGBTQ individuals (Purdie-Vaughns & Eibach, 2008). The social invisibility experienced by non-prototypical members brings with it a variety of advantages and disadvantages when compared to the more prototypical members of their subordinate groups. For example, one advantage for non-prototypical members may be a relative escape from discriminative practices and oppression since these practices are primarily directed at the more prototypical, or stereotypical, subordinate group members (i.e, white gay men). A disadvantage for non-prototypical subordinate groups members may, however, be the ongoing fight to have their voices heard and understood. For example, many advocacy groups unintentionally neglect the issues that directly impact individuals with multiple subordinate identities by assuming that issues that affect individuals with a single subordinate identity are important for the entire group (Purdie-Vaughns & Eibach, 2008).

Therefore, LGBTQ older adults find themselves at the intersection of multiple subordinate groups. The resultant intersectional invisibility experienced by LGBTQ older adults may result in a lack of access and avoidance of social, psychological, and medical programs and services resulting in many LGBTQ older adults living out the later years of life in isolation (Brotman, Ryan, & Cormier, 2003; D'Augelli & Grossman, 2001; Phillips & Marks, 2008). Furthermore, the avoidance or prolonged delay of medical assistance and care supports may have serious repercussions for the overall wellbeing of LGBTQ older adults (Finlon, 2002; Makadon & Cahill, 2012). Of the few LGBTQ older adults who do seek out and use the available services, the feeling exists that it is necessary to go back in "the closet" for their safety – to become invisible within a heteronormative society (Gabbay & Wahler, 2002; Purdie-Vaughns & Eibach, 2008). The fear and isolation experienced by LGBTQ older adults as a result of the above structural conditions of oppression may threaten and/or limit the later life experiences of LGBTQ older adults who do not feel accepted within their communities.

Focus on dignity and collective capacity of persons who are marginalized. Critical gerontology aims to create culturally-relevant ways of thinking about aging and diversity by focusing on collective capacity, dignity, and enhancing human well-being (King & Calasanti, 2006; Minkler, 1996; Plummer, 2005). Critical gerontology challenges us, as researchers and members of society, to see the human face behind the research and reject the perception of older adults as a burden (King & Calasanti, 2006; Minkler, 1996). Researchers within the critical gerontological paradigm embody values that recognize and support human dignity, champion the right to equality and humanity, reduce human sufferings, and enhance human well-being (Plummer, 2005). Critical gerontologists' work with persons who are marginalized in a critical exploration of the world in which they live, as well as the way they exist within the world. As Paulo Freire (2005) explains,

Who are better prepared than the oppressed to understand the terrible significance of an oppressive society? Who suffer the effects of oppression more than the oppressed? Who can

better understand the necessity of liberation? They will not gain this liberation by chance but through the praxis of their quest for it, through their recognition of the necessity to fight for it. And this fight, because of the purpose given it by the oppressed, will actually constitute an act of love opposing the lovelessness which lies at the heart of the oppressors violence, lovelessness even when clothed in false generosity (45).

For critical gerontologists, dignity means working with persons who are marginalized in the creation of more equitable environments. This involves supporting persons who are marginalized in taking control of their future by becoming their own advocates and playing a greater role in shaping the policies and programming that affect their lives (King & Calasanti, 2006; Minkler, 1996). It is persons who are oppressed who must lead the charge for others in their fight for humanity and equality (Freire, 2005). In addition, it is through a focus on the multiple levels of older adults' lived experience, specifically the social and cultural practices that oppress and discriminate, that critical gerontology may greatly enrich, not only, our appreciation and understanding of older adults and their capacities, but indeed the very meaning of growing and being old in contemporary society (Minkler, 1996).

Emphasis on self-critique and reflexivity. Critical gerontology necessitates that I acknowledge any assumptions and/or agendas that I may hold and therefore may be influencing or embedded within the study and how I conduct my research (Holstein & Minkler, 2007). By being reflexive I must also be completely transparent about these assumptions, agendas, and/or influences throughout the research process (Bernard & Scharf, 2007; Gubrium & Sankar, 1994). According to Richardson (2000), the reflexive process may assist in transparency as it unmasks complex political and ideological agendas that are often hidden in our writing. In addition to transparency, it is important that I have the courage to challenge and reflect upon my own assumptions and taken-for-granted understandings. When I set out on this journey it was my hope that the research process would become a mutual journey upon which both my participants and

myself would grow and change while co-constructing the meaning of our lived experiences (Dupuis, 1999). The process that unfolded was more than I could have hoped for as a novice researcher! As we – my participants and I – embarked on our research journey, it was incredible to be wholeheartedly welcomed into many of my participant’s lives. Not only did I learn so much from them, I was also able to come into a deeper understanding and acceptance of myself as a LGBTQ individual.

Today it dawned on me that if I was expecting my participant’s to share their lives with me – their histories, their experiences, their fears and concerns (past, present, and future), and their hopes for the future –it would be completely unethical for me to continue to let my LGBTQ identity go unspoken between my family and myself. I mean I stopped concealing a lot of who I am a very, very long time ago, so it’s not like they don’t already know. It just remains unspoken. But it needs to be spoken. I need to face it. I will face it.

Excerpt from my personal journal – November 12, 2013

I believe that as a result of my research I have had an impact on the lives of my participants as we engaged in a co-construction of the meaning of our lived experiences. Whether it was simply by providing a platform for them to share their stories or by involving them throughout the data collection and analysis processes such that some of my participant’s have expressed interest in attending my final defence!

However, I also acknowledged the inherent power issues that may exist between myself, as “researcher,” and my participants (Minkler, 1996; Kincheloe & McLaren, 2005). Throughout my journey I continued to question, reflect on, and critique my assumptions, understandings, and approach to data collection and analysis. I hoped these processes would facilitate the unmasking of complex ideological and political agendas that may be hidden in the transcribed text (Richardson, 2000). In addition to the necessity for myself to be transparent and reflexive throughout my research journey, it was also important for participants to be reflective on their lived experience (Holstein & Minkler, 2007). Reflection does not only lead to engagement in liberation, rather, true

reflection will lead, both myself and participants, to action (Freire, 2005). As we continue into my explanation of my research methods (Chapter Three), I will describe how I embedded reflection within my research process – for both my participants and myself.

Call to action. Critical gerontologists do not settle at merely understanding the social construction of aging, rather they are committed to going beyond understanding in order to effect change (Kincheloe & McLaren, 2005; King & Calasanti, 2006). It is not enough for a critical gerontologist to write solely for the academic community and furthering current knowledge; rather they aim to shed light on the issues experienced by older adults (R. Ray, 2007). That is, critical gerontologists' often view their work as an attempt to utilize the wisdom gained from the lived experience of older adults in the process of making change in hopes of bringing about a more just world (Kincheloe & McLaren, 2005; King & Calasanti, 2006; M. Ray, 2007). However, it is not the goal of the critical researcher to independently effect change but rather to spur individuals to life-improving action, to stimulate political action, and to inform policy decisions (Kincheloe & McLaren, 2005; King & Calasanti, 2006).

Critical gerontological researchers aim to assist policy makers, members of the media, and the general public to see the impact that policies and actions have on members of marginalized groups. In order to accomplish this, critical gerontology challenges researchers to take on the role of advocate as they embark on their research journey (Minkler, 1996; R. Ray, 2007). As is typical of a critical gerontological approach this project, when I set out on this research journey I hoped to extend beyond an attempt to understand the experience of LGBTQ aging into a commitment to advocate for and construct a culturally-relevant aging framework for today and the future. My hope for this journey was to illuminate the widely ignored and underappreciated voices of LGBTQ older adults as they share their lived experiences and perceptions of aging and retirement. Beyond understanding LGBTQ older adults' lived experience, I was committed to uncovering the social, political, historical, structural, and cultural factors that directly influence lived experience.

Additionally, working with my participants I wanted to explore what we feel needs to change in order to ensure or improve quality of life for LGBTQ older adults in retirement.

1.5 PURPOSE OF THE STUDY

It was the intention of this project to fill a gap in our knowledge base on aging by examining the perceptions and experiences of aging for a group that has been largely ignored – LGBTQ older adults. In learning from these experiences and perspectives of LGBTQ older adults, I also set out to expose the social and broader structural factors/conditions that shape experiences, including leisure experiences, and limit or support opportunities and possibilities in later life for LGBTQ older adults. Guided by a critical gerontological lens, and using a critical phenomenological approach to data collection, analysis, and interpretation, I wanted to challenge dominant understandings of LGBTQ older adults experiences of aging and have a better understanding of what changes were needed to better support LGBTQ older adults through their aging journeys.

1.6 RESEARCH QUESTIONS

The questions that will guide this critical phenomenological exploration are:

- How do LGBTQ older adults describe their current experiences of aging?
 - What has aging been like thus far?
 - If retired, what has retirement been like thus far?
- How do LGBTQ older adults think about/envision their future as they continue to age?
 - What do they think the future will look like?
 - What do they look forward to? Hope for?
 - What are they concerned about?
- What has influenced or shaped perceptions, experiences, and expectations of aging?
 - Personal factors/intersection of identities/past experiences/retirement?

- Social, relational, and cultural factors?
- Political, structural, and historical factors?
- How have past and present leisure experiences influenced LGBTQ older adults perceptions and experiences of aging?
 - How do they think about leisure in their own lives?
 - How do they think about leisure in their retirement?
- What changes are needed in order to ensure life quality and equity for LGBTQ older adults in later life?

1.7 WHAT COMES NEXT?

The following chapters outline the literature that has been the foundation of this study and the methods that I used to examine and critically reflect on the lived experiences of LGBTQ older adults and expose the social and structural factors that have shaped those experiences. In the second chapter, I examine relevant literature from a variety of academic disciplines as a way to understand the context of aging, LGBTQ aging, and leisure. In Chapter Three I discuss the methodology and describe the research process I utilized to examine the lived experiences and perceptions of aging and retirement and expose the social and broader structural factors/conditions that shape experiences and limit possibilities in retirement for LGBTQ older adults.

CHAPTER TWO: LITERATURE REVIEW

In this chapter, I provide an overview of the literature I have reviewed as a foundation for this project. The structure of this review of the literature is based upon an approach I was first introduced to in Mock, Shaw, Hummel, and Bakker's (2012) overview of the recreation and leisure experiences of marginalized older adults. This approach recognizes that all older adults share common strengths and face similar challenges in later life, the complex and unique experiences of aging with a marginalized identity, and finally, that heterogeneity also exists within marginalized groups (Mock & Hummel, 2012; Mock, Shaw, Hummel, & Shaw, 2012; Mock, Taylor, & Savin-Williams, 2006). Although there has been immense progress towards acceptance and understanding of sexual minorities within Canada, sexual and gender identity remain stigmatized identities (Brotman, Ryan, & Cormier, 2003; Grant, Mottet, Tanis, Harrison, Herman, & Keisling, 2011; Grossman, D'Augelli, & O'Connell, 2002). According to Mock and Hummel (2012), this framework assists researchers in limiting biases some times embedded within research with marginalized groups. Exploring "...common factors helps to avoid stereotyping that might exaggerate differences between the minority group and the dominant group. Taking into account the unique challenges sexual minorities face helps to avoid heterocentrism, that is, the tendency to see heterosexual as the norm. Finally, examining diversity between sexual minority individuals acknowledges variability in the lives of sexual minorities and helps to counter outgroup homogeneity bias" (Mock & Hummel, 2012, p. 158). I will begin with a discussion of the strengths and challenges common to all older adults as they age. I will continue by what makes aging as a sexual minority a unique experience, and conclude with a discussion of the heterogeneity in the experience of aging as a sexual minority.

2.1 OLDER ADULTS AND AGING: COMMON STRENGTHS AND CHALLENGES

The aging of the Canadian population is anticipated to continue to accelerate – reaching nearly one in four Canadians over the age of 65 within twenty years (Government of Canada, 2002). Currently, older adults are estimated to comprise 14.9% of the Canadian population, a significant increase considering older adults accounted for 9.7% of population in 1982 (Statistics Canada, 2012). An increase marked by the first members of the “baby boomers” cohort reaching the age of 65 (Statistics Canada, 2012). To further contribute to Canada’s aging population, the life expectancy of older adults (as recorded in 2009) is approximately six years greater than previously noted in 1979 (Canadian Index of Wellbeing [CIW], 2012; Statistics Canada, 2012). The following sections shed light on the strengths and challenges common to all older adults as they age regardless of sexual orientation and gender identity.

2.1.1 CHALLENGES AND CONCERNS

According to the American Society on Aging (2010), there are very few individuals who have no concerns about aging or retirement. For the general aging population, the most commonly cited fears regarding aging include becoming sick, disabled, or confused; becoming unable to care for themselves and becoming dependent on others; developing dementia; and outliving their income (ASA, 2010). Moving forward I will discuss several common aging concerns held by older adults: physical and mental health concerns, economic/financial concerns, ageism, and constraints to leisure participation.

Physical and mental health concerns. With an increase in the number of older adults comes an increase in the prevalence of age-related issues, namely activity restriction due to injury, and chronic conditions and disabilities (Government of Canada, 2002). Many older adults fear declining health, loss of independence, and developing dementia (Brotman & Ryan, 2008; Orel, 2014). Approximately 75% of older Canadians living at home suffer from a chronic health condition, such as arthritis and rheumatism, high blood pressure, chronic heart problems, diabetes, etc. Living with an injury, chronic condition, and/or disability most often necessitates that the

individual may need to access health and social support services at some point in their later years. Almost all (96%) older adults living at home visited at least one health professional during a given year. Furthermore, 84% of older Canadians received some kind of social support, ranging from housework to emotional support (Government of Canada, 2002).

Financial concerns. Generally, the aging population has a number of financial concerns, such as outliving their income or not being able to afford elder care services (ASA, 2010). Recent statistics show that married Canadian older adults have an average income of \$48,300 or more per year, up from \$40,900 in 1996 (Stats Can, 2009). The income of an older adult generally comes from a combination of three sources: the public retirement income system (Old Age Security (OAS), Guaranteed Income Supplement (GIS), and Canada/Quebec Pension Plans (C/QPP)), private retirement pension, and individual registered retirement savings plans (RRSPs) (Government of Canada, 2002). Although, there are circumstances where these sources of income may not be enough to bring an older adult up to or above the poverty line, especially as the cost of living continues to rise (Special Senate Committee on Aging [SSCA], 2009). Reliance on different income sources varies for different groups of older adults, such that the OAS program is the largest source of income for older women, while pensions and RRSPs supply most of an older man's income (Government of Canada, 2002).

Ageism. The Special Senate Committee on Aging (2009) has defined ageism as discrimination on the basis of age that makes assumptions about the capacity, capabilities, and strips older adults of their rights (SSCA, 2009). Ageism has externally and/or internally imposed components. Ageism can be externally imposed through the policies, practices, and rules that ignore, silence, and infantilize older adults (Reid, 1995; SSCA, 2009). Ultimately, ageism limits the potential for older adults to thrive and sends the message that aging is to be avoided, and that older adults do not matter (SSCA, 2009). Ageism can also be internally imposed, or self-adopted, such that older adults internalize societal expectations and thereby place limitations on their own capabilities and

expectations for later life (SSCA, 2009). Some examples of age-based discrimination include congregate housing in institutional settings for older adults; refusal to complete elective surgeries due to the age of the patients despite the potential for increased physical well-being; and the desexualization of later life (SSCA, 2009). As a result of ageism, older adults may be exposed to abuse and neglect, or experience increased vulnerability (SSCA, 2009). Abuse can happen to everyone, and can take many different forms: physical, emotional, sexual, financial, or stem from neglect, either intentional or unintentional (Funders for Lesbian and Gay Issues, 2004; SSCA, 2009).

Constraints to leisure participation. According to Harahousou (2007), the constraints experienced by older adults can be divided into two categories: structural and personal constraints. On a structural level, constraints to leisure participation arise for a variety of reasons, including lack of programs and facilities for older adults, high cost of running programs, and poor transportation systems to name a few. Constraints on a personal level can be further divided into interpersonal and intrapersonal constraints. Interpersonal constraints result from interpersonal interactions that perpetuate victimization, marginalization, and stereotypes, as well as lack of social support, and loss of freedom due to care responsibilities (Harahousou, 2007). Intrapersonal constraints are within the individual, such as perceived health status, stress levels, depression and anxiety, inability to drive a car, loss of interest, and so on (Harahousou, 2007). Constraints to leisure participation, on any level, represent an obstacle to the initiation, maintenance, or resumption of participation in leisure that, unless negotiated, may cause an individual to disengage from the activity, an inhibition in desire to participate, limit full participation, or reduce enjoyment (Harahousou, 2007). These circumstances can have significant negative impacts on quality of life and well being (Dupuis, 2008).

2.1.2 SUPPORTS AND STRENGTHS

The dramatic increase in the number of older adults – who are an increasingly diverse and outspoken cohort – is going to dramatically challenge, and potentially change the way later life is

perceived, on both an individual and societal level; including the realm of leisure (Dupuis, 2002; Harahousou, 2007). As a cohort, individuals over the age of 65 have a shared lived experience comprised of a variety of experiences that have occurred throughout their life course. As a result, older adults may also share a variety of supports and strengths as they journey through their later years since according to Reid (1995) individuals age as they have lived. Following is a discussion of the support and strengths common to the current cohort of older adults, including social support, leisure, and emotional intelligence – to name a few.

Social Support. The goal of many older adults is to maintain their independence for as long as they can. As such, many older adults do recognize the possibility of needing informal assistance to support them in thriving as they age (Janssen, Van Regenmortel, & Abma, 2011). However, the need to accept informal support often results in mixed emotions – ranging from not wanting to be too much of a burden to happy to be relieved of some responsibilities (Janssen, Van Regenmortel, & Abma, 2011). An older adult with strong social networks, opportunities for community engagement, and access to health care and services can thrive. For most older adults, the first line of support is children, or extended family (Janssen, Van Regenmortel, & Abma, 2011; Phillips, Bernard, Phillipson, & Ogg, 2000). It is through family support that older adults may receive practical, recreational, and emotional support (Janssen, Van Regenmortel, & Abma, 2011). Friendships also play an important supportive role in the lives of older adults without children or who are single (Phillips, Bernard, Phillipson, & Ogg, 2000). Additionally, an individual's affiliation with spiritual group may result in a larger social network to lean on for support, as well as increases one's satisfaction with social support (George, Larson, Koenig, & McCullough, 2000). Further, older adults also continue to be engaged in a reciprocal relationship with their community – providing support to their families or volunteering, as well as acting as a confidant and supporting other close friends (Dupuis, 2008; Phillips, Bernard, Phillipson, & Ogg, 2000).

Leisure. The impact of leisure on the lives of older adults is undeniable. Currently, men and women are living longer and in better health than has ever occurred. Through diverse leisure lifestyles, today's cohort of older adults is challenging the hegemony of traditional youth-centric society by seeking out and becoming involved in a wide array of leisure activities (Dionigi, 2006; Grant, 2001; Harahousou, 2007; Trenberth, 2005) and therefore challenging what is perceived as appropriate for older adults. Despite an increase in the range of leisure activities, many older adults continue to participate in the same activities they have enjoyed throughout life, and others still reduce their participation as a consequence of illness, limited income, or other circumstances (Grant, 2001; Harahousou, 2007). The positive impact of leisure is widely celebrated by individuals of all ages. Common arguments cite significant increases in one's quality of life, as well as contributing to maintaining and/or restoring a positive state of health and well-being (Dupuis, 2008; Grant, 2001; Griffin & McKenna, 1998). For many individuals, leisure is a means of passing the time, achieving new goals, an opportunity to be creative, connecting with friends, a freedom from work, a chance to experience something new, and so forth (Tinsley, Colbs, Teaff, & Kaufman, 1987). However, the impact of leisure is not universal – the factors that may positively influence one individual's leisure perceptions and experiences may in fact constrain/inhibit the leisure participation and satisfaction of another (Harahousou, 2007).

Emotional Intelligence and Resilience. The term emotional intelligence refers to one's "ability or tendency to perceive, understand, regulate, and harness emotions [both positive and negative] adaptively in the self and in others" (Schutte, Malouff, Bobik, Coston, Greeson, Jedlicka, et al., 2001, p. 525). Most often, emotional intelligence presents itself as the resilient behaviours developed as a result of one's experience with adversity (Edward & Warelow, 2005). Resilience develops and evolves throughout one's life course (Langer, 2004). According to Janssen, Van Regenmortel, & Abma (2011), resilience can be defined as, "...patterns and processes of positive adaptation and development in the context of significant threats to an individual's life or function"

(p. 146). That being said, emotional intelligence is the ability to call upon one's resilient behaviours as a means of coping with or offsetting the impact of stressful life events (Edward & Warelow, 2005). For example, a resilient older adults has developed a personal inner strength that will assist them in navigating the various challenges presented in later life. Further, this inner strength of older adults evolves as a result of a lifetime of experiences and learning to cope with loss and adversity (Langer, 2004). As one ages, they are able to call on this inner strength as they attempt to deal with adversity and the stresses of aging (Aging Horizons Bulletin, 2006).

2.2 AGING AS A SEXUAL MINORITY

Given what we know about aging and older adulthood, it is apparent that there are a number of factors that influence the experience of aging resulting in vast diversity in individual aging experiences. Similar to Canadian demographics as a whole, adults over the age of 65 are a diverse group. Diversity is a highly ambiguous term as it can be explained through a variety of measures, including, for example, health status, place of residence (rural versus urban), cultural identity, religious affiliation gender and/or sexual identity (Government of Canada, 2002). However, diversity for the purpose of this discussion refers to the gender identity and sexual orientation of members of the current population of older adults. Diversity in gender identity refers to the recognition that an individual's preference and self-expression may fall outside the gender binary traditionally accepted within society (Gender Spectrum, 2013). In understanding that there is an expansive array of gender identities, I am confronted with the questions about the challenges genderqueer individual's currently face, or will face in the later years of their lives, because of the traditional male/female definition of gender in policies and practices of the current programs and services available to older adults within Canada. Some of my questions, for example, center on the experiences and needs of transgender individuals. Will long-term care facilities welcome transgendered individuals as they are – accepting their gender identity whether or not they have

completely transitioned? Or will transgendered individuals be forced to identify as the identity traditionally associated with their birth sex?

This study will ultimately have a particular focus on exploring the diversity in the gender and/sexual identity of today's older adult population. National demographic surveys are only beginning to inquire about sexual orientation (Butler, 2004; Orel, 2006). The 2003 Canadian Community Health Survey (CCHS) was the first Statistics Canada survey to inquire about sexual orientation reporting that 2% of Canadians aged 18 to 59 self-identify as lesbian, gay, or bisexual (Statistics Canada, 2011). While this percentage provides an illustration of the Canadian LGB population, it excludes the portion of the population over the age of 60. Therefore, at present there is no concrete demographic information regarding LGBTQ older adults in Canada (Statistics Canada, 2012). According to population projections for the United States, it is estimated that "between now and the height of the aging boom, there will be nearly 2 million to as many as 7 million LGBT elders in the United States" (Grant & NGLTFI, 2009, p. 26). Despite the little that we know about the demographic distribution of LGBTQ older adults, there are some studies (Grant & NGLTFI, 2009; Orel, 2004; Sears, 2008), all of which are American studies, that suggest that lesbian and gay older adults experience aging differently than their heterosexual counterparts. When compounded with estimated population statistics, the few studies on lesbian and gay aging illustrate just how little we know about the lived experience of LGBTQ aging and older adults in Canada.

It is clear that there are many unknowns when it comes to the aging experiences of Canadian LGBTQ older adults, I would like to begin this discussion of LGBTQ aging with an overview of several points that we know for sure. First, in tandem with the general aging boom, we can expect to see a dramatic increase in the number of LGBTQ older adults (Orel, 2004). Second, while we anticipate an increase in the number of LGBTQ older adults in the coming years obtaining an accurate total will be difficult. This is largely due to the pervasive homophobia that still exists within our society such that many LGBTQ older adults live with the fear that coming out will impact

the level of treatment and care they will receive should they need to access services, such as healthcare and support services, financial and government assistance programs, entering long-term care facilities, and so on (Anetzberger, Ishler, Mostade, & Blair, 2004; Funders for Lesbian and Gay Issues, 2004; Hughes, Harold, & Boyer, 2011). Third, sexuality is an important component of later life, although its importance may decline with age in favour of social interaction (Grossman, D'Augelli, & O'Connell, 2002). Nevertheless, older adult sexuality is often completely ignored by society as the general belief is that older adults are not sexual beings, or asexual (Grant & NGLTFI, 2009). Fourth, it is well documented that LGBTQ individuals have faced widespread discrimination and oppression throughout their life course. While the situation is improving, it would be naïve to think that such discrimination and oppression would cease in later life. The following sections will discuss LGBTQ history, challenges and concerns, as well as strategies, skills, and supports common to today's aging LGBTQ population.

2.2.1 LGBTQ HISTORY

The current generation of LGBTQ older adults was at the forefront of the gay rights movement that has succeeded in challenging the views of homosexuality as a criminal and psychiatric disorder to fighting for and gaining the legalization of same-sex marriage in Canada and some states in the United States (ASA, 2010; Butler, 2004; D'Augelli & Grossman, 2001; Orel, 2004; SAGE & MAP, 2010). This cohort of older adults has been witness to every step toward, and in some cases away from, equality and recognition of basic human rights for everyone, regardless of sexual orientation or gender identity (see Appendix A for a historical timeline). The effects of these historical events have had a significant impact on the lives of lesbians, gay men, and bisexuals. However, there is little research to show the impact of these historical events on the lives of transgendered and queer individuals.

Changes in Canadian policy. On June 27, 1969, Bill C-150, the Omnibus Bill introduced by then Justice Minister Pierre Trudeau on December 22, 1967, had reached assent in Canadian

Parliament. The Omnibus Bill introduced major changes to the Criminal Code of Canada, specifically decriminalizing homosexuality within Canada (CBC News Canada, 2012; Smith, 2002). When discussing the amendments on December 22, 1967, Trudeau stated, "I think the view we take here is that there's no place for the state in the bedrooms of the nation. I think that what's done in private between adults doesn't concern the Criminal Code" (CBC News Canada, 2012, Para. 5). Following the AIDS epidemic, in 1995, the Supreme Court of Canada ruled that sexual orientation be added to Section 15 of the Canadian Charter of Rights and Freedoms effectively guaranteeing equal protection without discrimination based on sexual orientation (Smith, 2002). Massive progress continues to occur as Bill C-23 grants same-sex common law couples the same status as straight common law couples with respect to pension benefits, immigration, income taxes, bankruptcy protection, and old age security (Smith, 2002). Taking another step forward in 2005, the Canadian House of Commons and Senate passed Bill C-38, the Civil Marriage Act, on July 19th, 2005, making Canada the fourth country to legalize gay marriage nationwide (Smith, 2002). It is undeniable that massive progress has been made over the past 40 years for gay, lesbian, and bisexual rights. However, it has only been the past 10 years that have been crucial for the recognition of the rights and perceptions of transgender individuals (Grant & NGLTFI, 2009). In Spring 2013, Canadian legislation proposed Bill C-279 which would extend human rights protection against discrimination and prohibit the promotion of hatred on the basis of gender identity and gender expression to transgender Canadians (The Canadian Press, 2013).

As a whole, LGBTQ baby boomers are the first generation of LGBTQ individuals to have lived in large numbers as openly homosexual or transgender (SAGE & MAP, 2010). The influence of these life experiences varies greatly depending on the individual and where in the baby boom generation they fall. Nonetheless, the cohort differences described above may contribute to the fear that LGBTQ older adults hold regarding accessing available programs and services, such as healthcare services, social services, and entering a retirement or long-term care facility.

2.2.2 CHALLENGES AND CONCERNS

The reality of the situation is that later years of life for LGBTQ older adults have historically been a time of fear, isolation, and harassment (Grant, Mottet, Tanis, Harrison, Herman, & Keisling, 2011; National Gay & Lesbian Task Force, 2005). The following sections will discuss discrimination (homophobia/heterosexism and ageism), victimization, challenges in accessing services, fear of isolation, and lack of intergenerational support.

Discrimination. Despite monumental progress towards greater acceptance and equality for all members of society, substantial heterosexism, prejudice, stigma, and aversion towards homosexuality and gender non-conformity remains prevalent (Brotman, Ryan, & Cormier, 2003; Butler, 2004; Grant, Mottet, Tanis, Harrison, Herman, & Keisling, 2011; Grossman, D'Augelli, & O'Connell, 2002). These attitudes and beliefs continue to be deeply embedded within the majority of social and institutional environments, including health care, government policies and institutions, families, education, housing, and employment, despite massive advances in equality and the legal rights of LGBTQ individuals within Canada (Brotman, Ryan, & Cormier, 2003; Grant, Mottet, Tanis, Harrison, Herman, & Keisling, 2011; Grossman, D'Augelli, & O'Connell, 2002). This is in part due to the attitudes and lack of awareness that exists within many organizations, services, and facilities, as well as within non-homosexual members of the baby boom cohort (Brotman, Ryan, & Cormier, 2003). Borrowing from the literature on intersectionality, the compounding of ageist and homophobic attitudes may create experiences of intersectional invisibility when it comes to the marginalization and oppression experienced by LGBTQ older adults (Kehn & Ruthig, 2013; Purdie-Vaughns & Eibach, 2008). It is clear that today's LGBTQ older adult population continue to face a number of stigmas as they journey through their later years.

Homophobia/heterosexism. Many LGBTQ older adults have experienced the homophobic attitudes present within society – whether through the denial of necessary healthcare, harassment in a retail store or restaurant, physical or verbal abuse, exclusion by friends and family, or any

number of other experiences. As these external experiences of homophobia accumulate, they may result in fear, isolation, and internalized homophobia within LGBTQ individuals, and continue into the later years of life (Grossman, D'Augelli, & O'Connell, 2002). Internalized homophobia is characterized by an individual's internalization of society's negative attitudes towards non-heterosexual and gender non-conforming identities resulting in negative feelings or views of one's own sexual orientation (Grossman, D'Augelli, & O'Connell, 2002; Hash & Netting, 2009). The level of internalized homophobia within an individual may dictate how open they are with family and friends about their sexuality or gender identity, whether or not they choose to disclose their sexuality or gender identity to healthcare or social service providers, and affects the level of depression, self-acceptance, and self-esteem (Banks, 2003; Brotman, Ryan, & Cormier, 2003). It is clear that homophobic and heterosexist attitudes and actions have a profound impact on the lives of LGBTQ individuals on an individual as well as collective level.

Healthcare and homophobia. One of the most pervasive concerns LGBTQ individuals hold regarding aging is the fear of inequitable and poor treatment should they become physically or cognitively vulnerable in later life (Butler, 2004). Many LGBTQ individuals fear that they will be denied necessary healthcare services, and if granted care, that their wishes will not be honoured (Brotman, Ryan, & Cormier, 2003; Butler, 2004). In an American survey conducted by the National Gay and Lesbian Task Force (2005), only about half of the respondents reported that they had discussed sexual orientation or gender identity with their health care provider. This apprehension may potentially place LGBTQ older adults at a greater health risk as a result of not receiving appropriate medical care. Furthermore, many LGBTQ individuals fear that since their families of choice are not universally recognized by healthcare systems and professionals they will not be granted the same treatment as biological family (Brotman, Ryan, & Cormier, 2003). As a result, chosen families will lack the right to visitation, decision-making, and caregiving of their loved ones (Brotman, Ryan, & Cormeir, 2003).

Long-term care (LTC) and homophobia. Additionally, LGBTQ individuals are incredibly concerned about potentially needing to enter a retirement home or LTC facility in the event they are not able to care for themselves. The general perception of retirement and long-term care facilities is that they are completely intolerant of sexuality in later life, especially of homosexuality (Butler, 2004). This perception stems from the belief that sex is only for the young and sexual activity should be discouraged at all times and given that privacy is often not protected, sexual activity is limited, if at all possible (Butler, 2004). Further compounding the issue, LTC staff members are more likely to hold negative attitudes and be intolerant of individuals identifying as homosexual or genderqueer (Butler, 2004). As a result, LGBTQ older adults, despite being open about their sexuality for most of their lives, may find themselves in a situation where disclosing their sexual orientation, gender identity or relationship status will place them at risk of discrimination or even abuse (Brotman, Ryan, & Cormier, 2003; Butler, 2004; Funders for Gay and Lesbian Issues, 2004).).

Homophobia within the context of leisure. For LGBTQ older adults there may be several unique challenges to participation in leisure activities (Mock, Shaw, Hummel, & Bakker, 2012). First, leisure may be a context that perpetuates the mainstream ideologies of stigma and marginalization held within society that oppress persons who identify as a sexual minority (Jacobson & Samdahl, 1998). Leisure participation may have a detrimental impact on an individual's psychological and physical well-being due to homophobic attitudes. For example, team sports have historically been a homophobic environment of ridicule and harassment for those who have been open about their sexuality or gender identity with teammates (Mock, Shaw, Hummel, & Bakker, 2012). LGBTQ individuals who desire involvement in team sports can face this discrimination, resulting in negative impacts on one's sense of self (Jacobson & Samdahl, 1998). Additionally, despite the positive function of gay bars as context for socializing and network building within the LGBTQ

community, frequent attendance increases an individual's risk for alcoholism and substance abuse (Mock, Shaw, Hummel, & Bakker, 2012).

Ageism. While LGBTQ older adults face a number of challenges within broader society and the conventional elder care system, they also confront ageist attitudes and norms within the LGBTQ community (Fundations for Lesbian and Gay Issues, 2004). According to Butler (2004), the LGBTQ community is more ageist, or youth-centric, when compared to the general population. Age is often used as a marker of status within the larger LGBTQ community such that being old is seen as less attractive, especially within the community of gay men (Brotman, Cormier, & Ryan, 2003; Reid, 1995). These often unchallenged values are evident in the standards that associate youth with beauty, that exclude the opinions of older adults from community discussions, and ignore the presence of aging issues within the greater LGBTQ community resulting in the invisibility of LGBTQ older adults (Butler, 2004). While many older adults face the challenges presented as a result of ageist attitudes within society, these challenges are compounded for LGBTQ older adults as they also age with challenges of widespread homophobia and marginalization in addition to ageism.

Victimization. LGBTQ older adults and heterosexual individuals alike may experience victimization based on gender, age, socioeconomic status, race or ethnicity, and religion. As an extension of the heterosexism and sexual prejudice that remains within social and institutional spheres, many lesbian and gay older adults have experienced overt episodes of victimization based on their sexual orientation or gender identity at the hands of other members of the baby boom cohort – especially those identifying as heterosexual – organizations, services, and facilities (Brotman, Ryan, & Cormier, 2003; National Gay and Lesbian Task Force, 2005; Balsam & D'Augelli, 2006; Stein, Beckerman, & Sherman, 2010). Episodes of victimization include threats of physical violence and attacks, verbal abuse, sexual assault, or threats to disclose sexual orientation to others (D'Augelli & Grossman, 2001; Grossman, D'Augelli, & O'Connell, 2002). These episodes of discrimination manifest as job loss, eviction or homelessness, bullying, assault, denial of medical

care, or incarceration (Grant, Mottet, Tanis, Harrison, & Keisling, 2011). The past and present experiences of victimization fortify the necessity that some LGBTQ older adults feel to conceal their sexual orientation or gender identity from others (Brotman, Ryan, & Cormier, 2003; D'Augelli & Grossman, 2001).

Challenges in accessing services. There are a number of assumptions that contribute to the low level of gay friendly services provided by aging organizations. First, many organizations, programs, and services are completely unaware that LGBTQ older adults are living in their vicinity and may require services (Butler, 2004). It is likely that this belief is influenced by the practiced invisibility of LGBTQ older adults due to years of hiding their sexual orientation and gender identity in an attempt to pass as heterosexual (Butler, 2004; Grant, 2010). Perhaps another contributor to the invisibility of LGBTQ older adults to organizations and service providers is the belief that since no one has asked for gay-friendly services, there must be no need (Butler, 2004). However, LGBTQ older adults may be deterred by the inaccessible appearance of the organization and are thus, unlikely to voice their needs and concerns (Butler, 2004). Many organizations and service providers feel that they are open to all older adults. This open-door approach may appear to be inclusive, however, may not be – particularly for those who already feel marginalized (Butler, 2004).

Fear of isolation. Regardless of sexual orientation and gender identity there is a risk and fear of becoming isolated in later life (Grossman, 2006). While the general older adult population fears becoming isolated in later life, many LGBTQ older adults feel as though they are unwelcome in a youth-centric society (Grossman, 2006). Perhaps, these feelings are the result of the increased likelihood of living alone in later life (Grossman, 2006; SAGE & MAP, 2010). Or perhaps, some LGBTQ older adults feel that because of their sexual orientation or gender identity they have fewer opportunities to meet new people and participate in social activities outside of their pre-existing networks of support (ASA, 2010). The need to meet new people in later life may stem from the

passing of longstanding supportive friends and family. In addition to impacting the social connectedness of LGBTQ older adults, isolation can have a number of negative effects on an individual's health and psychological well-being, including decreased energy, depression, repeated hospitalization, avoidance of healthcare services, poor nutrition, and in extreme cases, premature death (Grossman, 2006; SAGE & MAP, 2010).

Lacking intergenerational support. To date, LGBTQ individuals comprise the only group of minority status that is organized horizontally as opposed to vertically. Historically, gay and lesbian individuals have been born into heterosexual families and raised in a society that predominately holds an aversion to homosexuality. Therefore, the embedded intergenerational support typical of a vertical organization is not available for LGBTQ individuals (Gonsiorek, 1995). The guidance and support of parents, family members, and the general community is not necessarily sufficient for an LGBTQ individual growing up in a heteronormative society (Gonsiorek, 1995). As a result, LGBTQ individuals are often met with lack of understanding by their family and community and in extreme cases, complete rejection (Gonsiorek, 1995). Consequently, LGBTQ individuals begin their journey of coming to terms with their sexual orientation and gender identity completely on their own. The lack of intergenerational support within the LGBTQ community may create a situation where existing cohort differences are intensified as each generation must navigate their own path through society's dominant discourse on homosexuality, which is by and large negative (Gonsiorek, 1995).

2.2.3 STRATEGIES, SUPPORTS, AND STRENGTHS

While LGBTQ individuals face a number of challenges and cite several concerns with respect to aging as a sexual minority, this community definitely has a number of supports and strengths at their disposal. Following is a discussion of the supports and strengths that LGBTQ individuals may utilize throughout their experience of aging: social support – in particular families of choice, same-sex relationships, leisure, and identity management.

Social support. For LGBTQ older adults, opportunities, whether actual or perceived, to access professional support services are often limited in later life in general (Jacobs, Rasmussen, & Hohman, 1999). As a result, LGBTQ individuals have had to create their own support networks with whom they can be open and affirmed (Brotman, Ryan, & Cormier, 2003; Kurdek, 2005; Orel, 2004). These support networks tend to be larger than those of the non-homosexual population, and are comprised, for the most part, of close friends, partners, and biological family depending on the circumstances (Brotman, Ryan, & Cormier, 2003; Grossman, D'Augelli, & Hershberger, 2000; Grossman, D'Augelli, & O'Connell, 2002; Orel, 2004). The support of partners, friends, or families of choice, is one way in which LGBTQ older adults compensate for the perceived, or actual, absence of institutional support (Brotman & Ryan, 2008; Kurdek, 2005). However, there is an interesting paradox here. Many LGBTQ older adults express a heightened fear of isolation (as discussed above) despite having potentially larger social networks comprised of chosen families.

Families of choice. In many cases, older same-sex couples lack the support of their natal families, as well as their families from previous heterosexual marriages or relationships. This rejection by traditional social support often results in same-sex couples feeling the need to hide their relationships from family, friends, and coworkers (Stearns & Sabini, 1997). The decision to hide their relationship, or aim to “pass” as heterosexual, may have a negative impact on the relationship. As a result, same-sex couples may turn to the LGBTQ community for the social support, friendships, information, and identity affirmation, which they are lacking (Stearns & Sabini, 1997). One’s relationship with their support network becomes so important that they evolve to be like family relationships, hence the name “families of choice” (Butler, 2004; Hughes, 2008). Families of choice play an important role in one’s’ ability to cope with stressful life events and adjustment to role losses through the aging process (Gabrielson, 2011; Grossman, D'Augelli, & Hershberger, 2000; Hughes, 2008; Jacobs, Rasmussen, & Hohman, 1999). Additionally, the families of choice of LGBTQ individuals provide a wealth of social support in times of need (Butler, 2004).

Therefore, families of choice may help the adjustment to aging as some LGBTQ older adults reported higher levels of life satisfaction, lower self-criticism, and fewer psychological problems (Orel, 2004).

Same-sex relationships. Research with heterosexual couples sheds some light on the dynamics of homosexual relationships, however, the traditional construct of male and female sex roles does not directly parallel that found in homosexual relationships (Eldridge & Gilbert, 1990). Research on same-sex relationships has explored the flexibility in gender roles, distribution of power, and conflict resolution within same-sex relationships (Peplau, 1993). Current research shows that lesbian and gay individuals actively resist the traditional masculine-feminine gender role dualism of heterosexual relationships (Kurdek, 2005; Peplau, 1993). LGBTQ individuals have developed flexibility in defining typical gender roles. In most cases, same-sex partners negotiate the distribution of household tasks on the basis of interests, skills, and work schedules in order to establish a balance (Kurdek, 2005; Peplau, 1993). While specialization occurs most commonly, there are couples that integrate elements of masculine-feminine roles into their relationship, such as in cases of partner illness or unemployment (Peplau, 1993). As a result, the role changes associated with transitioning and adjusting to the aging process may be less stressful for LGBTQ individuals (Butler, 2004; Jacobs, Rasmussen, & Hohman, 1999; Mock, Taylor, & Savin-Williams, 2006).

Relationship satisfaction appears to be rooted in shared decision-making, equality of power, equal investment in the relationship, and similar beliefs and attitudes (Eldridge & Gilbert, 1990; Patterson, 2000). When it comes to distribution of power, both partners are typically earning an income such that neither partner is dependent on the other (Peplau, 1993). However, the actual balance of power varies from relationship to relationship, as not all couples attain total power equality (Peplau & Fingerhut, 2007). In instances of disagreement or conflict, researchers have found that same-sex partners handle conflict more positively when compared to heterosexual

couples. According to Kurdek (2004), same-sex couples argue more effectively, are less likely to use power imbalances in the relationship to resolve conflict, and are more likely to compromise. This is likely because same-sex couples highly value relationship equality and therefore have a more egalitarian relationship (Kurdek, 2005).

Leisure. The benefits of leisure participation appears to be particularly helpful for gay and lesbian adults as a source of physical and psychological well-being as they face the age-related changes associated with aging, in addition to the stigma and oppression associated with sexual minority status (Iwasaki et al., 2006; Mock, Shaw, Hummel, & Bakker, 2012). Participation in leisure activities appears to be a coping resource for LGBTQ individuals when faced with challenges. Leisure participation provides social benefits such as companionship and sense of community, stress relief, and mood enhancement (Coleman & Iso-Ahola, 1993; Iwasaki, MacKay, MacTavish, Ristock, & Bartlett, 2006; Iwasaki & Mannell, 2000). Additionally, based upon literature on leisure as resistance, leisure may also provide the means for resisting the historically homophobic climate of leisure and sports. For example, sporting and general leisure options exclusive to LGBTQ individuals are becoming increasingly popular (Mock, Shaw, Hummel, & Bakker, 2012). Evidence of progress in the resistance to homophobic sporting and leisure environments can be seen in the increasing number of openly gay professional athletes, and the growth of gay sports culture, such as the Gay Games (Shaw, 2007).

Identity management. For most of the LGBTQ community the disclosure of one's sexual orientation is optional due to the concealable nature of one's sexual identity (Gonsiorek, 1995). However, this unique characteristic of sexual minority status may not necessarily apply to all members of the LGBTQ community, specifically the most gender atypical individuals (Fox, 1995). While disclosure of one's sexual minority status may be optional, the actual decisions are often more complex. The decision to disclose, or identity management, involves weighing the advantages and disadvantages of non-disclosure, while simultaneously considering the potential responses and

reactions to disclosure (Gonsiorek, 1995). Nondisclosure can be psychologically demanding and damaging as the individual must be vigilant in their concealment and general functioning (Gonsiorek, 1995).

Practiced invisibility. Invisibility has long been a strategy utilized by the current generation of LGBTQ older adults. Historically, LGBTQ individuals often resorted to concealing their sexual minority status in order to avoid harassment, prejudice, and victimization (Brotman, Ryan, & Cormier, 2003; Gabbay & Wahler, 2002; Grossman, D'Augelli, & O'Connell, 2002). This strategy has often resulted in an increased capacity for dealing with the additional forms of discrimination, such as racism and ageism, which may exist in later life (Brotman, Ryan, & Cormier, 2003). However, invisibility may not be the best strategy if it means they may miss out on access to needed community supports, programs, and services.

Resilience. According to the American Society on Aging (2010), three quarters of respondents felt that being LGBT had helped them prepare for aging, also referred to as resilience. Resilience can be defined as, "...patterns and processes of positive adaptation and development in the context of significant threats to an individual's life or function" (Janssen, Van Regenmortel, & Abma, 2011, p. 146). That is, an individual's development is closely connected to the past experiences and historical period through which they came of age (Reid, 1995). Approximately 40% of LGBTQ older adults feel that being LGBTQ has assisted in preparing them for aging and later life (Brotman & Ryan, 2008; SAGE & MAP, 2010). Some studies have found that the unique challenges – discrimination and stigma associated with embracing a LGBTQ identity – experienced by LGBTQ individuals may place them at an advantage when it comes to facing the changes associated with aging and later life (Brotman, Ryan, & Cormier, 2003; Cahill & South, 2002; Gabbay & Wahler, 2002; Grossman, D'Augelli, & O'Connell, 2002; Langer, 2004; Reid, 1995). This advantage appears to be founded in the resources, strengths, and skills LGBTQ individuals have developed throughout their life course for dealing with the challenges of stigma, harassment, and oppression

(National Gay & Lesbian Task Force, 2005). Specifically, many LGBTQ individuals were unable to turn to their biological families for support and thus learned to be self-sufficient with little assistance. Additionally, earlier life experiences may have also necessitated a certain amount of gender role flexibility which LGBTQ individuals will take with into later life (Brotman & Ryan, 2008). That is to say that many LGBTQ individuals approach their later years with determination, resourcefulness, and a refreshing sense of resiliency – a perspective that strays dramatically from the stereotypical vision of the lonely, isolated, and depressed gay older adult, (Butler, 2004; Grant, Mottet, Tanis, Harison, Herman, & Keisling, 2011; SAGE & MAP, 2010).

Coming out. One of the major events in the lives of LGBTQ individuals from which adaptive capacities, resources, and skills arise is the process of coming out, or coming to terms with one's sexual orientation or gender identity (Jacobs, Rasmussen, & Hohman, 1999; Reid, 1995; SAGE & MAP, 2010). The process of disclosing and accepting one's sexual orientation or gender identity within a predominantly heterosexist society stimulates adaptive or coping strategies and skills for dealing with the changes, and potential losses, associated with coming out (Gabbay & Wahler, 2002; Orel, 2004). However, Gabbay and Wahler (2002) found that lesbians who internalize and conform to the heterosexist stereotypes within society are at risk of a more negative transition into old age and retirement. This literature suggests that the development of a positive self-identity and self-esteem as an LGBTQ individual early in life has direct implications for positive aging (Gabbay & Wahler, 2002; Orel, 2004; Reid, 1995).

Recent portrayals of LGBTQ older adults as thriving resilient individuals is in sharp contrast to what has historically been accepted as the later years of life. It is apparent that while LGBTQ older adults do face a lifetime of stigmatization and oppression, with the addition of ageism in later life, it is now apparent that it is entirely possible for LGBTQ older adults to enter later life with the strength and power to live well and thrive.

2.3 THE UNIQUE EXPERIENCE OF AGING AS A SEXUAL MINORITY

When exploring the later years of life one of the most common misconceptions is that individuals aged 65 years and older are a homogenous group whose experiences and perceptions are identical (Grant & NGLTFI, 2009; Reid, 1995). The overgeneralization regarding the experiences and perceptions of older adults is both entirely inaccurate and completely outrageous, as we know that each individual is unique and different from the next. In reality, not only are the later life experiences of LGBTQ older adults different from those of heterosexual older adults, but there is also an amount of diversity within the cohort of LGBTQ older adults (American Society on Aging [ASA], 2010; Butler, 2004; Grant & NGLTFI, 2009). Research has shown that lesbian, gay, bisexual, transgender, and queer individuals are a diverse group with respect to aging experiences, impact of historical cohort, and personality to name a few (Kimmel, Rose, & David, 2006). The following sections discuss the diversity in aging experiences between lesbian, gay, bisexual, transgender, and queer individuals, the impact of historical cohort, and the influence of gender atypicality and nonconformity.

2.3.1 SEXUAL DIVERSITY IN AGING EXPERIENCES

The level of diversity within the cohort of individuals over the age of 65 is immense and as a result it is ill conceived and naïve to consider older adults a homogenous group lacking diversity in lived experience and perspective. Rather, a number of sub-divisions exist within the dimension of sexual orientation and gender identity. To begin, there is the obvious distinction between a homosexual and a heterosexual identity – and the spectrum of identities between these two *extremes*, also known as the Kinsey Scale (Grant & NGLTFI, 2009; Services & Advocacy for Gay, Lesbian, Bisexual & Transgender Elders [SAGE], 2010). Next, diversity between LGBTQ older adults also occurs in the degree to which identifying as LGBTQ is central to their definition of self, immersion in the LGBTQ community, and their level of internalization of prejudice and discrimination (Butler, 2004). Finally, underneath the umbrella of homosexuality, there are a

number of sexual identity labels; of which lesbian, gay, bisexual, transgender, and queer will be discussed below (Grant & NGLTFI, 2009; Kimmel, Rose, Orel, & Greene, 2006).

Lesbian aging experience. To begin, older lesbians are everywhere – diverse in race, geographical location, education, socioeconomic status, and occupation (Gabbay & Wahler, 2002). Identifying as a lesbian has a profound impact on the decisions and overall lived experience of older lesbians (Brown, 1995). According to Gabbay and Wahler (2002), the impact of identifying as a lesbian on one's perception of aging may be more powerful than the impact of aging itself. In their study, Gabbay and Wahler (2002) found that 65% of their lesbian sample felt positive about their aging. However, within the lesbian community there appears to be mixed emotions and attitudes towards aging. The continuum ranges from positive, well-adjusted attitudes to negative attitudes concerned with illness and death (Reid, 1995). Contributing to positive attitudes towards aging may be that some lesbians feel a greater sense of freedom during their later years as a result of the historical rejection of traditional beliefs of the aging body and beauty (Butler, 2004; Gabbay & Wahler, 2002). In contrast to gay male aging, lesbian older adults were less likely to report issues with respect to aging and appearance (Gabbay & Wahler, 2002).

Although some older lesbians hold a positive attitude towards aging, there are a number of challenges in the later years of life. The most significant challenges appear to be those that affect all older women – power imbalances as a result of patriarchy, economic concerns, and loneliness (Funders for Lesbian & Gay Issues, 2004). However, these issues may be exacerbated for lesbian identified women as a result of the intersection of their lesbian identity with being an older woman. Issues with power and access to power stem from the normative gender roles experienced by women within this cohort of older adults (i.e. gender segregated occupations). However, things are changing as women are continually gaining increased access to traditionally male dominated familial and occupational roles (Diekman, Goodfriend, & Goodwin, 2004).

Approximately double the number of women (compared to men) live at or below the poverty line (Gabbay & Wahler, 2002). The economic challenges faced by lesbian women stem primarily from their gender rather than their sexual identity (Gonsiorek, 1995). Factors such as less time in paid work (due to raising children), and inequality in pay scales between males and females directly impact the pensions and economic resources of women. However, the traditional inequality experienced by lesbian women is changing as marriage equality and gay rights gain a stronger foothold within Canadian society. Additionally, in spite of the gender inequity with the workforce research suggests that work may hold great significance for lesbian women – as they are more likely to be employed full time (Garnets & Peplau, 2006). Yet, the overall feminization of poverty seen within society reinforces the lack of power and fear that older women hold regarding financial and economic security in later life (Gabbay & Wahler, 2002). In conclusion, it is apparent that the aging experiences of older lesbians are unique and worth further exploration and recognition.

Gay male aging experience. Gay male aging is unique in the respect that within gay male culture a man may be considered old, by both themselves and others, as early as the age of 30 (Butler, 2004; Wierzalis, Barret, Pope, & Rankins, 2006; SAGE & MAP, 2010). Gay male culture is predominantly centralized around youth – or youth-centric. The youth-centric focus effectively places gay men, who by dominant ideologies would not be considered old, on the margins of gay culture. While there are few gay men that would admit to this ageist culture, there are many men that regard chronological age as a marker of status within the broader gay community (Reid, 1995; Whitford, 1997). Older gay men are not only marginalized within gay culture, but also within mainstream society. In recent history, it was common for older gay men (over the age of 30) to be portrayed as predators on the prowl for younger men and boys with whom they could take advantage (Reid, 1995). In an extreme case, a Public Service Announcement, entitled Boys Beware, aired in 1961 in Inglewood, California to warn young boys about the dangers of the predatory homosexual (Davis, 1961). Video and propaganda such as this vividly illustrate one of the most

historically prominent stereotypes faced by the gay men of the pre-Stonewall generation of baby boomers.

Bisexual aging experience. Bisexual aging experiences are commonly lumped in with the aging experiences of lesbians and gay men, or completely ignored as focus is placed on the duality of heterosexuality and homosexuality (Grant & NGLTFI, 2009; Orel, 2004; Dworkin, 2006). While a large number of similarities do exist between lesbians, gay men, and bisexual individuals, there are a couple of examples of situations unique to bisexual aging (Butler, 2004; Grant & NGLTFI, 2009). Bisexual men and women experience homophobia much like other LGBTQ older adults, however, bisexual older adults also experience biphobia (Grant & NGLTFI, 2009). Biphobia is a distinct form of discrimination targeting bisexuals and is perpetuated by homosexuals and heterosexuals alike, further marginalizing bisexual older adults (Grant & NGLTFI, 2009; Dworkin, 2006). Additionally, the sexual diversity of the individuals who comprise the social networks of bisexual men and women is unique. Typically, the social networks of gay men and lesbians largely consist of members of the LGBTQ community, while, bisexual men and women report having notably more heterosexual individuals in their social worlds when compared to lesbians and gay men (Grossman, D'Augelli, & O'Connell, 2002; Phillips & Marks, 2008; Reid, 1995). In addition, bisexual men and women may be more likely to enter into a long-term relationship with a partner of the other gender in later life, thereby inheriting the family support typical of a heterosexual relationship (Kimmel, Rose, Orel, & Greene, 2006). Further exploration of how bisexual older adults perceive and experience aging may potentially reveal more dimensions that are unique to the experience of aging as a bisexual individual.

Transgender aging experience. In recent years, exploration and understanding of transgender experiences, as a whole, have been slowly gaining momentum. Historically, transgender individuals have been ignored, or lumped together with LGB individuals, within the realm of academia, perhaps due to the complexity inherent in their lived experiences (Butler, 2009;

Orel, 2004). However, the experiences of transgender individuals are unique in their own right and therefore deserve independent exploration and description. To begin, individuals within the LGBTQ community ultimately have the choice of how and when – to some extent – to disclose, or conceal, their sexual orientation to their loved ones, and the broader population (Cook-Daniels, 2006; Gonsiorek, 1995).

However, one's transgender identity is not typically concealable as they begin the journey of coming to terms with their gender identity. For many, this journey is congruent with the process of transition “...during which a person is perceived as changing (or having changed) [his or her] gender identity from either female to male (FTM) or male to female (MTF)” (Cook-Daniels, 2006, p. 21). An individual's transition rapidly becomes public – for two reasons. The first of which is the decision to modify one's body, either through hormone therapy or surgery, requires the assistance of at least one physician, hence, the need for disclosure. Secondly, as one progresses through the transition process, the changes they make are easily identifiable by everyone who is familiar enough to recognize the individual by name, appearance, or voice (Cook-Daniels, 2006). Although, not every transgender individual goes through transition: some may not transition until middle to later life, while others may be satisfied by simply dressing and presenting as their gender of choice (Cook-Daniels, 2006). Regardless of when, or if, an individual transitions many of the aspects remain the same (Cook-Daniels, 2006).

However, there are some experiences that are unique to the age at which one transitions. For example, a now 70 year-old transgender woman who transitioned in her 20s may have an unique experience in that physicians often required individuals in transition to move to a new place and create an entirely new life and history that is congruent with their gender identity (Cook-Daniels, 2006). While others who transition in middle to later life may do so as a result of the growing amount of information about transgender individuals that is available, the completion of life course milestones – such as retirement or children moving out – that reduces the need to present a certain

public or familial image, or the individual may finally feel that this is their time, their time to do something for themselves (Cook-Daniels, 2006).

From the studies that have been completed, it is well-known that healthcare and social programs and services are sources of fear and feelings of vulnerability for transgender individuals (Butler, 2004; MetLife & ASA, 2010). These fears may be the result of a history of inadequate treatment and care, the absence of preventative screenings for cancer and other illnesses, or being denied healthcare services altogether (Fenway Health, 2012; Grant & NGLTFI, 2009). Some of these fears and difficulties include inappropriate, embarrassing, or disrespectful questions and treatment by health care professionals in response to disclosure of gender history, harassment or hostile treatment in sex-segregated facilities such as hospitals or long-term care facilities, becoming unable to care for themselves and therefore needing intimate personal care from health care aides, and finally, the fear that they may be denied their hormone treatments should they need to enter long-term care (Cook-Daniels, 2006).

Many transgender individuals are subjected to an assemblage of hostility, discrimination, harassment, assault, and victimization at the hands of heterosexual individuals, police, retail establishments, hotels, and restaurants, as well as from gay and lesbian individuals (Cook-Daniels, 2006; Fenway Health, 2012). According to the *Still Out, Still Aging* report by MetLife & ASA (2012) transgender individuals are the least accepted LGBTQ subpopulation. As a result, transgender individuals are more likely to have experienced depression, attempted suicide, and/or used alcohol or drugs to cope with harassment (Fenway Health, 2012). In terms of a support network, transgender individuals are far less likely to be completely out and open about their sexuality and gender identity (Fenway Health, 2012).

Queer aging experience. At present, there is very little literature discussing the later life experiences of older adults who identify as queer. There are many people who disapprove of using the term queer because of its historical underpinnings as a derogatory term used to degrade

individuals who identify, or at the very least appear, as homosexual, association with political radicalism and activism, and its perception as a slang term meaningful only to the younger generation of LGBTQ individuals (Butler, 2004; Hughes, 2006). In spite of its historical connotations, the LGBTQ community reclaimed the term queer in the early 1990s (Hughes, 2006; Knauer, 2009). Therefore, the queer identity may not be a relevant within the baby boom cohort of LGBTQ older adults. However, much more research is needed in order to even begin to understand the experiences of persons who identify as queer older adults.

2.3.2 IMPACT OF HISTORICAL COHORT

Common belief is that it was not until the night of June 28, 1969 that change began to happen in the lives of LGBTQ individuals (Grant & NGLTFI, 2009; Grossman, D'Augelli, & O'Connell, 2002)(See Appendix A for a full historical timeline). As a result, I discuss the impact of historical context with respect to two cohorts: pre- and post-Stonewall. LGBTQ older adults who came of age during the pre-Stonewall era grew up during a time when stigmatization, homophobia, and oppression were at a peak. During the pre-Stonewall era, persons who identified as homosexual lived in constant fear of physical and verbal attacks, losing their jobs, being denied healthcare, in addition to other challenges and injustices faced by members of the LGBTQ community (Anetzberger, Ishler, Mostade, & Blair, 2004; Grant, 2009; Grossman, D'Augelli, & O'Connell, 2002). These individuals who lived through the oppression of the pre-Stonewall years, were among the activists who participated in the 1969 Stonewall Riots and fought to eliminate the stigma of homosexuality as criminal, psychopathological, sick, immoral, and evil (Butler, 2004; Orel, 2004; SAGE & MAP, 2010).

LGBTQ individuals who came of age in the post-Stonewall years, came of age in a time of massive change due to the work of the pre-Stonewall generation. Activism was rampant; the LGBT rights movement was in full swing; homosexuality was no longer criminal offence or psychological illness. As a result, members of the post-Stonewall cohort were much freer (when compared to the

pre-Stonewall era) to live an out and open life, however, many still chose to stay in the closet. However, the post-Stonewall years are scarred by the AIDS epidemic. Many members of the LGBTQ community, both pre- and post-Stonewall cohorts lost close friends and acquaintances to HIV and AIDS (Orel, 2004; SAGE & MAP, 2010). The impact of one's historical cohort has a profound impact on the lived experiences of LGBTQ older adults.

2.3.3 GENDER ATYPICALITY AND NONCONFORMITY

For the purposes of this discussion, gender nonconformity, or atypicality, refers to "...men and boys who are relatively feminine or relatively unmasculine compared with other men and boys, as well as women and girls who are relatively masculine or relatively unfeminine compared with other women and girls" (Rieger, Linsenmeier, Gygax, & Bailey, 2008, p. 47). The current perception is that LGBTQ individuals do not necessarily "fit" into common gender stereotypes, making them gender nonconforming because, for example, gay men tend to exhibit more feminine traits, while lesbians tend to exhibit more masculine traits when compared with heterosexual individuals (Lippa, 2002; Rieger, Linsenmeier, Gygax, & Bailey, 2008). These traits include voice, speech patterns, movement, and appearance (Rieger, Linsenmeier, Gygax, & Bailey, 2008; Skidmore, Linsenmeier, & Bailey, 2006). Gender nonconformity in childhood, specifically for boys, often leads to rejection by peers and intolerance by parents. Young boys with gender atypical behaviour tend to be rejected by their male peers, whereas girls tend to be more accepting of their tomboy peers. Further, parents have been found to be more concerned about gender atypical behaviour in their sons than in their daughters (Skidmore, Linsenmeier, & Bailey, 2006). In adulthood, gender nonconformity may place the individual at risk of stigmatization and victimization. Generally, there is greater acceptance of gender nonconformity in women than men (Skidmore, Linsenmeier, & Bailey, 2006). As a result of violating gender norms, gender nonconforming LGBTQ individuals may experience greater victimization and stigmatization than gender conforming homosexual individuals (Skidmore, Linsenmeier, & Bailey, 2006).

However, not all LGBTQ individuals are gender nonconforming (Rieger, Linsenmeier, Gygax, & Bailey, 2008; Skidmore, Linsenmeier, & Bailey, 2006). Some researchers have found that the majority of gay men defeminize as they enter adulthood in response to dominant social discourse (Skidmore, Linsenmeier, & Bailey, 2006). Additionally, Bailey and Zucker (1995) have estimated that 94% of girls who exhibit tomboy behaviour during childhood will grow up to be heterosexual adults (Peplau & Huppin, 2008). While not all LGBTQ adults identify as gender nonconforming, many report having a variety of sexual atypical interests, hobbies, and behaviours (Rieger, Linsenmeier, Gygax, & Bailey, 2008).

Before concluding this review of the literature that grounds my research, it is important to briefly revisit the various stops along our journey. Following the commonalties, unique experiences, and heterogeneity model (Mock & Hummel, 2012; Mock, Shaw, Hummel, & Shaw, 2012; Mock, Taylor, & Savin-Williams, 2006) described at the outset, this literature review began with a discussion of the challenges and strengths common to all older adults. We then progressed into a discussion of the complex and unique experiences of aging as a LGBTQ individual by noting the strengths and challenges unique to LGBTQ older adults as they age. Finally, we concluded with a discussion of the heterogeneity that exists within the LGBTQ older adult community through individually highlighting the experiences of aging as a lesbian, gay man, bisexual, transgendered individual, and queer-identified individual. As we moved through this review of the literature, I highlighted various gaps in our understandings. It is my hope that this study will fill some of these gaps while challenging dominant understandings of LGBTQ older adults experiences of aging and have a better understanding of what changes were needed to better support LGBTQ older adults through their aging journeys.

CHAPTER THREE: MY RESEARCH JOURNEY

In the previous section it was presented that the intention of this study was to fill a gap in our knowledge base on aging by examining LGBTQ older adults perceptions and experiences of aging. Additionally, in learning from these experiences and perspectives of LGBTQ older adults, I also hoped to expose the social and broader structural factors/conditions that shape experiences, including leisure experiences, and limit or support opportunities and possibilities in later life for LGBTQ older adults. Overall, I wanted to challenge dominant understandings of LGBTQ older adults experiences of aging and have a better understanding of what changes were needed to better support LGBTQ older adults through their aging journeys.

I began my research journey with a clearly establish plan, I had my step-by-step guide from participant recruitment right down to the discussion of my findings – all I needed to do was press play. If only it was that simple! As I ventured out to examine the aging journeys of my participants, what quickly became clear to me along my journey was the importance of being open to possibilities in qualitative research. As a qualitative researcher, one must be willing to go where the research takes you. My own personal research process became a growth enhancing experience that led me down methodological pathways I had not envisioned at the outset of this journey. The following sections will outline the various stages of my research journey – highlighting where I began, where I thought I was headed, and where I ended up, as well the iterative process that unfolded along the way. Moving forward, I will be using “LGBTQ” when referring to the general community of LGBTQ individuals, when referring to my participants I will use “LGT” since I was only able to interview lesbian, gay, and transgender individuals.

3.1 IN THE BEGINNING

Before embarking on my own research journey, I sought to familiarize myself, in general, with the various aspects of qualitative inquiry. Qualitative research aims to “understand social life by taking into account meaning, the interpretive process of social actors, and the cultural, social, and situational contexts in which those processes occur” (Gubrium & Sankar, 1994, p. 52). Qualitative research builds upon the belief that one can reach an understanding about the complex nature of human experience through conversation and observation (Gubrium & Sankar, 1994). The focus of the conversations and observation is on “the taken-for-granted and commonsense understandings that people have about their lives” (Gubrium & Sankar, 1994). That is, qualitative research brings to light the often invisible data of everyday experience in order to illuminate the meaning of the experience from the perspective of the individual(s) involved (Daly, 2007; Gubrium & Sankar, 1994). However, influenced by critical gerontology my hope was to go further than illuminating experience and attempt to answer the call to action to change reality (Daly, 2007).

By introducing a critical lens to this qualitative project, it was also important that we as researchers and participants pay attention to the historical, social, and political conditions of power and oppression, as well as their influence on individual experiences and perceptions (Crotty, 1998; Daly, 2007). Additionally, qualitative research acknowledges the structural influence of culture on the individual experience, as well as on how the researcher conceives the issue or problem under analysis (Gubrium & Sankar, 1994). In addition to the aforementioned attention to power relations, history, and context, and action orientation, critical qualitative research places emphasis on researcher self-critique and reflexivity (Daly, 2007). That is, qualitative research recognizes the role of the researcher in obtaining data of everyday experience as it emerges throughout the course of the research (Gubrium & Sankar, 1994).

Through the utilization of methodologies, such as in-depth interviews and participant observation, researchers attempt to move beyond basic understanding to working with participants in order to represent the participants’ lived experiences as accurately as possible

(Gubrium & Sankar, 1994). In order to accomplish this, the researcher must acknowledge that they too bring influences and assumptions to the research process (Daly, 2007; Gubrium & Sankar, 1994). The following sections will discuss my chosen methodology; participant characteristics; recruitment and sampling; my role as researcher; data collection, organization, analysis procedures; and strategies for establishing rigour.

3.1.1 METHODOLOGY: CRITICAL PHENOMENOLOGY

This qualitative study set out to use a critical phenomenological approach to data collection, analysis, and interpretation. The following tenets of critical phenomenology resonated most with me as I planned out the steps of my research journey. Critical phenomenology, as briefly described by Max Velmans (2001), is “...an investigative method that accepts the reality of first-person experience, but which also accepts the need for cautious interpretation of subjective reports of those experiences...” (p. 4). In alignment with its roots in the hermeneutic phenomenology of Heidegger, a critical phenomenological approach can also help illuminate the participants’ lived experience with respect to the phenomenon of interest (Dejarlais & Throop, 2011; Dowling, 2007). Lived experience is defined as anything, whether it is real or imagined, that presents itself to human consciousness – whether it is physical objects, values, moods, activities, and feelings (Daly, 2007; van Manen, 1997). According to van Manen (2011) the essence of a phenomenon is based upon four lifeworld existentials: spatiality (lived space), corporeality (lived body), temporality (lived time), and relationality or communality (lived other). The challenge posed to critical phenomenologists is to be cognizant of participant concerns and lifeworlds, as well as exposing the influential forces of social, political, structural, historical, and discursive conditions that shape individual experience (Willen, 2007).

A critical phenomenological approach to data collections facilitates the illumination of lived experience through complete collaboration between researcher and participant. As individuals share their experiences with the researcher, they are encouraged to make suggestions, and ask

questions of the researcher – verbally interact with the researcher (Velmans, 2007). Such that, critical phenomenology “...is not just ‘a phenomenology of another and not oneself.’ Rather, it is a phenomenology of another *and* oneself” (Velmans, 2007, p. 227). While engaged in the study of first-person accounts, critical phenomenologists are also alert to the inter-subjective qualities of human experience (Velmans, 2007; Whitmore, 2010). In addition to the first-person experiences of the participants, critical phenomenology acknowledges that researchers have first-person experiences and can describe those experiences much like their participants (Velmans, 2007). In that manner, critical gerontology is reflexive (Velmans, 2007). I feel that my identity as a member of the LGT community provided a space for critical reflection with participants around my assumption and experiences alongside participants’ reflections on their own experiences. Later in this chapter, I will also discuss how my LESBIAN identity assisted in building rapport with my participants.

Critical phenomenologists also acknowledge that the perceptions and experiences of the participants are shaped by and experienced in context, in addition to being co-constructed in interaction with the researcher, and others (Velmans, 2007; Whitmore, 2010). Critical phenomenology contends that our understanding of experience is expanded by the recognition of the impact of social, structural, political, historical, and discursive forces in the lives of the participants (Dejarlais & Throop, 2011; Willen, 2007). Critical phenomenologists must be prepared to critique these conditions of inequality that shape and organize participants’ daily lives, as well as the impact of these conditions on individual and collective lived experiences (Lopez & Willis, 2004; Willen, 2007). In so doing, the researcher develops a collaborative account of the participant’s lived experience and the contextual underpinnings of experience. However, Good (1994) contends, the challenge presented to critical phenomenologists lies in navigating the dynamics of power (Whitmore, 2010) – in how to “recognize the presence of the social and historical within human consciousness, recognize forms of self-deceptions and distortion, without devaluing local claims to knowledge” (p.42).

The analysis of a number of individual's lived experiences may result in the formation of characteristic essences that arise from the individual's collective experience of the phenomenon of interest (Daly, 2007). However, as a critical phenomenologist it is not my role to reduce first person participant accounts of experience into third person descriptions, for in doing so one is likely to omit, or miss, an integral component of the essence of the phenomenon of interest (Velmans, 2007). According to Lopez and Willis (2004), critical inquiry "...opens our eyes to seeing reality in a new and useful way" (p. 731). By drawing on critical gerontology and critical phenomenology, I set out to understand the lived experiences and meanings of aging for LGBTQ older adults and to connect those experiences to the social and systemic context that has and is shaping those experiences.

3.1.2 SAMPLING AND RECRUITMENT

I recruited 9 older adults over the age of 60 for my study. Of the 9 participants, 3 self-identified as lesbian, 3 as gay, and 3 as male-to-female (MTF) transgender (See Table 1). The age qualification was selected as an attempt to explore the perceptions and experiences of a wide range of older adults as they transition or adjust to the later years of their life. Sexual orientation, in combination with age and gender identity, allowed for the exploration of the diversity within the experiences and perceptions of LGBTQ older adults. In order to recruit participants with these characteristics, I approached social/support groups or organizations within the Region of Waterloo, Greater Toronto Area, and surrounding areas. This section discusses in greater detail the sampling and recruitment strategies I used.

The sampling method utilized was a combination of purposive and snowball sampling (Creswell, 2003). The sample was purposefully selected such that I first approached various support and social programs/groups/organizations for LGBTQ older adults within Central and Southwestern Ontario. Initially, I asked staff to distribute project information letters (See Appendix B1) to all their members over the age of 60. The information letter included a brief description of the project, a request to volunteer time to participate, and contact information for potential

participants to reach me. To further facilitate participant recruitment, I offered to attend groups and programs or hold information sessions in order to further describe my study and answer any preliminary questions potential participants might have. However, none of the organizations I approached were able to help with participant recruitment. The support and social programs/groups/organizations, who responded to my initial request, cited the following reasons: 1) they did not feel that members would be willing to participate since they were just beginning their coming out journeys; and 2) it was organization/group policy that they do not participate in student research projects.

When the first recruitment strategy failed, I moved to plan B. I have a couple of key individuals within the LGBTQ community who agreed to provide me with connection to some of the LGBTQ older adults within their personal network. They sent out a copy of my information letter to people in their network who identified as LGBTQ and were over the age of 60. As a result, I recruited three participants. Additionally, despite being unable to assist participant recruitment in the manner I had originally requested, one of the individual's from an organization I had initially contacted offered to distribute my recruitment poster (See Appendix B3) through a LGBTQ community listserv they managed. As a result, I now had three more participants. To further facilitate participant recruitment, snowball sampling was also utilized to expand the size of the sample (Creswell, 2003). Snowball sampling was used by inquiring with participants if they knew of any other LGBTQ older adults, through their personal social networks, who would potentially be interested in participating in the study. These participants were asked to pass on a copy of the Information Letter (See Appendix B1) to individuals in their circle who met my criteria (i.e. identified as LGBTQ and over the age of 60). My final three participants were recruited via snowball sampling. For a description of the characteristics of my sample please refer to Table 1.

Name	Age	Sexual and/or Gender Identity	Marital Status	Retirement Status	Current or Previous Occupation
Bill	63	Gay	Married	Retired	Nurse
John	70	Gay	Married	Retired	Lab Tech
Paul	68	Gay	Single	Not Retired	Lawyer/Teacher
Kate	66	Lesbian	Married	Retired	Lab Instructor
Florence	63	Lesbian	Married	Not Retired	Counselor
Sara	71	Lesbian	Married	Not Retired	Anglican Priest
Dar	74	MTF Transgender	Married	Retired	Self-employed
Debbie	67	MTF Transgender	Married	Retired	Factory Worker
Rita	60	Male-MT Transgender	Married	Not Retired	Self-employed

Table 1. Participant Characteristics

When potential participants contacted me to express their interest in participating in my study, I immediately scheduled a date, time, and location – if the interview was occurring face-to-face – for the interview to take place. I also provided each participant with a copy of the discussion guide. It was my hope that each participant would take the time to read the discussion guide and reflect upon the questions prior to our interview. As mentioned above, two interviews occurred via telephone, following is a breakdown of the locations for the remaining interviews: four occurred in participant’s own home, one occurred in a meeting room at a library, one at a university, and one in the common space of a LGBTQ community centre.

3.1.3 ROLE OF RESEARCHER

Within the realm of qualitative research, it is widely recognized that the role of the researcher is to understand the lived experience, as well as to acknowledge what the researcher also brings to the research context (Daly, 2007). Throughout my research journey – from recruitment to analysis and interpretation – I saw my role as researcher as being two-fold. The first component of my role required that I was constantly monitoring myself and my beliefs, values, and assumptions through self-reflection and journal writing throughout the entire research process. According to Holstein and Gubrium (1995), constant self-reflection is necessary to create the environment of mutual disclosure within the interview, otherwise the researcher’s bias and defense mechanisms may work against the goal of co-construction and understanding. Throughout the process, I had to be willing

to challenge my understandings and assumptions – protecting time for regular self-reflection, that I describe more below, assisted me with this process. The second component of my role as researcher required me to establish what my role would be throughout the interview and entire research process – was it that of an observer, discussion facilitator, or researcher-insider/participant? In continuing my discussion of my role as researcher, I will expand upon the necessity of establishing reflexivity and my interviewer role within, and throughout, the research process, as well as how I grappled with my position as at least a partial insider.

Reflexivity. Reflexivity and self-critique, as a central tenet of both critical phenomenology and critical gerontology, was an essential aspect of this qualitative research project (Daly, 2007; Velmans, 2007). As Velmans (2007) contends, critical phenomenology fully acknowledges that researchers “...have first-person experiences and can describe those experiences as much as their subjects do” (p. 227). Therefore, the use of a critical gerontological lens and critical phenomenological methodology necessitated that I acknowledge any assumptions and/or agendas that I might hold and therefore might influence or be how I conduct my research (Dupuis, 1999; Holstein & Minkler, 2007). In alignment with critical phenomenology, I acknowledged that I, much like other researchers, have my own history and experiences. When I began this study, I hoped these first-person experiences might enable me to be more sensitive to the experiences of the participants in relation to the phenomenon in question. By being reflexive I had to also be completely transparent about these assumptions, agendas, and/or influences throughout the research process (Daly, 2007; Gubrium & Sankar, 1994).

In order to do this, I engaged in self-reflective practices, such as journal writing and documenting preconceptions, throughout my research journey as a means to monitor and reflect on my values, assumptions, and past experiences and their potential influence on the research process (Daly, 2007). To begin with, while reflecting upon my past experiences and their potential influence on my assumptions about later life for LGBTQ individuals, I asked myself several questions: What

do I know about later life for LGBTQ individuals? As a gay individual, how do I look upon my later years? Are my past experiences of discrimination influencing my perceptions? What is my role as a gay researcher? What am I trying to achieve with my research? What are the broader consequences of my research? As I embarked on my research, my reflections focused around additional questions. It was my hope that the research process would be a mutual journey upon which both the participants and myself would grow and change, while we together co-constructed the meaning of our lived experiences (Dupuis, 1999; Kaufman, 1994). However, I also acknowledged the inherent power issues that exist between myself, as “researcher,” and my participants (Minkler, 1996; Kincheloe & McLaren, 2005). I believed that a continual questioning and self-critique of my approach to data collection and analysis would facilitate the unmasking of complex ideological and political agendas and power issues that might be hidden in the transcribed text (Richardson, 2000).

Insider-Outsider Status. According to Corbin Dwyer and Buckle (2009), “[t]he issue of researcher membership in the group or area being studied is relevant to all approaches of qualitative methodology as the researcher plays such a direct and intimate role in both data collection and analysis” (p. 55). Historically, discussions of insider-outsider status have centred on the dichotomy of researcher as either a complete insider or complete outsider (Corbin Dwyer & Buckle, 2009). An insider refers to a researcher who shares an identity, language or culture with their study population (Corbin Dwyer & Buckle, 2009; Hellowell, 2006). The status of an insider may afford the researcher a number of benefits, including the rapid and complete access and acceptance, trust, and openness of participants, as well as greater ability to read non-verbal cues, understand language within the culture/community, and ask more meaningful questions (Corbin Dwyer & Buckle, 2009; Merriam, Johnson-Bailey, Lee, Kee, Ntseane, & Muhamad, 2001). As a result, there may be greater depth to the data gathered as participants feel a greater level of safety and comfort with the researcher (Corbin Dwyer & Buckle, 2009). On the other hand, the advantage of being an outsider “...lies in curiosity with the unfamiliar, the ability to ask taboo questions, and

being seen as non-aligned with subgroups thus often getting more information” (Merriam et al., 2001, p. 411).

However, more recent discussion of insider-outsider status have uncovered that the boundaries between insider status and outsider status cannot be clearly defined (Merriam et al., 2001). Rather, Corbin Dwyer and Buckle (2009), among other scholars, contend that groups are not completely homogeneous – meaning that one may be closer to one end of the continuum or the other and ones position can shift along the continuum. Therefore, a researcher may experience both insider and outsider moments (Merriam et al., 2001). It is within this space between insider and outsider that I situate myself as a researcher. My exact position on the continuum between insider and outsider slid in relation to the values of the participants, as well as my own, and was dependent upon who I was speaking to (Merriam et al., 2001). For example, with one lesbian participant in particular, my status of insider was established as a result of my identification as an “out” lesbian. My own acceptance of a lesbian identity was important in order for this participant to feel comfortable sharing her experiences. While in this instance my lesbian identity afforded me insider status, prior to beginning my data collection I felt that my age, may at times, position me as an outsider. However, throughout the interview process I did not feel that my age placed me at any advantage or disadvantage. What I did not anticipate was the position that my desire for social justice would afford me. For some participants, the transgendered individuals specifically, knowing that I did not intend to end my research and academic journey with the completion of my Masters thesis set the stage for co-construction of meaning. This reaction was contrary to the power implications I had anticipated my position as an academic may have. I feel that my researcher status was influenced to varying degrees by both my LGBTQ identity and position within the academic community resulted in my researcher status as somewhere between insider and outsider.

Role Throughout Process. I saw my role throughout the interview process to be that of a discussion facilitator. What I mean by this is that I wanted to open up a safe space, where

participants could openly tell their stories and together we could interrogate the lived experiences of aging as LGBTQ. I facilitated active interviews – which I discuss in more detail in the next section – with open-ended questions while making a conscious effort to follow up on any formative, or influential, aspects of the experiences or perceptions of the LGBTQ older adults. As researcher, who is also partially an insider, I felt the fluid give-and-take nature of the active interview process facilitated the development of meaningful collaborative understandings of the experience of aging for LGBTQ older adults. Due to the nature of the study, I anticipated that the interview process might trigger a variety of emotions and memories and as a result, I felt it was my responsibility to navigate such sensitive content while constantly monitoring the emotional status of my participants and myself. Additionally, I ensured that my demeanor and the language I used during all interviews was friendly, inclusive and non-threatening as I aimed to create a welcoming, safe environment of mutual trust and sharing when participants asked for my perspectives and to share my experiences, I did. It was important to create mutual trust and rapport, as I was asking participants to recall and reveal personal, potentially intimate, details of their history (Kaufman, 1994).

3.2 THE PROCESS: DATA COLLECTION PROCEDURES

The use of interviews as a method of data collection is a common strategy within phenomenological studies (van Manen, 1997). Thus, data for this study was initially collected in the form of seven face-to-face interviews, more specifically active interviews, as well as two phone interviews due to geographic location (Holstein & Gubrium, 1995). The interviews with each participant ranged from 30-minutes to 3-hours in length. Both of these values represent extremes, as they are only representative of two participants. In the case of the 30-minute interview, despite having an abundance of research questions and probes (see Appendix C) it proved incredibly difficult to engage the participant in discussion; the 3-hour interview, on the other hand, represents the complete other end of the spectrum. Typically, the active interviews were 60- to 90-minutes in length.

3.2.1 ACTIVE INTERVIEWS

Active interviews are a conversation based data gathering technique (Holstein & Gubrium, 1995; Kaufman, 1994). The goal of an active interview is two-fold: "...to gather information about *what* the research project is about and to explicate *how* knowledge concerning that topic is narratively constructed" (Holstein & Gubrium, 1995, p. 56). Therefore, active interviewing is more than simply asking the participant questions from the interview guide and having them respond. One of the fundamental characteristics of an active interview is the give-and-take process of questioning. More specifically, the participants can also ask questions of the researcher and together participants and the researcher co-construct knowledge (Holstein & Gubrium, 1995). Although interview guides have a place in an active interview, its role is minimal as it is more of general agenda than a predictive script (Holstein & Gubrium, 1995).

I selected this style of interviewing for a number of reasons. First, and foremost, active interviews aim to create an atmosphere that facilitates open dialogue between participant and researcher to ensure that the participant's experiences are heard in as relaxed and non-threatening atmosphere as possible (Sankar & Gubrium, 1994). This style of interview enables participants to set the tone and parameters of the interview so they feel comfortable sharing their personal history (Sankar & Gubrium, 1994). Next, the inherent fluidity in conversation and flexibility in process allowed me to keep questions to a minimum in order to encourage the development of conversation in response to topics, issues, and directions that emerged throughout the interview (Sankar & Gubrium, 1994). I deeply value these characteristics as a researcher because I wanted to engage participants in dialogue as human beings, colleagues, not as something to be studied. I want to explore what is meaningful to them – their histories, experiences, and perceptions (Kaufman, 1994).

By taking a critical gerontological approach to interviewing, and keeping the set questions to as few as possible, I aimed to ensure that data was collected through an emergent process of

dialogue and active listening (Parker, 1992). However, the interview was loosely structured around several questions, which were based on my research questions. These questions were informed by the selection of sensitizing concepts related to aging, the transition into later life for LGBTQ older adults; and how, if at all, leisure plays a role in these experiences and perceptions. For example, recent research has shown that LGBTQ older adults enter the later years of life with an admirable sense of resiliency (Brotman, Ryan, & Cormier, 2003; Gabbay & Wahler, 2002; Grossman, D'Augelli, & O'Connell, 2002). This research is in sharp contrast to traditional views of LGBTQ aging as a predominantly negative experience consisting of depression, isolation, and harassment (Butler, 2004; Grant, Mottet, Tanis, Harison, Herman, & Keisling, 2011; SAGE & MAP, 2010). Further, leisure participation has been shown to positively impact the experience of major life transitions, and subsequently individual well-being (Harahousou, 2007).

Informed Consent. Prior to starting the interview, the potential participants were presented with basic information regarding the study, including an introduction to and a synopsis of the study, approximate time commitment, as well as the purpose and focus of the research. It was made explicitly clear that participation in the study was completely voluntary and withdrawal from the study could take place at any time without any negative consequences. Further, the participant was informed that with their consent the interview was audio recorded in order to facilitate the collection of information, and later transcribed for analysis. The participants then signed an informed consent form (See Appendix B4). In order to participate fully in this study, participants were required to be able to give consent on their own behalf.

The Interviews. Each interview began with the question, "How would you describe your experience of aging?" (see Appendix C for a copy of the discussion guide). As discussion continued I explored with participants their personal histories, experiences, and perceptions and how these may have influenced their later life experiences and perceptions. While my research agenda determined the questions I asked in the interview, at least initially, it was more important for me to

allow my participants to guide the flow of discussion and line of questioning taken (Holstein & Gubrium, 1995). As a result, the discussion guide, in some instances such as the 30-minute interview, completely guided the conversation within the interview and in other situations was abandoned entirely so participants could tell their stories in their own way. As I participated in the active interviews, I found they were somewhat improvisational such that I had to be attuned not only to what was said but also how it was said. The interplay between myself, as the researcher, and my participants in the active interviews facilitated the development of rapport by showing that the research was sensitive to the lived experience of the participant. The give-and-take process of active interviews also encouraged "...detailed, richly textured, person-centered information..." (Kaufman, 1994, p. 123). Throughout the interview I invited my participants to interrogate with me how social, political, structural, and discursive factors might have shaped their experience of aging and their perceptions of what the future holds. Throughout the interview process, I was taking notes to provide context to our conversation (Holstein & Gubrium, 1995). All interviews were tape recorded and later transcribed for analysis.

Immediately following each interview, I made note of any observations, such as setting, sounds, and smells, during the interviews that might not be captured in the transcript in order to assist me in understanding lived experiences and exposing the social, political, historical, and discursive forces in the experiences of the participants. Reflective journaling was completed throughout the research process in order to document preliminary analysis, memos, and reflections on all conversations with participants and to make note of lines of inquiry I wished to probe further in subsequent interviews. In order to ensure this was a more collaborative process, I asked my participants at the end of each interview if I could contact them again I needed to delve more deeply into emerging essences or get clarification on experiences shared. At the end of the process, all participants received a thank-you letter (See Appendix B5) and \$25 gift card as an expression of my thanks and gratitude, as well as contact information for the Office of Research Ethics here at the

University of Waterloo in the event that they had any comments or concerns regarding their participation in this study.

3.2.2 TRANSCRIPTION

I began transcription of all interview audio recordings within a day of completing the initial participant interviews. Prompt transcription and regular re-reading of journal entries enabled preliminary analysis of accumulating data. The process of transcription can have a dramatic impact on analysis and interpretation through the decisions I made during transformation from audio-recorded interview content to written transcript format. Despite intentions to remain as true to the context and oral content of the interview, these transcription decisions may have interpretive implications for both what was said, and how it was said within the interview context (Daly, 2007). I saw the transcription process is an excellent opportunity to re-experience the interview and craft preliminary interpretations/essences that may influence the direction and discussion of subsequent interviews (Daly, 2007). Through preliminary analysis in the transcription process, I began to gain an understanding of the lived experiences of aging for LGBTQ individuals and the social and/or structural factors that shape experiences and/or limit possibilities in later life for LGBTQ older adults. As I conducted my preliminary analysis, new questions and insights emerged. As a result, I went back to my participants to delve more deeply into these emerging essences as I attempted to further flesh out the essences I had uncovered. Additionally, while I did find transcription to be an incredibly tedious and exhausting experience, I did find that ongoing transcription and analysis assisted in dampening the potentially overwhelming effect of the accumulating data as my data collection process continued (Kaufman, 1994).

3.2.3 ANALYSIS, INTERPRETATION, AND DESCRIPTION

As ingrained in the nature of active interviews and phenomenological research, the process of analysis and interpretation is a dynamic and emergent process (Holstein & Gubrium, 1995; Kaufman, 1994). The concurrent nature of data analysis begins with data collection continues

throughout the interview process and concludes with a rich description of the phenomenon of interest (Kaufman, 1994). The constant analysis also provides ongoing feedback on data collection, interview questions, and research goals (Kaufman, 1994). The aim of phenomenological analysis is to explore and reveal how meaning is created and re-created by individuals with respect to a certain phenomenon of interest, as well as what impact and significance these meanings have in the life of the individual (Holstein & Gubrium, 1995; Jaffe & Miller, 1994).

In unearthing the meaning and significance of a phenomenon for individuals, the researcher traditionally presents these interpretations as essences and concepts that capture how participants think, feel, and experience the phenomenon of interest (Holstein & Gubrium, 1995; Jaffe & Miller, 1994). Further, a critical phenomenological approach to data analysis may be explained as three-dimensional, such that a singular focus on the subject's experience would result in an insufficient understanding of the participant experience (Whitmore, 2010). Thus, the researcher must supplement the phenomenological focus on understanding first-person experience with: 1) their own personal experiences and prior knowledge, and 2) a social and political analysis of conditions that may shape or limit experiences and opportunities apparent in the data (Guenther, In press). For this purpose, I used the intuitive writing process typical of a hermeneutic phenomenological approach, as adapted from van Manen (1990) and Creswell (2003), at least initially. The hermeneutic phenomenological approach to data analysis may be explained as a dynamic interplay of six research actions: 1) studying a phenomenon of interest to the researcher and the world; 2) exploring experiences as they are lived rather than as they are conceptualized; 3) reflecting on the vital essences that characterize the experience; 4) illustrating the experience through writing and rewriting; 5) keeping a strong and focused pedagogical relation to the experience; and 6) creating a balance between the parts and whole of the experience (van Manen, 1990). I kept these research actions in mind throughout the entirety of my research journey.

Prior to beginning my research journey I envisioned the execution of these research actions as unfolding in four neat phases (from analysis to interpretation to representation) – if only it were that easy! My research process has been no less than a journey; below I will take you through the highly emergent process of trial and error that my research journey became.

Phase One. Phase One was a general introduction to the data as a whole. Before moving forward, I must note that the processes of data collection and analysis occurred, at least initially.

Step One. As mentioned above, as I was engaged in participant interviews I made note of any observations. Upon completion of each interview, I immediately wrote my thoughts, feelings, and initial interpretations in my research journal, as well as any additional observational notes. Through this reflection, I was able to identify lines of inquiry to probe further in subsequent interviews.

Step Two. Preliminary analysis continued throughout the immediate transcription of audio-recorded data. When all interviews were completed, I continued my analysis by reading and re-reading the transcripts to gain a sense of the whole experience for each participant (Halldórsdóttir & Hamrin, 1997; van Manen, 1997).

Phase Two. Phase Two included the formation of meaning units through the identification of essences and structures of the phenomenon of interest.

Step Three. As I read through each transcript, I underlined the statements I identified as key to understanding the phenomenon of interest (Halldórsdóttir & Hamrin, 1997; van Manen, 1997). As I read through the transcript, I asked: What statement(s) or phrase(s) seem particularly essential or revealing about the phenomenon or experience being described? (van Manen, 1997, p. 93).

Step Four. From these underlined statements, essential expressions – or meaning units – were identified using the lifeworld existentials (spatiality, corporeality, temporality, and relationality) that reflect the phenomenon for each participant. These meaning units were then

named (Halldórsdóttir & Hamrin, 1997; van Manen, 1997). According to van Manen (2011), meaning units are not the result of coding significant terms in the transcripts. Rather, meaning units “are more like knots in the webs of our experiences, around which certain lived experiences are spun and thus lived through as meaningful wholes” (van Manen, 2011, Dupuis, n.d.). To do this I asked the following questions of the text: Does this expression contain a moment of the experience that might eventually be an important component in understanding and describing the experience? Is it possible to give this moment a name without losing the meaning participants assign to it? (Dupuis, n.d.). At the end of this step, I had an overwhelming number of meaning units to sort through.

Step Five. In an attempt to cope with the wealth of meaning units, I read through each transcript, once again, to eliminate both redundancies in meaning units, as well as content from digressions unrelated to the research questions (Daly, 2007; Dupuis, n.d.). As I read I asked the following questions of the transcripts: Are there similar expressions that appear to reflect the same aspect of participant experience? Can these similar expressions be named the same thing?

Step Six. After I eliminated redundancies in the transcripts, I began the process of identifying the essential essence(s) of the phenomenon. In order to do this, I compared the meaning units from one transcript with those I had found in the other transcripts. It was my intention to find the “common threads” of the phenomenon, as well as the differences between participant experiences (Halldórsdóttir & Hamrin, 1997).

Step Seven. The final step of Phase Two was to identify the essence(s) of the phenomenon by bringing together various related meaning units (Dupuis, n.d.). van Manen (2011) explains the essence of a phenomenon as built upon four lifeworld existentials: spatiality (lived space), corporeality (lived body), temporality (lived time), and relationality or communality (lived other). Additionally, Desjarlais challenges researchers to be cognizant of the “...concerns and lifeworlds of [the participants] and to the interrelated social, discursive, and political forces that underpinned

those concerns and lifeworlds” (as cited in Willen, 2007, p. 12). Viewing the meaning units through the lens of the lifeworld existentials and asking questions of the text facilitated the identification of the essence(s) of the phenomenon and key social, discursive, and political forces that shape the phenomenon. Some questions included: Are there expressions or moments that are related in meaningful ways? Can these expressions or moments be linked together as examples of a broader theme? Does the expression shed light on the broader power, discursive, etc. structures that might be shaping experiences? (Dupuis, n.d.).

Phase Three. As I moved into Phase Three I had identified thirty meaning units as reflective of my participant’s lived experience. These thirty meaning units are the component parts of the nine sub-essences (Reflecting on the Historical Landscape, Changing Perceptions and Politics, and Living in an Evolving Landscape; Seeking Acceptance, Negotiating Presentation, and Claiming Personhood and Identity; and Aging the ‘Same,’ Diversity Within Aging Experiences, and Aging Uniquely) that compose the three essential essences (Changing Landscapes; Negotiating Identities; and LGBTQ Aging: Not So Different Afterall) of my participant’s lived experience. The focus of Phase Three was on reflecting upon each meaning unit in order to verify the essence of the phenomenon.

Step Eight. The next step was to verify the identified essential essence(s) by reflection on each meaning unit to ensure the essence(s) reflected the whole (Dupuis, n.d.). Psychological reflection involves free imaginative variation and re-reading all interview transcripts to compare the identified structures with the raw data (Halldórsdóttir & Hamrin, 1997; van Manen, 1997). Free imaginative variation was used to confirm whether an essence fundamentally corresponded with the phenomenon by asking the following questions: Will the phenomenon remain the same if I change or remove this essence? Are there some themes that are not accounted for? Does this adequately capture the broader structures that have shaped the lived experiences of participants? (Halldórsdóttir & Hamrin, 1997; van Manen, 1997). The following section will illustrate where my research train “went off the rails” of my research plan and led me down a path into the unknown.

3.3 WHERE I ENDED UP

The first eight steps of my research plan went off without a hitch. I was felt as though I was sailing effortlessly through the waters of data analysis and interpretation. Entering the final phase of analysis and interpretation, I had identified three common threads, or essences, which I felt captured my participants' overall experiences of aging. Moving forward into the final phase of interpretation and description – writing and compiling quotes from the interview transcripts – I began to feel uneasy. My analysis felt fragmented. I felt I was losing not only the complexity of my participant's aging experiences by boiling them down to their component parts, but more importantly I felt I had completely lost their voices. I had hit stormy waters. It was at this point that I turned to the reflexive practice embedded in phenomenological research to sort out what I was feeling – I wrote out my thoughts and I went back through the interview transcripts (Ellis, 1999; Ellis & Bochner, 2006). As I reflected on my research journey thus far – my present emotions, the stories shared, and connections created – I was not at all comfortable with the systematic reduction of the first-person experiences of my participants into the third-person descriptions of lived experience that was unfolding (Velmans, 2007). As a result of this reflection, I felt I had two options. I was at yet another impasse – I did not know which way to go. I could push through the stormy waters of my unease and continue along my predetermined route, hoping for the best, or I could follow my heart and set out into unknown waters. However, just the thought of searching out an alternative method of representation, one that I felt would faithfully and respectfully represent the complexity in the lived experiences of my participants, sent my head into a whirlwind. I didn't know where to begin. I was lost in uncharted waters. I turned to Sherry for guidance. I shared my dilemma and we were in agreement that a new course of action was needed – Moustakas' (1990) heuristic inquiry. The skies were beginning to clear.

3.3.1 HEURISTIC INQUIRY

After comparing notes on the meaning units, and overarching essences, we each pulled from the interview transcript data Sherry suggested that Moustakas' heuristic inquiry might provide great potential for representing the richness and complexity found in the lived experiences of my participants. She suggested that I consider crafting composite stories of each participant's lived experience by pulling from the interview transcripts. Then once I had wrote a composite for each participant, I could weave the stories of lived experience together into a tapestry of lived experience – coming together where similarities existed in the stories and diverging where differences presented themselves. Intrigued by these new ideas and suggestions, I left Sherry's office with a copy of *Heuristic Research: Design, Methodology, and Applications* and a renewed sense of focus and vigor (Moustakas, 1990). I dove right in to the realm of heuristic inquiry.

Not wanting to toss away the foundational work I had done or discredit the manner in which I collected my data, I was relieved to see a number of similarities between the tenets of heuristic research and critical phenomenology. For example, much like phenomenological analysis, heuristic analysis is continually shifting focus from the whole to the parts and back to the whole again (Moustakas, 1990). Derived from the Greek word, *heurisken*, heuristic research refers to a process of discovering the meaning and essence in significant experience, and developing methods to further analyse such experiences (Douglass & Moustakas, 1985; Moustakas, 1990). Heuristic research encourages the researcher to explore and pursue the creative journey that begins inside one's being and ultimately finds its direction and meaning through immersion and internal discovery (Douglass & Moustakas, 1985). As such, my researcher self is always present as I craft a story that illustrates the qualities, meanings, and essences of the diverse experiences of my participants. Much like phenomenological analysis, the creative journey begins with the researchers immersion in the audio recordings and transcriptions. Through this process, the meanings and essence(s) of each participant's unique experience become clear. The researcher then develops a composite story of each participant's experience. Next, the researcher returns to the original

interview transcripts to ensure composite stories are true to the diversity in participant experiences (Moustakas, 1990). Creative synthesis, according to Moustakas (1990), occurs once the researcher has teased out the components and core essences of the participant's experiences. A creative synthesis reflects the meanings and essences of the experience, as well as the researchers personal knowledge and creativity. Creative synthesis is typically presented as a poem, story, drawing, painting, or by some other creative form using verbatim material and examples (Moustakas, 1990).

Following Sherry's advice, and Moustakas' (1990) guidelines, I really focused my attention on the creation of composite stories as a means for representing participant experience. Inspired by the strategies illustrated by Moustakas' (1990) work I crafted nine composite stories – one for each of my participants. Once I had completed each composite, I sent each participant a copy of his or her composite for feedback. I wanted to ensure that my interpretations and ultimately my representation remained true to my participant's experiences. I received overwhelmingly positive feedback from most participants, one participant did not respond. Any comments, suggestions, or additional examples were added to the final draft of their composite. The composites ranged from one to several pages in length. The nine composites drew out another level of richness and complexity from the transcript data. Now all that remained was to determine how to weave these composite stories together. I sent the nine composites to Sherry for her to review. Not only was this process a great exercise for myself – allowing me to delve deeper into the experiences of my participants – but it was also an excellent means for Sherry to become more acquainted with each of the participants. After reviewing the composites, Sherry responded with yet another intriguing idea! She challenged me to consider the creation of a script, or screenplay, as a means to present the diverse experiences in my findings by weaving the multiple threads of participant lived experience, or multiple voices, together. This would allow me to describe shared experiences but also be true to the diversity of experiences reflected in my data.

3.3.2 SCREENPLAY AS CREATIVE ANALYTIC PRACTICE

I may just be over my head. But then again, what else is new? Once again, I find myself diving head first into the unknown. Writing a script? That's pretty much like writing a movie, right? How on earth am I supposed to do that? I don't know the first thing about script writing! Where do I begin? Characters? Plotlines? Scenes? How do I captivate the reader? The audience? This is a neat idea and all, but really, what I am getting myself into here? Maybe I should just stick to the familiar?

The above quote, pulled from my journals, illustrates some of the reservations and questions I had about writing a screenplay. Not knowing where to begin I naturally turned to Google, typing in the seemingly simple question: How to write a screenplay? As expected, the search engine presented me with hundreds of options describing what a screenplay is and how to go about writing one. Now that I was generally acquainted with the concept of writing a screenplay, I sought out what the world of academe had to say. After browsing several sites and reading several research articles, I was feeling more comfortable with writing a screenplay – largely a result of Lisbeth Berbary's (2011) description of her writing process in "Poststructural Writerly Representation: Screenplay as Creative Analytic Practice." I was definitely sold on the idea of using research-based screenplay as a means to represent the diversity in the experiences of my participants.

Before diving into the process of how I crafted my research-based screenplay, I feel that a discussion of screenplay as creative analytic practice is warranted in order to reaffirm my decision to use screenplay as a means to present my findings. The following aspects of research-based screenplay really resonated with me, as both a researcher and writer. Berbary (2011) presents screenplay as creative analytic practice noting screenplays ability to represent complexity and make meaning through polyvocal juxtaposition and dialogical interaction (Berbary & Johnson, 2012). According to Kohn (2000), the very nature of screenplay – "epistemologically diverse,

unanchored, free flowing, floating, and authorless” (p. 503) – lends itself well to the representation of complex and diverse experiences. However, producing a creative analytic representation also “requires critical thinking, conscious reflection, and strategic choices concerning which details to include, what the artistic account’s purpose and audience are, and what moral or lesson it portrays (Ellingson, 2009, p. 60). Representation via screenplay would allow me, as the researcher, to contextualize my data through the use of multiple settings and characters. These settings and characters are composed from data – quotes and passages pulled directly from the transcripts and my reflexive journals. The following subsections outline my process, as adapted from Berbary (2011), in writing the screenplay presented in Chapter Four.

Step One: Forming the Characters. When speaking with each of my nine participants we discussed how they would like to be represented in this work. Depending on the participant’s response, each of the six main characters was either selected or constructed to illustrate the complexity embedded within aging as member of the LGBTQ community. Some participants wanted their characters to be as true to whom they are as possible. Others were uncomfortable with this and therefore other characters were constructed by combining characteristics and experiences of multiple participants into composite characters. For example, Florence, who is constructed from three participants, represents the individuals who are battling a variety of health issues while simultaneously representing the individuals who are still employed but are aspiring to retirement. Although there is a combination of fictional and real characters that represent the nine individuals who participated in this project, each character’s appearances, personalities, interests, experiences, and perceptions are grounded in the interview and observational data (Berbary & Johnson, 2012). All names have been removed or changed to protect confidentiality.

In addition to these six main characters, additional nameless secondary characters also appear in the script. All partners are named “Partner” followed by the first letter of the main character’s name to whom they are married. Therefore, Donna’s wife is “Partner D,” and Bill’s

husband is “Partner B” (Berbary, 2011). All the other extra secondary characters are identified by their job title to assist the reader in distinguishing between various individuals. These secondary characters remain nameless in order to keep the lived experiences of the main characters at the forefront of the reader’s attention (Berbary & Johnson, 2012).

Step Two: Setting the Stage. Each scene begins with a description of the surroundings and environment to orient the reader to the context and content of the scene that is about to unfold. Each of the scenes is set in a metropolitan area of Southwestern Ontario. While this is not entirely representative of my participants, for the ease of the reader, as well as for continuity, the diversity in geographical location was centralized to Southwestern Ontario since the majority of my participants were located in this area. Each of the following settings was grounded in my observational field notes, as well as my own lived experiences, as I took notes on each interview location after the completion of each interview.

Step Three: Creating the Content. In order to effectively illustrate the complexity within and between the essences, I drew on content from my reflexive journals and the transcribed interview data as I constructed the language and content for each scene (Berbary, 2011). As a result, much of the screenplay text is the actual words of the participants taken verbatim from the interview transcripts although woven together in different ways. In addition to the verbatim quotes, I pulled content and excerpts from my own reflexive journals, for example utilizing my own comments on my experience within the Pride Centre that is the setting of the final scene. By pulling from multiple data sources enabled me to create content that truly and respectfully represented and/or illustrated the diverse experiences and perceptions of my participants.

Step Four: Composing Director’s Comments. The final component of this screenplay was to compose my own interpretations of what was presented in each act, or scene. Using Berbary’s (2011) concept of Director’s Comments, I was able to weave my understandings and interpretations of each essence throughout the screenplay. Each Director’s Comment is structured

in a manner that illuminates the interconnections of the underlying meaning units that comprise each essence. I also relied on existing literature to offer insight and aid in understanding of the complexity embedded within the experience of LGBTQ aging.

As I re-read the complete draft of my screenplay, I felt that in my intense attention to the small details of my participant's experience I had lost the sense of the whole experience. I felt that I needed something that would bring things home so to speak. As a result, the final chapter of this piece will discuss the implications and future directions of research with LGBTQ older adults.

3.3.3 LINKING IT ALL TOGETHER: CRYSTALLIZATION

Looking back on my research journey, the path from where I began to where I am now situated has definitely been an emergent process full of trial and error, learning, growth, and self-discovery. There have been many detours along the way, each leading me towards another aspect of qualitative research and consequently influencing my research process – whether it was critical gerontology, critical phenomenology, heuristic research, or creative analytic practice. As I immersed myself in each of these frameworks and methodologies, I have absorbed and in turn been guided by each one. I strongly believe that each step I have taken along this path has influenced the work before you now (Ellingson, 2009) and as a result do not feel comfortable labeling this study as guided by only one framework or methodology. The neat and tidy step by step research journey I had set out upon has turned into a messy and emergent journey that has left me with a product that is a fusion of each step of the journey. I realize that my stance does not necessarily fit within the traditional standards of qualitative inquiry. However as the qualitative community grows and progresses, new and creative ways to doing and representing research have clearly emerged. As a result I once again set out to find a way to describe and present, ultimately to 'justify', my research process. With Sherry's guidance, once again, I was introduced to crystallization (Ellingson, 2009; Richardson, 1994) as a potential avenue for wrapping up my research journey.

As I read through Ellingson's (2009) book, *Engaging Crystallization in Qualitative Research: An Introduction*, the core concepts of crystallization immediately resonated with how I position myself as a researcher. So what is crystallization? Originally introduced by Richardson (1994), she challenges the image of the triangle as the standard for validity by proposing that

the central image for 'validity' for postmodernist texts is not the triangle –a rigid fixed, two-dimensional object. Rather, the central image is the crystal, which combines symmetry and substance with an infinite variety of shapes, substances, transmutations, multidimensionalities, and angles of approach. Crystals grow, change, alter, but are not amorphous." (p. 522)

Using Richardson's (1994) crystallization as a jumping off point, Ellingson (2009) proposes crystallization is a new, and relatively unexplored, approach to research that combines multiple forms of analysis and representation into a rich and coherent account of a phenomenon by "including, interweaving, blending, or otherwise drawing upon more than one genre of expressing data" (p. 11). Echoing many of the tents of critical gerontology, critical phenomenology, heuristic research, and CAP that have guided my research journey thus far, the guiding principles of crystallization focus on:

- 1) Offering deep, thickly described, complexly rendered interpretations of meanings about a phenomenon or group;
- 2) Represent ways of producing knowledge across multiple points of the qualitative continuum (art/interpretive \leftrightarrow middle ground approaches \leftrightarrow science/realist), generally including a least one middle-ground (constructivist or postpositivist) and one interpretive, artistic, performative, or otherwise creative analytic approach; often crystalized texts reflect several contrasting ways of knowing;
- 3) Utilize more than one genre of writing (e.g. poetry, narrative, report) and/or other medium (e.g. video, painting, music);

- 4) Include a significant degree of reflexive consideration of the researchers role and self in the process of research design, data collection, and representation;
- 5) Eschew positivist claims to objectivity and a singular, discoverable Truth in favor of embracing knowledge as situated, partial, constructed, multiple, embodied, and enmeshed in power relations (Ellingson, 2009, p. 10).

In addition to these guiding principles, crystallization values building strong relationships based upon trust, honesty, and empathy between participant and researcher. Since I have collected my data from a critical phenomenological perspective, another aspect of crystallization that caught my attention was the perspective as stated by Ellingson (2009), "If a specific theory or perspective guided your project, by all means include it some way in your crystallized text" (p. 87) because theory ultimately forms part of the context in which the researcher produces artistic or interpretive piece. Finally, according to Ellingson (2009) one of the most exciting aspects of crystallization is that the possibilities in the creation of a crystallized text are endless – which she likens to the possibilities in the creation of a quilt. Ellingson (2009) takes her quilt analogy further, stating that,

the making of a quilt involves creating art and producing a functional object by piecing together bits of fabric into a holistic pattern that beautifies, warms those who use it, reflects artistic voice of its creator, and often provides a social outlet during its creation. Likewise crystallized qualitative projects produce both aesthetic and functional products that benefit a range of stakeholders and reflect the voices of both researchers and participants. Crystallization uses "scraps" of data, often reflects collaborative processes, and embraces improvisation with form and content that depend upon what comes available. The construction of a quilt also brings personal satisfaction, pays homage to cultural and familial traditions, evokes an appreciation of domestic or local materials, and can embody important social and political statements. (p. 99)

Therefore, the creation a crystallized text will facilitate the fusion, or quilting, of the various stages of my research journey. The above core values provided the foundation for creating authentic accounts of my participants' experience and provided me with a means to embrace the emergent nature of my process and continual growth as a researcher (Ellingson, 2009). Understanding the notion of crystallization helped me to present the complexity and diversity in aging experiences of my participants. I am excited about the possibilities of crystallization within the qualitative research community.

CHAPTER FOUR: BLENDED LIVES IN AN EVOLVING LANDSCAPE: A SCREENPLAY

This screenplay is comprised of three acts – a total of five scenes – that illustrate the three overarching essences of my participant’s aging experiences and perceptions (See Appendix D for an overview of the essence). Prior to entering the first scene, you will be introduced to the six characters – Bill, Dar, Donna, Florence, Katherine, and Rita – who will make appearances at various times throughout the screenplay.

Characters

Katherine is a 67-year-old lesbian who retired from the local university to spend more time with Florence, her wife, and their grandkids. She is 5'6" with short grey hair and an athletic build – most likely from her very active lifestyle. She is currently preparing for a hockey tournament in Iceland in September – she still plays goalie!

At the age of 63, **Florence** stands a modest 5'2" with a reserved, soft-spoken demeanor. Her heavier build tells the story of her ongoing struggle with her weight. While Florence would like to be more active, she is battling the physical impact of aging and the residual effects of a car accident in her early 30s. Before returning to school to complete her Social Work degree, Florence was an Anglican priest. However, she left the church due to lack of job opportunities, differences of opinion, and lack of acceptance. She is currently working as a social worker and is now a member of the Mennonite Church with her wife, Katherine. As a social worker, she has worked with countless LGBTQ individuals of all ages as they journey towards self-acceptance.

Dar is 74 years old from Northern Ontario, and retired as of 2004. She came out two years later in 2006 as a male-to-female transgendered individual. Since coming out Dar has become heavily involved in transgender activism. She is a founding member of Transgender InnerSelves [TG InnerSelves], a transgender advocacy and education group, in Northern Ontario. She is down from Northern Ontario to visit Florence and Katherine.

Donna, age 67, known to their family as Don, is comfortable in both male and female roles. Donna is happily married to their wife Partner D and a father of two grown sons. They are retired from a career in the automotive production industry. Sporting a short, loosely permed blonde hair and glasses, they currently perform as a female impersonator. Some of their acts include Patsy Cline and Doris Day.

Rita is a self-proclaimed mouthpiece, which she attributes to her fiery red hair. She is a 60-year-old male-to-female transgender individual. She came out in 2012 during a CBC Radio interview about transgender rights. While she is currently a self-employed computer consultant, she somehow finds the time to be heavily involved in transgender advocacy and education through TG InnerSelves with Dar. She is down for a week's vacation with Dar. She came out shortly after hearing a radio interview with CBC.

Bill is a 67-year-old gay man who is 5'7" with short white-grey hair. He is joyfully retired from a career in healthcare and loving every minute of it. Bill is newly married to Partner B after 43 years together. He and Partner B are together day in and day out - going shopping or out for coffee, spending summers at their trailer on the lake, or spending time with their families.

4.1 CHANGING LANDSCAPES

FADE IN:

TUESDAY, FEBRUARY 11TH: MID-AFTERNOON - STREET LEVEL

People of all shapes and sizes, coming and going, surround us as the smell of barbecued hotdogs wafts from the hot dog cart up the street. Directly across the street, on the corner, we see the charming green wood trim and large logo (a steaming cup of coffee) prominently plastered on the large front window of Main Street Café. We follow **Katherine** - who is wearing black boots, black pants, red Columbia winter jacket, and black wrap-around ear warmers - as she winds her way through the crowd. She passes a magazine stand on her way to meet her wife, Florence, and Dar at the café.

CUT TO:

INTERIOR MAIN STREET CAFE - CONTINUOUS

Main Street Café is a sort-of unofficial daytime LGBTQ hub in the community. It is a trendy, eclectic venue boasting a wide array of mix-matched café tables (of all sizes) and chairs, sofas and armchairs

positioned around rustic coffee tables. A variety of ornate rugs cover the worn light pine floors. Aside from the front window, the interior walls are exposed red brick; remnants of cream-coloured plaster spot the walls.

Katherine enters the café, looks around and spots Donna and Rita, who are seated in a nook just inside and to the right of the café entrance. She waves to them and then spots Florence and Dar and makes her way to the counter to place her order and then joins Florence and Dar. **Florence**, wearing a navy blue crew neck sweater with faded blue jeans, is seated on one end of a two-person sofa. She is saving a spot for Katherine. **Dar** is seated across from Florence in an armchair. She is wearing a lavender soft knit turtleneck sweater with black slacks and black leather boots. The low coffee table between them holds their mugs and treats.

Setting her coffee mug on the table, Katherine takes off her winter coat and tosses it on the arm of the sofa. Underneath her coat she is wearing a salt-and-pepper Roots 1/4 zip sweater. She speaks as she takes a seat next to Florence on the sofa.

KATHERINE

Hey ladies! Hope you weren't waiting too long.

DAR

No, not at all! We only got here a couple minutes ahead of you. How was your skate?

Katherine and several of her old coworkers get together every other Tuesday to go skating. Something they have done for the past couple of years.

KATHERINE

So good! A little crisp but good! We went to the outdoor rink up town this time. There's just something about skating around as the snow falls. Only down side is now I'm frozen and I'm going to have to get my skates sharpened before tomorrow night's game.

FLORENCE

Oh, well you might as well stop in at the shop on your way home. But I'm glad you had a good time, hun!

KATHERINE

Anyways! What were you ladies talking about?

DAR

I was just telling Florence about growing up knowing I was different with no information whatsoever. There was no Internet to go to for information whether it be social, medical, or whatever.

KATHERINE

There really wasn't much back then eh! This isn't quite as long ago but when I first came out - after 20 some odd years of marriage - I felt like a pariah of society, like there weren't many of us women. In fact there was one woman on campus who didn't want to have anything to do with me because then she would be gay by association. And that was just awful. That was a terrible time.

DAR

That is awful! I was fully out to be who I am about 8 years ago and up until then it was one fearful life. I was always looking sideways over my shoulder and whatever have you. Thinking is somebody looking at me? Happily, I no longer have to do that. Now I can pretty much go anywhere without having to worry. Also, I know of too many people that were totally disowned by their parents. They kicked them out, didn't want anything to do with them and the whole bit. Luckily, I think society and families in general are more accepting now. There's no reason to hide anymore.

KATHERINE

There does seem to be a changing landscape, that's for sure!

FLORENCE

Ya, I know I'm done hiding. Things are definitely different now. I feel very positive about the future in that sense that I don't think it will be as rough for us as say 20 years ago. I don't think we'll be outcasts in any way. So it's changing - happening one person at a time!

DAR

Everything is changing so much! I mean things are going way

beyond what I ever, ever dreamed of! I always thought maybe someday, but not in my lifetime. Boy oh boy was I wrong! Mind you, I still have a few people from out of town email me asking if there is any particular place that they can go for a pedicure or something like that? You know, are they friendly with us and whatnot? And my reply is always, 'friendly? Yes! They are all friendly with us. You have no fear here. None whatsoever.' So you know and that's a good thing I think.

FLORENCE

That's definitely a good thing. I mean things still happen but not to the degree it might have 20 years ago. And I think a lot of it has to do with all the advocacy and education that has happened over the past 20 years. And even that has changed too. Until the last 10 years, most gay people would look down their noses at gay organizations and activists.

DAR

For sure! In the last year and a half or so, the other members of TG Innerselves and I have been very vocal; just getting out and letting people know who we are. That's my goal - to get out! I want to make things easier for the younger generation that's coming up. You know I can't do too much for me right now anyways because I'm too old. But that's not the point. The point is I would like to make it easier for them. So we're reaching out in every which way that we can.

KATHERINE

So even though things are changing, there is still a lot of work to do.

FLORENCE

Now I think the parish I was clergy in for four years would accept me more now than they would have back then if they had known I was gay. So I kept my mouth shut which was a huge mistake. Now I look back on it and I think I should have just taken my lumps but I didn't want to (laughs). I don't like lumps. So I didn't. So there are some regrets about that. And you know what, it's this younger generation who are more accepting and more knowledgeable too. Like my

daughter goes to the gay pride parade every year but I would not be caught dead in the gay pride parade.

KATHERINE

So both Florence and I go to the Mennonite church now, right? And we're an accepted part of the church. It wasn't always that way...

FLASHBACK TO:

INT. MENNONITE CHURCH HALL - MORNING (1998)

Katherine is sitting in Sunday school (which is a discussion group that takes place following the Sunday service), about midway in the group and slightly to the right of the projector screen. They had just finished a movie and are beginning their discussion.

FELLOW #1

Ahhh, if we're gonna talk about homos...(trails off into mumbling).

FELLOW #1 and other group members continue banter back of forth dwelling on the topic of "homos." FELLOW #2 is trying to bring the groups focus back to what the movie was about. Finally, Katherine raises her hand.

KATHERINE

We are your mothers and your fathers, we're your brothers and your sisters, and we're gay!

Katherine is barely able to finish her sentence because she is crying too hard to get out another word. She leaves for the washroom. Her friend follows her into the washroom.

FRIEND #1

If you want to leave, I'll go with you.

KATHERINE

No, I have to go back.

Despite being really distraught, Katherine returns to Sunday school and takes a seat in the back. Arms folded over her chest. After Sunday school has wrapped up six people approach Katherine and thank her for sharing. Katherine begins to cry again. Her friend takes her home where they have a cup of tea and chat.

FRIEND #1

I don't understand but you're okay.

BACK TO PRESENT

KATHERINE
(continued)

...but now they see us as a couple. Our photo is in the directory. It has our wedding date and it says Florence's children and Katherine's children. And there's even one woman who calls us 'the girls' and she says, 'we need you. We need you girls.' So, the church has undergone a lot of change!

FLORENCE
(nudging Katherine as she begins speaking)

Oh! Remember that time we were at a breakfast at another Mennonite Church. It was a fundraiser for something. And I was talking with the person beside me when I said to you (pointing at Katherine), 'I don't know whether to come out or not.' Then the woman said something and you said, 'Oh yes, we're a couple.' And this woman said, 'Oh I know you... You're that gay couple that goes to the other church!' So we're the gay couple that goes to the other church.

The three ladies laugh.

KATHERINE

I am finding it amazing how many people now when we say "oh we're a couple" say "oh ok!" This is not something that you would have expected to see 30 or 40 years ago. It would have been "get outta my life, get away from me." We use the term - my wife. And that does not normally cause any reaction anymore. By and large there's no problem.

FLORENCE

Ya, in general there's acceptance... but there's still something there. I think we could use more advocates. Like parents who can talk about what it is like to have a gay child and what a positive thing it is and how it contributes to the family and all that.

DAR

I completely agree! I'm still looking for more acceptance too, especially for the transgender community. There has to be a complete change in society's understanding of gender identity and sexual orientation. We are 30 years behind the gay movement in terms of the understanding - people are only just beginning to accept us as persons. There is still so much violence and discrimination going on today. More and more is becoming understood that being gay is not a choice, there's still work to be done for the transgender community. But it seems like there will always be the flat earth people that feel that it is a choice and the rest of that. But for the most part, society is changing.

Florence, Katherine, and Dar continue chatting while they snack on their fresh-baked treats and sip their hot beverages.

CUT TO:

INT. MAIN STREET CAFE - CONTINUOUS

The camera pans across the café, as we shift our focus to **Donna** and **Rita**, who are seated in a little nook just inside and to the right of the café entrance. They sit facing each other; each is seated in an armchair. There is small round coffee table, upon which their steaming coffees sit, between them. Rita is wearing a white long-sleeved blouse, accented by a string of pearls and pearl earrings, with navy blue slacks. Donna is also wearing a white blouse but with a deep red cardigan over top and black slacks. The two ladies met earlier in the week at the LGBT Dinner Club. We join them mid-conversation.

RITA

We've got a real social experiment going on up north. Basically, it was untouched ground. It's not like down here. Down here is where all the battles were fought. It's the war zone. Walls and fences have been put up; both sides rarely look at each other. Up north, no one knew about transgender anything. But that means we get to set the tone. We get to do the first introductions. We don't have to start with a war. The war has been won down here. The Ontario Human Rights Code (OHRC) has been changed. We can start it with a new day. And that's where it's different. Who knows maybe some of the things we're doing could be used down here someday!

DONNA

Ya maybe! Especially with all the diversity training the 50+ Group does with universities, colleges, and home care providers. We'd love to see what you girls are doing up there! Could probably learn a thing or two from the sounds of it.

RITA

Mhmm... And as society becomes more accepting, as we hear the tones of conversation changing in daily life, as those things change then more of us are going to come forward and finally be able to draw a breath and live our lives. That's when quality of life changes.

DONNA

I would say things are definitely a lot better now than they were 20 years ago. There's more general knowledge. Information is just more readily available because of the Internet. As far as we all thought back then, we were all alone. But there's also a downside, I used to be a member of a transgender support group that had well over 50 members. Now they're lucky if they can get 10 coming out to a meeting. Because a lot of people would rather sit at home in front of their computer where it's safe rather than go out. Though as far as I'm concerned it still doesn't touch actual physical, social, get-together experiences. You know bonding and so on.

RITA

Personal contact. Personal contact is what's going to change things. More of us need to get out there and do it. We need more people to share their experiences. It's when people begin to share and get out that's when it changes. You know? That's what's gonna happen. I want to pave the way for others that I know are out there, that are hiding, that are going to end up in these facilities, so they'll be understood.

DONNA

Exactly, we were at a trans event at the Holiday Inn in Dearborn a while back. And at the end of the weekend, we had the manager come up and we gave them a little token of our appreciation. And she said, "you know when you people

(referring to the transgender group) booked this we didn't know what to expect. We were a little worried, seriously. But after getting to know you, there are no more worries! We've had doctors, lawyers, judges, police, and business people in here; everybody looks down their noses at us. But you treated us like equals, you are saying this is me, this is who I am. You accept me, I accept you. We can't get over that. We have never been treated so good in our lives." And the biggest thing I've found with the trans community is on the whole, especially the cross dressing group, the more you accept me for who I am, I accept you for who you are. We'll get along. BINGO that's it!

RITA

That's incredible! Not only has society changed a lot but a lot has also changed for me personally in the last 20 years. To me, 20 years ago, the only difference between being trans and a streetwalker was basically what was in the pants. As a result, I was at the height of my hyper masculinity. I was convinced this was something that was wrong with me and I had to work hard to make it go away. Let's put it this way, if it could be prayed away, I wouldn't be sitting here right now. I was in a very bad and confused state. In a lot of areas, I saw myself as a fake. I'm a fake dad, I'm a fake Christian. I'm a fake father. I'm a fake all these things, so I'm going to try 10x harder! And if I would have been caught out and dressed the police would have very likely put me in jail because they wouldn't have known what to do with me. And then job loss, embarrassment to family, all the rest of it. My viewpoint then is nothing like it is today!

DONNA

Wow! I've only just met you and I can tell you've come a long way. I can remember working about 25 years ago where there was general talk among the guys I was working with and somebody mentioned something about a homosexual teacher and this one guy says, 'I would never want my kid to be in a class or being taught by some queer guy. Blah, blah, blah... You know he's liable to...' And I said, 'Wait a minute, you don't want your son being taught by a male who likes men, but you would rather have your male child be taught by a female who likes males?' And he went, 'Uh, uh, uh...' You know it started him thinking because I was

trying to drum into him if this guy likes men he's not a pedophile anymore than a female teacher who likes males. But she's not a pedophile.

RITA

But that's what the perception of gays was back then. But when Toby's Law was passed in June 2012, oh my goodness! I was driving home from work when CBC Radio aired that Toby's Law had been passed. I pulled off on a side street and had myself a cry because I was so happy. I finally felt valid just the way I am. The change in me! This law put gender identity and gender expression into the OHRC. And now, we've taken the negative out of the fact that if you show yourself in these small communities everybody knows. And we've turned it into a positive. If I'm out and everybody knows anyway, then why not use that as an opportunity to say something. I'm free to say what I want now. I'm free to do what I want because everybody knows anyway. What more harm can come of it? Now I can do something good with it. I don't have to worry about the next discovery.

DONNA

I think all in all we're being accepted a lot more now than we were. Not only the Internet but there's been a lot of programs on television where they've highlighted gay or transgender or whatever. Right now, what's the popular one on? My wife watches it just about every night too. Modern Family! It deals with a gay couple raising a single child but the show has been on for quite a while and it's extremely popular. I think it's helping people accept the idea of LGBT a lot more than they used to. I mean especially the young kids coming up today, the high schools with their clubs and accepting groups and so on. It's really a big thing because back when I was in high school you wouldn't say the word gay. But again I'm going back 50+ years. I think mainly the exposure and education kind of covers it all.

RITA

Exposure for sure! But all education in the world is not going to change things. Education alone doesn't do it. It's inspiration that makes the education work. Without inspiration you can pack in all the education you want, you can put up all the posters you want, can hold all the

seminars you want, unless there's inspiration things don't change. Inspiration is what we need. Inspiration is what drives change or good change I should say. Now for the transgender community, there has to be a complete change in society's understanding of gender identity and sexual orientation. We are 30 years behind the gay movement in terms of the understanding. Take a look at the states and what's happening there. Look at how the numbers are changing. But we're way behind we're about 30 years behind them. I'm talking about the trans movement.

The two ladies continue chatting as we fade out to a bird's eye view of the café; catching a final glimpse of the two groups.

4.1.1 DIRECTOR'S COMMENTS

REFLECTING ON THE HISTORICAL LANDSCAPE

The above scenes describe the changing landscape experienced by my participants and the LGBTQ community as a result of the progressive shift in perceptions, attitudes, and acceptance of the LGBTQ community over the past 30 years. Travelling back to the late seventies and early eighties, the landscape for an openly gay, lesbian, bisexual, or transgender Canadian (the term/identity of queer had not yet been reclaimed) was not welcoming or accepting of LGBTQ individuals – as highlighted earlier in our review of the literature. During this time period Canada, and North America more broadly, was at the height of the AIDS epidemic. Not only was the LGBTQ community battling the devastating autoimmune disease, but also had to deal with widespread harassment and stigmatization. Despite the decriminalization of homosexual acts for consenting adults over the age of 21 in 1969 (Cossman, 2002), many members of the LGBTQ community – regardless of whether or not they were open about their sexuality or gender identity – and even individuals perceived to be LGBTQ were the targets of physical, verbal, and emotional harassment. As a result, many LGBTQ individuals remained closeted out of fear of alienation, harassment, and, ultimately, rejection by family, friends, and coworkers. In particular, my participants who identified

as transgender shared experiences of feeling threatened and unsafe in their communities – feeling the need to constantly look over their shoulders. While not all of my participants had direct experience with the homophobia and discrimination of the past, many of my participants commented on feeling the need to hide, or camouflage, their sexual preferences and/or gender identities out of fear of rejection and alienation in the past. For example, Sarah shared how she hid her lesbian identity in order to be accepted within the Anglican priesthood, as well as by her parish, whereas today she is completely open about her sexuality with her parish. While, today, all of my participants have come to a place of self-acceptance, some continued to hide – or negotiate – their identity(ies) for certain individuals or in certain contexts (This will be discussed more in-depth in the next section). As grim as LGBTQ history has been, there has been tremendous progress and movement towards equality and understanding, largely due to the growth of gay rights activism and advocacy, over the past 30 years – especially in Canada. Such that, many of my participants commented on how the landscape (i.e., societal attitudes and level of acceptance) has already changed beyond their dreams over the past 20 years – and the changes continue as you read this thesis. When looking at the Canadian state of affairs, in comparison to the American context, it is easy to feel fortunate as a LGBTQ individual living in Canada today. As Canadians we enjoy marriage equality, as well as legal protection against harassment and marginalization based on sexual and/or gender identity. Some of my participants talked about the importance of changing laws, advocacy work, and personal growth as the driving force behind the changing landscape.

CHANGING PERCEPTIONS AND POLITICS

Until relatively recently it was socially, medically, and legally acceptable to discriminate against LGBTQ people in society. However, there has been immense social, medical, and legal progress over the past 30 years. Following the decriminalization of homosexual acts in 1969, homosexuality, or same-sex desire, was removed from the Diagnostic and Statistics Manual of Mental Disorders (DSM) in 1973. In 1981, police raided a bathhouse in Toronto causing thousands

of people to flood the streets of Toronto in protest – commonly known as the Toronto Bathhouse Raids or the Canadian Stonewall. In fact, one of my participants was active in establishing the Right to Privacy Committee born out of the Toronto Bathhouse Riots. Today, the “Bawdy House Laws” are still listed in the Criminal Code of Canada and infrequent raids still occur (Cossman, 2002). Sexual orientation was added to the Ontario Human Rights Code (OHRC) as a prohibited ground for discrimination in 1986 (and into the Canadian Human Rights Act in 1996) (Smith, 2006). In July 2005, the Canadian Senate passed Bill C-38 ensuring marriage equality for same-sex couples across Canada (Smith, 2006). Finally, for transgender individuals, gender identity and gender expression were added to the Canadian Charter of Rights and Freedoms in 2012 ensuring the right to be free from discrimination and harassment – Bill C-33: Toby’s Act. However, gender identity disorder remains a diagnosable mental disorder (Legislative Assembly of Ontario, 2012). It is also evident to my participants that the landscape has changed as we see more and more LGBTQ characters and programming and coverage in the media. Additionally, the Internet helps to increase awareness and education, while also potentially decreasing isolation (Cashore & Tuason, 2009). As a result of these changes, a growing majority of gay and lesbian individuals, including some of my participants, no longer feel the need or desire to hide who they are – or at least it is significantly lower. It appears that age and the passing of time has given these individuals a sense of comfort in who they are. Perhaps as an extension of being more out and open, the fear of rejection, alienation, discrimination, and harassment, while still present to an extent, is substantially lower. It is clear that legal progress has contributed a great deal to expanding the rights of LGBTQ individuals in a variety of ways: to act on their sexual identities, to be protected from harassment and discrimination, and to be united in marriage (Keck, 2009). Additionally, the LGBTQ community has been a crucial component in challenging policies and policy-making in the healthcare field through AIDS activism and illuminating the unique needs of transgendered individuals (i.e., sexual reassignment surgery) (Smith, 2006).

LIVING IN AN EVOLVING LANDSCAPE

According to *A Shifting Landscape*, an American report by Jones, Cox, and Navarro-Rivera (2014), Americans believe that living openly as a gay or lesbian person in their community is easier today than it was even a few years ago. Paradoxically, approximately two-thirds of Americans also believe that gay, lesbian, and transgender Americans still face a lot of discrimination, more than in 2009. Now, you may be wondering why as a Canadian researcher I have chosen to highlight American statistics. Simply, the answer is because Canadian equivalents do not exist. As a result, I ground much of my knowledge in American statistics and literature to provide some context for my study. So, although there has been enormous social, medical, and legal progress over the past 30 years, in both Canada and the United States, it would be naïve to believe that the longstanding prejudices within society are simply erased when changes, such as Toby's Act, are made. However, more often than not an immediate shift to total acceptance is expected. As an example from the literature, LGBTQ residents of Toronto have enjoyed the increasing tolerance and acceptance over the past 30 years. However, when we venture below the surface that area tells a much different story as we are faced with the scars left behind from the battles fought for social, political, and cultural acceptance of LGBTQ individuals (Nash, 2006). However, all of my participants were astounded by the enormous progress they have witnessed in their lifetimes and believe that the treatment, acceptance, and rights of LGBTQ individuals, is better today than it was. Despite this sense of progress, many are still looking forward to more acceptance and more changes in the future, especially the transgender community. As noted by my transgender identified participants, the changes for transgender rights and freedoms are only just beginning since the transgender 'movement' is approximately 30 years behind the progress of the lesbian and gay movement. Even still most of my transgendered participants are impressed with progress over the past ten years, as they did not expect to see such changes in their lifetimes. It is therefore apparent that the landscape is changing, but some discrimination and misunderstandings still occur, as illustrated in the scene

where Donna talks about the impact their transgender group had on the hotel manager and staff. Therefore, while being amazed by the progress thus far, clearly a lot of work remains to be done through raising awareness and changing discriminatory practices and attitudes.

The highly positive comments about Canada's changing landscape, as well as the rate at which these changes are occurring, are in sharp contrast to much of the current literature on LGBTQ older adults, which is predominantly grounded in an American context. Grossman, D'Augelli, and O'Connell (2001), Butler (2004), and many other scholars (Brennan-Ing, Seidel, Larson, & Karpiak, 2014; Jenkins-Morales, King, Hiler, Coopwood, & Wayland, 2014) agree that lesbian, gay, bisexual, and transgender adults over the age of 60 have become incredibly adept at being hiding their sexual orientation and identity, which in turn leads to the invisibility and poor health care and service access. Additionally, in their report, American scholars Jones, Cox, and Navarro-Rivera (2014) state that only 41% of Baby Boomers (ages 49 to 67) and 29% of the Silent Generation (ages 68 and older) agree that American culture and way of life is better for LGBTQ individuals. A majority of both groups believe American culture and way of life has gotten worse since the mid-20th century mark. However, I do not necessarily buy into this belief that today's society is anything like this, let alone in anyway worse than it was 30 years ago. In fact, it was precisely this belief that sparked my interest in studying LGBTQ aging within the Canadian context. But what I did not, however, anticipate were such overwhelmingly positives statements from my participants regarding how much things have changed for the better in Canada. As a result many of my participants (namely the participants who identified as lesbian or gay) were relatively unconcerned about the future. Despite being optimistic about the future, many of my participants cited the need for more advocacy and education, on both a macro and micro level, to further the significant progress that has been made thus far. Regardless of their sexual identity, the social stigmatization and gender-based prejudice experienced by transgender individuals, and other members of the LGBTQ community, remains incredibly prevalent in today's society – contributing to the shockingly

high rate of suicide and attempted suicide within the transgender population. Therefore, the need for strategies to increase societal acceptance is of the utmost importance (Clements-Nolle, Marx, & Katz, 2006). Porter and Krinsky (2014) investigated whether the attitudes and beliefs of older adult care and service providers can be positively affected as a result of LGBT cultural competency training. They found a significant improvement in providers' awareness of LGBT issues and resources resulting in a positive change in mainstream older adult care and service providers. An increase in education and awareness may, therefore, bring about more positive change in the years ahead.

4.2 NEGOTIATING IDENTITIES

FADE IN:

SUNDAY, FEBRUARY 9TH: EVENING - KING STREET IN A TOWN IN SOUTHWESTERN ONTARIO

Looking down on the north side of King Street from a rooftop (from right to left) we see the dark forest green horizontal engineered wood siding and dark red and green striped awning of the Cravings Ice Cream Shop; the square sign above the door and snow-covered flower boxes of Dot's Cafe; and finally, the front facade of the two-story Julio's Mexican Restaurant with its impressive dark wooden double doors framed by cacti and desert grasses planted in bulky, round bright Aztec blue planters.

We zoom in from the rooftop view to follow Katherine, Florence, and Dar as they weave their way up the street through the hustle and bustle of early evening pedestrian traffic to Julio's Mexican Restaurant on a frosty evening in February.

Running late, the group of three passes under the dark green and red striped awning of Cravings Ice Cream Shop, past the entrance of Dot's Cafe before entering Julio's through the heavy wooden double doors. We pass by the Hostess standing behind a waist-height, light pine coloured table, flanked again by cacti and desert grasses planted in terra cotta planters. The Hostess stands beneath a Julio's sign hung on a magnificent 9' "glowing" (LED lit) blue wall. All the restaurant patrons hang their coats in an area to the left of the hostess.

CUT TO:

INTERIOR JULIO'S PARTY ROOM - CONTINUOUS

We enter the party room, as seven party guests are in mid-conversation. They are waiting for the final three to arrive. The party room, located in the back right corner of the restaurant, is sectioned off from the main dining rooming by a 7' light pine woven lattice wall. Inside is a table set for 10. Panning around the room, seven of the guests are already seated around one end of the table. **Donna** is sporting a bright blue, flowing calf-length dress with a V-neck. A heart-shaped diamond pendant necklace, diamond earrings, white purse, and white heels complete her ensemble. **Bill's** aqua blue collared dress shirt compliments his bright blue eyes and welcoming smile. Both are here tonight with their partners, Partner D and Partner B respectively. Partygoer A is at the head of the table, Partygoer B is to her right, Donna and Partner D, Partygoer C, and Bill are seated to her left, Partner B is seated opposite Partygoer A at the other end of the table.

The group is deep in conversation as Katherine, Florence, and Dar approach the party room.

BILL

Exactly Donna! Partner B and I have always believed you don't get inclusion by excluding yourselves! It's all about...

HOSTESS

(Walking into the party room; cutting Bill off mid-sentence)

Here we are! Your server will be with you in a moment. Enjoy your evening.

Katherine, following the hostess, is the first to enter the room. She is wearing a pale green golf shirt, black slacks, and small diamond stud earrings that match the playful twinkle in her eye.

KATHERINE

(to the Hostess)

Thank you!

(speaking to the group as she takes a seat across from Bill)

Sorry we're late! We were waiting for someone (motioning towards Dar with her eyes) to get ready. I swear she takes longer to get ready than I do (laughs)!

Florence, the next to enter the room, is dressed in a soft pink sweater set, dark blue pants, with a small string of pearls around her neck - a conservative style that matches her reserved, soft-spoken demeanor.

Dar trails in behind Florence. She has short blonde, curly hair with bright blue eyes behind silver framed glasses. As she enters the room, all guests take notice of her layered silver chain necklaces over a V-neck leopard print dress that falls just below her knee.

FLORENCE
(takes a seat beside Katherine)

Hi all! Thanks for waiting for us. I'd like you to meet Dar, a friend of Katherine's sister. She's down visiting us for the week. Dar, (motioning around the table) this is everyone!

The group welcomes Dar with a mumble of hellos, waves, and handshakes. Partygoer A stands and moves towards Dar to shake her hand.

PARTYGOER A
(shaking hands with Dar)

Welcome, welcome! Come on in and have a seat.

DAR
(takes a seat between Partygoer B and Florence)

Ohhhhhh thank you all for such a wonderful welcome! I'm so sorry for being late, especially since I think we were missing a fascinating discussion (motions for Bill to continue).

Bill continues now that everyone is seated.

BILL

I was just saying that acceptance and equality is all about presentation. Take Partner B and I for example, we're not like those flamboyant gays who are just out there being ridiculous instead of calming down. That just sends the wrong message to the general population. Our sexual orientation is not the first thing people find out about us. We're just 'the boys.' I'm 67 and we're the boys!

(laughs)

FLORENCE

Right, I'm not Florence the lesbian. I'm a person first. Plus I don't like the label. I'm a whole lot more than that when you take the time to get to know me, rather than solely judge me on my sexual orientation.

KATHERINE

It's just like I said to my church when I came out - We are your mothers and your fathers. We're your brothers and your sisters. And we're gay. It's who you are that makes the difference, not what you are. It's not that it's me who's the lesbian. My name is Katherine. You know?

Silence falls over the group as they stop to think about what Katherine has just said. After a few short moments, Dar speaks.

DAR

One of the main things that I try to get across to people is that when it comes right down to it, being transgendered or gay or lesbian or straight doesn't matter. It's not something you become, it's something you are born with. I mean I've known ever since I was young that I was different. Now it took me a long time to come to terms with it, but now I just go out and I am who I am. I don't care who looks or whatever.

FLORENCE

I hear you, Dar. Now I'm closeted less and less compared to say 10 years ago. I just will not do it now. Like when we go to the hospital, 'She's my friend' and all those things we used to say. Well that's bullshit! Katherine's my wife (laughs).

The server enters the room to introduce herself and take everyone's drink order. The group orders a round of waters and two bottles of Cabernet Sauvignon to have with dinner.

FLORENCE
(continues)

I think being closeted makes you sick. People need to focus on being authentic. That's huge - seeing your gayness as a creative, beautiful thing to be offered to society. Oh! I

could talk for hours on the need to be our authentic selves.

DONNA

Mhmm... It's interesting that you use the term authentic. Like I used to spend big bucks to go to trans events. But now, since I know I can go anywhere and basically do anything we don't worry about going anymore. I know I can pass and I'm comfortable and confident with doing that. I've gone out like this all around El Paso and Kady, Texas, Vegas, and Galveston, all over the place. Besides the majority of people who go to those events can't do it at home and really have nowhere else to go or are too shy to go shopping.

DAR

Actually, what made me come out back in '06 was I got an email from a friend of mine. She sent me a poem written by an 83-year-old woman to her best friend. It's called, 'I Hope You Can Dance.' I'm not sure if you guys know it or not. But it made me realize that I don't know if I'm here tomorrow, so I might as well enjoy my life as long as I have it. And I'm gonna be who I am. So right now, I would say that I'm living 80% of my life as female and that's what I want to do. That's who I am.

BILL

For Partner B and I, we let the camouflage down after our parents passed. And fortunately for us, our families were all very accepting. But we camouflaged a lot to protect our parents. However, I do think that my mother had us figured out. But I never wanted to ask; I didn't want to tempt her into saying, 'Get outta here!' (swings arm as if swatting something out of the way) But that never happened!

PARTNER B

All in all, our life has been really easy, we haven't had any of the prejudice that some of you have experienced. We've never had anybody shun or walk away from us... amazing actually! But I think it also has to do with how we've lived - we're quiet people. But I think a lot of it is presentation. We're not... I hate to say it but I will... We're not flamboyant so therefore it doesn't put

people off. Like we've never really been active in the GLBT world... but we support it.

DAR
(excited)

Yes! You see half of them at Pride running around just about naked and whatnot. To me, they're sending the wrong impression. It's not the being naked that bothers me, don't get me wrong (winks), but it's when and where they're doing it.

DONNA

Partner D and I talked about this when I first started dressing, she said, "If you're gonna do it, you dress your age, you dress appropriate, and you don't go out half-dressed. It's all or nothing! If you're out and about, people are going to look at you and if they decide you are a guy, then they are gonna end up saying, 'Oh that outfit's nicely put together' or 'Trying hard to look good, I'll accept it.' But if they see you looking half-assed then they're going to be right down on you." But it's also how I handle interactions or confrontation. Like if I handle it with confidence, then no big deal. If I get backed off and start making excuses and so on, then they're going to look down on you. For example, a lot of guys get started at a later age, so they might be an older man but they're more of a young lady. And they're trying to dress like a young lady, which means the styles they're wearing are not suitable. But they think this is feminine, this is what looks good. Some of them eventually realize it and change the look but there's some that think, "oh no! This is the epitome of femininity."

The conversation is halted as the server returns with the groups drink order and begins to take everyone's dinner order.

CUT TO:

SATURDAY, FEBRUARY 15TH: DUSK - DONNA'S STREET

As snow lightly falls on a frosty February night, we look down from a bird's eye view on Summerhill Court. Looking up the street we can't help but notice the only house still twinkling with red and green Christmas lights on its eaves. Panning up the street, whizzing past

two homes, our focus turns to the soft yellow light pouring out of the front bay window of the one-story bungalow on the corner. This is Donna and Partner D's home. On the corner of Summerhill and Cambria Street, the lawn and small flowerbeds are covered with fresh white snow. The perimeter of the house is lined with snow-covered boxwoods; the green branches poking through the blanket of snow. Looking through the bay window, an antique dark oak mirror back sideboard buffet is centred on the wall to the right. Scanning to the left, there is a half wall (~4') with white spindles continuing to the ceiling. We can see Partner D fluttering around the kitchen through the spindles. Continuing to the left is the door to the front hall next to which is a dark oak china cabinet with glass doors displaying an impressive collection of crystal dinnerware and knick-knacks.

CUT TO:

INTERIOR DONNA'S DINING ROOM - CONTINUOUS

Entering the dining room, we see three ladies seated around the solid oak dining room table. There is an empty chair in front of a half-drunk glass of wine. The three ladies - Donna, Dar, and Rita - are engaged in a deep discussion. The fourth, Partner D, is in the kitchen finishing the supper clean up and making a pot of tea. *Rita is wearing a light pink long-sleeved shirt and knee-length black skirt with a long jeweled necklace around her neck.*

DAR

... I didn't come out until 2006. Now I am who I am. I don't care who looks or whatever.

RITA

It was those negative perceptions that drove me into hypermasculinity. I thought that if I just tried to be a better man, it would go away. So coming out later in life, the amount of time we have to grow up as women is limited. Here's another stark point that I found out through talking to so many people online. When we begin accepting ourselves, and by that I mean actually doing something about what's inside, we start out with a psychological level of about a 14 year-old girl. But that 14-year-old girl is in a 50 year-old body! We don't get out of it. We have to grow up all over again. Imagine the conflict, imagine the struggle, and no mentor. No one to help us, we have to keep it secret.

DONNA

It's definitely a long journey. I mean years ago I would have loved to present as a female but I didn't have the confidence, I didn't have the knowledge. But even what I do now, the thing is you've got to compromise. In my case, my family accepts me as a female impersonator. They don't mind seeing me dressed in that way but to go over to their house for a visit - no. They want their brother, or their son, father, whatever. So I mean as far as I'm concerned it's all compromise. So you've got to be willing to go both ways. Take my wife as an example... She's not only my wife (looking at Partner D, she's my best friend. And she knows that if she needs her husband he's there and if she wants her girlfriend, she's there. Now, she wasn't always comfortable with my dressing and I didn't want to push the envelope. Back then I would only dress when I came home from an afternoon shift - while the family slept. It took time. Actually, Partner D just about floored me when she agreed to come to a trans event! Oh when was that? About 20 years ago...

Partner D returns from the kitchen carrying a tray holding a tea pot, 4 tea pots, milk, and sugar. She sets the tray on the buffet and takes her seat at the table. Leaving the tea to steep a few moments later.

PARTNER D

Ya, I'd say about that long ago. That's when things really started to change for me.

DONNA

But most people know me as a performer and as such they accept what they see. But the big thing is as you can see right now, I try and dress to blend in. The only time I really want to be noticed is if I'm on stage because that's what you're trying to do. You're trying to draw the crowd's attention but when I'm out in the general public I just dress to blend in.

Donna pauses as she stands up and pours herself a cup of tea. She continues talking as she mixes in a teaspoon of sugar and a few drops of milk.

DONNA (continued)

I don't tell them that I'm not just a performer, that I

like dressing in women's clothing. Why should I? They don't need to know that since I'm comfortable with both roles and I don't want to go all one way or another. As far as I'm concerned when I'm dressed as a male, I'm male; when I'm dressed as a female, I'm female. That's my identity, it's almost a mind change rather than cross-dressing. Now I can go out anywhere - to the doctors or to the store - dressed. I've been out shopping as a guy and found a dress I liked. So I went up to the salesgirl and asked for a dressing room. Now, I carry a few photos of the different characters I do so when I'm in those situations I can show the sales girl and they are more than helpful.

The look on Rita's face shows that something about Donna's experiences isn't sitting well.

RITA

Hmmm... It's different for me. I relish the fact that I'm not one of the 'passable' ones. I'm a Barbie doll that got put in the fire and melted. It's very easy to know and see who and what I am because it means those questions are already answered. I don't have to worry about being discovered. That's freedom. However, when it comes to my family, I don't get to be me. I cross dress for their sake. It's uncomfortable for me but I do it for them. But I'm making it change though. I think that when you come out, it's all or nothing. You can't stay caged in anymore. There's no such thing as being half out which means everything about your life is going to change. You have to rediscover, redefine, remake everything about your life. Am I going to lose my spouse of 36 years? I don't know. Will I be alone in my later years? I don't know. What about my children? I have four of them. How are they going to view their dad in an old age home in a dress? I don't know. But that's the scary part... I. Don't. Know. Now with the wrong viewpoint, I could allow my experiences and perceptions to poison me, make me bitter, doubt myself, and drive me in a very bad direction. There's a reason the transgender suicide rate is 43%. But through...

DAR

(interrupting Rita)

Especially for us girls! We tend to get too caught up on leisure rather than the hard work of development. We damage

ourselves and get stuck at a stage where it's all about going out here, going out there, doing this, doing that, rather than doing the hard work of becoming a full person. This is a big problem for us seniors because all your life you've been constrained to a role, to an identity imposed by others and now you finally have a little bit of freedom to explore some of these things as, dare I say it as it sounds so crude, a different person. You forget your maturity and you don't do your due diligence. It's kind of like if you've been starving for a long time and someone puts you in front of a buffet, you want to gorge yourself. So pick the things you most want to eat rather than the things that are good for you. You can find us in the bad places doing inappropriate things because we're settling for the candy and the chocolate rather than taking the time for a full wholesome meal of leisure. And we hurt ourselves. Often times drugs or alcohol are involved, especially alcohol for seniors because it breaks down the inhibitions and fears that have been built up. So we go to places to drink and try to let our inhibitions down and be ourselves. I find a lot of girls in my age group are curiously drawn to the bar scene.

DONNA
(interjecting)

Bars? Really? I'm a social drinker but I don't go into bars looking for people unlike a lot of single girls. Plus most bars are just too darn loud. I worked at Chryslers for 31 years. It was noisy in there that I lost some hearing over the years. So I don't have to be exposed to real loud noise. We go to the senior retirees dances at the Moose. I buy one beer and that lasts me the afternoon. That's one day a week. I have a little bit at home but again it's like one shot or one glass of wine with supper. Even in the evening we don't go to bars, we're past the age of that!

RITA
(continues from before)

From what I can discover with conversations with other trans women is we don't know how to do leisure. We've been starved for this for so long, we gorge on self-gratification in not good ways. But through some happy accidents, I went the other way. If it felt that bad back

then, what can I do to do something that not just feels good in a deeper, more wholesome sense. I found that without denying that time, without being sorry for it I could build upon it and make me into the person I am today. Your viewpoint makes all the difference. For us late-bloomers, we've been trying to do something about this all our lives and now we have to come out and earn our womanhood in our later years.

DONNA

Yes! Well I think I know what you mean by we need to earn our womanhood. It happens to me all the time at my shows, ladies are always saying, 'We hate you! You look so good!' But then I go up to the ladies and I say, 'Well look, I'll put it to ya this way. You get up in the morning and no matter how bad you look, you look in the mirror and you see a female, right? Ya. I get up in the morning and no matter how good I look, I look in the mirror and I see a guy in his late 60s who needs a shave.' And they go oh I guess we don't hate you that much. (Laughs) I said, 'I've got to work at this. With you it's natural. But no I have to work at it.' Is that sort of what you mean?

Rita pauses to think about Donna's example.

RITA

Sort of but there's another level to it too. For a trans woman, womanhood is earned. It is not given. Look at the word woman in two different ways: You can be a woman because of your biology and whatnot but that has a whole different texture to it. Or look at it more in terms of personhood development; your plumbing does not determine the real woman you're going to be. A biological female has a certain quality of womanhood to her by the very nature of the plumbing, but we don't. We have to earn our womanhood. By default we do not have it. Which means we have to work doubly hard at earning every bit of our womanhood. That means we paint womanhood using the same colours but where our pictures take on whole different tones and expressions. We have to earn it every step of the way. I'm still earning mine and you know what girls? (looking at each woman) So are you. You're still earning yours and we will be right up to our last breath. And that's the exciting part! There is no arrival. It's just a matter of becoming bigger and more wonderful.

4.2.1 DIRECTOR'S COMMENTS

The above two scenes offer a comprehensive illustration of the negotiations and sacrifices that members of the LGBTQ community feel they need to make – most often out of fear of rejection and discrimination – while on their personal journey to self-acceptance. Many of my participants shared stories and ideas that reflect the work that is done to negotiate multiple identities. However, while negotiation does appear to be a large part of LGT life, for many there is also growth towards (and ultimately, attainment) claiming one's personhood and identity.

SEEKING ACCEPTANCE

Firstly, the essence of seeking acceptance captures why LGBTQ individuals feel the need to negotiate their identity since identity disclosure brings both risk and opportunity (Jenkins-Morales, King, Coopwood, & Wayland, 2014). Both directly and indirectly, all participants expressed feeling the need to negotiate, or perhaps manage, their sexual or gender identity in order to be accepted. Similar to current research, all participants had negotiated their identity at some point in their lives, whether it was out of fear of rejection, stigmatization, discrimination, and/or harassment (Jenkins, Walker, Cohen, & Curry, 2010). Some hide from their partners, family or long-standing friends and acquaintances, others hide from distant acquaintances or work colleagues. It is different for each individual (Cashore & Tuason, 2009). Most of my trans-identified participants shared that from a very young age they knew, on some level, their true identity. While feeling completely alone, the social, cultural, and religious contexts in which they grew up kept them from understanding and accepting their identity until later life (Cashore & Tuason, 2009; Wilson, 2002). Many LGT individuals credit the media (i.e. the Internet, television shows, or movies) for providing their first experience of other LGBTQ individuals, thereby expanding their self-understanding and unlocking possibilities (Cashore & Tuason, 2009). Now, in the later years of their life, even LGT individuals who have been out and open throughout adulthood may selectively share their sexual or gender

identity, or completely retreat into the closet, out of fear of the potentially homophobic attitudes of staff and/or other retirement or long-term care residents when accessing mainstream services becomes necessary (Jenkins, Walker, Cohen, & Curry, 2010). To date, there is a shortage of services specifically for LGBTQ older adults; the general lack of knowledge and acceptance for LGBTQ individuals as they grow up has the potential to produce negative outcomes (i.e., alcohol and drug abuse, or suicide) as they search for supportive and accepting individuals, services, and communities (Faulkner & Hecht, 2011; Jenkins, Walker, Cohen, & Curry, 2010).

While some of my participants negotiate out of fear, others negotiate in order to mediate the reactions and overall well being of those closest to them, as well as the general population. Some participants negotiated their identities out of fear of disappointing or alienating others, specifically their parents (Cashore & Tuason, 2009). Many transgender individuals who come out later in life cite professional and family relationship commitments as reasons for negotiating their complex feelings of gender identity throughout the majority of their adult life (Hines, 2006). Within this study, the transgendered, as well as some lesbian and gay, participants commented on the desire to maintain their family and work balance as reasons for negotiating, or outright denying, their sexual or gender identity throughout most of their adult lives. For one participant, in particular, her negotiations for family life continue as she is the primary carer for her wife, a role which limits her ability, in terms of available time, to dress and present as female. Additionally, the mere fact that Dar is a primary carer is in contrast to current literature which states that the majority of LGBTQ older adults, when compared to the general public, are more likely to be a carer for someone that they are not related to, as well as less likely to be receiving care from someone who is not a legal relation (Croghan, Moone, & Olson, 2014).

For many transgender individuals, the above fears come to fruition as many have experienced others' denial of the existence of their identity, pressure, or perceived pressure, from loved ones to hide their identity, failure to be treated according to their expressed identity, and overt threats of

violence and harassment. As a result, many transgender individuals have done extensive research into their rights and generally assert their right to have and express their identities. They have also made efforts to advance these rights, but due to the lack of knowledge, understanding, and acknowledgement, living as a transgender individual can require significant energy as one must continually advocate or educate the public on one's identity (Cashore & Tuason, 2009). However, most transgendered individuals are able to name at least one person who has supported them along their journey. The support they receive is largely dependent on the openness of family and friends, as well as the pre-existing relationship dynamics (Cashore & Tuason, 2009).

NEGOTIATING PRESENTATION

Next, the essence of negotiating presentation captures *how* one goes about negotiating their identity/identities. How one negotiates their identity, or identities, is another area of diversity within the LGBTQ community. According to Rosenfeld (2003), lesbian and gay older adults utilize four basic passing devices in their day-to-day lives: concealing, covering, managing the movement between regions, and managing associations. Mechanisms of concealing involve achieving an appearance that aligns with dominant gender norms, (i.e., style of dress, or suppressing the use of gestures and mannerisms associated with a particular gender). Strategies for covering one's homosexual identity include constructing a heterosexual biography by reformulating homosexual relations into heterosexual ones; changing the nature of their relationships with members of the opposite sex (i.e., gay men turning their female friends into "girlfriends"); and engaging in heterosexual relations (i.e., marriages of convenience) while pursuing homosexual relations in relative safety. Throughout their lives, LGT individuals become sensitive to the situational nature of identity management; becoming adept in discerning which contexts are safe to exhibit one's sexual identity and those that are not. When it comes to managing associations, LGT individuals use these devices in various combinations depending on the context and interaction. Despite having some control over the disclosure and presentation of their internal identities, there is much less control

over the perceptions based on their external appearance resulting in being treated as an identity that is different from what they feel internally. For example, because of the social invisibility of bisexual individuals, people who do not know them may inaccurately assume that they are lesbian, gay, or straight based on their current relationship status (Cashore & Tuason, 2009; Gagne, Tewksbury, & McGaughey, 1997). Many participants shared stories of needing to be cognizant of and actively manage how their LGT identity, or identities, are presented to others by using hypermasculinity, distancing one's self from the LGBTQ community and its aspects that are viewed as undesirable, using leisure (i.e. going to bars) as a means of coping with negotiating identity, or living a blended life by juggling multiple identities depending on the circumstances.

One way of presenting, or expressing gender, is for the individual to present as many visual cues of their preferred gender as possible. For example, wearing particular clothes and/or makeup, performing certain behaviours, etc. For many members of the LGBTQ community, the process of presentation, or performance, is necessary for merging one's self-identity with the societal expectation for a particular identity (Gagne, Tewksbury, & McGaughey, 1997; Wilson, 2002). Feeling the need to perform their gender is largely for the purpose of legitimizing their claim to particular gender, or passing, to the general public (Wilson, 2002). For most female-to-male transgender individuals the focus is on "passing," more specifically the desire to be seen as gender-appropriate and as a result go unnoticed while out in public. Most often an individual's concept of passing is based upon stereotypical views of womanhood and femininity (i.e. softening one's voice) to the furthest point of reconstructive surgeries to facilitate one's metamorphosis. While this conception of womanhood and femininity may appear limited, it is an on-going process of trial and error on which the individual uncovers, makes, and earns an identity with which they are comfortable (May, 2002). However, for some the lack of desire, or refusal, to "pass" is freedom (May, 2002).

From a young age, many MTF transgender individuals felt the social pressure to fit into stereotypical masculine behaviours, essentially the requirement to act like a boy furthered their identity confusion, and feelings of deviance and self-loathing (Gagne, Tewksbury, & McGaughey, 1997). As an adult, many transgendered, MTF and FTM alike, individuals employ, either deliberately or unconsciously, hypermasculinity as a strategy for negotiating presentation. Hypermasculinity is typically associated with violence, danger, excitement, and manliness (Yerke & Mitchell, 2013). Particularly for MTF transgender individuals and gay men, there is the belief that if one tries to be a “better” man, their feminine characteristics and tendencies will simply vanish. This mentality rings true for Rita, a participant in this study, who identified hypermasculinity as one way she attempted to deal with her identity, stating that she felt like a fake man. As a result, many pursue careers that are physically strenuous or high-risk in order to prove their masculinity or “cure” themselves (Gagne, Tewksbury, & McGaughey, 1997). For example, many MTF transgender individuals are drawn to the military because of its value of traditional masculine values and ideologies (Yerke & Mitchell, 2013). Although the focus of this discussion is on hypermasculinity in MTF transgender individuals, female-to-male transgender (FTM) individuals may also utilize hypermasculinity. Similarly, FTM transgender individuals may be drawn to the military because it is an acceptable place for them to express stereotypical male characteristics; it is even encouraged (Yerke & Mitchell, 2013).

The social pressure, often from loved ones, to hide, or conceal, one’s identity often forces many members of the LGBTQ community to live to a blended life, essentially juggling multiple identities. Leading a blended life requires the employment of Rosenfeld’s (2003) devices for passing (concealing, covering, managing the movement between regions, and managing associations) as a means for managing one’s multiple identities. While the LGT older adults may be out and open in many aspects of their lives, they may be required, or feel the need, to negotiate their identity for the sake and comfort of their loved ones, who are not entirely accepting. For example, participants

shared stories of cross-dressing for their family's sake (i.e., not dressing as female at family gatherings), camouflaging their same-sex relationships as not to alienate their parents, or even leading a dual life as a father/husband while simultaneously being active as a MTF transgender activist and advocate. The inability to live fully as one's authentic self is physically and emotionally taxing (Gagne, Tewksbury, & McGaughey, 1997), and may result in a variety of negative outcomes, such as turning to alcohol or drugs to cope, suicidal thoughts and behaviours, etc. For example, some of my participants shared their experiences, or the experiences of others, with alcohol and bars as a means of coping with one's sexual and/or gender identity. Current research often suggests that higher rates of alcohol use and alcohol-related problems exists within the LGBTQ community, citing internalized homophobia and gay subculture as the reasons (Amadio, 2006).

When thinking about leisure in the lives of LGBTQ individuals, the first space that many people think of are gay bars, clubs, or drag. While there are obviously a wide variety of leisure opportunities for LGBTQ individuals, especially in today's society, these spaces, however, may be entirely welcoming, or even homophobic - requiring identity negotiation (Johnson, 2000). Embedded within the club or bar context is an immediate sense of comfort in being with a group of like individuals in a homosexual, or "safe," environment, essentially eliminating the need for negotiation (Johnson, 2000). Iwasaki and Ristock (2004) suggest that leisure spaces have the potential to physically, emotionally, and psychologically recharge one's self and assist in coping with homophobia. Therefore, it is fathomable that clubs and bars offer these benefits for LGBTQ individuals. That being said, as a result of spending leisure time in clubs and bars, some individuals may be more likely to use alcohol as a means of coping with feelings of internalized homophobia due to the youth-centric culture and use of bars as social gathering places within gay culture (Bux, 1996). Rita shared that in her experience a lot of transgender women are drawn to the bar scene as a safe space to embrace and test their femininity, with the addition of lowered inhibitions due to alcohol consumption.

While some are curiously drawn to the club culture often associated with the LGBTQ community, others prefer to distance themselves from anything associated with gay culture and lifestyle, viewing many aspects as undesirable, unnecessary, and/or inapplicable to their lives. Several of my participants reinforced the view of gay culture as a youth-centric club culture when asked about their leisure, sharing that they were much too old to be going to bars, or that they are usually asleep by the time the bars open now that they are older adults. In so doing, they minimized their current leisure interests as boring in comparison, as well as distancing themselves from the LGBTQ community. Distancing oneself from the LGBTQ community was also evident when discussing the various ways an individual presents themselves when in public. Several participants distanced themselves from “those flamboyant gays.” For example, in extreme cases, flaunting and exhibiting occurs when one visually performs their homosexuality and/or gender identity through displaying signs and mannerisms that are recognizable as stereotypically homosexual, often in a very over-the-top manner (Rosenfeld, 2003). It is these actions and mannerisms that many of the participants identified as sending the general population the wrong message regarding the LGBTQ community.

CLAIMING PERSONHOOD AND IDENTITY

There are many who continue to negotiate their identities and remain in the closet, while others attain a new level of authenticity and self-acceptance – fully claiming their personhood and identity. Despite the focus on claiming identity, many of my participants stressed the importance of being seen as whole people, that is their sexual and gender identities are only small parts of who they are as persons (Cashore & Tuason, 2009). Many participants highlighted this as they spoke about their identities as lesbian, gay, or transgender individuals. Sharing that one must get to know them as a whole person and accept who they are as persons rather than as their sexual orientation or gender identity; their sexual identity is not who they are. Other participants spoke of the importance of placing a face on the LGBTQ movement, placing a name on advocacy and education

work because it is through humanizing the ‘movement’ (specifically referring to the transgender rights movement) that we will see the greatest change and shift towards acceptance.

To conclude this essence, there was a definite sense among the participants that “we have to get along but we also need to be our true selves”. Many of the stories shared shed light on how the process of discovering, exploring, understanding, and negotiating one’s identity can result in the claiming of one’s personhood and identity (Cashore & Tuason, 2009). It is these individuals who have journeyed the long road to personal acceptance. They are finally done hiding and are embracing who they are. Individuals who are out and open about their identities in most contexts do so because they are finally comfortable with who they are and have found a way to identify themselves (Cashore & Tuason, 2009). Although a whole host of factors, including social expectations and possibilities, come into play when an individual, regardless of whether they identify as lesbian, gay, or transgender, comes out about their sexual or gender identity in later life, an awareness of “time left to live” and feelings of “time served” often play a large role in the decision to come out later in life (Fabbre, 2014). However, according to Fabbre (2014) one factor stood out almost universally among her participants as the catalyst for coming out or considering transition in later life: awareness of time left to live. Many individuals have battled with their gender identity for the majority of their adult years. An awareness of only having so much time left to live then triggers the desire to embrace authenticity and experience the happiness of feeling whole, and ultimately face end of life with a sense of peace and fulfillment.

As a result of years of negotiating their sexual and gender identities for acceptance, a common theme within the transgender community is that many MTF transgender older adults have only just began to consider coming out and gender transition now that they are in the later years of their life (Fabbre, 2014). The transgender women who participated in this study, all talked, to varying degrees, about the unique process of earning womanhood in later life. An individual’s transition may be likened to the process of metamorphosis: a slow, challenging, incremental

process or shift from one way of being to another (May, 2002). Many will automatically think of a drag queen performing up on stage. Many will mistake this metamorphosis as a purely physical journey of hormones and reassignment surgeries. I was one of these people. I had never had much more than a passing thought on what it meant to be a transgender woman. What I have come to realize, however, is that this metamorphosis is much more than a physical transformation of the body; it is a process of total mind and body alignment. As one participant, Rita, explained to me: womanhood is earned, it is not given to those who present physically as female. Biological and transgender woman alike are all earning their womanhood, they are all becoming bigger and more wonderful. The difference is found in the fact that the life of a biological female begins when she is born, the life of transgender woman begins when she finally begins to accept who she is. For MTF transgender individuals who have begun this process later in life, the process presents some unique challenges – namely growing up from the mental age of a teenager in the body of a person in their 50s, 60s, 70s, etc. As these individuals begin their metamorphosis, it is easy to wind down the path to harmful coping mechanisms, such as drugs and alcohol, rather than confront the real work of becoming a whole person. Rita's articulation of claiming one's identity and earning womanhood, rather than simply aiming to pass as female, is a concept that has not yet been seen in the literature.

While many MTF transgender women have the goal of passing, being recognized as, or fully becoming, women, there are some exceptions. Rather, some individuals who identify as a cross-dresser, or female impersonator, may be comfortable occupying two, or even more, gender identities whose social and cultural norms are quite different from one another (Wilson, 2002). Donna, a participant also known as Don, feels that she may best fit into the category of a two-spirit since she is comfortable performing both male and female identities. Like many cross-dressers, Donna used to only dress in private spaces, such as her home or at transgender spaces and events, because of the safety and freedom to be exactly who she feels she is (Wilson, 2002). Now, after a long journey, Donna has reached a level of self-acceptance and confidence that she no longer hides

in the safety of her home or transgender events. Feeling comfortable as both male and female, Donna is comfortable performing at local legions and clubs, as well as out in public. In the same turn, she is equally comfortable in the role of husband, father, and brother. For Donna, claiming her identity is a process of give and take. The journey to acceptance is long, for Donna and other LGBTQ individuals alike, and over time, some individuals become completely open with their partners and families about their gender identity, citing the need for open communication in order to foster a close relationship (Hines, 2006). For others, the journey to acceptance is an on-going process. Ultimately, there appears to be a shifting (or tension) between claiming and negotiating one's identity depending on the context and situation in which the individual finds oneself. As such the process of claiming one's identity is a highly complex and individualized process.

4.3 LGT AGING: NOT SO DIFFERENT AFTER ALL

FADE IN:

THURSDAY, FEBRUARY 13TH: SNOWY AFTERNOON - AGING WITH PRIDE MEETING AT THE PRIDE CENTRE

We enter the Pride Centre with Bill. The door squeaks as it opens and closes as we step out of the snow and onto the blue and red-checked carpet. The stark white walls and wall-to-wall front windows are reminiscent of the Centres past as a retail store. Looking left and panning right through the open concept layout, we see two L-shaped desks pushed against the far wall and two more rectangular desks. These four desks comprise the Administration area of the Centre. In the back left corner is the door to the staff/volunteer room. Passing over the checkered carpet to the back right corner of the room is a small kitchenette/bar area. The right side of the Centre features three round tables surrounded by six chairs and a library area with two armchairs, a couch, and a coffee table at the front. Following the carpet straight back to the coat closet, Bill notices five people sitting around one of the tables: Donna, Katherine and Florence, Rita and Dar (who have accompanied Katherine and Florence to this month's meeting). He hangs his black pea coat on one of the hangers. Two gender neutral washrooms face the coat closet. Bill joins the group at the table.

BILL

(taking a seat at the table between Donna and Katherine)

Hi gang! Nice to see you again, Dar. And I see you brought Rita with you today! Lovely to meet you, I'm Bill. Partner B is out with a cold today. Poor guy! Anyways, It's starting to get nasty out there. I hope I didn't miss too much?

RITA

Nice to meet you, Bill!

FLORENCE

Glad you made it! We've been having quite the winter. We figured we'd give Dar and Rita the crash course in what we're all about.

KATHERINE

(looking at Dar and Rita)

Ya, and maybe you ladies can share some of your experiences of aging as a trans individual.

DAR

Oh of course! No problem there! You'll probably regret getting us started (winking at Rita). This is the first support type meeting I've been to in a while. I used to come down south here for several transgender meetings and I saw what was happening to them down here. They were just so far down in the gutter type of thing. It kinda just shook me because I could be one of them. I remember thinking, 'No! That is not going to happen to me. I'm not going to do what they're doing.' You know I go out there today, and in the future, as who I am and if my neighbour don't like it, too bad because I am dressed appropriately and so forth in society.

FLORENCE

It's amazing how the lives and attitudes of others can have such an impact on our own. One of the biggest influences on my aging, I think, is how my parents aged. My mom had a stroke when she was 78 and I hope that is how I go. 'Cause she had the stroke, they induced her in a coma, and her body just stopped after six days.

BILL

Parents, for sure! Mine have had a big influence in my life too. My parents and my partner. I have an excellent partner. I either really lucked out or God was good to me or whatever you want to say about a partner. I think I've even lucked out better than my sisters who are straight! Can you believe that? (laughs) My aging has been softened because of him.

DAR

Oh my! That's amazing! You are truly fortunate. My wife has been very ill the past little while and that has really put a strain on me. It's especially straining on what I can do in terms of presenting and living as a woman. Between being a carer, doing the housework, keeping up with the garden, and then what I do for the transgender community, I don't have too much time to relax. It all keeps me on the ball, I'm telling you. Sometimes I don't even feel retired! (laughs)

FLORENCE

621 days until my retirement! But I'm not counting or anything! It's not so much that I want to leave the work I do because I love my work. At one point I didn't even believe in retirement. I didn't expect to live until I was old because of my health issues. But that's changed now that I'm old and I'm alive, I gotta live! I'm really looking forward to not commuting any longer and not being tied down to have to go in three or four days a week. Leisure begins the day I retire! I'm going to enjoy what I'm doing or I'm not going to be doing it. I'm not sure what life will look like when I'm done working. I mean there's definitely going to have to be something that comes into that space whether it be volunteering again or writing or whatever. I'm just open to the possibilities. When you're ready something comes along.

BILL

You're going to love being retired! It's the best job in the world. And now that Partner B is retired, we just spend a lot of time doing whatever we want around town. But when he first talked about retiring I did worry about finances and how we would manage. But it turned out pretty well in

our favour.

RITA

For me, retirement is not even an option. I lost a very good job when a mine closed up in Elliot Lake, so there went my retirement. No RRSPs, no pensions, no this, no that which means they're going to have to cut a hole in the side of my coffin and leave one arm hanging out because I'm still going to have to be doing something. Now I can look at that as a negative saying there's no retirement for me. Or I can look at it as a positive saying wonderful it means that I am going to be fully active right to the end. That's the choice I make. I hope it works out that way. And that's part of what scares the hell out of me. I've got to make it work out.

KATHERINE

You'll make it work out! There's absolutely no doubt in my mind. You're the woman to do it. My concerns seem minuscule in comparison because I think I'm healthy. But my concern is remaining active. Like I still play hockey and I'm the goalie but I don't want to be the reason my team loses a game. I mean you can lose a game, alright, fine. But I don't want to BE the reason that my team is a losing team. I think we're 9-3-9 right now. How many teams have you played on where almost half your games are ties? So I think I'm still doing the right thing. As long as we continue to play as a group I can see myself playing hockey forever.

FLORENCE

Unlike my better half here, I do have some worries for the future. I see aging as an uncomfortable and uncertain survival process because of my injuries and conditions. You know trying to make it physically, financially, and mentally over an uncertain amount of time.

RITA

Yes! From the physical side, it sucks! (laughs) When you have a body that doesn't do the things you were able to do when you were much younger. We imagine that we were far more super-persons when we were young than we really were. You imagine you were stronger than you were. You imagine that you could run further than you did. You imagine all

these things... embellished would be the word I would use. And this is an actual problem because you're rating yourself against a false history. And that makes no longer being able to do what you did before feel even worse. And that makes dealing with your present situation more difficult because it makes a larger gap. So from the physical point of view I would say I find aging not just uncomfortable but scary in a certain sort of way.

FLORENCE

But you know what, as the aging population moves up, there's going to be more demands for certain accommodations, for better products, better medications to address the aging process. Not to slow or turn it but to make it less of a struggle. I mean somebody 20 years ago couldn't have had Neo-something injections for the arthritis in my knees.

BILL

It's when I start doing physical things that I feel my age. I'm 67 years old now but as the old saying goes, I don't feel my age. I don't think I have many more health problems than the average person my age. You know other than aches and pains. We never really think of age. We've always lived every day without concern for age. And we're doing the same leisure things today as we did in 1975. Call us boring I guess.

DAR

I'm right there with you, Bill! As you know I'm fairly old (laughs) but at the same time I feel like I'm a lot younger. I still do a lot of travelling. I couldn't do it this year because my wife has been ill but I usually go to Cuba in the winter for a week or two. But I go there as Dar! The only thing I'm still stuck with is that I have to go through customs as a male. Hopefully that will change but I do enjoy just going out. Like to the mall or getting together with people - trans or not. I'm just as welcome with other ladies as in the trans community.

DONNA

I hear ya! For example, We've been on a couple of cruises and attended both Captain's parties. At both of them, I've

been in floor length formals and accepted as a female the whole time I was there. To be honest, I thought I would look like an old lady when I turn 50. But I have been doing more since I turned 50 than I ever did before. I think a big part of it is the self-confidence I've gained over the years.

RITA

Self-confidence is so huge. My plan right now is to be me as fully and as completely as I can. And when life finally encroaches in, I don't know how but somehow I'm going to have to deal with it. And that's terribly upsetting. I don't know how a trans senior is going to be treated. No idea. This is why for many of us, there's a secret wish to die younger rather than older. We don't want to face it. Imagine the depression. Imagine the fights that are going on inside us.

DONNA

We've talked a lot more about aging, nursing homes, retirement homes, and so on with the 50+ Group. I said that if I ever went into a retirement community, they are going to be told when I apply that number one, I do a female impersonator act and I'm willing to perform for the seniors. And number two, I also like dressing like that occasionally. That's me. The thing is I will bring pictures to show them that I don't look like some freak. But I'm going to say if I'm going to move in here, I have to be free to be me. If I'm not, then I will look some place else.

KATHERINE

What about a gay retirement or nursing home? I've heard of a place strictly for homosexual aging couples. A few of us have been talking about could we ban together to have a gay nursing home, so we could live together. Because if you want to be gay, it's easier than living in a mixed community. We self-censor when talking in broad conversation whereas with other gay people we tend to be more comfortable sharing everything in a more open way. So if you go to a seniors facility where the staff and the other people living there don't share your experience then the fluency, the ability to relate, and the conversational depth is extremely limited. Therefore, the life of the mind

and of conversation of socializing is restricted. So I think that would be what is more sort of abstractly dissatisfying about living in straight environment while being a gay person.

FLORENCE

Okay, but we've all lived among straight people all our lives. So they aren't strangers to us. While the comfort level is greater when you're "home," I'm not sure I'm comfortable with being segregated. I spent my life wanting to be included. I don't think it is going to be so uncomfortable for me to be in a mixed community. Don't isolate, don't lump together. My concern when it comes to long-term care is whether or not we could afford it and not necessarily the need to enter a home.

KATHERINE

That's exactly what I'm saying though! The common connection, the common understanding is so important. People our age have gone through the death of their friends during the AIDS epidemic. So we have had a different experience of dying. We have sat and watched our friends die in front of us. So we have a different appreciation of our situation physically and mentally. This is something that we share in a way that other people don't.

FLORENCE

I guess I do have some concerns about how I am going to be perceived. Like we used to talk about what it's going to be like when we're no longer able to be in our home. What kind of connection are we still going to be able to maintain? But I don't think that's so much a gender issue now as it's they just don't keep married people together. Somebody stood up and announced at church about how distressed they were that their parents weren't being put in the same nursing home. They were being separated after all those years of marriage. I think it's really just another part of aging. But I'm not so sure you're going to be separated because your gay or that there isn't facilities for two women to age together. And who knows what's around the corner as to how they're going to look at it?

BILL

Another thing when it comes to older adult sexuality and long-term care is staff reactions. It amazes me! If they were to walk in on two 30-year-olds, 'Ooooh ooooh my goodness, oh my goodness' and back away. But when it's two older people they go, 'Isn't that dirty? And it's even worse when it's two gay older adults. But, I think those ideas about aging as a gay person are changing now. Maybe not as fast but now it is becoming more acceptable to have you both go to the same nursing home if it came to that. I really don't think about it though. I guess I don't feel nervous about it.

FLORENCE

Part of the problem I have with long-term care is that I don't see myself getting to that point. But you know realistically I may end up in that situation. The thing is in terms of being gay, we age just the same as other people do. Our aging is just as normal as anybody else's aging. Everybody ages, you know, except for those factors that, for us at least, contribute to more challenges in the process of being older. Like the more that you're closeted, the less friends you have and that's dangerous.

BILL

Dangerous for sure. But I think that's it for most people. I mean I don't think we have a big social life. We have very few close friends here, but we have acquaintances, you know - most of which are straight. Every now and then we do think about moving closer to our families. But we don't want to move to a small town. At our age health care becomes an issue, so we want to be close to those facilities.

RITA

For sure, there's more specialized help here, there, and everywhere in your more urban centers - usually in a very short distance from your front door. Whereas that's not the case in more rural areas, it's very difficult to find help, especially as a trans person. Down south here I can be very private about being trans, go not far from my door, and I'm anonymous. In Northern Ontario, as soon as you step out your front door, everybody knows. So that's huge!

FLORENCE

Healthcare is definitely an issue for me - because of all my health conditions. Looking to the future, I see somebody who is able to travel, who is able to do the things we like, spend time with family, and be reasonably active - with some limitations of course. However, there is one benefit to my limitations. I get preferred parking now (laughs). I laugh now but it was a huge step to admit that I could no longer park at the back of a lot and walk across because it was too hard. Now I get a nice close parking spot and Katherine loves it. Even if I'm having a good day she'll say, 'Get your cane!' (everyone laughs)

KATHERINE

I can't deny that I do enjoy the priority parking (laughs). But the one thing that I have always wanted to do was bike across Canada when I retired. I'm now realizing that I cannot do it now for a couple of reasons: One - Florence isn't able to join me because of her arthritis, however, we are looking into getting a power-assisted bike; two - if I left her for three months to make the trip, I would be coming back to a very quiet household; and three - I'm not sure I have the stamina to do it. The next best thing is to make sure that I go on extended bike trips, maybe three to five days long, and when we travel to take the bike and try to bike in every state or province that we're in.

BILL

That sounds like a great compromise! We spend most of our summers at our trailer on the lake. It's a whole different lifestyle there. It's so relaxing. That's my goal for retirement: total relaxation on a constant basis and keep it that way.

DAR

I'm trying to make more time for myself now. But every time I do, someone else grabs ahold of me to do this or that because of TG Innerselves (laughs). You know, I've either got to go here or I got to go there. There isn't much time for leisure.

FLORENCE

I don't have as much time for leisure as I would like either. Work is a major barrier. Because I'm self-employed,

I don't get paid holidays. I decided not to do agency work for a reason but the downside is that there aren't paid holidays. So if I'm not working, I don't get a pay which means I can't wait to retire. But in the same token, I have some concerns about if there will be enough income to support it? I think there will be, at least enough to support what I like to do anyways. I love a good book. I like watching sports. I like being outside. I also love writing. Maybe do more activism than I've done. I want to write at least one book. I'm very low maintenance.

BILL

More activism! More advocates! I don't think we will ever achieve complete acceptance or inclusion without having separate organizations that fight for us. I think that there needs to be something somewhere - and there probably is, maybe like TG Innerselves - but people trying to make sure that there's legislation that protects us just like every other citizen. Making sure that there are health care people out there who are totally accepting of the gay society and can include them into whatever it is they do... doctor, lawyer, nurse, whatever. Some one out there making sure our living situations are totally inclusive. I don't know of any organization here that specifically deals with gay seniors.

RITA

The biggest thing I would say about trans persons in my age group is we're on the forefront of our senior years, we don't know what to expect and we're scared as hell. None of our past perceptions and experiences are adequate to try and deal with this challenge. We have no one that has gone before us to forge the trail. We're it. It's our turn up to bat to forge the trail for those behind us. We're the senior pioneers. Geriatric pioneers - quite a concept. We're looking to see who's going to stand up for us. Who's going to help us? Who's going to tell us how it's supposed to go? Who's going to be there to guide us? So far no one.

4.3.1 DIRECTOR'S COMMENTS

This final scene presents the experience of what it is like to age as a member of the LGBTQ community. The stories shared by my participants suggest that the aging experiences of LGT individuals are remarkably similar to those of the heterosexual aging population – in contrast to much of the current literature, as well as my personal perceptions going into this study.

AGING THE ‘SAME’

The first factor that appears to have a significant impact on one’s aging, not solely limited to LGBTQ older adults, is the experience of someone else’s aging, whether it be their parents, grandparents, family, friends, etc. The expectations and perceptions that all of my participants hold regarding aging and later life have been informed and influenced by someone else’s experience of aging; the most influential of which appeared to be the aging of one’s parents. My participants also identified with a variety of views and anxieties that current research has found to be indicative of the general aging experience, such as small support networks, the perspective of enjoying life while you can, dealing with and concern for health issues, worrying what the future might bring, experiencing ageism, and dealing with mortality (ASA, 2010; Government of Canada, 2002; Janssen, Van Regenmortel, & Abma, 2011; Orel, 2014). These concerns echo the findings of many scholars regarding financial stability, inclusive services for older adults in rural areas, acceptance in long-term care, isolation and loneliness due to death of partners and friends, and maintaining independence (Brennan-Ing, Seidel, Larson, Karpiak, 2014; Dean, Meyer, Robinson, Sell, Sember, et al., 2000; Ekerdt, 2010; Stein, Beckerman, Sherman, 2010).). Many of my participants cited finances as another concern for the future, despite being financially stable at the time of their interviews. However, the primary concern for older adults, including LGT older adults, was in regards to failing health and health care needs (Orel, 2014). While currently considering themselves relatively healthy, many of my participants shared concerns regarding their future health status, specifically hearing loss, mobility issues, and requiring assistance with activities of daily living (Stein, Beckerman, Sherman, 2010).

Along with health concerns, many older adults and scholars cite the importance of having a solid network of support and the resultant benefits for one's mental health (Brennan-Ing, Seidel, Larson, Karpiak, 2014; Grossman, D'Augelli, & Hershberger, 2000). The majority of my participants commented on their small, close-knit circles of social support, most of which were comprised of heterosexual individuals – in contrast to the findings of Orel (2014). The adults in a study by Grossman, D'Augelli, and Hershberger (2000) relied on partners, family, and friends for support, the majority of which were LGBTQ individuals. However, they found that the sexual orientation of the members of the support network was much less imperative than the members' knowledge of the older adult's sexual orientation. They also found that older adults who lived with a partner reported better physical and emotional health, as well as a larger network of support (Grossman, D'Augelli, & Hershberger, 2000; Masini & Barrett, 2008). Most of my participants are married and therefore have the embedded support of a partner as their primary source of support. As Florence, commented, "My aging has been softened because of her," referring to the support her partner provides in managing and dealing with Florence's health conditions.

DIVERSITY WITHIN AGING EXPERIENCES

What also became very clear to me was how incredibly diverse the experiences of aging were for all of my participants. As with the general older adult population, life circumstances very much shape one's aging experiences in very different ways. For example, some participants were aspiring to retirement, while others were not. Some were relatively healthy, others were experiencing health issues that limited their activities to some degree and shaped their daily experiences. Central in determining the subjective meaning of retirement for an individual is the significance of work in the life of the person is a major determinant in the meaning of retirement for that individual (Floyd, Haynes, Rogers-Doll, Winemiller, Lemsky, Murphy-Bergy, Werle, & Heilman, 1992). Therefore, for some, retirement is time of new beginnings or enhanced, or continued, well being, or a new phase of life in which one can try new things, enjoy more time for leisure, and live life to the fullest. While for

others, retirement is a time of disruption or increased psychological distress influenced by the social and cultural contexts; a time to be avoided since they enjoy their work and feel they would not know what to do with leisure time (Ekerdt, 2010; Gee & Bailie, 1999; Kim & Moen 2001). "I love my work why would I quit doing it as long as I've got my sanity," was a sentiment shared by one participant who was not aspiring to retirement. Another participant shared that while aspiring to retirement, she did not think that it would be possible for her due to financial concerns. Hamilton and Hamilton (2006) state that while most older adults are apprehensive about how they will support themselves during retirement, low-income older adults are more likely to be unable to enjoy a traditional retirement, as they will need to continue to work.

Participant's who were retired shared how much they were enjoying their retirement years. One participant even cited retirement as, "the best job in the world." Much like the general cohort of older adults, many LGT older adults see their aging as an opportunity to make the most out of life (Brennan-Ing, Seidel, Larson, Karpiak, 2014). Leisure in the lives of the participants was played out in a wide variety of ways from watching television or reading, going out to shopping, travelling, cycling or playing hockey, to advocacy work. Many of the participants participated in social leisure activities, such as going out for dinner or coffee with their partner and/or friends. As Rita shares, "I don't - want - to - be - alone. I want to be with people. I want to be interacting with people. I hope I take my last breath having a wonderful conversation with someone. That's the leisure I look forward to," a statement that resonates with the work of Orel (2014) in which one participant shared the sentiment that, "I don't want to be old and alone" (p. 58). However, Orel's work found that the social networks of LGBTQ older adults were primarily comprised of other LGBTQ individuals, but as Orel's participants recognized the limits of this exclusivity they felt the need to expand their social groups as they did not want to age alone (Orel, 2014). The participants in my study who were aspiring to retirement viewed retirement as a time for enjoying a larger leisure lifestyle. As Florence shared, "Leisure will begin the day I retire. That's it! Leisure starts. Ok! And

then whatever I do in the daytime I'm going to enjoy it or I'm not going to be doing it." It is clear that leisure is of significant importance in the lives of the participants who are already, or aspiring to be, retired, a value that according to the literature will ultimately have a positive impact on their well being as they age (Iwasaki, MacTavish, & MacKay, 2005; Iwasaki & Ristock, 2004). Leisure and activities are also important ways to counteract the stress of boredom (Floyd, Haynes, Rogers-Doll, Winemiller, Lemsy, Murphy-Bergy, Werle, & Heilman, 1992).

Finally, throughout the general cohort of older adults, the overarching fear exists that entering a retirement home or long-term care facility may become necessary as they enter the later years of their life. This fear is typically centered on several factors, including being separated from one's partner, declining health, loss of independence, and affordability of care (Croghan, Moone, & Olson, 2014; Holliger, 1992). First, in general, society desexualizes older adults, especially within long-term care facilities, where staff members' decisions become an integral component of a resident's care, behaviours, and choices. Sexuality in long-term care does not only include the individual's preferences, but often is often multifaceted including the facilities policies, the family's values, beliefs, and comfort level, in addition to staff members' values, beliefs, and education. However, despite these similarities, being LGT does shape aging in a few unique ways.

AGING UNIQUELY

While the aging experiences of LGT older adults appear to be incredibly similar to the experiences cited in the literature, there are some distinct differences in the aging experiences of LGT individuals. When considering retirement and long-term care facilities, the majority of older adults consider affordability to be a major concern. For LGBTQ older adults, there is the added desire for security from violence and harassment, as well as staff sensitivity (Holliger, 1992). It is well known that homophobia and discrimination remains prevalent in today's society, as a result many LGBTQ older adults who have been out and open for most of their lives are fearful of entering long-term care, and the potential need to go back into the closet (Stein, Beckerman, Sherman,

2010). To further complicate the issue of sexuality within retirement and long-term care facilities discussed above, there are the additional elements for LGBTQ older adults, including: fear of disclosing one's sexual or gender identity and the potential consequences of disclosure, such as receiving inadequate care and the inability speak openly about their partners or share the grief of others who have lost partners (Hinrichs & Vacha-Haase, 2010; Stein, Beckerman, Sherman, 2010). Additionally, many LGBTQ individuals also believe that sexual orientation is not included in policies that protect against discrimination in facilities (Johnson, Jackson, Arnette, & Koffman, 2005). Typically, LGBTQ older adults view facility administration, nursing staff, and even other residents as potential sources of discrimination (Johnson, Jackson, Arnette, & Koffman, 2005). The fears of LGBTQ older adults are not unfounded since according to a study by Hinrichs & Vacha-Haase (2010), staff in a long-term care facility reported that, compared to a heterosexual couple; they would have a more negative reaction to a same-sex couple. It is, therefore, imperative that staff members act in a professional manner that is in compliance with resident's rights regardless of personal or religious beliefs and values (Hinrichs & Vacha-Haase, 2010). Additionally, the fear of other residents' arises from the awareness that these individuals are part of the cohort that formed the early years of the anti-gay movement (Stein, Beckerman, Sherman, 2010). It is these fears that prevent some LGBTQ older adults from demanding and utilizing much needed services (Jenkins, Walker, Cohen, & Curry, 2010). Many of these fears and concerns were echoed by some of my transgendered participants who voiced that they did not believe that long-term care facilities were equipped to handle having a transgendered resident. Specifically, these participants shared that they had spent many years earning their identities, so why shouldn't they fear the possibility of it being taken away from them. As a result, these participants shared with me their desire to pass away before the need to enter a long-term care facility arises. Conversely, my gay and lesbian identified participants shared that they would not hide their sexual orientation should they need to enter a retirement or long-term care facility, despite having some fears of discrimination. My

participant's attributed this outlook on retirement and long-term care facilities to the immense change that has occurred thus far in society.

When it comes to accessing social and/or support services, as well as retirement and long-term care facilities, it would be naïve to think that LGT older adults are only just beginning to access these services now. Rather many LGT older adults have remained invisible – in the closet – to service providers, and retirement and long-term care facility staff and residents. As a result, many LGT older adults may not have received adequate services – social, emotional, cultural, and medical (Stein, Beckerman, Sherman, 2010). The current generation of older adults, rather than remaining silent and invisible, is challenging dominant norms and ideologies, subsequently raising the bar for expectations with accessing services (Jenkins-Morales, King, Coopwood, & Wayland, 2014). Although many of my participants commented on how far we have come as a society in terms of changes in the social and cultural context, they also called for advocates, as well as respect and understanding when accessing services, especially for physicians who understand LGBTQ issues as many LGT older adults have little confidence that medical professionals will provide appropriate or unbiased treatment (Hinrichs & Vacha-Haase, 2010; Orel, 2014). Therefore, it is imperative for service providers, especially retirement and long-term care facilities, to make opportunities for education that sensitizes staff, and residents, to the issues faced by LGT older adults, thereby enabling all residents to feel comfortable and safe (Stein, Beckerman, Sherman, 2010). In line with Johnson, Jackson, Arnette, and Koffman (2005), many of participants suggested staff and resident education as a method of reducing, and ultimately abolishing, LGT discrimination in retirement and long-term care facilities (Johnson, Jackson, Arnette, & Koffman, 2005). In addition to educating staff and residents, many LGBTQ older adults, including a minority of my participants, strongly express their desire for either LGBTQ-exclusive, or even simply inclusive, retirement and long-term care facilities as a positive option for LGBTQ older adults to feel “at-home” and comfortable (Cahill, South & Spade, 2000; Johnson, Jackson, Arnette, & Koffman, 2005; Quam & Whitford, 1992).

Nevertheless, many of participants are more in alignment with Holliger's (1992) perspective that while most of my participant's support the concept of LGBTQ-exclusive facilities and acknowledge the desire of others, they do not feel that such a facility is for them. Further, one participant disagreed with the concept of LGBTQ-exclusive facilities likening the concept to a step backward for LGBTQ rights since they had been fighting for equality and inclusion their whole lives.

CHAPTER FIVE: THE BIG PICTURE – IMPLICATIONS AND CONCLUSIONS

As stated at the outset of my research journey, this study sought to fill a gap in our knowledge base by exploring the perceptions and experiences of aging and later life held by LGBTQ older adults. In learning from these experiences and perspectives of LGBTQ older adults, I also sought to expose the social and broader structural factors/conditions that shape experiences, including leisure experiences, and limit or support opportunities and possibilities in later life for LGBTQ older adults. Through the nine interviews several new understandings became clear that challenge the dominant understandings of LGBTQ older adults experiences of aging. Surfacing from this study we now have more insight into the differences between the experiences of aging as a LGT individual in Canada versus the United States, as well as into the long process that LGT older adults go through in negotiating identities in an evolving landscape. However, older adulthood seems to have provided a space to come out and accept their LGT identity. Perhaps as a result of realizing that there may only be a limited number of years left and therefore they better live life to the best of their ability now. For my lesbian and gay participants, this study contributes the perspective that the aging landscape is not quite so bad for LGT older adults as it has been in the past – a perspective that is, in many ways, contrary to current literature. However, despite having accepted their LGT identities and a predominantly positive outlook on aging, many of my participants, specifically my transgender participants, continue to negotiate their identity – by camouflaging, living a blended lifestyle, or practiced invisibility – depending on the circumstance they find themselves in. Additionally, while acknowledging the significant changes in societal attitudes and perceptions, many of my participants shared that they still have a number of fears regarding how they will be treated when accessing healthcare, retirement, and long-term care services. Specifically, one of my participants who identifies as transgender voiced such fear for

treatment in their later years that hope they pass away before needing to enter a long-term care facility. Finally, LGT older adults may be a lot more similar than different to non-LGBTQ older adults. As the most prevalent aging concerns (i.e., concerns regarding finances, as well as physical and cognitive health) shared by my participants were those common to the general aging population. Now as we approach the final stages of this study, it is clear that the aging experiences of LGT older adults are incredibly diverse and complex. In this respect, this study supports the commonalities, uniqueness, and heterogeneity framework proposed by Mock, Taylor, & Savin-Williams (2006). This study highlights that all older adults share common strengths and face similar challenges in later life, as well the complex and unique experience of aging as a LGT older adult, and finally, that heterogeneity also exists within marginalized groups (Mock & Hummel, 2012; Mock, Shaw, Hummel, & Shaw, 2012; Mock, Taylor, & Savin-Williams, 2006).

In conclusion, this study has shed more light on the highly underrepresented voices of transgender older adults – highlighting their unique concerns and challenges with respect to family, long-term care and elder care supports, in addition to introducing the concept of earning womanhood in later life. In addition to facilitating my analysis and interpretation of the findings I shared in the previous chapter, the following questions assisted in uncovering the broader implications of my research for current practices and policy:

- How does this study contribute to the existing literature on the phenomenon?
- What are the implications of these findings?
- What actions are necessary?

The following sections will answer these questions as we explore the practical and methodological implications of the new understandings and contributions of the present study.

5.1 IMPLICATIONS

It is my hope that this study will facilitate further progress in changing societal perceptions and attitudes, in much the same way that conducting this study has opened my eyes. That being

said, I feel this study has the potential to touch everyone in some way, shape, or form. Whether you are young, old, a scholar, a healthcare professional, working in the service industry, a family member or friend, or a LGBTQ-identified individual; there is something for you in this study.

For the young and old within today's society, this study brings the highly underrepresented voices of LGT older adults out of the shadows. This study has the potential to further change attitudes and perceptions of LGT older adults by illuminating their voices and experiences through the dissemination of the findings to the social and/or support organizations and groups. While these organizations and groups were not able to assist with participant recruitment, many expressed an interest in the findings of my research. I believe that it is via these organizations and groups that my study will be able to have the most impact on the general population. As a result, this presents the opportunity for change and growth on an individual and interpersonal level.

For family and friends of LGBTQ older adults, this study facilitates the building of new relationships and the nurturing of existing relationships through increasing our understanding of the experiences and perceptions of LGT older adults. As understanding increases, family and friends, who were previously uncomfortable with or unsupportive of the individual's LGT identity, may begin to accept the individual back into their lives. For individuals in long-standing relationships, they may come into greater understanding of the challenges and fears of their LGT identified friend or family member, thereby opening up the space for conversation and further understanding and acceptance.

For service providers, from medical professional to social service providers, this study challenges the common beliefs that: 1) LGT older adults do not exist or access their services; and 2) the services provided are welcoming and inclusive for LGBTQ older adults (Butler, 2004). While many of my participants felt comfortable accessing services and disclosing their LGBTQ identity, many more individuals – including my transgendered participants – are fearful of how they may be treated and are therefore avoid accessing essential services, or are apprehensive when access

becomes necessary. It is time to recognize the unique needs of LGBTQ older adults and end their historic invisibility by changing the policies and practices of social and healthcare services.

For LGBTQ-identified individuals, this study provides some insight into how LGT individuals experience aging and later life. As expressed by one of my participants, many LGBTQ older adults do not know what to expect as they enter the later years of their lives since very few have forged the path ahead of them. As a result, they are looking for something, anything that can shed some light on what to expect. So, I will provide a summary of my findings for my participants, as well individuals who were interested in they study but unable to participate. I hope that the understandings presented in this study will then spread through these individuals sharing my study with their families, friends, acquaintances, and maybe even service providers.

For members of the academic community, this study challenges the dominant discourse that, for LGT older adults, aging and later life is a particularly dreadful time solely marked by fear, loneliness, and isolation. Many of my participants appear to be thriving in later life as they shared stories of hope, enjoyment, and anticipation for the later years of their lives. However, there were also a couple of participants – namely the transgender older adults and participants who were struggling with health issues – who voiced concerns with respect to aging and later life. Additionally, this study contributes to the growing body of literature surrounding the methodologies and frameworks of crystallization and creative analytic practice. While this study did not start out with the intention of producing a research-based screenplay, the messy nature of my process is an illustration of the emergent process embedded within qualitative research. The resultant screenplay exemplifies how creative analytic process provides the medium through which researchers are able to represent multiple voices and experiences in new and different way. As an extension of my emergent research journey, I was presented with the challenge of how to tie together the various paths I took along the way. Enter crystallization. Since the concept of crystallization did not guide my study from the beginning, I cannot claim the implications of

crystallization as a framework. However, I would consider the final product to be a crystallized text – a fusion of middle-ground critical approaches and art/impression realms of the qualitative continuum (Ellingson, 2009). As a relatively new methodology/framework, this study contributes to the increasing literature supporting engaging crystallization as a way to represent complex lived experiences.

While I have outlined several implications above, this study is only one small step in furthering our understandings of the aging experiences and perceptions of LGBTQ individual. Much more work remains.

5.2 FUTURE DIRECTIONS: THE CALL TO ACTION

In alignment with critical gerontological and critical phenomenological research, this study aimed to push beyond simply increasing our understanding of the lived experiences of LGBTQ older adults in an attempt to respond to the call to action posed to critical researchers (Daly, 2007). The action orientation of critical research has sparked within me the strong pull to go further, to push forward, to better understand the dynamics of everyday life for LGBTQ older adults (van Manen, 1997; Willen, 2007). So, in addition to exploring aging experiences and perceptions, I, along with my participants, explored what we feel needs to change in order to ensure or improve quality of life for LGBTQ older adults in later life. Not all of my participants agreed that LGBTQ-exclusive retirement and long-term care facilities were necessary. However, there was a consensus that many of their fears and concerns could be addressed through the development of inclusive policies and practices within retirement and long-term care facilities, as well as for social and/or support services – specifically, policies and practices that would ensure just and equitable treatment of sexual and gender diversity.

To tackle this, we feel the need for an infusion of the voices (i.e., age-related concerns) of LGBTQ older adults in the development and facilitation of education and training programs in cultural competent social programming, support services, and healthcare provision. The opinions

and experiences shared by my participants in this study provide the foundation upon which we can build a toolkit. Moving forward, I hope to reunite with my participants, and other interested individuals, to flush out what topics and issues our toolkit will specifically address. It is of great importance that the voices and experiences of a variety of older adults who identify as either lesbian, gay, bisexual, transgender, or queer are deeply embedded within the resources, seminars, and instructional activities of the toolkit. To this effect, sections of the screenplay produced as a result of this study could be used in role-playing exercises to practically demonstrate the fears and concerns of LGBTQ older adults. Specifically, the implications of this toolkit include its utilization as a strategy to address the concerns many LGBTQ older adults, including some of my participants, hold regarding accessing social and support services as well as retirement and long-term care facilities. The toolkit would raise awareness and educate the staff members of social service agencies, retirement homes, and long-term care facilities – and residents in retirement and long-term care facilities – about the unique needs and concerns of LGBTQ older adults. As awareness and education increase, the knowledge disseminated through the toolkit has the potential to influence policy and practice changes within facilities and organizations.

In addition to the role this toolkit can play in increasing awareness and knowledge of administrators, staff, and residents of retirement and long-term care facilities, as well as staff and members of social and support organizations, this toolkit can be used in high school, college, and university classrooms to educate students on the diversity present in aging and later life. As it happens, within the next month I will be doing a guest lecture on diversity, leisure, and aging in which I plan to use clips from the film, *Gen Silent* (Maddux, Applebaum, Cox, & Atkin, 2011), and excerpts from my screenplay to educate and facilitate discussion and critical reflection. Specifically, the use of vignettes from my screenplay has the potential to show diversity in aging experiences, as well as how aging might not be so different, for LGBTQ older adults. According to Rossiter, K., Kontos, Colantonio, Gilbert, Gray and Keightley (2009), “since its inception as an art form, theatre,

or dramatic representation, has been used not only for the purposes of entertainment, but also as a means to inspire thought, critical reflection, emotional engagement and personal transformation” (p. 3). Overall, the utilization of the screenplay within the toolkit provides a mechanism for critical reflection about personal assumptions regarding LGBTQ older adults and aging.

5.3 LIMITATIONS

In aiming to do research with a critical orientation, it was not only necessary to pay attention to the lived experiences of my participants but I was also required to be cognizant of, as well as critique, the influential forces of social, political, structural, historical, and discursive conditions on my participant’s lives (Dejarlais & Throop, 2011; Lopez & Willis, 2004; Willen, 2007). Throughout my research journey, I struggled with critiquing the impact of social, structural, political, historical, and discursive forces in my participant’s lived experiences. At first glance, it appeared as if my participants, for the most part, had not been faced with the discrimination or harassment typically described in the literature. It was not that I was ignoring the critical side of my approach to data analysis; rather I simply did not feel that there was anything in the data to be critical of. As I began to tease out the broader essences of the experience of LGBTQ aging, the influence of societal perceptions and attitudes, historical discrimination and harassment, and familial roles and responsibilities on the lived experiences of my participants emerged. However, this study only begins to get at these important aspects shaping experiences of aging for LGBTQ older adults, and much more research is needed.

Another significant limitation of this study is the generalization of the experiences and perceptions of my lesbian, gay, and transgender participants as representative of the entire spectrum of individuals under the LGBTQ umbrella. As I discussed in my literature review, there is great diversity within the demographic of LGBTQ older adults and to lump them all together would be inappropriate. I have done my best to represent the diversity in aging experiences of my lesbian, gay, and transgender participants. I was not able to include bisexual and queer identified older

adults in my study. However, I have done my best to differentiate when I was specifically speaking about my participants and their experiences, through the use of the acronym “LGT,” from the greater LGBTQ community. Thus, an exploration of bisexual and queer aging is definitely needed.

Additionally, while this study paints the picture that LGBTQ older adults are, for the most part, thriving and enjoying aging and later life, this may only be representative of the individuals who were secure and confident enough to answer my call for participants. There are most likely individuals who remain in the closet, afraid to reach out to their family, friends, and loved ones, let alone participate in a research project. However, the need for more inclusive and welcoming services has been heard loud and clear, which I hope, in turn, will help closeted individuals feel comfortable reaching out to their loved ones and accessing whatever service they may require.

In conclusion, given the diversity of experiences and the evolving identities we uncovered in this study the current “one-size fits all” approach to policy development might not be an approach that works well for the LGBTQ community. Moving forward it is clear that there is still much work to be done and many questions left unanswered. For myself, some of the questions that come specifically out of my findings are: What are other ways that LGBTQ older adults negotiate their identities? What does earning womanhood involve? What does that process look like for transgender women? As we continue to question and explore the later life experiences of LGBTQ older adults, I am sure that many more questions will arise. I look forward to exploring the questions that have arose from this study, as well as any new questions that arise along my research journey.

Well, I made it but I would be lying if I told you this was a straightforward journey. For the most part I loved every moment of my research journey. And that’s just what the past three years have been – a complete and total journey.. As a result, my research journey has led me down multiple different paths: pathways to self-discovery, new methodologies, and a newfound passion for social justice. At times the finish line felt so far away, almost unattainable, but I continued to plug away – little by little

I found my way (but not without a lot of guidance). Not only have I come into a deeper understanding of who I am, but I largely attribute this to the journey I have just concluded with my participants. I feel incredibly fortunate to have had the opportunity to meet and get to know each of my nine participants. I can only hope that I – and my research – have impacted them as much as they have had an impact on me.

For many, the successful defence of their thesis is the end of their research journey. This is not the case for me! I want to do more, to be more. This research project has, as I mentioned before, opened my eyes to some of the realities of aging and later life for LGBTQ older adults. I do, however, have many more questions that remain unanswered, such as “Why isn’t there more support for LGBTQ older adults? Why is this group of people being overlooked? Why is it so difficult to find inclusive, supportive services?” But I have stuck a pin in these questions for later study, as I have developed a huge interest in the complexities and unique experience of aging as a transgender identified individual. As a direct result of this, I have decided to continue my research journey as a doctoral candidate. A decision that effectively answers the “what’s next” question posed by many family and friends at the beginning of my Masters degree. Never in a million years would I have thought that I wanted to pursue a doctoral degree! But as I embark on this journey it couldn’t possibly feel more right! As I move forward into the doctoral program my passion for exploring, and hopefully impacting, the aging experiences and perceptions of LGBTQ older adults is in overdrive. I am excited to see what’s around the corner along my research journey!

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APPENDIX A

Historical Timeline

- 1968 Trudeau's Omnibus Bill brought homosexuality and other issues to the forefront for the first time.
- 1969 May 14: Decriminalization of homosexual acts between consenting adults in Canada.
- 1969 June 28: Stonewall Riots.
- 1973 The board of the APA votes to remove homosexuality from the DSM-II.
- 1981 February 5: Toronto Bathhouse Raids.
- 1983 AIDS crisis leads to new organizing and advocacy within the LGBT community.
- 1986 The Ontario Human Rights Code was amended to include sexual orientation as a protected class.
- 1992 Canada lifts ban on homosexuals in Canadian Forces.
- 1995 Ontario extends family health benefits to gay and lesbian employees in same-sex relationships.
- 1995 Ontario becomes first province to legalize adoption by same-sex couples.
- 1996 Bill C33 formally adds sexual orientation to the Human Rights Act as prohibited grounds of discrimination.
- 1998 Ontario decides provincial health insurance will no longer pay for sexual reassignment surgery.
- 2003 June 12: The Court of Appeal for Ontario rules to legalize same-sex marriage.
- 2003 Sexual orientation added to the list of protected class.
- 2004 The Ontario Court of Appeal rules that gays and lesbians entitled to survivors' benefits under the CPP.
- 2005 July 19: The federal Civil Marriage Act legalizes same-sex marriage across Canada.
- 2013 February 11: Kathleen Wynne becomes Canada's first openly LGBT first minister.
- 2013 Bill passed officially extending human rights protections to transgender people.

APPENDIX B

Letters and Forms

B1. Participant Information Letter

Date

Dear (*insert participant's name*):

This letter is an invitation to consider participating in a study I am conducting as part of my Master's degree in the Department of Recreation and Leisure Studies at the University of Waterloo under the supervision of Professor Sherry L. Dupuis. I would like to provide you with more information about this project and what your involvement would entail if you decide to take part.

Although research on the experiences of persons who identify as lesbian, gay, bisexual, transgendered or queer has been growing, very little research focuses on the lives of LGBTQ older adults. The research that does exist suggests that many LGBTQ individuals fear later life, primarily due to the homophobia they associate with later life services and support programs and the stigmatization that continues into late adulthood. As a member of the LGBTQ community I feel much more research is needed and it is the intention of this project to fill this gap in our knowledge base on aging by examining the perceptions and experiences of aging for LGBTQ older adults. In learning from these experiences I hope to expose the social and broader structural factors/conditions that shape experiences, including leisure experiences, and limit or support opportunities and possibilities in retirement for LGBTQ older adults.

Participation in this study is voluntary. It will involve an interview of approximately 90 minutes in length to take place in a mutually agreed upon location. A copy of the types of questions I would like to explore with you is attached to this letter. You may decline to answer any of the interview questions if you so wish. Further, you may decide to withdraw from this study at any time without any negative consequences by me or my advisor. With your permission, the interview will be audio recorded to facilitate collection of information, and later transcribed for analysis. All information you provide is considered completely confidential. Your name will not appear in any thesis or report resulting from this study, however, with your permission anonymous quotations may be used. I will ensure that data collected during this study will be secure in order to safeguard the identities of participants and research materials in compliance with current ethical policies and procedures. My supervisor and I will be the only researchers who will have access to the data shared in the interviews. All data gathered for the purposes of this study will be kept in a secure location for 5 years at which time it will be destroyed. There are no known or anticipated risks to you as a participant in this study.

If you have any questions regarding this study, or would like additional information to assist you in reaching a decision about participation, please contact me at 519-574-4933 or by email at a3flanag@uwaterloo.ca. You can also contact my supervisor, Professor Sherry L. Dupuis at 519-888-4567 ext. 36188 or email sldupuis@uwaterloo.ca.

I would like to assure you that this study has been reviewed and received ethics clearance through a University of Waterloo Research Ethics Committee. However, the final decision about participation is yours. If you have any comments or concerns resulting from your participation in

this study, please contact Dr. Maureen Nummelin in the Office of Research Ethics at 1-519-888-4567, Ext. 36005 or maureen.nummelin@uwaterloo.ca.

I hope that the results of my study will provide important insights that might help service providers in meeting the unique needs of LGBTQ older adults. I also hope that my research will contribute to the academic literature on LGBTQ older adults.

I very much look forward to speaking with you and thank you in advance for your assistance in this project.

Yours Sincerely,

Ashley Flanagan

B2. Willingness to Participate Form

To be distributed with the Participant Recruitment Letter.

If you are interested in participating, and you have read and understood the above information (including the risks and benefits of the research), please check and sign below:

- I consent to participate in an interview sharing my experiences and perceptions of aging and retirement as a LGBTQ older adult.
- I consent to have this conversation audio-recorded.
- I agree to the use of anonymous quotations in presentations or educational sessions or in publications prepared by the researchers.

Name: _____

Signature: _____

Date: _____

**Department of Recreation and Leisure Studies
University of Waterloo**

**PARTICIPANTS NEEDED FOR
RESEARCH IN LGBTQ AGING, RETIREMENT, AND
LEISURE**

We are looking for volunteers to take part in a study of the perceptions and experiences of aging and retirement held by LGBTQ older adults.

As a participant in this study, you would be asked to participate in a face-to-face interview.

Your participation would involve 1 session, which will be approximately 90 minutes.

In appreciation for your time, you will receive a gift card in the value of \$25.

For more information about this study, or to volunteer for this study, please contact:

Ashley Flanagan
Department of Recreation and Leisure Studies
at
519-574-4933 or
Email: a3flanag@uwaterloo.ca

This study has been reviewed by, and received ethics clearance through a University of Waterloo Research Ethics Committee.

B4. Consent Form

By signing this consent form, you are not waiving your legal rights or releasing the investigator(s) or involved institution(s) from their legal and professional responsibilities.

I have read the information presented in the information letter about a study being conducted by Ashley Flanagan of the Department of Recreation and Leisure Studies at the University of Waterloo. I have had the opportunity to ask any questions related to this study, to receive satisfactory answers to my questions, and any additional details I wanted. I am aware that I may withdraw from the study without penalty at any time by advising Ms. Flanagan or her advisor, Dr. Sherry Dupuis, of this decision.

This project has been reviewed by, and received ethics clearance through a University of Waterloo Research Ethics Committee. I was informed that if I have any comments or concerns resulting from my participation in this study, I may contact the Director, Office of Research Ethics at 519-888-4567 ext. 36005.

With full knowledge of all foregoing, I agree, of my own free will, to participate in this study.

YES NO

I agree to have my interview audio recorded.

YES NO

I agree to the use of anonymous quotations in any thesis or publication that comes of this research.

YES NO

Print Name

Date

Signature of Participant

Date

Witnessed

B5. Thank-you Letter

Date

Dear *(Insert Name of Participant)*,

I would like to thank you for your participation in this study entitled “Towards a Diverse Vision of Retirement: An Exploration of LGBTQ Retirement”. As a reminder, the purpose of this study is to expose the social and broader structural factors/conditions that shape experiences, including leisure experiences, and limit or support opportunities and possibilities in retirement for LGBTQ older adults.

The information and insights shared by you and other during the interviews will contribute to a better understanding of the gap in our knowledge base on aging by examining the perceptions and experiences of aging for a group that has been largely ignored – LGBTQ older adults.

I want to remind you that any data pertaining to you as an individual participant will be kept confidential. Once all the data are collected and analyzed for this project, I plan on sharing this information with the research community through seminars, conferences, presentations, and journal articles. At no time will your name be associated with any data shared.

The anticipated completion date of this study is [**insert date**]. If you are interested in receiving more information regarding the results of this study, or would like a summary of the results, please email me and I will make sure you receive the summary. In the meantime, if you have any questions about the study, please do not hesitate to contact me by email or telephone. As with all University of Waterloo projects involving human participants, this project was reviewed by, and received ethics clearance through a University of Waterloo Research Ethics Committee. Should you have any comments or concerns resulting from your participation in this study, please contact Dr. Maureen Nummelin, the Director, Office of Research Ethics, at 1-519-888-4567, Ext. 36005 or maureen.nummelin@uwaterloo.ca.

Sincerely yours,
Ashley Flanagan
519-574-4933
a3flanag@uwaterloo.ca

APPENDIX C

Discussion Guide

Introductory Script

Hi **[name of participant]**, my name is Ashley Flanagan. Thank you for agreeing to participate in this interview and for agreeing to share your insights, perceptions, and experiences with us. You should have received an Information Letter, which outlined what you should know about your participation in this study. Before we begin, I would just like to remind you of some of that information:

- Your participation in the interview is completely voluntary.
- During the interview, you may decline to answer any questions that you prefer not to answer.
- You may stop the interview at any time.
- All information you provide will be held in the strictest confidence and you will not be identified in any report or publication resulting from this interview.
- This study has been reviewed by, and received ethics clearance through the Office of Research Ethics at the University of Waterloo.

With your agreement, I would like to audiotape our interview to facilitate the discussion and to ensure the accuracy of the information to share with me. Do I have your permission to audio-record this interview?

[If NO], that is fine; instead I will be taking notes throughout our conversation.

[If YES], continue...

You should also realize that excerpts from the interview might be included in the reports and/or publications to come from this research, but please be assured that the quotations will be completely anonymous.

Before we begin, do you have any questions for me?

Are you ready to begin?

Turn on the audio-recorder. Start interview:

Conversation Guide

- 1) How would you describe your current experiences of aging and retirement?
 - Probes:

- What has aging been like thus far?
 - What has retirement been like thus far?
- 2) How do you think about/envision your future retirement years as you continue to age?
- Probes:
 - What do you think the future will look like?
 - What do you look forward to? Hope for?
 - What are you concerned about?
- 3) What do you feel has influenced or shaped your perceptions, experiences, and expectations of aging and retirement?
- Probes:
 - Personal factors/past experiences?
 - Social, relational, and cultural factors?
 - Political, structural, and historical factors?
- 4) Can you describe your leisure since you retired? What role has leisure played in your retirement? What has influenced or shaped your experiences of leisure?
- 5) How have past and present leisure experiences influenced your perceptions and experiences of aging and retirement?
- 6) How do you think about leisure in your own life?
- Probes:
 - What does leisure look like in your future?
 - What do you look forward to in your leisure?
 - What if anything are you concerned about related to your leisure?
- 7) What changes are needed in order to ensure life quality and equity for LGBTQ older adults in retirement/later life?

Closing Script

Thank you for taking the time to share your experiences as a LGBTQ older adult with me. Your participation is greatly appreciated. As previously mentioned, this study has been reviewed by, and received ethics clearance through the Office of Research Ethics at the University of Waterloo. I will

be sending you a thank you note and gift card with contact information for Dr. Maureen Nummelin at the Office of Research Ethics at the University of Waterloo. If you have any comments or concerns resulting from your participation, I encourage you to please contact Dr. Maureen Nummelin with your concerns. If you have any questions regarding the project itself, please contact my supervisor, Dr. Sherry L. Dupuis, or myself. Our contact information will also be included on the thank you note.

Thank you again for your participation.

APPENDIX D

Essence Chart

Act 1: Changing Landscapes

Essence 1: Reflecting on the historical landscape

Essence 2: Changing perceptions and politics

Essence 3: Living in an evolving landscape

Act II: Negotiating Identities

Essence 1: Seeking acceptance

Essence 2: Negotiating presentation

Essence 3: Claiming personhood and identity

Act III: LGT Aging: Not So Different After All

Essence 1: Aging the 'Same'

Essence 2: Diversity within aging experiences

Essence 3: Aging Uniquely