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Aging and Sexual Orientation: A 25-Year Review of the Literature

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Abstract

In a review of 58 articles published between 1984 and 2008, this article synthesizes the recent state of social research on older lesbian, gay male, and bisexual adults in order to summarize existing knowledge about these groups, to guide future research on aging, and to identify the substantive issues affecting their lives. Based on a life-course perspective, the primary research domains identified include the interplay of lives and historical times and linked and interdependent lives. After reviewing the literature in each of these areas, the article presents an examination of the strengths and limitations of the body of knowledge and an outline of a blueprint for future research.

Keywords

diversity; disparity; aging; older adults; life course; LGBT

As the global population is aging dramatically, the number of older lesbian, gay, and bisexual (LGB) adults is likely increasing substantially. Given the ambiguities of defining sexual orientation,¹ the reluctance of individuals to openly self-identify, and the lack of population-based studies incorporating measures of sexual orientation, it has been difficult to estimate the proportion of the older adult population that is LGB.

Most research and probability-based surveys incorporating measures of sexual orientation and sexual behavior of the U.S. adult population suggest that at least 2% to 8% of the U.S. population is LGB (Cahill, South, and Spade 2000; California Health Interview Survey 2007; Dilley et al. 2009; Laumann et al. 1994; Mosher, Chandra, and Jones 2005). In large urban centers, estimates of the number of LGB persons increase substantially, with women reporting between 2.6% (self-identification) and 4.6% (same-sex sexual behavior since puberty) and men reporting between 9.2% (self-identification) and 15.8% (same-sex sexual behavior since puberty; Laumann et al. 1994).

With more than 37 million adults 65 years of age and older (U.S. Census Bureau n.d.) in the United States, there are at least 1 to 3 million older LGB adults. By the year 2030, the number of adults 65 and older will increase dramatically, representing almost 20% of the

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¹Sexual orientation reflects interpersonal attractions and the desires and feelings involved (Lorber 1994), including those attracted emotionally and sexually to one's own sex (lesbians and gay men) and those attracted emotionally and sexually to both males and females (bisexuals).

population (U.S. Census Bureau 2005). At that time, at least 2 to 6 million LGB adults will be 65 years of age and older. These heretofore invisible populations are worthy of systematic critical attention and will have unique needs as they age. Studying such historically disadvantaged groups expands our knowledge of the diversity of experiences and needs of the older population.

To understand their lives, we must understand LGB adults in their historical and social contexts (Clunis et al. 2005). We must take into account the culture, politics, and social mores of the era in which these older adults came of age and lived—a time when same-sex relationships were severely stigmatized and criminalized and when invisibility reigned. It was not until the 1960s, with the civil rights movements, the Stonewall Inn riots, and the start of the gay liberation movement that younger gay men and lesbians began to emerge from the closet.

Because many older LGB adults have spent a majority of their lives “in the closet,” or masking their sexual orientation, their lives have remained largely silenced; thus, we are only beginning to understand the experiences and needs of these populations.

The powerful influence of both historical forces and social context makes the life-course perspective particularly useful in understanding LGB aging. Bridging the dynamics and social processes that occur, a life-course perspective highlights social interaction and social structure in order to understand and explain human experience. A life-course perspective incorporates the dynamic ways in which aging is shaped by social context, cultural meaning, and structural location as well as how time, period, and cohort affects age-related transitions and aging processes for individuals and social groups (Baltes 1987; Bengtson and Allen 1993; Elder 1994 1998; George 1993; O’Rand 1996).

Considering the interweaving of age-graded trajectories, a life-course analysis is sensitive to the consequences of early transitions for later life experiences and events and allows us to examine the influence of social trajectories in the developmental processes of individuals. Elder (1994) argues that the interplay of historical times, the timing of social roles and events, the linked and interdependent nature of lives, and human agency in choice making are central to understanding aging and development from a life-course perspective.

In this article, we apply a life-course perspective in a review of the literature on LGB aging to better understand what is currently known about the processes and lived experiences of older LGB adults. Reviewing 58 articles published between 1984 and 2008, this article synthesizes the recent state of social research about older LGB adults in order to summarize our knowledge about these groups, guide future research in aging, and better understand the substantive issues affecting their lives. Such a review not only provides a better understanding of the present landscape of research about aging in these communities but also identifies and shapes topics for future inquiry.

Accordingly, a primary goal for this review is to evaluate the body of relevant literature not only to assess what we know about LGB aging from a life-course perspective but also to better understand how this knowledge has been amassed. As such, we analyze the major themes of the research findings and review the methodologies and theoretical approaches of the studies. A second goal for this review is to identify the gaps in the literature and the limitations of the current state of knowledge about LGB aging in order to suggest directions for future research.

The organization of this review is as follows. First, we describe the method we used to structure this review. Next, we discuss the literature by reviewing the primary domains of the research from a life-course perspective. For the purpose of this study, the primary

domains we identified in the existing literature are as follows: (1) the interplay of lives and historical times and (2) linked and interdependent lives. We also examine both the strengths and limitations of this body of knowledge. Lastly, we outline a blueprint for future research.

Method

Similar to other literature reviews about older adults, we use a narrative (Dilworth-Anderson, Williams, and Gibson 2002; Schulz et al. 1995) rather than meta-analytic approach in this study. We use a narrative approach because it allows us to compare studies of the same topic that use different methodologies. One of the goals of this review is to gain a greater understanding of the state of research about aging in the LGB communities, so we included articles that met the following search parameters: focused on LGB adults age 50 and older, had original empirical research findings, and appeared in refereed professional journals in the years 1984 to 2008. The selection criteria applied in this review provided a total sample of 58 articles.

The articles were identified by searching the following databases: PsychInfo, Sociological Abstracts, Family Studies database, Medline, Healthstar, Social Work, Infotrac, Eric, and Current Contents. We used the following search terms to locate potential articles: *lesbian, gay, homosexual, homosexuality, bisexuality, sexual orientation, sexual minority, or sexual preference*, and *aging, older adults, elder, or gerontology*. For this review, we included articles in which the majority of the participants were at least 50 years of age as well as those that reported on age-based comparisons and included a subset of LGB persons 50 and older. We used age 50 and older as the defining age criterion because the majority of articles within these populations have defined older adults as people age 50 and older. We included articles that were written in English and studies conducted in the United States or Canada.

Articles that focused specifically on HIV/AIDS were excluded since this topic has a well-developed literature base that has been reviewed recently (see Martin, Fain, and Klotz 2008). In addition, although a number of influential books have been written on LGB aging (see Clunis et al. 2005; Fredriksen-Goldsen 2007; Herdt and de Vries 2004; Hunter 2005, 2007; Kimmel, Rose, and David 2006), they are beyond the scope of this review, which focuses on primary research reported in peer-review journals.

Table 1 contains a brief description of all the articles in this review. To code the data, three graduate-level research assistants reviewed the articles for methodological approach, sample demographics, theoretical approach, and primary findings of the research. The research clustered around two primary themes central to the life-course perspective: (1) the interplay of lives and historical times and (2) linked and interdependent lives.

The samples ranged in number of participants from 4 to 198,121, with a median number of 52 participants. Forty-eight percent of the studies analyzed included samples that consisted of only older adults (age 50 and older), and 52% included mixed-age samples (including persons younger than 50). All of the samples included lesbian or gay male participants, and 31% included bisexual participants. With regard to gender, 21% of the samples were exclusively male, 22% exclusively female, and 55% included both male and female participants. One study did not collect data on gender. Older transgender adults were included in the samples of two studies, although findings specific to gender identity were not reported in the articles and thus are not included here. In terms of race/ethnicity, 17% reported exclusively White participants. Fifty-nine percent of the samples included more than one ethnicity or race, and the remainder (24%) did not report the race or ethnicity of the participants. Participants were recruited exclusively from urban areas in 34% of the studies,

from both rural and urban settings in 20%, and exclusively from rural settings in 5% of the studies. In 41% of the studies, the setting was unclear or not stated.

Several studies used more than one type of research method to collect data. The most common research method used was survey (53%), followed by in-depth interview (45%), and focus group (14%); 7% employed ethnographic research. The majority recruited participants from one or more sites: health and human services and other community-based organizations (83%), publications (46%), snowball sampling (41%), personal contacts (14%), businesses (12%), and the Internet (10%). Four studies did not report how participants were recruited. Although the majority (75%) of the articles did not identify a theoretical perspective guiding the research, the primary theoretical perspectives used included life-course perspective (10%), crisis competence (5%), grounded theory (3%), stress and coping (3%), systems theory (2%), and queer theory (2%).

Research Domains

The Interplay of Lives and Historical Times

According to Elder (1994), differences in individual life courses may be reflected by the social contexts in which they occur. In rapidly changing societies such as our own, belonging to a particular birth cohort exposes individuals to different historical worlds, with their constraints and options. The constraints shaped by the historical worlds of the current LGB cohorts are both cultural and sociopolitical and include, among other dimensions, social stigma surrounding an LGB identity and a lack of equal legal rights for same-sex couples and LGB individuals. These constraints have limited the actions of older LGB adults over their life course, but overall, the findings from the articles reviewed here also show instances and manifestations of resilience.

Early research on LGB aging addressed widely held negative stereotypes about the mental health statuses of these populations, due to the social constraints under which they lived. The prevailing stereotypes of the time period that the early research sought to address were that older gay men and lesbians were depressed and felt sexually undesirable, that they struggled with feeling old before their time, and that they experienced “accelerated” aging or maladjustment to aging (Berger 1984; Berger and Kelly 1986, 2001; Brown et al. 2001; Gray and Dressel 1985; Whitford 1997).

Contrary to the stereotypes stated above, the majority of the early articles describe positive psychosocial functioning among older gay men and lesbians (Berger 1984; Berger and Kelly 1986; Gray and Dressel 1985), with favorable feelings about aging (Whitford 1997), appearance (Gray and Dressel 1985), and sexuality (Pope and Schulz 1990). Subsequent studies find older gay male and lesbian adults to be no more depressed than their heterosexual counterparts (Dorfman et al. 1995), and a majority of gay and lesbian adults rate their mental health as excellent or good (D’Augelli et al. 2001). Most participants report relatively high self-esteem, with 80% indicating that they were content with their sexual orientation (D’Augelli et al. 2001).

Predictors of positive psychosocial adjustment for LGB adults include accepting and managing a gay or lesbian identity (Sharp 1997; Whitford 1997) and living with a partner (Lee 1987). Much of the literature suggests an association between openly identifying as gay male or lesbian (being “out”) and higher levels of self-esteem and life satisfaction, increased available support, and higher incidence of positive adjustment to the aging process (Adelman 1990; D’Augelli et al. 2001; Grossman, D’Augelli, and Hershberger 2000; Grossman, D’Augelli, and O’Connell 2001; Lee 1987; Sharp 1997).

Through their negotiations of transitions across the life course, gay men and lesbians may be better equipped to accept aging than are their heterosexual counterparts (Adelman 1990; Kehoe 1986, 1988; Quam and Whitford 1992; Sharp 1997), through what is termed “crisis competence” (Friend 1980; Kimmel 1980) or “mastery of crisis” (Berger 1980). Crisis competence theory states that successful management of one stigmatized identity early in the life course (e.g., gay, lesbian, or bisexual) creates skills that transfer to the successful management of a later stigmatized identity (e.g., older adult; Berger and Kelly 2001). Ultimately, positive management of these stigmatized identities affects the aging process (Quam and Whitford 1992). Although the majority of articles in this domain supported the notion of positive adjustment to the aging process, some studies refuted these conclusions, noting that increased strain led to poor aging-related outcomes (Beeler et al. 1999; Lee 1987).

Although much of the early and current research on older LGB adults is based on an assumption of differences in aging by sexual orientation, a growing number of more recent studies document important similarities. For example, while decline in cognitive functioning is related to gender, there are no significant differences by sexual orientation (Maylor et al. 2007). Furthermore, in a study of health behaviors, no differences were found in terms of exercise and diet among older gay men and heterosexual men (Slevin 2008).

The cumulative effects of one’s social location (i.e., gender, race, socioeconomic status, physical ability, etc.), relative to the social context in which one lives, shapes the experiences of older LGB adults. Important gender differences have been identified in the literature. Older lesbian adults, as compared to older gay men, report lower incomes and are more likely to have partners, have larger social networks, and not live alone (Grossman et al. 2000; Quam and Whitford 1992). Furthermore, African American older gay men experience significantly higher levels of ageism than do White older gay men, higher levels of racism than do younger African American men, and higher levels of heteronormativity than do both White and younger African American men (David and Knight 2008). Successful aging among older LGB adults is influenced by good health (Adelman 1990; Lee 1987; Quam and Whitford 1992), higher social status and class (Lee 1987), increased social support (Jones and Nystrom 2002; Quam and Whitford 1992), and community involvement (Quam and Whitford, 1992). Poor mental health outcomes are predicted by loneliness, low self-esteem, internalized homophobia, and victimization based on sexual orientation, which corresponded with higher rates of attempted suicide, suicidal thoughts, and drug abuse (D’Augelli and Grossman 2001).

Discrimination affects not only mental health but also the manner in which older LGB adults seek care. Older LGB adults report feeling skeptical of health care professionals and reluctant to rely on a system that has historically discriminated against them and pathologized their communities (Brotman, Ryan, and Cormier 2003; Butler and Hope 1999; Deevey 1990; Jackson, Johnson, and Roberts 2008; McFarland and Sanders 2003). For example, Deevey’s study found that 80% of the lesbians sampled had faced discrimination as a result of their sexual orientation, and 54% fear discovery of their lesbian identity. Because of past negative experiences (Butler and Hope 1999; Hamburger 1997; Lucco 1987), older LGB adults identify the need for service providers to receive training and education to ensure sensitive and appropriate treatment.

A majority of older LGB adults utilize both health services in the general community and formal supports in LGB communities. One study found that older LGB adults perceive services in the LGB community to be better able to meet their needs in times of crisis (Jacobs, Rasmussen, and Hohman 1999); other research reported older LGB adults’ concerns about the affects of ageism on the formal mechanisms of community support

(Jones and Nystrom 2002). Another finding is that more than half of the older LGB adults do not have adequate services available to assist with their physical and psychological needs (McFarland and Sanders 2003). Moreover, there remains a great need for support groups for older LGB adults (Slusher, Mayer, and Dunkle 1996) and LGB community-based retirement housing (Hamburger, 1997; Jackson et al. 2008; Lucco 1987).

Both contemporary and historical discrimination are primary obstacles to accessing and utilizing the necessary health and social support services for older LGB adults. Barriers to utilization of formal support services include a lack of financial resources (e.g., a lack of health insurance), economic insecurity, discrimination, and a lack of protection for their partners and other loved ones (Brotman et al. 2003; Butler and Hope 1999; Fredriksen 1999; Hash and Netting 2007; McFarland and Sanders 2003; Richard and Brown 2006). Moreover, same-sex partners often do not have automatic next-of-kin status for hospital visits and medical decision making, nor do they have family leave benefits, equivalent Medicaid spend-downs, social security benefits, bereavement leave, or automatic inheritance of jointly owned real estate and personal property (Fredriksen 1999; Hash and Netting 2007).

Identity development is another focus of research that is shaped by social and historical context. Birth cohort (Parks 1999; Rosenfeld 1999), as well as maturational factors and the larger social context (Floyd and Bakeman 2006), plays a significant role in sexual identity development, according to past research. By dividing older LGB adults into age groups or identity cohorts (Parks 1999; Rosenfeld 1999), such research illustrates the differing attachment to the moral value of coming out and the discrepant perceptions of disclosure management. Rosenfeld divided her sample into a pre-Stonewall-era cohort, which viewed homosexuality as a stigma, and a post-Stonewall cohort, which perceived homosexuality as a status imbued with political and moral meanings. Parks divided her lesbian sample into age cohorts: 45 and older (pre-Stonewall), 30 to 44 (gay liberation era), and younger than 30 (gay rights era). Each cohort's identity was affected by the social context in which the cohort's members came of age. In particular, different generations developed different strategies for navigating sexual identity over time (Parks 1999). Both authors found that older lesbians and gay men came of age at a time in which they lost access to social support if they openly identified their sexual orientation (Parks 1999; Rosenfeld 1999).

The changing meanings of lesbianism and homosexuality over time, as well as differential access to community support, shape the language and frameworks available to understand identity development that result in differential cost-benefit analysis related to being openly identified (Chapple, Kippax, and Smith 1998; Herdt, Beeler, and Rawls 1997; Parks 1999; Rosenfeld 1999). Other aspects of social location, such as social class, also affect identity formation. For example, working-class identity among older gay male adults was more tied to the occupations the men in the sample had held (e.g., armed forces) and less tied to the gay community at large (Chapple et al. 1998). Just as concepts of homosexuality as "stigma" versus "status" and perceived safety in disclosure change over time, so do available language and public definitions of homosexuality in varying social contexts.

Existing studies that use a life-course perspective to examine the lives of LGB adults find that variation exists among the current cohort. While most research discusses homosexuality as it generally relates to LGB individuals alike, Herdt et al.'s (1997) life-course study of lesbians and gay men examined differences in experiences between these groups. Herdt et al.'s work found that the overall patterns of identity development are divergent, as older gay male and lesbian adults have very different lives; as such, a single, uniform life course for gay men and lesbians does not exist. Moreover, the family lives of gay men are heterogeneous and reflect varied life-course experiences according to whether they engaged

in heterosexual marriages and childbearing, long-term same-sex relationships, or other relationship patterns (Muraco, LeBlanc, and Russell 2008).

Linked and Interdependent Lives

Another key component of the life-course perspective embedded in the existing LGB aging research is the notion of interdependent lives. Our lives are embedded in social relationships and interactions across the life span (Elder 1994), between individuals and their families, friends, coworkers, and others. Social support is one dimension of a linked and interdependent life.

Contrary to the prevailing stereotypes, older gay male and lesbian adults are not isolated but have various means of available support (Beeler et al. 1999; Christian and Keefe 1997; Comerford et al. 2004; Galassi 1991; Grossman et al. 2000; Grossman et al. 2001; Jacobs et al. 1999; Orel 2004; Van de Ven et al. 1997; Whalen, Bigner, and Barber 2000), including partners, friends, members of their families of origin, and the larger LGB communities (Berger 1984; Brown et al. 2001; Gray and Dressel 1985; Whitford 1997). Furthermore, older LGB adults are sexually active and often in primary relationships (Van de Ven et al. 1997); those with partners are less lonely and in better health than those living alone (Grossman et al. 2000; Grossman et al. 2001).

Many same-sex couples have long and lasting partnerships. A recent study by Porche and Purvin (2008) examined the factors that contributed to the longevity of committed same-sex relationships of 20 years or more through the life course. According to Porche and Purvin, the contributors to relationship longevity for LGB adults include having a first sexual relationship at a formative stage of sexual identity, legal home ownership, binding legal agreements as proxies for marriage, children together, relationship therapy, and role models.

Most older lesbian and gay male adults had created “families-of-choice,” based on friendship and love (Beeler et al. 1999; Orel, 2004). Older gay male and lesbian adults most often received support from friends and on average had 2.5 (Masini and Barrett 2008) to 6 people (Grossman et al. 2000; Grossman et al. 2001) in their support networks; 89% of older gay male and lesbian adults had at least three friends they could turn to if they were experiencing a “serious problem” (Beeler et al. 1999). The type and quality of support also matters. According to Grossman et al. (2000), close friends and acquaintances most often offer “socializing support,” whereas partners, siblings, and family members provide emotional support.

Older LGB adults have and provide biological family support in a variety of roles, including parenting and grandmothering (Grossman et al. 2000; Grossman et al. 2001; Muraco et al. 2008; Orel and Fruhauf 2006; Whalen et al. 2000). For some older gay men, the degree of being out to family members, including parents and children, has shaped their family relationships (Muraco et al. 2008). The growing needs of older LGB adults are also met through informal caregiving from family members and friends (Fredriksen 1999; Grossman, D’Augelli, and Dragowski 2007; Hash 2006; Shippy 2007). While many older LGB adults report physical, financial, and emotional strain resulting from their care responsibilities, their caregiving relationships often remain largely invisible due to fear of disclosure and discrimination (Brotman et al. 2007; Fredriksen 1999; Hash 2001; Hash and Cramer 2003; Tully 1989).

In addition to relationships with family and friends, community support is vital to many older LGB adults (Galassi 1991; Nystrom and Jones 2003; Orel 2004; Van de Ven et al. 1997), with many reporting that an affirming community enables them to be comfortable with their own sexual orientation (Orel 2004). Neighbor and community support was crucial

for older lesbians who live in rural settings in terms of providing access to health and transportation assistance (Comerford et al. 2004; Moore 2002); yet, only 8% of lesbians older than 50 in the study by Beeler et al. (1999) were highly involved in gay and lesbian communities. Furthermore, most gay and lesbian communities are relatively age segregated as a result of age-based stereotypes and differences in generational approaches to survival (Fox 2007).

Discussion

This review is an important first step toward a better understanding of older LGB adults and represents the state of social research about these populations. From a life-course perspective, the interplay of the social context and historical times as well as the nature and consequences of linked and interdependent lives are the primary themes embedded in the existing research. Just as the lives of LGB older adults have changed over time, the study of LGB older adults also has changed according to the social contexts in which the research has been conducted.

Several historical trends cut across the substantive areas of research addressed. The initial research on LGB aging focused on dismantling negative stereotypes. The most common stereotype that the early research sought to dispel was that older gays and lesbians are depressed and experience accelerated or maladjustment to aging. Thus, the earliest wave of research, as a body of work, suggested that older gay men and lesbians are not alone, isolated, or depressed but benefit from navigating a stigmatized identity through crisis competence.

Psychosocial adjustment to aging was the theme of the next wave of research. These studies examined the correlates of the psychosocial adjustment and functioning of older gay men and lesbians; most concluded that LGB adults had positive psychosocial functioning, despite the presence of widespread structural inequalities and discrimination. A related development in the field, the third wave focused on identity development in the lives of older LGB adults. Specifically, this thematic shift focused on experiences of acknowledging and accepting a LGB identity and the shifting experiences of being LGB over time according to social context.

The most recent wave of research examines the social support and community-based needs and experiences of older LGB adults. Studies in this area identify the need for LGB-specific services in housing, health, caregiving, and other human services. This area of contemporary research examines the variation between and among individuals with respect to gender, aging bodies, relationships, family life, and social networks. One last trend in the most contemporary wave of research is the greater inclusion of bisexual and transgender experiences in studies of aging. Very few studies focus on either bisexual or transgender populations, but there exists an increase in acknowledgement of the presence of both groups and our need to know more about these individuals' experiences in the aging process.

The existing literature demonstrates that contextual factors influence psychosocial functioning among older LGB adults in both positive and negative ways. In particular, the psychosocial factors that have been identified in the existing research as affecting successful aging in older LGB adult populations include a positive identity, socioeconomic resources, access to health care and other formal services, and informal and community-based social support.

Although these dimensions are not necessarily unique to older adults in these communities, understanding their significance in these largely understudied populations helps to better interpret their experiences as they age. In addition, the crisis competence developed from

living as a member of a marginalized population may affect one's ability to successfully navigate the aging process. Conversely, negative contextual effects such as institutional discrimination and victimization based on sexual orientation are likely to contribute to higher incidences of poor psychosocial adjustment.

Historical contexts characterized by a lack of tolerance and acceptance for homosexuality shape the identity development of many individuals in the current cohort of older LGB adults such that coming out has left them vulnerable to a potential lack of social support and legal protections. The studies illustrate that although older LGB adults remain largely invisible, they have diverse experiences with respect to family structures and informal social supports. With respect to formal systems of support, large portions of the older LGB populations remain underserved and do not access services because of their individual experiences of discrimination and victimization as well as historical and institutional marginalization. Ageism in these communities further contributes to older LGB adults' experiences of marginalization and lack of access to supportive services.

The research reviewed here represents more breadth than depth about the social processes and lived experiences of older LGB adults. The research questions that guide the studies tend to be exploratory and descriptive, without theoretical underpinnings. As a result, the state of knowledge about the aging processes and experiences in these populations is diffuse. Furthermore, much of our knowledge about older LGB adults is found in applied studies, and little theoretical material has been tested or gleaned from this work. To expand the state of knowledge about older LGB adults, we need to better integrate and broaden the way we integrate conceptual frameworks, including the life-course perspective, in our research.

Blueprint for Future Research

To have a fuller understanding of not only aging among LGB adults but also the aging process more generally, we must pay greater systematic attention to these populations. In order to suggest directions for future research, we outline a blueprint based on a life-course perspective, which provides substantive and methodological recommendations.

In general, we know very little about people's sexual attitudes and behaviors, as well as how they develop and change over the life course; this is also true for older LGB adults. Thus, an important direction for future research is to better articulate experiences of sexuality. Current conceptions in existing research treat sexuality as a fixed, binary construct (Stein 1997). The notion of sexuality as "stable and fixed" with identity-based categories has been challenged, suggesting that we abandon arbitrary classifications and more fully consider human relationships, care, and intimacy over time (Hicks 2008). The most effective examination of sexuality from a life-course perspective would address not only individual attitudes and behaviors but also the ways in which sexuality categories are constructed and experienced over time. An analysis that underscores the distinctions and transitions between individuals' sexuality, sexual behaviors, and identities would help bring to light issues that are not adequately captured in current social research.

Future studies of LGB aging need to examine the effects and interaction of specific factors, such as age, gender, race, ethnicity, socioeconomic status, health, physical and cognitive impairment, family composition, discrimination and stigma, and community engagement, as they influence older LGB adults' aging processes. For example, future research will benefit from the separation of midlife, young-old, and old-old subgroups of LGB individuals into cohort studies. Furthermore, we know little about how gender influences aging in these communities, even though lesbians are likely to have a longer life expectancy than that of gay men.

We do not yet understand the impact of other potential risk or protective factors on the health and well-being of older LGB adults, such as the increased likelihood of living alone, not having children, and a reliance on peers to provide needed assistance. Given that older LGB adults rely heavily on partners and friends, most of a similar age, to provide caregiving assistance, we need to better understand the life-course trajectories of the long-term survivors and those reaching old age in these communities. Given the existing support structures within these communities, those living to very old age may be at particular risk for institutionalization.

Applying a life-course perspective to future research would create a fuller picture of the interaction of contextual effects on the aging processes of older LGB populations. O'Rand (1996), in applying a life-course perspective, illustrates how increasing heterogeneity and inequality within aging cohorts result in cumulative disadvantage. Such research highlights the importance of social structure, organization, and life events in the explanation of the effects of history on the behavior and outcomes among cohorts and social groups.

Such conceptual clarification could assist in the identification of individual, interpersonal, and contextual factors that affect aging in marginalized communities over time. Treating aging as a multidimensional construct that includes both positive and negative influences and outcomes is critical to furthering our understanding of aging among older LGB adults. Such approaches have direct implications for developing and testing interventions applicable to the life experiences of diverse older LGB adults.

To date, we know little about the aging process among bisexual and transgender adults. These two populations are likely the most invisible and underrepresented in contemporary social research. While much of the existing research clusters lesbian, gay male, bisexual, and transgender issues (i.e., Jackson et al. 2008), it is important to better understand the similarities between these diverse groups and to identify their unique needs and experiences (Fredriksen-Goldsen et al. forthcoming). Future studies would be enhanced through an in-depth analysis of gender identity and expression as they relate to both sexual orientation and aging across the life course.

Whereas the early literature on LGB aging sought to dispel stereotypes and showed more similarity than differences between individuals of the same generational cohort, more recent research guided by a life-course approach demonstrates a lack of uniformity in the life course, both across and within generational cohorts among older LGB adults (Herd et al. 1997; Muraco et al. 2008). A more frequent application of life-course perspectives would expand our understanding of how older LGB adults are both comparable and unique with respect to psychosocial functioning, identity development, and social support.

The social meaning of age is linked to the temporal age-graded timing of lives and social roles, an area that has not been adequately explored in existing LGB aging research. An examination of social timing (the incidence, duration, and sequencing of social roles, and the relevant expectations and beliefs based on age; Elder, 1994) is needed to further understand older LGB adults as a unique social group whose experiences, processes, and social roles may have distinct dimensions. In particular, the timing of the realization and acceptance of an LGB orientation or identity and coming out may affect the unfolding of one's life course. With the exception of some research describing the impact of marriage and parenthood in these communities (Herd et al. 1997; Muraco et al. 2008), we do not yet understand the consequences associated with the timing of life events and the acquisition of specific social roles and their implications over time.

Moreover, due to prohibitions on same-sex marriage and limitations placed on parenthood and adoption by most states in the United States, LGB individuals may not experience the

transitions that exist in the normative life course based on heterosexuality. Understanding the implications of such differences is essential to assess the interactions between individuals, social groups, and changing social structures and contexts. Future studies could provide a better understanding of the extent to which older LGB adults have experienced different life events and trajectories and the effects of those variations. Such studies would expand our knowledge about the adjustment to aging as another life transition to be navigated.

The concept of human agency is prominent in life-course studies (Elder 1994) yet remains unexplored in LGB aging research. Future research is needed that considers the playful decision making and choices made by LGB individuals and the consequences of such choices over the life course. While some of the existing research shows manifestation of resilience among older LGB adults, we do not yet understand how the larger social context intersects with the dynamics of individual decision making and lives over time (Fredriksen-Goldsen et al. 2009). We know little about how LGB adults uniquely may plan for long-term health care, institutional living, and legal protections or designations (i.e., living wills, advanced directives, powers of attorney), given the contexts of their experiences over the life span.

Life-course studies are desperately needed that follow LGB individuals and these social groups over time. Through the use of longitudinal designs, we will be much better positioned to understand how older LGB adults construct and experience their lives. The field of LGB aging would also benefit from future research that addresses the unique methodological issues in studying hidden populations in historically disadvantaged and marginalized communities. One overarching goal for future research is for studies to be more inclusive with respect to capturing the experiences of traditionally underrepresented groups. The current state of knowledge about older LGB adults is largely based on homogeneous samples; thus, it is important to begin examining the intersection of gender, gender identity, ethnicity and race, disability and ability status, culture, cohort, and individual life experiences in order to better understand the variation that exists both between and among individuals in the older LGB populations. Furthermore, such contextual factors are one potential explanation for the variation in experiences of older LGB adults reported in the literature and need to be further examined.

A likely reason that most of the studies draw their samples from gay and lesbian organizations is because that is the most direct way to locate the targeted populations. From the research findings cited above, we can also infer that many older LGB adults are apprehensive about having their sexual orientation disclosed in research because they fear being targets of prejudice and discrimination. Yet, to truly represent the range of experiences among such individuals as they age, future research would be strengthened by implementing methodological techniques for sampling older individuals who are not living openly as lesbian, gay male, bisexual, or transgender adults, in order to capture the range of experiences of these populations. Several sampling procedures to reach hidden populations have been developed, including target sampling (O'Connell 2000; Watters and Biernacki 1989) and chain-referral and respondent-driven sampling (Heckathorn 1997). Although each of these techniques has individual strengths and limitations that need to be further explored in studies of aging in marginalized communities, the utilization of a mixed-method sampling approach will likely provide the best means by which to develop more representative sampling methods for such hard-to-reach populations.

Conclusion

To truly understand the scope of human experiences and aging, we need a greater understanding of the diversity within and across communities. Research is needed that more fully addresses the interaction of age, cohort (generational difference), culture, and individual life experiences—or contextual effects—upon significant roles and life transitions for older LGB populations over time. Ultimately, it is important that we turn our critical attention to the study of LGB adults. By building knowledge and theory about aging in these communities, older LGB adults will begin to emerge from the margins.

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Table 1

Sexual Orientation (SO) and Aging Literature Review by Article (authors in alphabetical order)

Author(s)	Sample	Recruitment/design	Theory	Salient findings
Berger 1984	<i>N</i> = 18 SO: Lesbian & gay male Gender: 44% female, 56% male Age: 40–72 (median = 54) Race/ethnicity: White Setting: Not reported	Design: Interviews Recruitment: Organizations	None stated	“Stereotypes about older homosexuals are not accurate”; older homosexuals actively involved in community and family, and effects of aging viewed as unrelated to SO
Brotman et al. 2007	<i>N</i> = 17 SO: 35% lesbian, 35% gay male, 30% heterosexual Gender: 59% female, 41 % male Age: 33–72 Race/ethnicity: Not stated Setting: Not stated	Design: Interviews Recruitment: Service agencies, snowball	Grounded theory	Describes the impacts from felt and anticipated discrimination, coming out, and caregiving role, and the need for access to and equity in health care services
Brotman, Ryan, and Cormier 2003	<i>N</i> = 32 SO: 66% lesbian and gay male Gender: Not collected Age: Not collected Race/ethnicity: Not collected Setting: Not reported	Design: Focus groups Recruitment: Organizations, personal contacts, service agencies, snowball	None stated	The impact of discrimination on the health and access to services of the population; invisibility and historic and current barriers to care and service options identified
Brown et al. 2001	<i>N</i> = 69 SO: Gay male Gender: Male Age: 36–79, “most” 50–65 Race/ethnicity: 94% White, 6% American Indian Setting: Not reported	Design: Ethnography Recruitment: Snowball	Crisis competence	Older gay men experiencing discrimination based on age and SO; “aging gay men are basically well-adjusted individuals,” with resilience and strong social supports
Butler and Hope 1999	<i>N</i> = 21 SO: Lesbian Gender: Female Age: 54–75 Race/ethnicity: White Setting: Rural	Design: Interviews Recruitment: Snowball	None stated	80% of the sample said they had not experienced discrimination, and almost all said to be “very pleased” with current health care
Chapple, Kippax, and Smith 1998	<i>N</i> = 8 SO: Gay male Gender: Male Age: 41–59 Race/ethnicity: Not reported Setting: Urban	Design: Interview Recruitment: Snowball	None stated	All in sample had involvement in gay community and institutional affiliation; impact on reconstruction of gay identity of post-Stonewall 1970s was significant
Christian and Keefe 1997	<i>N</i> = 16 SO: Gay male Gender: Male Age: 46–69 Race/ethnicity: White Setting: Not reported	Design: Focus groups Recruitment: Publications	None stated	Earlier in life, participants were in sexual market field, but with age moved to primary relationship or social network fields; social supports in intergenerational gay networks problematic due to differing values
Comerford et al. 2004	<i>N</i> = 15 SO: Lesbian Gender: Female Age: SO or older	Design: Interviews Recruitment: Personal contacts	None stated	Rural lesbian elders travel to find community with other lesbians; they were likely to have few

Author(s)	Sample	Recruitment/design	Theory	Salient findings
D'Augelli and Grossman 2001	<p>Race/ethnicity: 87% White, 6.5% African American, 6.5% American Indian Setting: Rural</p> <p><i>N</i> = 416 SO: 92% lesbian or gay male, 8% bisexual Gender: 29% female, 71 % male Age: 60–91 Race/ethnicity: 90% White, 3% African American, 2% Hispanic Setting: Mixed</p>	<p>Design: Survey Recruitment: Organizations, service agencies</p>	None stated	<p>familial supports and more friendship networks; experienced some fear regarding safety</p> <p>75% reported SO victimization, men more than women; the more open about SO and less time before disclosure of SO, more victimization; physically attacked had lower self-esteem, more loneliness, poorer mental health, and more suicide attempts</p>
D'Augelli et al. 2001	<p><i>N</i> = 416 SO: 92% lesbian or gay male, 8% bisexual Gender: 29% female, 71 % male Age: 60–91 Race/ethnicity: 90% White, 3% African American, 2% Hispanic Setting: Mixed</p>	<p>Design: Survey Recruitment: Organizations, service agencies</p>	None stated	<p>Better mental health correlated with self-esteem, less loneliness, lower internalized homophobia; men had more internalized homophobia, alcohol abuse; and suicidality; lower suicidal ideation associated with less internalized homophobia, less loneliness, more social support</p>
David and Knight 2008	<p><i>N</i> = 383 SO: Gay men Gender: Male Age: 30% 18–34, 35% 35–54, 35% 55 and older Race/ethnicity: 51% White, 49% Black Setting: Unclear</p>	<p>Design: Survey Recruitment: Publications, service agencies, organizations, bars</p>	Stress and coping models	<p>Black older gay men reported significantly higher levels of perceived ageism than did older Whites, significantly higher levels of racism than did younger Blacks, significantly higher levels of homonegativity than did the younger Black and White groups; this group did not report higher levels of negative mental health</p>
Deevey 1990	<p><i>N</i> = 74 SO: Lesbian Gender: Female Age: 50–82 Race/ethnicity: 99% White, 1% Hispanic Setting: Unclear</p>	<p>Design: Survey Recruitment: Publications, organizations, snowball</p>	None stated	<p>Lesbian elders reported excellent mental health; most indicated that they were not out to everyone; more than half identified fear of discovery of their SO</p>
Dorfman et al. 1995	<p><i>N</i> = 108 SO/Gender: 52% lesbian or gay male (23 female, 33 male), 48% heterosexual (32 female, 20 male) Age: 60–93 (<i>M</i> = 69 years) Race/ethnicity: 82% White Setting: Urban</p>	<p>Design: Survey Recruitment: Organizations</p>	None stated	<p>No significant differences between older heterosexuals and older homosexuals regarding depression and social support, although gay men and lesbians more likely to get social support from friends, heterosexuals from family</p>
Floyd and Bakeman 2006	<p><i>N</i> = 767 SO: 93% lesbian or gay male, 7% bisexual Gender: 54% male, 46% female Age: Men <i>M</i> = 36, women <i>M</i> = 33 Race/ethnicity: 76% European/American or White, 11% African American, 13% other or combination Setting: Unclear</p>	<p>Design: Survey Recruitment: Convenience</p>	Life-course perspective	<p>Findings expand on the stage-sequential framework to show how sexual identity development is driven by maturational and social factors</p>

Author(s)	Sample	Recruitment/design	Theory	Salient findings
Fox 2007	<i>N</i> = Unclear, roughly 65 to 90 SO: Gay male Gender: Male Age: 39–85 Race/ethnicity: 2 Asian American, 4 African American, remainder White Setting: Urban	Design: Participant observation, interviews Recruitment: Convenience	Queer theory	Intergenerational communication affected by age stereotypes that generate communicative boundaries between young and old of the gay community; exacerbated by differences in intergenerational approaches to survival
Fredriksen 1999	<i>N</i> = 1,466 SO: Lesbian and gay male Gender: 46% female, 54% male Age: 17–81 (<i>M</i> = 36.1) Race/ethnicity: 87% White, 4% Hispanic, 3% Native American, 3% Asian/Pacific Islander, 2% African American, 1% other Setting: Urban	Design: Survey Recruitment: Survey sent to names on national listing	None stated	Demonstrates extensive yet often unrecognized caregiving in the LGB community; 32% reported providing some type of caregiving assistance; 82% reported some type of harassment due to SO
Galassi 1991	<i>N</i> = 15 SO: Lesbian and gay male Gender: Female and male Age: 60–80 Race/ethnicity: Not stated Setting: Urban	Design: Focus group and survey Recruitment: Organization	None stated	Intergenerational workshop increased pride and sense of personal well-being; elders sought social networks with their cohort; majority expressed fear of coming out to health care providers
Gray and Dressel 1985	<i>N</i> = 4,212 SO: Gay male Gender: Male Age: 16–78 (9% of total sample 50 or older) Race/ethnicity: Not stated Setting: Mixed	Design: Survey Recruitment: Publications, organizations, bars, clubs	None stated	52% of older gays expressed positive feelings about perceptions of their age, and 59% positive feelings about their looks; older gays equally as likely to socialize with other gay men only; older gays more likely to be closeted
Grossman, D'Augelli, and Dragowski 2007	<i>N</i> = 199 SO: 91 % gay male or lesbian, 9% bisexual Gender: 58% male, 42% female Age: 40–85 (<i>M</i> = 66), 74% were 60 or older Race/ethnicity: 82% Caucasian/White, 7% African American/Black, 4% Hispanic, 7% other or mixed race Setting: Urban	Design: Survey Recruitment: Organizations, service agencies	None stated	Among LGB, one third reported having received informal care in the past 5 years and two thirds reported receiving care; more than 75% reported that they were willing to provide care in the future
Grossman, D'Augelli, and Hershberger 2000	<i>N</i> = 416 SO: 92% lesbian or gay male, 8% bisexual Gender: 71% male, 29% female Age: 60–91 (<i>M</i> = 69) Race/ethnicity: 90% White, 3% African American, 2% Hispanic Setting: Mixed	Design: Survey Recruitment: Organizations	None stated	Average of 6 people in social networks, mostly close friends; most satisfied with support from those aware of their sexual orientation; those living with partners less lonely and rated physical and mental health higher than those living alone
Grossman, D'Augelli, and O'Connell 2001	<i>N</i> = 416 SO: 92% lesbian or gay male, 8% bisexual Gender: 71% male, 29% female Age: 60–91 (<i>M</i> = 69) Race/ethnicity: 90% White, 3% African American, 2% Hispanic	Design: Survey Recruitment: Organizations	None stated	Self-esteem fairly high for most; 10% had considered suicide, with men more likely to contemplate suicide in relation to their SO

Author(s)	Sample	Recruitment/design	Theory	Salient findings
	Setting: Mixed			
Hamburger 1997	<i>N</i> = 18 SO: Nonheterosexual Gender: 56% female, 44% male Age: 17% younger than 45, 33% 45–49, 17% 60–64, 33% 56–74 Race/ethnicity: Not stated Setting: Urban	Design: Questionnaire Recruitment: Organizations	None stated	Majority wanted to live in community where SO is irrelevant; high demand for services to combat discrimination in current residences; high demand for specialized housing
Hash 2001	<i>N</i> = 4 SO: 75% gay male, 25% lesbian Gender: 75% male, 25% female Age: 50–62 Race/ethnicity: White Setting: Unclear	Design: Interviews Recruitment: Publications, organizations, personal contacts	None stated	Respondents had similar experiences as heterosexual caregivers; respondents face homophobia and heterosexism
Hash 2006	<i>N</i> = 19 SO: 53% gay male, 47% lesbian Gender: 53% male, 47% female Age: 50–77 (<i>M</i> = 60) Race/ethnicity: 90% Caucasian, 5% African American, 5% Hispanic Setting: Unclear	Design: Interviews Recruitment: Internet, publications, organizations, service agencies, bookstores, personal contacts	None stated	Unique aspects of caregiving for gay and lesbian caregivers related to interactions with formal and informal support persons and long-term planning and decision-making processes
Hash and Cramer 2003	<i>N</i> = 19 SO: 53% gay male, 47% lesbian Gender: 53% male, 47% female Age: 50–77 Race/ethnicity: 89% White, 11% people of color Setting: Unclear	Design: Interviews Recruitment: Internet, publications, organizations, service agencies, bookstores, personal contacts	None stated	Respondents had similar experiences as heterosexual caregivers; respondents had homophobic interactions with formal and informal support systems; problems reported rebuilding/resuming life after cessation of care
Hash and Netting 2007	<i>N</i> = 19 SO: 53% gay male, 47% lesbian Gender: 53% male, 47% female Age: 50–77 (<i>M</i> = 60) Race/ethnicity: 90% Caucasian, 5% African American, 5% Hispanic Setting: Unclear	Design: Interviews Recruitment: Internet, publications, organizations, service agencies, bookstores, personal contacts	None stated	Most care recipients had an advance directive, but the majority of caregivers did not; concerns with ownership and financial issues
Herd, Beeler, and Rawls 1997	<i>N</i> = 160 SO: 95% lesbian or gay male, 5% bisexual Gender: 70% male, 30% female Age: 45–90 (median = 51) Race/ethnicity: 94% White Setting: Urban	Design: Multidimensional—survey, focus groups, key informant interviews, ethnography Recruitment: Publications, organizations	Life-course Perspective	No one normative life course for older gay men and lesbians, but variety of life trajectories influenced by gender, cohort, marital status, coming out, and friendship networks
Jackson, Johnson, and Roberts 2008	<i>N</i> = 317 SO: 19% lesbian, 18% gay male, 3% bisexual, 1% transgender; 44% heterosexual females, 15% heterosexual males Gender: Unclear Age: 15–90 (<i>M</i> = 36; lesbian, gay, bisexual, transgender <i>M</i> = 41, heterosexual <i>M</i> = 33) Race/ethnicity: 89% Caucasian/White, 4% Hispanic, 2% Asian, 1% African American, 1% Native American, 3% other Setting: Unclear	Design: Survey Recruitment: Unclear	None stated	Suspected that staff and residents of care facilities discriminate against sexual minorities and that sexual minorities do not have equal access to care and services; suggests that separate retirement facilities would be beneficial
Jacobs, Rasmussen, and Hohman 1999	<i>N</i> = 71 SO: 63% gay male, 21% lesbian, 15% bisexual, asexual or other	Design: Survey Recruitment: Organizations, bars, snowball	None stated	Older gay, lesbian, and bisexual people prefer social and support services provided in lesbian/gay

Author(s)	Sample	Recruitment/design	Theory	Salient findings
	<p>Gender: 76% male, 24% female Age: 50–80 ($M = 61$; female $M = 57$, male $M = 62$) Race/ethnicity: 86% White, 4% Latino, 4% Native American, 4% Other, and $n = 1$ Asian Setting: Urban</p>			settings
Jones and Nystrom 2002	<p>$N = 62$ SO: Lesbian Gender: Female Age: 55–95 (median = 65) Race/ethnicity: 95% White, 5% women of color Setting: Unclear</p>	<p>Design: Interviews Recruitment: Publications, organizations, snowball</p>	Grounded approach (Strauss and Corbin 1998)	For many, coming out was long process; All were actively involved in support systems; expressed desire to remain independent and healthy and to maintain own housing as they continue to age; liked idea of living in lesbian communities
Kehoe 1986	<p>$N = 50$ SO: 86% lesbians, 14% bisexuals Gender: female Age: 65–85; 56% 65–69, 30% 70–74, 10% 75–80, 2% 85–90 Race/ethnicity: White Setting: Unclear</p>	<p>Design: Survey Recruitment: Publications, organizations, snowball</p>	None stated	Lesbians older than 65 represent mentally and physically healthy, balanced women coping with aging in a satisfactory manner
Kehoe 1988	<p>$N = 100$ SO: 91 % lesbians or preferred not to identify by a label, 9% bisexuals Gender: Female Age: 60–86 (2 unknown); 44% 60–64, 32% 65–69, 1 3% 70–74, 9% 75–86 Race/ethnicity: 93% White, 2% Asian, 1% African American, 1% American Indian, 2% other, 1% unknown Setting: Mixed</p>	<p>Design: Survey Recruitment: Publications, organizations, snowball</p>	None stated	Older lesbians are in good or excellent health; majority of older lesbians feel positive about their lesbian identity and positive about the aging process
Lee 1987	<p>$N = 47$ SO: Gay male Gender: Male Age: 50–80 Race/ethnicity: White Setting: Unclear</p>	<p>Design: Longitudinal multidimensional design including interviews and surveys Recruitment: Not reported</p>	Tests/disputes crisis theory	Men with fewest major crises and who accept homosexual identity report highest life satisfaction; being out does not necessarily mean more satisfied with life; satisfaction associated with health, wealth, and loneliness
Lucco 1987	<p>$N = 456$ SO: 87% gay male, 13% lesbian Gender: 87% male, 1 3% female Age: 55–86 ($M = 63$), male 55–86 ($M = 63$), female 55–77 ($M = 61$) Race/ethnicity: White and other Setting: Urban</p>	<p>Design: Self-administered survey Recruitment: Publications, organizations, snowball</p>	None stated	Sexual minorities more likely to live alone, be working, and have higher socioeconomic status than general older population; large majority indicated interest in planned community retirement housing
McFarland and Sanders 2003	<p>$N = 59$ SO: 63% gay male, 31 % lesbian, 2% bisexual, 5% transgender Gender: 44% female, 56% male Age: 49–86 ($M = 59$) Race/ethnicity: Not reported Setting: Mixed</p>	<p>Design: Survey Recruitment: Organizations (exclusively churches)</p>	None stated	5 1% reported no support system currently available to assist with physical and psychological changes that would accompany aging process; 70% reported insufficient financial resources to meet needs as they age

Author(s)	Sample	Recruitment/design	Theory	Salient findings
Masini and Barrett 2008	<i>N</i> = 220 SO: 62% gay male, 32% lesbian, 6% bisexual Gender: 64% male, 36% female Age: 50–79 (<i>M</i> = 57) Race/ethnicity: 90% Caucasian, 4% African American, 3% Latino/a, 3% other Setting: Not stated	Design: Survey Recruitment: Internet, service agencies, local venues, snowball	None stated	Respondents on average had 2.5 people in their social networks; 56% had at least one close friend; support from friends rather than family predicted higher mental quality of life and lower depression, anxiety, and internalized homophobia
Maylor et al. 2007	<i>N</i> = 198,121 SO: 50% heterosexual male, 41% heterosexual female, 3% bisexual female, 3% gay male, 2% bisexual male, 1% lesbian Gender: 55% male, 45% female Age: 26% 20–24, 22% 25–29, 16% 30–34, 12% 35–39, 9% 40–44, 6% 45–49, 5% 50–54, 3% 55–59, 1% 60–65 Race/ethnicity: Not reported Setting: Not stated	Design: Cognitive function tests Recruitment: Internet	None stated None stated	Performance on cognitive tests generally declined with age, with men showing greater age-related decline than women, irrespective of the task; sexual orientation was not associated with rate of cognitive decline
Moore 2002	<i>N</i> = 7 SO: 71% lesbian, 29% gay male Gender: 71% female, 29% male Age: 59–71 Race/ethnicity: Not reported Setting: Rural	Design: Survey Recruitment: Unclear	None stated	Rural lesbian and gay caregivers face invisibility from health care professionals and isolation; telephone interventions offered support to elder caregivers
Muraco, LeBlanc, and Russell 2008	<i>N</i> = 9 SO: Gay male Gender: Male Age: 50 and older Race/ethnicity: Non-Hispanic White Setting: Urban	Design: Interviews Recruitment: Convenience, snowball	Family life course theory	Provided diverse definitions of family; biological ties and closeness were two consistent dimensions for defining family relationships; narratives of coming out were central in discussions of current relationships with parents and children
Nystrom and Jones 2003	<i>N</i> = 36 SO: Lesbian Gender: Female Age: range = 45–72 (<i>M</i> = 59) Race/ethnicity: 89% White, 8% African American, 3% Native American Setting: Urban	Design: Focus group Recruitment: Publications, organizations	None stated	Primary concerns of older lesbians centered on health and housing; most preferred to live later years in community with other lesbian and gay elders
Orel 2004	<i>N</i> = 26 SO: 50% lesbian, 38% gay male, 12% bisexual Gender: 62% female, 38% male Age: 65–84 (<i>M</i> = 72) Race/ethnicity: 65% White, 23% African American, 8% Latino/Latina, 4% Asian American Setting: Unclear	Design: Focus groups Recruitment: Organizations, personal contacts	None stated	Majority perceived themselves to be healthy, happy, well adjusted, and able to negotiate challenges of aging; 50% had utilized formal mental health services; 100% expressed importance of membership with gay and lesbian community
Orel and Fruhauf 2006	<i>N</i> = 16 SO: 75% lesbian, 25% bisexual Gender: Female Age: 44–75 (<i>M</i> = 61) Race/ethnicity: 75% Caucasian, 19% African American, 6% other Setting: Not stated	Design: Interview Recruitment: Snowball	Life-course perspective	Grandmothers' perceptions were organized under the broad theme of the centrality of sexual orientation to the grandmother-grandchild relationship; the role of the intermediary parent was

Author(s)	Sample	Recruitment/design	Theory	Salient findings
				highlighted
Parks 1999	<i>N</i> = 31 SO: Lesbian Gender: Female Age: 23–79; 35% 45–79 Race/ethnicity: White Setting: Mixed	Design: Interview Recruitment: Organization, snowball	None stated	Oldest group expressed more silence around sexual identity but attributed silence not to conflicted identity but to coming out pre-Stonewall; lesbian coping skills and identity formation shaped by cohort social context
Pope and Schulz 1990	<i>N</i> =87 SO: Gay male Gender: Male Age: 40–77;43% 40–49, 33% 50–59, 24% older than 60 Race/ethnicity: Not reported Setting: Mixed	Design: Survey Recruitment: Organization	None stated	Older gay men maintain interest in sex and ability to function sexually
Porche and Purvin 2008	<i>N</i> = 18 SO: 55% gay male, 45% lesbian Gender: 55% male, 45% female Age: 40s–60s Race/ethnicity: 83% White, 11% Latina, 6% other Setting: Not stated	Design: Survey, interviews Recruitment: Publications, organizations, snowball	Life-course theory	Investigated supports and constraints to relationship longevity and the influence of these factors on a couples decision to legally marry; majority of couples married when able, and other affirmed their commitment
Quam and Whitford 1992	<i>N</i> = 80 SO: 51 % gay male, 49% lesbian Gender: 51 % male, 49% female Age: 50–73; 39% of sample older than 60 Race/ethnicity: Not reported Setting: Urban	Design: Survey Recruitment: Publications, organizations	None stated	68% said being gay/lesbian helpful in aging process; cored high on life satisfaction, current health, acceptance of aging process
Richard and Brown 2006	<i>N</i> = 25 SO: Lesbian Gender: Female Age: 55–73 (<i>M</i> = 64) Race/ethnicity: 96% White, 4% African American Setting: Not stated	Design: Interview Recruitment: Internet, organizations, snowball	None stated	Aging lesbians may be less likely to access formal supports due to perception of bias and a potential lack of connection with those providing services; participants were creative at formulating informal
Rosenfeld 1999	<i>N</i> =37 SO: 54% lesbian, 46% gay male Gender: 54% female, 46% male Age: 26–89 (<i>M</i> =73); 40% 75 and older Race/ethnicity: 8% African American, 8% Latino/a, 11% born abroad (Canada,Argentina, Germany) Setting: Urban	Design: Interview Recruitment: Organizations, snowball	None stated	systems of support Gay and lesbian elders have very different stories of identity development depending on what year they came out
Sharp 1997	<i>N</i> = 115 SO: Lesbian Gender: Female Age: 16% 31–40,57% 41 –50, 22% 51–60,5% 61–70 Race/ethnicity: Not reported Setting: Mixed	Design: Survey and concurrent subsample interviews Recruitment: Publications, organizations, snowball	Crisis competence theory	Successfully managing a lesbian identity is a factor that contributes to positive anticipation and experience of aging
Shippy 2007	<i>N</i> = 155 SO: 62% gay male, 34% lesbian, 4% bisexual Gender: 62% male, 37% female, 1% other Age: <i>M</i> = 60 Race/ethnicity: 67% White, 16%	Design: Survey Recruitment: Organizations	Stress process model	Lesbian and bisexual women were twice as likely to be providing care to biological family members than were gay or bisexual men; gender, strain, and family expectations are predictors of greater burden

Author(s)	Sample	Recruitment/design	Theory	Salient findings
Slevin 2008	Hispanic, 13% African American, 4% Asian or other Setting: Urban <i>N</i> =52 SO: Heterosexual and homosexual men Gender: Male Age: 60s–80s Race/ethnicity: Not stated Setting: Not stated	Design: Interview Recruitment: Not stated	None stated	No discernible difference in exercise, diet, and health behaviors between older gay and heterosexual men; both groups manage the stigma of an aging body through fitness activities and body maintenance that emphasizes youthful appearance
Slusher, Mayer, and Dunkle 1996	<i>N</i> =8 SO: Gay male and lesbian Gender: Male and female Age: late 40s–70s Race/ethnicity: Predominantly White Setting: Urban	Design: Focus group Recruitment: Publications, organizations	None stated	Support needs of older gay men and lesbians can be met in a support-group setting
Tully 1989	<i>N</i> =73 SO: Lesbian Gender: Female Age: SO and older; 77% 50–59, 14% 60–69, 9% older than 70 Race/ethnicity: 96% White, 4% Hispanic Setting: Unclear	Design: Surveys and interviews Recruitment: Publications, organizations, snowball, personal contact	General systems theory	Lesbian elders rely on friendship networks for caregiving needs; they are unwilling to share sexual orientation with heterosexual caregivers; not getting majority of caregiving needs met through formal systems, due to homophobia
Van de Ven et al. 1997	<i>N</i> = 2,580 SO: Gay male Gender: Male Age: 21 % younger than 25, 20% 25–29, 30% 30–39, 20% 40–49, 10% older than 49 Race/ethnicity: Not reported Setting: Mixed	Design: Interview Recruitment: Publications	None stated	Older gay men generally less likely to have disclosed sexual identity than were younger men and were more likely to live alone; older gay men had strong attachment to gay community but less than that of younger men; older gay men had comparable number of sexual partners
Whalen, Bigner, and Barber 2000	<i>N</i> =9 SO: Lesbian Gender: Female Age: 35–64; 67% in 50s, 11% older than 60 Race/ethnicity: White Setting: Unclear	Design: Interview Recruitment: Publications, organizations	None stated	Grandmother role includes providing emotional support and varied experiences to grandchildren and providing support to the parents of grandchildren
Whitford 1997	<i>N</i> = 41 SO: Gay male Gender: Male Age: S0s–60s; 50–60 subsample (<i>M</i> = 54.0), 60 and older subsample (<i>M</i> = 66) Race/ethnicity: Not reported Setting: Urban	Design: Survey Recruitment: Publications, organizations	None stated	Participation in gay community activities, social and religious, was found to be related to quality of life; those integrated into the community, formally and informally, more likely to believe that their SO was beneficial to their aging process