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Social Support Networks of Lesbian, Gay, and Bisexual Adults 60 Years of Age and Older

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The social support networks of 416 lesbian, gay, and bisexual adults aged 60 to 91 years were examined. Participants averaged 6 people in their support networks, most of whom were close friends. The gender composition of support networks was greatly influenced by the gender of the respondent. Most support network members knew about respondents' sexual orientation. The most common type of support provided by close friends and social acquaintances was socializing support, and the most common support provided by partners, siblings, and other relatives was emotional support. The sexual orientation, gender, and age of network members did not influence respondents' satisfaction with the support received. Participants were more satisfied with support from those who knew of their sexual orientation. The more satisfied respondents felt with the support they received, the less lonely they felt. Those living with domestic partners were less lonely and rated their physical and mental health more positively than those who lived alone.

RESEARCH on older lesbian, gay, and bisexual (LGB) adults has been slow to accumulate in the gerontological literature (Berger, 1984; Boxer, 1997; Cruikshank, 1990; Ehrenberg, 1996; Grossman, 1997; Reid, 1995; Tully, 1988). In particular, little systematic research has been conducted on social support patterns among older LGB people, although the study of social support has been a highly productive area for gerontological researchers (Antonucci, Sherman, & Akiyama, 1996; Chiriboga, 1995). Social support has been found to be important to well being because of its ability to moderate the effects of stress (Alloway & Bobbington, 1987; Cohen & Willis, 1985) and thereby diminish negative health outcomes (Choi & Wodarski, 1996; Rubinstein, Lubben, & Mintzer, 1994). Some changes that occur with aging reduce the amount and type of social support available to older adults. These changes include losses of social roles (e.g., worker, parent), changes in the type and composition of support networks (e.g., deaths of spouses and friends), and losses of functional abilities that limit social interactions (see Adams & Blieszner, 1995, for a review). Studies have demonstrated a direct effect of social support as a buffer against stressful life events on health outcomes among elderly people (Silliman, 1986). Friends have been found to be effective buffers in adjusting to role losses (Lowenthal & Haven, 1968; Roberto & Scott, 1984–85), reflecting the impact of friendship on adjustment over the life course (Hartup & Stevens, 1997). In addition, social support provided by groups has been found to be important to older adults (Felton & Berry, 1992).

Social support should be especially powerful for older LGB people, not only because of its influence on physical and mental health changes related to aging in general, but also because social support can serve a unique function in mitigating the impact of the stigmatization older LGB people experience because of their sexual orientation. Research has shown that the presence of similar others has a positive effect on self-esteem, especially if a concealable stigmatized condition (such as homosexuality) is present (Frable, Platt, & Hoey, 1998). Kehoe (1986) described older lesbians as triply stigmatized, on the basis of age, gender, and sexual orientation. In contrast, older gay men are stigmatized not only because of their age and sexual orientation, but also because of an association of gay men with HIV/AIDS (Altman, 1988; Jacobson & Grossman, 1996). Several recent studies have confirmed that social support from friends, especially from LGB friends, is important in the lives of older LGB adults. Dorfman and her colleagues (1995) reported on a sample of 108 older adults between 60 and 93, of whom 56 were lesbians or gay men and 52 were heterosexuals. No significant differences were found between the two groups with regard to depression and social support; for both groups, larger social networks were associated with less depression. The sources of social support varied; gay men and lesbians received significantly more support from friends, whereas heterosexual elderly people derived more support from family.

Quam and Whitford (1992) studied adaptation and age-related expectations of 80 gay men and lesbians over 50. More than half reported having participated in a lesbian–gay social group, whereas 9% reported participating in activities at a local senior center or club. Quam and Whitford found that more than half of the women reported that most of their closest friends were lesbians, whereas only about one quarter of the men reported that most of their closest friends were gay men. In a sample of 71 LGB adults aged 50 to 80, Jacobs, Rasmussen, and Hohman (1999) found that many used social and support resources within their local lesbian and gay communities and evaluated such ser-

vices more positively than comparable non–gay–lesbian services. Beeler, Rawls, Herdt, and Cohler (1999), in a study of 160 lesbians and gay men between 45 and 90 in Chicago, found that more than half (68%) said that they had a "family of choice" with whom they socialized on holidays. Beeler and colleagues (1999) concluded that friendship networks may be among the most important sources of social support for older lesbians and gay men.

In this study we explored the nature of support networks in a sample of older LGB adults 60 years of age and older. We used a larger sample of older LGB adults than other studies and detailed the nature of their social support networks, the type of support provided by networks, and perceived satisfaction with support provided. In particular, we investigated whether older LGB people were more satisfied with the support they received from people who were like them in terms of sexual orientation, age, and gender and whether certain types of people provided different types of support. In the current study, which was based on Berger's (1992; Berger & Mallon, 1993) research, we sought to describe how specific characteristics of support networks were related to feelings of loneliness and to excessive alcohol and drug use. Because living with a significant other is a distinct form of social relationship and could have an important influence on older LGB adults' loneliness, physical health, and mental health (Hostetler & Cohler, 1997), we investigated the importance of living with a same-sex domestic partner compared with living alone. We also assessed participants' experiences in the last 5 years of losses of people who were supportive to them. To investigate further dimensions of loneliness, we examined perceived control over loneliness and responsibility for one's loneliness. Perceiving oneself to have some control over loneliness has been associated with less loneliness, and the importance of taking responsibility for one's loneliness has also been demonstrated (Moore & Schultz, 1987). Because of the importance of social network support to physical and mental health among older adults (Choi & Wodarski, 1996; Seeman et al., 1995; Vaillant, Meyer, Mukamal, & Soldz, 1998), we also examined whether older LGB adults' views of their physical and mental health were related to social network support. Finally, because gender differences in the LGB older population have been poorly studied to date, we analyzed major study variables to identify significant differences between the women and the men in the sample.

Methods

Procedures

We used a survey research design with a paper-and-pencil questionnaire. We recruited older LGB adults (at least 60 years old) to participate in the study through community-based agencies and groups providing social and recreation services and programs for older LGB people. We identified these agencies and groups through national listings and referrals from knowledgeable sources. We contacted all identified settings in the United States to request their participation. We also located one Canadian group and asked them to participate. Of the 19 agencies and groups who agreed to participate, 5 had paid staff and the remaining groups were led by volunteers. We identified a contact person at each site to distribute and collect questionnaires. We asked each person who volunteered to complete the questionnaire anonymously and return it to the contact person in a sealed envelope. To increase the sample size and the diversity of participants, we used a snowball sampling approach. We asked members of the LGB-identified groups who agreed to complete the questionnaire to recruit other older LGB people who were not affiliated with their group and who were not their partners or roommates. We asked members of groups to give a survey instrument to a friend and to have that person return it to the contact person. Each person who completed the questionnaire was given $10. Data collection occurred in 1997 and 1998.

Respondents returned 430 questionnaires to us. A response rate cannot be calculated because the number of people available to complete the instrument at the different sites could not be obtained. Of the returned questionnaires, 14 were not usable because respondents were under 60, identified as heterosexual, or did not complete the majority of the items. We present results for a final sample of 416 older LGB adults.

Participants

The 416 LGB adults (297 or 71% men and 119 or 29% women) ranged in age from 60 to 91 years ($M = 68.5$ years, $SD = 5.8$). Men were significantly older than women, $t(415) = 2.39$, $p < .05$. Most (92%) identified as lesbian or gay men, and 8% identified as bisexual. More than three fourths (327 or 79%) were recruited through agencies and groups for older LGB adults; the remaining 21% (89) were social contacts of those who were affiliated with the groups. Because those affiliated and those not affiliated with the groups did not differ on major study variables, we combined the two groups for analyses. Participants belonged to many LGB organizations. About one quarter (26%) belonged to one organization, 26% to two, 19% to three, and 20% to four or more ($M = 2.35$, $SD = 1.83$; range = 0–20). When asked about the number of LGB organizations whose events they regularly attended, 12% of respondents said none, 38% said one, 29% said two, 13% said three, and 8% said four or more ($M = 1.74$, $SD = 1.27$, range = 0–8).

With regard to their highest educational level, 21% of the participants were high school graduates, 14% had obtained associate degrees or various types of certificates, and 65% received a bachelor's or higher degree. Most participants (90%) were European/Caucasian/White, with 3% describing themselves as African American/Black, and 2% as Hispanic/Latino or Latina. One third (34%) lived in a major metropolitan area, and approximately another third (36%) lived in a small city; the remainder lived in a suburb (10%), a small town or a rural area (13%), or another type of community (7%).

Nearly half (197 or 47%; 128 or 46% of the men, and 59 or 50% of the women) stated they had a current partner; the couples averaged 15.25 years together (SD = 14.27, range = 0–58 years), with no difference between men and women in the longevity of the relationships, $t(195) = 1.58$, *ns*. More than half (63%) lived alone, 29% lived with their partners, 2% lived with friends, 2% lived with relatives, and 3% said

they were homeless. Of those who had partners, 62% (122) reported that they currently lived with these partners. Three quarters (74%) were retired, 18% were still working, 3% were receiving disability payments, and 5% continued to work even though they had retired from other work. With regard to personal yearly income, 15% earned less than $15,000, 44% earned between $15,000 and $35,000, and 41% earned more than $35,000.

Instrument

The instrument included demographic questions and other items and measures related to general health and mental health. Results in this report focus only on information related to social support, loneliness, responsibility for loneliness, control over loneliness, alcohol use, and drug abuse.

We used a modified version of the Support Network Survey (SNS; Berger, 1992) to measure perceived support. The SNS instructs the respondent to (a) list up to 10 members of his or her support network, (b) designate the gender, age, and sexual orientation of each person and his or her relationship to the participant (the nine options were partner, husband or wife, parent, sibling, other relative, coworker, close friend, social acquaintance, and other), (c) indicate the types of support the person gives (the five options were emotional; practical; financial; advice and guidance; and socializing, which was defined as *who you like to invite to your home or like to have fun with*; as many as are appropriate can be chosen), (d) rate his or her level of satisfaction with the person's support (on a 5-point Likert scale from 1 = "not at all" to 5 = "extremely" satisfied), and (e) indicate the extent to which the person is aware of the respondent's sexual orientation (the three response options were 1 = "definitely knows," 2 = "definitely or probably suspects," and 3 = "does not seem to know or suspect"). We added a question to the SNS about the loss of social support in the last 5 years, "Have you experienced the loss of people who have been supportive to you in the last 5 years?" Those who had experienced such loss were then asked to note how many people were lost and how many were lost due to death or due to having relocated. This version of the SNS provides information about the representation of men and women and of people of differing sexual orientations in respondents' networks. We created a score representing the proportion of network members who were definitely aware of respondents' sexual orientation by dividing the number in the network who were rated as definitely knowing by the number of people listed in the network. We calculated an average support satisfaction score by dividing the sum of respondents' ratings of their satisfaction with network members' support by the number of people in the network.

The SNS has been used in studies of gay men (Berger, 1992; Berger & Mallon, 1993) and gay and lesbian youths (Grossman & Kerner, 1998). Grossman and Kerner estimated the SNS's overall reliability over time by administering the instrument twice in a 2-week period to graduate students. The correlation between network satisfaction scores for the 2 weeks was .86 ($p < .001$). The instrument has face validity, and respondents clearly understand its purpose.

We used three scales to assess different dimensions of loneliness and its management. Overall loneliness was determined with the 8-item version of the UCLA Loneliness Scale (Hays & DiMatteo, 1987). This version of the scale is highly correlated (.91) with the original 20-item version (Hays & DeMatteo, 1987; Russell, 1982). In this study, coefficient alpha for the Loneliness Scale was .86. Two other aspects of loneliness, perceived responsibility for loneliness (sample item: "When people feel lonely, it's usually their fault") and control over loneliness (sample item: "Many times, no matter what I do, I feel lonely"), were each assessed on a 4-item scale (Moore & Schultz, 1987). These two scales were scored such that positive scores were associated with greater personal responsibility for one's loneliness and with greater control over loneliness. Taking responsibility for loneliness has been associated with decreased loneliness, shorter duration of loneliness episodes, and less frequent bouts of loneliness among elderly people; perceived control over loneliness has been associated with decreased loneliness and has been positively correlated with self-esteem and negatively correlated with depression (Moore & Schultz, 1987). Cronbach's alpha was .86 for the responsibility scale and .57 for the control scale.

We measured alcohol use and abuse with the 10-item Alcohol Use Disorders Identification Test (AUDIT), which was developed by the World Health Organization to identify persons whose alcohol consumption is harmful to their health. The AUDIT asks about the drinking of alcoholic beverages in the last year. The minimum score (for nondrinkers) is 0, and the maximum is 40. A score of 8 or more indicates a hazardous or harmful alcohol consumption. Evidence has been presented about the AUDIT's reliability and validity (Allen, Litten, Fertig, & Babor, 1997; Bohn, Babor, & Kranzler, 1995). Coefficient alpha for the AUDIT in this study was .77.

We assessed drug use and abuse with the Drug Abuse Screening Test-10 (DAST), a 10-item instrument yielding an index of the consequences of abuse of drugs other than alcohol in the past year (Skinner, 1982). The instrument defines drug abuse as the use of prescribed or over-the-counter drugs in excess of directions and the use of any nonmedical drugs. The minimum score of 10 indicates no evidence of drug-related problems, and the maximum score of 20 indicates substantial problems. The DAST-10 has been shown to have concurrent and discriminant validity (Skinner, 1982). Coefficient alpha for the DAST-10 was .62 for this project.

In two final questions, we asked participants to evaluate their own physical health and their mental and emotional health. The questions were, "How would you describe your physical health [mental and emotional health] at the present time?" These questions were answered on two separate 5-point scales (response options were 1 = "very poor," 2 = "poor," 3 = "fair," 4 = "good," and 5 = "excellent").

RESULTS

We examined gender differences for all variables (Table 1). Men believed that individuals were more to blame for their own loneliness than women did. On the AUDIT, 9% of the sample could be categorized as problematic drinkers, achieving scores at or above the cut-off score of 8. Men had significantly higher AUDIT scores, and 11% of the men (33 of

Table 1. Gender Differences on Major Study Variables

Variable	Women (n = 119)		Men (n = 297)		Total (n = 416)		
	M	*SD*	*M*	*SD*	*M*	*SD*	*t*
Age	67.43	5.37	68.92	5.91	68.50	5.80	2.39*
Loneliness	13.83	4.71	14.15	4.14	14.06	4.31	.68
Personal responsibility for loneliness	9.79	2.73	10.47	2.62	10.27	2.67	2.36*
Perceived control over loneliness	10.56	2.03	10.48	2.01	10.50	2.01	−.36
AUDIT	2.32	2.47	3.35	3.46	3.06	3.24	2.98**
DAST	10.19	.57	10.24	.66	10.23	.64	.72
Physical health	4.00	.81	3.92	.79	3.95	.79	−.87
Mental or emotional health	4.20	.75	4.14	.83	4.18	.77	.72
Network characteristics							
No. women	5.76	2.78	1.78	1.68	2.92	2.73	17.62***
No. lesbians	3.51	2.38	.24	.61	1.18	2.02	21.64***
No. heterosexual women	2.08	1.61	1.52	1.49	1.66	1.54	2.99**
% Women	75%		26%		40%		20.20***
% Lesbian or bisexual women	48%		4%		17%		22.74***
No. men	1.57	1.64	4.42	2.75	3.61	2.79	10.37***
No. gay men	.84	1.29	3.35	2.44	2.63	2.45	10.52***
No. heterosexual men	.89	1.19	.69	.98	.83	1.08	1.62
% Men	19%		67%		53%		18.40***
% Gay or bisexual men	10%		54%		42%		16.20***
% Heterosexual men and women	36%		34%		34%		.60
No. network members aware of respondent's sexual orientation	6.60	3.23	5.72	3.25	5.98	3.27	2.50**
% Network members aware of respondent's sexual orientation	86%		87%		87%		.33
Average overall satisfaction with network support	3.80	.86	3.89	.65	3.86	.72	1.10

Notes: AUDIT = Alcohol Use Disorders Identification Test; DAST = Drug Abuse Screening Test = 10.
*$p < .05$; **$p < .01$; ***$p < .001$.

296) were problematic drinkers, compared with 4% of the women (5 of 118). On the DAST, 83% of the participants had no evidence of drug abuse, and there were no gender differences in DAST scores. Women and men did not differ in their responses to the physical health and mental health questions. Other gender differences shown in Table 1 are discussed later.

Characteristics of Support Networks

The 416 participants listed a total of 2,612 people in their support networks, or an average of 6.3 people (SD = 3.5, range = 1–10). Respondents' sexual orientation was not related to the size of their networks. More than one third (138) of the participants indicated 10 people in their networks. Close friends was the most frequently listed category, listed by 90% (373) of the respondents. An average of 3.8 (SD = 2.5) close friends was reported. The second most frequently listed category was partners, listed by 44% (181) of the sample, followed by other relatives, listed by 39% (162). Siblings and social acquaintances were each listed by approximately one third of the participants (33% and 32%, respectively). Coworkers were listed by only 15% (61) of respondents. Very few (4% or 16) listed a parent as a source of support. Only 13 respondents (3%) listed a husband or wife; no information was available as to whether these were current spouses. Half (49%) of the people in networks were less than 60 years of age, and half were 60 or older. The age of network members ranged from 15 to 94 (M = 58.11, SD = 13.62). About one quarter (26%) were less than 50 (only 2% or 58 people were 30 years of age or younger); 23% were 50–59; 28% were 60–69; and 22% were 70 and older. Respondents were significantly older than their network members on the average (network members were about 10 years younger), t [387] = 23.56, $p < .001$), a finding that held for women as well as men. The ages of network members of different sexual orientations were not significantly different. Network members of differing sexual orientations did not differ in age, $F(3, 2496) = 32.67$, *ns*.

Women listed significantly more people in their network, t (414) = 2.94, $p < .01$. Compared with men, women had more women in their networks, both lesbian and heterosexual (Table 1). Women's networks were 75% female, and 48% lesbian or bisexual female; men's networks were 26% female and 4% lesbian or bisexual female. Men's networks contained more gay or bisexual men than women's networks. Men's networks were 67% male and 54% gay or bisexual male; women's networks were 19% male and 10% gay or bisexual male. Heterosexual men were equally represented in men's and women's networks. About one third of the people in the networks were heterosexual, with bisexual respondents having significantly more heterosexual people (50%) in their networks than lesbian and gay respondents, $F(2, 390) = 6.07$, $p < .01$.

Of the 2,612 people listed in the networks, 87% (2,486) definitely knew of respondents' sexual orientation, (7%) 192 suspected, and 5% (153) were unaware. No differences existed between women and men in the relative proportion of network members who were aware. Parents, other relatives, and siblings accounted for one third (34% or 52) of the network members who did not know or suspect respondents'

sexual orientation. Although most participants were known to be LGB by most of their network members, the extent to which they were known varied by type of person. The mean awareness scores of the different categories of support network members appear in Table 2, along with the mean satisfaction scores, which are discussed in the next section. The categories of people most frequently knowledgeable about participants' sexual orientation were partners, close friends, husbands or wives, and social acquaintances. The results of an analysis of variance (ANOVA) of awareness scores by relationship category showed significant differences among the categories, $F(8, 2819) = 22.51$, $p < .0001$. A Tukey Honestly Significant Difference post hoc test revealed significant ($p < .05$) differences between (a) parents and the categories of social acquaintances, close friends, and partners, (b) siblings and the categories of social acquaintances, close friends, and partners, (c) coworkers and the categories of social acquaintances, close friends, and partners, and (d) other relatives and the categories of social acquaintances, close friends, and partners.

Support Provided by Networks

Of the entire sample, 62% noted that they received emotional support from networks, 54% practical support, 13% financial support, 41% advice and guidance, and 72% socializing support. Different types of people provided different support. Table 3 shows the kind of support provided by network members according to their relationship to the respondent and their sexual orientation. For sexual orientation, LGB network members were considered a single group and compared with heterosexual members. For each network member characteristic, we used chi-square analyses to compare whether or not a particular type of support was provided. Partners provided considerably more emotional support than any other relationship category, with nearly all partners giving emotional support. More than half of all family members and close friends provided emotional support as well. About half of the coworkers listed provided emotional support. Practical support was provided by about half of the people in networks, with more provided by partners and husbands or wives. Financial support, for most, was limited to partners, husbands or wives, and family members. Most of the advice received was given by partners, husbands or wives, parents, and close friends; less advice was provided by other family members. Socializing support showed a different pattern, with most partners, close friends, and social acquaintances providing such support. Less than half of the family members listed in networks provided socializing support. Of the types of support, respondents stated that they received more socializing support from LGB network members compared with heterosexual members. LGB and heterosexual network members did not differ in their provision of emotional support, practical support, financial support, or advice and guidance.

Table 2. Awareness Scores and Satisfaction With Support Provided

		Awareness[a]		Satisfaction	
Category	*n*	*M*	*SD*	*M*	*SD*
Partner	188	1.00	.00	4.38	.81
Husband or wife	13	1.15	.38	3.31	1.38
Parent	16	1.69	.87	3.69	1.08
Sibling	194	1.39	.63	3.80	.88
Other relative	273	1.36	.70	3.95	.82
Coworker	96	1.36	.68	4.00	.73
Close friend	1579	1.11	.40	4.00	.74
Social acquaintance	283	1.16	.52	3.49	.90
Other	195	1.32	.64	3.82	.93

[a]Lower scores indicate greater awareness.

To examine whether the participants were more satisfied with support they received from people who were similar to them, we analyzed the gender, age, and sexual orientation of network members. No difference was found in satisfaction with female network members compared with male network members, t (2784) = .67, *ns*. We categorized the ages of network members into older than the respondent, of the same age, or younger than the respondent. An ANOVA comparing these age groups on support satisfaction was also nonsignificant, $F(2, 2827) = 1.91$, *ns*. Finally, an ANOVA of satisfaction with support by the sexual orientation of respondents' support network members was nonsignificant, $F(3, 2689) = 1.20$, *ns*. Thus, the gender, age, and sexual orientation of network members were not related to how satisfied respondents were with the support provided.

On the overall rating of satisfaction with network support, participants indicated that they were moderately to very satisfied with the support provided by their networks. An ANOVA revealed significant differences in satisfaction on the basis of network members' knowledge of participants' sexual orientation, $F(2, 1826) = 11.45$, $p < .0001$. Post hoc Tukey tests ($p < .05$) revealed differences in the satisfaction scores for persons in the support networks who definitely knew of participants' sexual orientation ($M = 3.96$, $SD = .82$) in comparison with people who suspected ($M = 3.79$, $SD = .82$) or did not know or suspect ($M = 3.69$, $SD = .82$).

Table 2 also shows the satisfaction scores of different types of people in the support networks. We found significant differences in satisfaction with the overall support of the various categories of relationships in support networks, $F(8, 2818) = 21.94$, $p < .0001$. The Tukey test revealed significant differences in satisfaction between (a) partners and all other categories, (b) coworkers and social acquaintances, (c) siblings and close friends, (d) close friends and social acquaintances, (e) other relatives and social acquaintances, (f) siblings and social acquaintances, and (g) social acquaintances and others (e.g., former partners, counselors).

Satisfaction With Network Support and Other Variables

Table 4 shows correlations between overall perceived satisfaction with network support and other variables. The more satisfied participants were with the support provided, the less lonely they were and the more they felt control over their loneliness. The more people they listed in their networks, the more satisfied they were with the support. There was a significant positive relationship between the percentage of network members who knew participants' sexual orientation and satisfaction with network support; participants were more satisfied with network support when more of the people in the network knew about them. Finally, although there was no relationship between participants' reports of

Table 3. Types of Support Provided by Network Members

Member Characteristic	*n*	Type of Support: Emotional	Practical	Financial	Advice and Guidance	Socializing
Relationship						
Partner	188	96%	77%	45%	67%	88%
Husband or wife	13	62%	85%	46%	62%	39%
Parent	16	63%	56%	38%	69%	44%
Sibling	192	65%	60%	25%	38%	46%
Other relative	273	71%	51%	17%	35%	52%
Coworker	96	48%	57%	5%	31%	57%
Close friend	1,578	62%	55%	10%	43%	80%
Social acquaintance	283	29%	31%	2%	22%	79%
Chi square	—	246.64**	106.23**	266.37**	116.60**	268.74**
Sexual Orientation						
LGB	1,665	62%	55%	13%	42%	80%
Heterosexual	1,033	62%	54%	15%	39%	61%
Chi square	—	.00	.03	3.20	2.05	122.49**

Note: LGB = Lesbian, gay, or bisexual.
**$p < .01$.

their physical health and their satisfaction with their networks' support, there was a significant relationship between their views of their mental and emotional health and support satisfaction. Not surprisingly, the more these older adults were satisfied with their networks' support, the better they felt about their mental and emotional status.

Importance of Living with a Domestic Partner

We compared the 260 older adults who lived alone (63% of the total sample) with the 122 (29%) who lived with partners on major study variables (Table 5). Older LGB adults who lived with partners were significantly less lonely than those who lived alone, and they reported significantly better physical health and mental health. Those living with partners listed more people in their support networks, had proportionately more people in their networks who were aware of their sexual orientation, and were in general more satisfied with the support their networks provided.

Table 4. Correlations of Overall Perceived Satisfaction With Network Support and Other Variables

	n	*r*
Loneliness	402	−.32**
Personal responsibility for loneliness	401	.18**
Personal control over loneliness	400	.12**
AUDIT	402	.00
DAST	400	.01
Physical health	399	.03
Mental or emotional health	398	.33**
No. in network	406	.11*
% Heterosexuals in network	393	.00
% LGB in network	393	−.05
% Network members aware of respondent's sexual orientation	404	.28**

Note: AUDIT = Alcohol Use Disorders Identification Test; DAST = Drug Abuse Screening Test = 10; LGB = lesbian, gay, or bisexual.
*$p < .05$; **$p < .01$.

Loss of Social Support

Loss of support in the last 5 years was reported by half (206) of the respondents. About one quarter (26%) reported one supportive person lost, 19% reported two losses, 14% reported three losses, 10% reported four losses, and the remainder reported five or more losses. Of the losses, three quarters (158) were due to death, and 37% (77) occurred because of relocations. Correlations between the number of losses experienced and the three loneliness indicators were nonsignificant, suggesting that these losses were not linked to current loneliness.

DISCUSSION

The results of this research are consistent with earlier studies showing that many older LGB people live complex

Table 5. Comparisons Between Respondents Living Alone and Partnered Respondents on Major Study Variables

Variable	Alone (*n* = 260) *M*	Alone *SD*	Partnered (*n* = 122) *M*	Partnered *SD*	*t*
Loneliness	14.83	4.49	12.65	3.56	4.71**
Personal responsibility for loneliness	10.06	2.67	10.56	2.71	−1.68
Perceived control over loneliness	10.41	2.03	10.70	1.95	−1.27
AUDIT	3.03	3.17	3.29	3.57	−.70
DAST	10.22	.65	10.24	.65	−.30
Physical health	3.88	.84	4.11	.70	−2.56**
Mental or emotional health	4.09	.83	4.36	.58	−3.12**
No. in network	6.70	3.41	7.38	3.04	−2.13*
No. network members aware of respondent's sexual orientation	5.57	3.23	6.72	3.13	−2.36*
% Network members aware of respondent's sexual orientation	85%		91%		−3.28**
Average overall satisfaction with network support	3.79	.74	3.98	.69	−2.31*

Notes: AUDIT = Alcohol Use Disorders Identification Test; DAST = Drug Abuse Screening Test = 10.
*$p < .05$; **$p < .01$.

and rich social lives and have social networks that provide them considerable support. When asked about people in their lives who were supportive, the older LGB adults in this study readily listed a diverse array of significant others including partners, family members, close friends, and social acquaintances. Many were active members of LGB social and recreational organizations. These findings are based on a larger, more geographically diverse sample than has been gathered in other studies.

Despite having a more heterogeneous sample, however, this study has limitations characteristic of other published reports. As Ehrenberg (1996) noted, most research on older LGB people is based on convenience samples of well-educated, relatively affluent, physically and mentally healthy adults. For instance, Herdt, Beeler, and Rawls (1997) studied a Chicago sample that was 94% White professional, with more than half having graduate or professional degrees. The samples of both Dorfman and colleagues (1995) and Tully (1988) were nearly all White, had good to excellent health, and had relatively high incomes. Although 90% White, our sample had perhaps more variability than other studies in income and education level. Nonetheless, this study has a fundamental selection bias in that only those people willing to self-identify in some way as LGB became research participants. Also, the participants in this and other research were members of, or were affiliated with, social and recreational groups for LGB people. Meyer and Colten (1999) have shown that gay men recruited into research from LGB community sources are significantly different from those obtained by random sampling procedures, especially in terms of the former having greater social contact with LGB people and lower internalized homophobia. Because most of our participants were members of LGB organizations, they were more representative of the less isolated segment of the older LGB population. Their networks were not likely to contain other older LGB people who were not open enough about their sexual orientation to join groups, or who, despite openness about their sexual orientation, chose not to belong to such organizations.

The tremendous individual differences found in adult LGB lives (Herdt et al., 1997; Hostetler & Cohler, 1997) are not well represented by convenience samples. On the other hand, no economically feasible method is available to generate a true random sample of older LGB people. In addition, descriptive studies using large convenience samples drawn from multiple settings have the advantage of being able to obtain detailed information about older LGB adults' lives.

Consistent with the literature on social support and aging (Antonucci et al., 1996; Chiriboga, 1995), the adults in this study relied on domestic partners, family, and friends for support. Partners were major sources of emotional support, as would be expected of spouses of heterosexual older adults; close friends and social acquaintances, as well as partners, were important sources of social support. All of these adults had access to different forms of support, and most were satisfied with the support they received. What is unique about these older adults' networks, in contrast to the networks of heterosexual adults, is the presence in the networks of high numbers of other LGB people and of people who know of the older adult's sexual orientation. This is the first research to examine the importance of network members' sexual orientation and their knowledge of others' sexual orientation. Two thirds of the people in the older adults' social networks were LGB people; yet the sexual orientation of network members was less important than members' knowledge of the older adults' sexual orientation. Nearly 90% of the people in the networks definitely knew about respondents' sexual orientation. The sexual orientation of the network members was unrelated to satisfaction with support received, and social support was the only form of support more often provided by LGB network members than by heterosexual members. The awareness of respondents' sexual orientation varied by the nature of the relationship, and parents and coworkers were among the least aware. The more network members were aware of participants' sexual orientation, the more satisfied respondents were with the support received. Indeed, no other characteristic of the members of older LGB adults' social network was as important as the degree to which others knew about respondents' sexual orientation.

These findings are consistent with recent developments in social gerontology, especially socioemotional selectivity theory, which posits that older adults engage in motivated processes to regulate their social interactions, with the primary purpose of controlling their emotionality (Carstensen, 1992; Carstensen, Gross, & Fung, 1998). From this perspective, it is reasonable that older LGB adults would develop networks of people who know of, and are supportive of, their sexual orientations. These networks serve to diminish feelings of social and emotional isolation. Research suggests that LGB adults receive more social support from LGB friends than from their families of origin (Dorfman et al., 1995; Kurdek & Schmitt, 1987; Weston, 1991). Other research has also found that LGB people have created friendship networks composed mostly of people of the same gender and sexual orientation (see Weinstock, 1998, for a review of LGB friendships in adulthood). For instance, D'Augelli, Collins, and Hart (1987) found that the social networks of rural lesbians contained mostly other lesbians, and more than one third reported having few or no heterosexual friends. With aging, it is likely that the process of homogenization in social network composition accelerates to include people who are actively chosen, and older LGB adults are unlikely to incorporate new people into their social networks unless these people are accepting. And, at this point in their lives, LGB adults are likely to have eliminated rejecting or critical friends and family members from their social networks, having access to LGB people and having little practical dependence on their families of origin. In contrast, heterosexual older adults tend to rely on family members.

Another relevant finding in these results is the importance of living alone in contrast to living with a partner. Interestingly, few studies of older LGB adults have specifically investigated the distinct contribution of a residential domestic partner to physical and emotional health. In this study, older adults who lived with a partner reported less loneliness and better physical and emotional health. This is partly because single LGB adults had significantly smaller support networks than partnered adults. Having a partner, especially one with whom one shares a residence, increases

the potential "candidates" for one's social network and the probability that a supportive mix of family and friends can be created. Those who lived with a partner also had a significantly greater proportion of their network members aware of their sexual orientation. This may be the result of their living together, a tangible signifier of their sexual orientation that makes nondisclosure more difficult. Our results are consistent with other findings that partnered people who reported higher well-being than single people (Wayment & Peplau, 1995). Although knowledge about differences between single and coupled LGB adults remains limited (Hostetler & Cohler, 1997), it would seem important for future research to include both the kind and number of significant other relationships older LGB adults have, as well as their living arrangements. Partner status may become increasingly important for subsequent generations of LGB adults, if increasing numbers enter committed domestic partnerships.

With the aging of the American population and the slowly increasing acceptance of same-sex sexual orientations, more research will be needed to understand the social processes influencing the development of older LGB adults (Boxer, 1997; Jacobson & Grossman, 1996). Not only will more older LGB adults disclose their sexual orientation to others in the future, but they will more frequently be integrated into families, neighborhoods, and communities than in the past (Fullmer, 1995). This research suggests that successful aging for older LGB adults can be influenced by a supportive social network. Historically, older LGB adults have had to create such support networks on their own, often with few social or community resources at their disposal. The high proportion of other LGB people in these support networks may reflect participants' concern for safety and security earlier in life, and these networks may have taken many years to build, with family and friends being added or eliminated depending on changing circumstances related to others' acceptance. These networks thus represent very distinctive social "convoys" that may have served as crucial support networks for many years (Antonucci, 1994). Only longitudinal research can help determine to what extent older LGB adults' social networks have been relatively stable or have fluctuated over time and the conditions that influenced continuity and change in social network membership. The fact that older LGB adults in this study created and maintained rich social networks reflects considerable resilience over the course of their lives, given the stigmatizing conditions that they have faced.

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