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## Older Adults in an LGBT Residential Community: Impact of a Safe Space on Occupation and Well-Being

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# Older Adults in an LGBT Residential Community: Impact of a Safe Space on Occupation and Well-Being

## Abstract

*Background:* LGBT seniors have suffered a lifetime of societal and institutional discrimination and health care inequalities. The number of LGBT people 50 years of age and older will surpass five million in the coming decades. LGBT seniors are at greater risk of disability, isolation, physical and mental health issues, and substance abuse. Supportive social environments and networks are correlated with higher quality of life. The purpose of this study was to better understand how living in a safe and secure apartment community specifically for low-income LGBT older adults impacted the residents' daily life and well-being.

*Method:* This study was designed as a qualitative, single intrinsic case study using photo-elicitation and focus groups with residents in the nation's first low-income housing complex for LGBT older adults.

*Results:* Data analysis generated five themes: (a) pride and expanded community, (b) improved occupational participation, (c) safety, (d) domestic independence, and (e) control over end-of-life decision-making.

*Conclusion:* The results emphasize the importance of housing affordability, safety, and community level social acceptance as necessary for LGBT older adults. In addition, it was found that personal expression, occupation-based activities for creativity, and community spaces for LGBT older adults contributed toward greater well-being and expanded occupational participation.

## Comments

The authors declare that they have no competing financial, professional, or personal interest that might have influenced the performance or presentation of the work described in this manuscript.

## Keywords

LGBT older adults, safe space, supportive environment, occupational participation, well-being

## Cover Page Footnote

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The sign outside Pride Place (pseudonym for privacy) features an inverted triangle, which holds historical meaning in lesbian, gay, bisexual, transgender (LGBT) culture. LGBT prisoners held in Nazi Germany death camps during WWII were forced to wear a pink triangle. Today, the symbol is a source of unity and pride and is representative of the residents at Pride Place, the nation's first low-income housing complex for LGBT seniors and still one of only a handful of affordable LGBT-welcoming residential communities in the United States. The abundant programs offered here are in stark contrast to what LGBT seniors may find elsewhere. Although the number of LGBT people aged 50 years and older will surpass five million in the coming decades, the aging LGBT community has been identified as an invisible and underserved population in need of aging services and support resources (Fredriksen-Goldsen et al., 2015; Institute of Medicine, 2011). LGBT seniors are at greater risk of disability, poverty, isolation, physical and mental health issues, substance abuse, and violent hate crimes compared to their heterosexual counterparts (Gratwick et al., 2014; Wallace et al., 2011). LGBT older adults also report higher rates of psychological distress, fair or poor health, greater need for help with activities of daily living (ADLs) and instrumental activities of daily living (IADLs), and functional limitations (Gonzales & Henning-Smith, 2015). Given these occupational and health care inequalities, striving to meet the needs of this vulnerable population should be of utmost concern to occupational therapists.

The marginalization of LGBT older adults feel may be due, in strong part, to the history of widespread discrimination they have seen in their lifetimes. Homosexuality was classified as a mental illness by the American Psychiatric Association until 1973. Classifying homosexuality as a mental illness was used to justify federal and state laws that prevented equal protection in society, in areas such as employment, housing, and serving in the military. Homosexuality was treated as an illness that could be cured through psychotherapy, hormone treatment, and more invasive measures, such as electroshock treatment (Kite & Bryant-Lees, 2016). The Acquired Immunodeficiency Syndrome (AIDS) epidemic beginning in the 1980s decimated the LGBT community and further sowed deep distrust of the medical establishment and government, who appeared unsympathetic and were silent on the crisis until the LGBT community forced change (Volberding, 2017). Same sex relationships lacked recognition under the law, and legislation was passed to deny LGBT individuals federal marriage benefits and social security survivor benefits (Kimmel, 2014). The U.S. Supreme Court's ruling in *Obergefell v. Hodges* in 2015 finally assured marriage rights and benefits for all LGBT individuals (Kite & Bryant-Lees, 2016). Despite this advancement, many states still allow discrimination against LGBT individuals in education, housing, and public accommodations (Williams Institute, 2019).

With this discrimination in mind, it is necessary to look at the environment, as it has been closely tied to the ability of older individuals to participate in meaningful occupations and successfully age in place (Vrkljan et al., 2011). In addition, characteristics of a neighborhood, such as cohesion, safety, and resources, are closely associated with occupational participation by older adults with chronic conditions (Hand et al., 2012). Little research exists, however, on how supportive and safe environments impact the lives of LGBT individuals. What research there is has largely focused on the impact of safe spaces for LGBT youth (Hatzenbuehler et al., 2014; Kosciw et al., 2015; Romijnders et al., 2017), with scant attention to LGBT seniors. The goal of this study was to better understand how living in a safe and secure apartment community specifically for low-income LGBT older adults impacted residents' daily life and well-being.

While little research has been conducted on how a safe and supportive living environment impacts the lives of older LGBT individuals, existing research with the LGBT older adult population

suggests that the aging experience is different for LGBT older adults compared to heterosexuals. LGBT older adults are less likely to have traditional networks of children, grandchildren, and other close family members to rely on for support as they get older (Bloemen et al., 2019; Caceres et al., 2019; Shiu et al., 2016; Wilson et al., 2018).

Older LGBT individuals may instead turn to friends and neighbors for support and form families of choice (Shiu et al., 2016; Wilson et al., 2018). Expectations of care can be different in families of choice versus caregiving provided by spouses or biological families. LGBT older adults have said that while they can turn to friends for help, they hesitate to do so because they worry about becoming a burden (Wilson et al., 2018). Friends who provide caregiving assistance to LGBT older adults may also receive less support and recognition. Friend caregivers may not be provided with the traditional assistance typically given to legal spouses. This lack of social support has been associated with higher perceived stress levels and depression among friend caregivers (Shiu et al., 2016).

LGBT older adults who lack sufficient social supports may need to consider more formal assistance, such as assisted living or long-term care facilities. Research has consistently shown, however, that for LGBT older adults this is an undesirable and absolute last option. LGBT older adults express wariness of long-term care facilities because of fear of discrimination, substandard care, and physical and psychological abuse (Bloemen et al., 2019; Caceres et al., 2019; Putney et al., 2018; Ranahan, 2017; Wilson et al., 2018). In order to live peacefully and safely in long-term care, some LGBT older adults believe they would need to conceal their sexual identity and go back into the closet. Bloemen et al. (2019) found that LGBT older adults would rather live with abusive family than face potential abuse from strangers in a long-term care setting. Putney et al. (2018) noted that some LGBT older adults voiced a desire for right-to-die legislation and suicide rather than face discrimination and abuse in long-term care. Transgender older adults were perceived to be among the most vulnerable populations (Wilson et al., 2018). Fear among LGBT older adults may be validated. Caceres et al. (2019) found that long-term care providers lack knowledge about LGBT older adults and have negative perceptions regarding same sex relations among older adults.

Strategies to improve care by medical and social service providers have been identified by LGBT older adults. First, heteronormative or heterosexist assumptions regarding older adults should be diminished. Assuming all older adults are heterosexual perpetuates the invisibility of the LGBT population and prevents providers from recognizing sexual identity status and learning how to address the needs of LGBT clients (Croghan et al., 2015; Putney et al., 2018; Wilson et al., 2018). LGBT older adults would like health care and social service settings to use inclusive language and provide staff with diversity or cultural sensitivity trainings on LGBT issues, history, and how to provide welcoming care (Caceres et al., 2019; Croghan et al., 2015; Putney et al., 2018; Ranahan, 2017; Yang et al., 2018). LGBT older adults may scan the environment to look for welcoming symbols, such as posted non-discrimination statements or rainbow flags, to indicate the site welcomes LGBT clients (Croghan et al., 2015). LGBT individuals who encounter welcoming service providers report reduced negative feelings regarding living alone, and the interaction may also help compensate for the individual's reduced social network (Yang et al., 2018).

There is a positive correlation between having a social network and quality of life. Researchers studied LGBT adults 50 years of age and older and emphasized the positive role social support and social networks have on physical and mental health quality of life regardless of age (Fredriksen-Goldsen et al., 2015). The influence of safe space, specifically, on well-being among LGBT older adults has

received little scholarly attention across disciplines. A limited amount of research exists on LGBT youth and the impact of social support, protective environments, and openness about sexual orientation (Hatzenbuehler et al., 2014; Kosciw et al., 2015; Romijnders et al., 2017). The purpose of this study was to better understand how living in a safe and secure apartment community specifically for low-income LGBT older adults impacted residents' daily life and well-being. The research team sought to understand the everyday experiences of living in the community and how aspects of life were more or less impacted by stigma and prejudice.

### **Method**

This study was designed as a qualitative, single intrinsic case study (Creswell & Poth, 2018; Stake, 1995). The specific LGBT apartment community setting is unique, and the aim of the study was to understand the experiences of residents within this bounded system (Stake, 2005). Case studies allow for greater understanding of unique circumstances and innovative approaches to societal issues, such as the low-income housing community for older LGBT adults. At its establishment, this community was intended to be a safe and supportive residential environment for a specific population that had experienced significant stigma and marginalization in their lives.

Case study design uses multiple sources of information to provide a rich description. The specific methods used to answer the research questions were photo-elicitation and focus groups. The use of photographic methods in qualitative research can be traced to anthropologist John Collier Jr. (1957). These have become widely used in social science and health research because of the focused and rich insider accounts photographs can elicit (Harper, 2002). The use of photographs to illustrate experiences and elicit conversation in qualitative research has benefits of being flexible in application, contributing to rapport building with participants, providing structure for interviews, and emphasizing the participant voices and perceptions (Fritz & Lysack, 2014). Focus groups allow participants to comment on each other's photos and interact about issues that are important to them. Groups also allow participants freedom to use their own language and focus on priorities based on their common experiences (Ravitch & Carl, 2021). In this study, participants were asked to take pictures that represented their daily life at Pride Place. This included their own space, the apartment environment, social interactions, and access to resources, including health care.

### **Site and Participants**

Pride Place opened in 2007 with funding from a non-profit organization focused on LGBT housing. One-third of the units are designated for those with HIV and AIDS, as well as those who are unhoused or unstably housed. A local non-profit LGBT center provides ongoing on-site services to address the health, social, and recreational needs of the older adult LGBT residents. It is a sought-after housing option, as there is a 3–5 year waiting list of applicants.

After receiving institutional review board approval, participants were recruited via flyers posted on-site specifying the inclusion criteria: must live in the complex, identify as LGBT, meet the age minimum of 55, have access to a digital camera or camera phone, be fluent in both written and spoken English, and be available for at least four sessions. In addition, participants were required to have the dexterity and cognitive ability needed to operate a camera. Individuals not comfortable disclosing or discussing their sexual orientation were excluded. Four participants provided signed consent for the study (see Table 1). All of the participants were previously working professionals, and the income level of each allowed them to qualify for subsidized housing.

**Table 1**  
*Participant Information*

<b>Pseudonym</b>	<b>Age</b>	<b>Sex</b>	<b>Orientation</b>	<b>Time living at Pride Place</b>
Dean	64	Male	Gay	5 months
Glen	78	Male	Gay	4 years
Judith	73	Female	Lesbian	8 years
Nick	82	Male	Gay	10 years

### **Procedures**

All four participants and three researchers met three times, followed by individual phone calls for closure and member checking. The first meeting served as an introduction to the group, where the researchers shared the intent of the study. They gave instructions for the participants to take 3–4 photos and write a short caption for each one that represented what it means to them to live at Pride Place. The following two focus groups were structured for each participant to share 1–2 of their photos with the group for conversation. Each of the meetings lasted approximately 90 min. Last, the researchers individually phoned each participant to thank them and ask for final feedback on the emergent themes.

All of the group meetings were recorded and transcribed. Analysis followed a two-step process in which the researchers coded individually, then developed the final coding scheme and emergent themes by consensus. Because the researchers were young adults and not all of them identified as LGBT, strategies of extended time, triangulation, and member checking served to mitigate for potential researcher biases. The research team did this by spending approximately 5 hr with each participant, using photos, captions, and focus group data, coding individually and then together, and reviewing emergent themes with the participants at the end. In order to mitigate for response bias during group interactions, the researchers phoned each participant at the end to ask for their feedback individually.

### **Results**

#### **Pride and Expanded Community**

The participants emphasized the importance of forming a community and how finding a supportive community had become increasingly difficult as they aged. Living at Pride Place allowed them to recapture the sense of community they were missing. The participants also explained that living in an LGBT community gave them new experience with and a better understanding of individuals from across the diverse LGBT spectrum. Dean said that when he was coming of age in Los Angeles in the late 1960s and 1970s, he had more female LGBT friends:

Men, women, trans ... the LGBT community was under one roof in those times, a lot more comradery back then. After Stonewall, about 1970 or 1971 ... the community separated. In the last 10 years I had a partner who passed away. Our life had shrunk to just the two of us. Now one of the wonderful things about being in this building is having women back in my life. They're contemporaries because I can relate to them and it just feels healthy to me ... here we speak a common language.

Living at Pride Place has broadened Glen's own understanding of the LGBT community. He stated, "The whole transgender experience is something I've never really understood very well until I moved in here." Like Dean, Glen commented on social network building at Pride Place and forming new friendships with individuals from other segments of the LGBT community, such as women:

They're one of the most interesting group of women I have ever met. We were marginalized [in the past] very heavily, we didn't live that long, and it didn't matter. Frankly from my perspective, AIDS is what coalesced the whole thing. And the fact that there's still funding for anything shocks the hell out of me, especially with the community being decimated by the drug crisis. It's a very interesting time.

Judith shared a photo of the view from her patio of the courtyard, pool, and gardens (Her caption: "It sure beats 40 years ago in NYC's [New York City's] lower east side") (see Figure 1). She explained, "We have social nights out there, and there are tables and umbrellas and stuff like that. And we have a raised bed garden. I've signed up to water on Saturdays." She commented on having an improved circle of friends and companions since moving to Pride Place and how her life might differ if she did not live in this community. "I could be alone in an apartment or in a house somewhere because I don't know ... I have two people outside of this place that I know, and I've lived here for 40 something years," she explained.

They're the only people I know outside of here, so it would get lonely. My friends told me about this place and they said I ought to come here. I put my name on the waiting list and a year and a half later, I got a space.

**Figure 1**

*Judith: It Sure Beats New York City*



Nick has lived at the complex the longest of the participants. He said the tenants, plus their hobbies and interests, change from time to time. He appreciates a calmer crowd and one with shared interests: “We used to have more people who were in the theater because they used to have nice theater parties, and so I was getting tickets to a number of venues and always had no problem getting 10, 15 people to go.” Nick said that for some new residents, Pride Place seems to be an introduction to LGBT culture. “I still wonder,” he asked, “Where did they come from? And how were they brought up? Some people come here and they’re like a kid in a candy shop. There’s so much that they were not familiar with before. I wonder where they were the past 60 years.” He welcomes the diversity and is learning more and more about LGBT culture. “I’ve been to groups that ask, what pronoun are you? The individual can then state [if their] choice is masculine or feminine pronoun. As we are more and more open, it becomes an easier thing for all of us,” he said.

Glen shared an image of the activity board at Pride Place and described his amazement that a housing facility of this kind exists, especially in the context of history:

I was born before the word gay came about, before the word gay was in common usage. That it [Pride Place] exists blows my mind, unbelievable to me. After all the years of the life that I led, I actually feel in a private sense – not that I came out – but that I openly accepted things [the broader LGBT community] only when I got here. I’m very grateful to be here. But it still shocks me – not men holding hands – but to see how laws have changed and the freedom ... the fluidity.

Nick is proud of the community and the prominence of the Pride Place sign outside the community walls. According to Glen, the sign was vandalized when it was first put up. Nick is adamant the sign must remain in place for all to see: “I kept saying to them: The sign is not coming down ... no matter who defaces it. It’s going to be there.”

### **Improved Occupational Participation**

The participants identified the uniqueness of their living situation. Dean recognized Pride Place as an anomaly in urban housing, especially for older LBGT adults, and he is grateful:

This is like a luxury liner. There are more services and things here than anybody gets anywhere like the dinner last night or this class I took or you can take yoga here or you can get a haircut ... or free food on Sundays. We are at the apex of what’s available in this community now.

The participants agreed that the diverse offerings at Pride Place allowed access to activities that might not otherwise be convenient or attainable. The first photograph Dean shared was an art project he completed at a printmaking class at a local art museum. The free class was offered through Pride Place. Dean stated,

I love art. One of the things that they’ve offered here, and I’m so grateful for in this new insulated life, is this printmaking class. They took us into the galleries and gave us an art history tour. The last project was a Rauschenberg kind of art print. And you brought in elements of your life, so I brought a picture of me when I was in ninth grade and added one of my car photographs. So that represents me here at this time and I couldn’t be more grateful. I’ve got my health in place. I’ve got my rent in place.



to the orthopedic surgeon and he says it's not healing. We're going to have to do a complete re-do.

Dean had a total shoulder replacement and was on long-term disability assistance. "So, I'm living way below the poverty line and now I'm behind on my rent. My landlord is hassling me and my neighbors are giving me attitude and it's just really uncomfortable," he said.

While walking his dog in his previous neighborhood one night, Dean came across a group of graffiti artists. He stopped to comment on their work and was caught in a random act of violence.

All of a sudden we hear this pop, pop, pop, pop, from the other end of the street. I felt like I had been donkey kicked in the bottom left calf. So, I look at them, and their eyes got really huge ... that's all I saw was eyes in hoods and they evaporated into the night. I thought I could walk home ... limp home. Then I'm down on the curb howling at the moon every time my heart beats because blood is going boom, boom with every pulse. I look down and there's 30 feet of black blood glistening like a small stream and suddenly there are cones and tape everywhere.

Dean was taken away by paramedics and entered into a recovery period for his gunshot wound. He shared a picture of the street location where he was injured.

In addition to the violence and recent health events, Dean had grown increasingly uncomfortable at his previous apartment complex. He described living with anti-gay discrimination:

The landlord told me when I took the unit, 'I am a slumlord and I don't want to be bothered.' There were three other families [living at the apartment complex] and they all hated me by virtue of the fact that I wasn't a family member and number two, I was gay ... as far as the landlord knows, I was evil incarnate ... I just got harassed and needled to the point where it was really uncomfortable. When I went there to take that picture [of his former apartment building], I could feel myself tighten up inside.

Dean searched for new housing and started applying for apartments.

This was one. I was pretty traumatized by the time I got in here because I was being harassed psychologically, mentally, all kinds, threatened to the point where I had to get a lawyer's intervention. The day I got the lease and the key I was supposed to already have been out of my other apartment and I just didn't know what was going to happen. It's taken me five months to decompress.

Judith recounted an instance where she passed a woman living on the street in the neighborhood (see Figure 3). The experience seemed to deepen her appreciation for her present home:

I wish I could have captured ... I went out to go someplace and forgot to bring my phone to take a photograph, and right out here is crossing the street, is a woman who is at least my age with a shopping cart filled with God knows, you know, trying to get across the street.

Judith instead captured and shared with the group a photograph she took of a homeless individual sleeping on a nearby street "almost outside of Walgreens."

**Figure 3***Judith: Individual Sleeping on the Street*

Judith's space in the community feels safe, but she is cautious when she leaves. "I have a lot of LGBT t-shirts and stuff," she said. "I always have to put something over them when I go out on the street. It's just at my age, I feel too vulnerable. It's not that I'm hiding. I would when I was younger, but not at this age." The tight, bounded system at Pride Place provides residents an extra sense of safety that otherwise may not be experienced by community-dwelling LGBT seniors.

**Domestic Independence**

While the participants embraced their new community, they also valued their autonomy. A commonality among images the participants shared were pictures of their homes and household items. These simple images emphasized the value they see in having the freedom to live the way they want to live in their own personal space. Judith shared photos of Pride Place and her bedroom with a quilt on the wall. She titled the images, "But for the grace of God, here go I" and "For the grace of the city of [name's city] and the [LGBT elder housing association], here sleep I." She explained, "One of my sisters is a fantastic quilter artist. It's very comforting, even though it's not on the bed [her quilt]. I've got my plants. I've got my bed. I've got my nice quilt. I've got my clock," she said.

Nick also shared images from his apartment. The first image was titled "Laundry Day," and he explained:

I hang my clothes up, well, shirts and pants, to air dry rather than putting them in the dryer. I don't like the way they come out and it's just healthier. Luckily, living by myself, I don't have to worry about things hanging over the closet doors.

Next, he shared a photo of a curio cabinet and the items inside (see Figure 4):

They're souvenirs from travels throughout the world ... that head came from Greece, the statue of David came from Italy, that vase came from Mexico, so there's a series of things. I'm a Sagittarius, so there's a picture of a horse with a body. Those are the bigger pieces. Always fond memories looking back and remembering times past.

When asked if he had secured the items for an earthquake, he replied, "No, they're all fakes so I'm not worried about it. David has been through an earthquake, fell off a secretary desk and fell, thank God, on the couch right next to it and was undamaged."

**Figure 4***Nick: David*

The last image Nick showed to the group was a cluttered desk top in his apartment.

It's my desk with everything on it ... nothing is put away properly but I seem to work better when there is a little bit of chaos. If anything is too neat I just feel uncomfortable. So, when no one is around, it's fine. But when someone is coming around I make every effort to clean the desk to make it look more presentable.

Glen displayed an image that represented control and autonomy. The photo was of an electric scooter, which he titled, "14 Day Rule." Before Glen hired a state paid caregiver, he was assisted by friends and acquaintances, some of who experienced substance abuse and destructive lifestyle behaviors: "It used to be about six months when someone could get involved in the high life before losing their job. It's now happening very quickly. This particular zip code is full of them." Some individuals, who had lost their own housing, attempted to store belongings at Glen's apartment. "I started a 14 day rule," he explained, "where I would drop off their bags at [the thrift store] down the street if they didn't come back to claim their things." At Pride Place, residents share a unique community experience but value their independence in their individual dwellings.

### **Control Over End-of-Life Decision Making**

While aging and end of life may be important to all seniors, these issues seemed to be of particular significance to the participants, who spoke of wrenching scenes that occurred in hospital rooms during the AIDS crisis beginning in the 1980s. They described how families who had ostracized LGBT individuals because of their sexual orientation suddenly returned as the men were dying, only to throw out friends, partners, and individuals who today would have legal rights as married spouses or registered domestic partners. Glen described what he witnessed first-hand:

Years ago, when the crisis became an epidemic [he pauses, crying] ... there was an odd moment no one could have imagined. It's not that it's a men's thing, [but the AIDS epidemic] largely affected gay men with HIV. At the moment of death there were often very awkward scenes in hospital rooms where families [who] just left them out there to hang, came back [audible crying]. There will be scenes in hospital rooms, where family members who haven't seen these fellows in years, were coming in and throwing out very close friends, lovers, what would now be husbands, and it was quite awful.

Dean reflected on the improved legal safeguards for LGBT individuals he has seen in his lifetime:

I had a partner who had gotten sick in the 80s. I was abolished [by] the family. I could not see him. It was so sad. He had to call and say he didn't have the strength to fight in my defense to go see him. I couldn't see him anymore, and it broke his heart. We had no protection. The world we live in now is very different ... and it's so wonderful to know that these kinds of things exist.

During the AIDS epidemic, affected individuals had no legal recourse over who would provide care to them in their final days or what would happen once they passed. The autonomy now afforded to LGBT seniors was seen as a drastic improvement from the past. Glen shared an image of the "File of Life" sticker on his front door, which indicates that he has an advanced directives package in his apartment (see Figure 5). He said, "It is legal in about 30 states and California, and it supersedes any other document like wills, trusts, advanced health care directives. So, you have it signed and notarized and someone would see this [sticker] and go to my refrigerator where there is an envelope." File of Life provides Glen the control denied to him years ago.

**Figure 5**

*Glen: File of Life*



## Discussion

Research has suggested that LGBT older adults participating in LGBT facilities report a better quality of life (Brennan-Ing et al., 2014; Sullivan, 2014), and this was also found to be the case in this study in which the participants reported a higher quality of life living in a LGBT residential community. Specifically, Pride Place provided the participants a deep sense of safety, satisfaction, and home comforts. The community expanded previously shrinking relational bases and allowed a venue to freely express themselves and control sensitive end-of-life matters.

In addition, previous research has indicated that LGBT elders rank non-familial relationships as an important part of their social support (Choi & Meyer, 2016; Shiu et al., 2016; Wilson et al., 2018). Families of choice were also found to be a significant source of support here, and the participants pointed out the uniqueness of having their support systems living with them in the same community. The built-in support LGBT residential communities provide may ward off the necessity to turn to other forms of residential care, such as assisted living and long-term care facilities, where LGBT older adults have said they would need to conceal their sexual orientation or face discrimination (Bloemen et al., 2019; Caceres et al., 2019; Putney et al., 2018; Ranahan, 2017; Wilson et al., 2018).

One unique theme that arose was how the participants' current living situation not only expanded social networks overall but specifically helped rekindle ties in the LGBT community and increase understanding of LGBT culture. The male participants stated it was meaningful to form friendships with women again. The participants also stated that living in the LGBT residential community allowed them to learn more about each other, such as how to demonstrate increased sensitivity with correct use of preferred pronouns.

The lasting impact of the AIDS epidemic on LGBT social support systems and the societal discrimination LGBT individuals experienced at that time were described by the participants in this study. Previous research has noted how the loss of friends and loved ones in the 1980s and 1990s contributed to reduced support systems that endure to this day (Goldsen et al., 2017).

Photo elicitation and focus groups were an effective means to build an in-depth understanding of factors that may contribute to quality of life for LGBT older adults. The results emphasize the importance of housing affordability, safety, and community level social acceptance as necessary for LGBT older adults. The case of Pride Place also demonstrates that personal expression, occupation-based activities for creativity, and community spaces for LGBT older adults are all needed for well-being.

For occupational therapy, this research contributes to understanding how a safe and supportive environment for LGBT older adults can improve outcomes for occupational participation and help this vulnerable population cope and perhaps even flourish. Of importance, this study highlights the stigma, discrimination, and marginalization that LGBT older adults have faced and continue to face. Providing occupation-based safe community spaces and activities for LGBT older adults may better insulate them from an outside world that they still perceive as unwelcoming and dangerous. It is recommended that future occupational therapy research address specific health needs and focus on LGBT older adults living in a variety of different health care settings, such as assisted living facilities and skilled nursing facilities, as well as those living alone and with others in the community. Future research may also benefit from conducting similar studies in different geographic locations, urban and rural, and involving participants of varied socioeconomic means. It is important that more voices in the LGBT older adult

community are heard so that clinicians can hear both the commonalities of their lived experiences as well as unique narratives.

### Limitations

The results of this study are limited by sample size and under representation of varied sexual identities, such as transgender and bisexual older adults. The results may also be specific to LGBT individuals living in an urban geographic area. It is feasible that older LGBT individuals who live in more rural or politically conservative locations, or those of other socioeconomic means, may have different lived experiences. In addition, it is possible that the results were impacted by researcher bias. Researcher bias was mitigated as much as possible through reflective journaling and researcher triangulation.

### Conclusion

This current qualitative research study sought to understand how a supportive and safe environment for LGBT seniors influences occupational participation and well-being. Dominant themes that emerged were changing perceptions of inclusion, from once feeling alone to finally finding a sense of belonging and security, as well as a new community, occupational engagement, and empowerment for end of life decision-making. Despite the discrimination they have faced, the participants demonstrated resiliency and a new-found sense of safety, security, and contentment. This study indicates there is cause for further exploration on how therapists can adopt elements of a safe space for LGBT seniors, as it holds promise to increase occupational and social participation for this marginalized population. In a study of LGBT youth, Romijnders et al. (2017) found that a drop-in social program several days per week appeared to empower the youth participants and buffer them from risk of negative mental health outcomes that can occur in consistent non-supportive environments in the outside world. Similar research on LGBT older adults is necessary to understand the occupational needs of this population and to inform policy and program development. In addition, clinicians might consider partnering with community agencies, local government, and advisory boards to advocate for resources, programming, and affordable housing to replicate what has proven beneficial at Pride Place.

Occupational therapists must intervene with this population by advocating for occupational justice and acting to improve quality of life and reduce health care inequalities experienced by LGBT older adults. It is helpful for occupational therapists to understand the occupational challenges faced by LGBT elders in the context of their lived experience with widespread institutional and societal discrimination. Understanding this history also sheds light on the discrimination LGBT older adults may continue to encounter, including homophobia, exclusion, heteronormativity, and abuse.

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