Supports and Barriers Experienced by Female Same-Sex Couples When Planning For Life as They Age

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MSW Clinical Research Paper

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master’s thesis nor a dissertation.
Abstract

This research study seeks to understand and examine the supports and barriers experienced or anticipated by female same-sex couples as they plan for life as they age. Literature reviewed discussed: ways LGBT older adults plan for life as they age, how heterosexism impacts the lives of LGBT older adults, and varying levels of discrimination that the LGBT older adult community faces. This qualitative research study interviewed 3 couples (at least one person in the couple was over 50 years of age) in order to understand their experiences regarding planning for life as they age. Data was gathered and analyzed by coding the transcripts and identifying themes in the data. The findings from the data identified with the findings from previous research. Limitations emerged from the research also are discussed. Recommendations for future research address social justice implications on social work practice.
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The older adult population in the United States is growing exponentially. In the year 2016, there were an estimated 39 million people in the United States who were 65 years or older (American Psychological Association, 2016). Moreover, the projected number of individuals ages 65 and older by the year 2030 is projected to be more than 20 percent of the total population in the United States. This is notably larger compared to the year 2010, when the number of individuals 65 years or older comprised of 13 percent of the total population (U.S. Census Bureau, 2014).

As people age and the aging population continues to grow, so does the diversity within the population. In the year 2016, there were an estimated 1.5 million people who were age 65 years or older and identify as lesbian, gay, bisexual, or transgender (LGBT) (American Psychological Association, 2016). This population is anticipated to double in size by the year 2030 (Administration on Aging, 2014). The data gathered regarding the size of the older LGBT adult population has the potential to be inaccurate. All of the data gathered on LGBT older adult population size is based on self-disclosure and identity. An individual might not identify with one of the options given, or they may not have disclosed their identity to others. This suggests that the actual population size of the LGBT older adult community may be even greater than what is reported (Williams Institute, 2014). Due to this anticipated growth in the older adult LGBT community, professionals must proactively modify methods of providing services.

Much attention has been placed on the growing older adult population. Professionals are beginning to examine ways in which services provided could change and expand as they adapt to the growing needs of this population. This progress has an important and positive impact on the older adult population as a whole, but the conversation surrounding minority groups within the population are often ignored and overlooked. Older LGBT adults have unique needs and lived
Older lesbian and bisexual older adults have experienced a lifetime of societal and familial shame and rejection. Despite the amount of rejection that this community has faced, lesbian and bisexual women are able to rely on one another for support and comradery.

Gabrielson (2011) conducted a study where they interviewed four older lesbians on their life experiences as they age. The author found that many older lesbian women create a family that serves as their support network (Gabrielson, 2011). Many older lesbians feel the need to create a family of their friends since their own family has shunned them (Gabrielson, 2011; Choi & Meyer, 2016). Lesbian and bisexual older adults report that they have a “family of choice” that consists of close neighbors and friends that they rely on instead of their biological family (Croghan, Moone, & Olson, 2014; Gabrielson, 2011; Kimmel, 2014; Orel, 2004). In addition, older lesbian adults tend to have partners, larger social networks, and do not live alone (Fredriksen-Goldsen & Muraco, 2010). In another recent study conducted by Grigorvich (2015), the author found that many of the women she interviewed were extremely resilient in their ability to cope with stress that manifested from disclosing their sexuality (Grigorvich, 2015).

This project seeks to explore the unique supports and barriers that same-sex women couples anticipate or experience when planning for life as they age. The research study will seek to answer this by asking questions that address the participants’ stages of planning, lived experiences when accessing services, and improvements on current services provided.
This literature review aims to review past literature and research pertaining to the barriers that female same-sex couples face when planning for life as they age. In order to gain a comprehensive understanding of the aspects affecting the research questions, the review will focus on areas that directly affect LGBT older adults. The review will discuss ways in which older adults begin to plan for life as they age. It will also explore how heterosexism impacts the lives of LGBT older adults, as well as varying levels of discrimination that the LGBT community faces. The literature will also explore ways in which professionals lack LGBT-specific professional training. At the end of the literature review, there will be a discussion on the gaps in the research as they are relevant to this study.

Planning for Later Life

Planning for life as you age can be overwhelming for any individual. There are many components to long-term planning that are important for older adults to consider. Hash and Netting (2007) identify 4 dimensions of planning for older adult life: “(1) becoming aware of and anticipating future care needs (thinking about or denying; (2) gathering information; (3) deciding preferences; and (4) making concrete plans” (Hash & Netting, 2007, p. 60). These stages of planning only occur when individuals place value on planning for needs as they age (Hash & Netting, 2007). In addition, many older adults plan for life as they age due to growing health concerns and needs, a desire for greater financial security, or because they fear they will be a future burden to those close to them. Reasons for not planning include a lack of understanding of the importance of planning, a lack of financial resources, and a belief that planning for future care needs will have a negative impact (Pinquart & Sorenson, 2002).
LGBT older adults are more prone to plan earlier for life as they age. This is due to the fact that many LGBT older adults cannot rely on their biological family members to take care of them. There is a stronger need for self-reliance in the LGBT community and this can be seen especially in planning for aging needs (Kimmel, 2014).

End of life issues are also an area of concern for older adults, especially within the LGBT population. End of life planning consists of health care directives, funeral arrangements, financial stability, and end of life care (Kimmel, 2014).

**Heterosexism**

Heterosexism is the systematic oppression of LGBT individuals. When society treats heterosexuality as standard, LGBT individuals become oppressed. Their needs are not met on the same level compared to their heterosexual counterparts (Bell, Bern-Klug, Kramer, & Saunders, 2010). A heterosexist culture inadvertently leads LGBT individuals to believe that value is placed on those outside of the LGBT community. As a result, LGBT older adults may be less inclined to access services that are needed (Erdley, Anklam, & Reardon, 2014).

Lesbian and bisexual women face systemic heterosexism in health care settings that provide massive barriers in disclosure and speaking honestly about their lives (Grigorovich, 2015). Heterosexism within health care settings and social service programs has detrimental implications. It affects the ways services are conducted and it presents a barrier for LGBT-identified individuals to discuss important aspects of their lives (Kimmel, 2014). Inclusivity is vital in breaking down these barriers and providing adequate services to LGBT older adults. Small changes, such as changing language in pamphlets and forms, can make a drastic impact for LGBT older adults and can shape the way professionals provide services (Erdley, Anklam, & Reardon, 2014).
Unique Discrimination

Sexual minority women are exposed to greater amounts of discrimination and stress simply because of their gender. Lesbian older adults face a high level of discrimination. Gabrielson refers to lesbian older adults as, “the most invisible of all Americans” (Gabrielson, 2011, p. 324). The author then continues by stating, “They experience a triple minority status (age gender, and sexual orientation) that renders them marginalized and therefore uniquely vulnerable” (Gabrielson, 2011, p. 324). In addition, bisexual women face an even greater amount of stress due to potential discrimination from lesbian and heterosexual communities (Fredriksen-Goldsen, Kim, Barkan, Muraco, & Hoy-Ellis, 2010). In addition, LGBT individuals face unique discrimination compared to other minority groups. LGBT individuals must face discrimination from members of society and also potential discrimination from their own family. LGBT individuals are the only group that is discriminated against and rejected by their own family (Gabrielson, 2011).

Income inequality. Lesbian and bisexual women face income barriers simply due to their sexual orientation. Lesbian women were found to have a lower reported income compared to gay men (Fredriksen-Goldsen & Muraco, 2010). Same-sex couples were reported to have a higher rate of poverty compared to straight couples. In addition, older lesbian couples were 10-20% less likely than straight couples to have retirement income and were significantly more likely to need to access public assistance (Goldberg, 2009).

Health disparities. LGBT older adults face unique challenges and stressors in their lives that often times can lead to physical and mental health situations. These health concerns are a result of social, economic, and environmental disadvantages. Lesbian and bisexual women have higher odds of poorer mental health compared to heterosexual women. Lesbian and bisexual
women also have greater odds of obesity compared to their heterosexual counterparts. (Fredriksen-Goldsen, Kim, Barkan, Muraco, & Hoy-Ellis, 2013). Lesbian and bisexual women have poorer health and a greater amount of psychological distress compared to gay and bisexual men (Fredriksen et al., 2011; Fredriksen-Goldsen, Kim, Barkan, Balsam, & Mincer, 2010). A shift in focus on LGBT older adults is critical when considering these health disparities and the rapid growth of the older adult population (Erdley, Anklam, & Reardon, 2014).

**Fears.** Gabrielson (2011) identifies the fears that older lesbians have regarding mistreatment in older life and the desire that older lesbians have of being both emotionally and physically comfortable. A participant from this study further explained this by stating, “I want to be comfortable. And I don’t mean physically comfortable, I mean emotionally comfortable. Physically comfortable you can pay for. Emotionally comfortable you can’t” (Gabrielson, 2011, p. 330).

**Isolation.** Themes of isolation among LGBT older adults frequently emerge from the literature. LGBT older adult report feelings of isolation due to lack of family supports. Many LGBT older adults worry about losing their identity as members of the LGBT community and their ability to live lives where they are open about their sexuality (Stein, Beckerman, & Sherman, 2010). Couples reported a need to plan for how they would disclose their sexual identity to home care workers and health care providers. Grigorvich (2015) conducted a study that focused on the experiences of 16 lesbian and bisexual women when disclosing their sexuality in home care settings. The results of the study were that they experienced isolation and anxiety and were subject to forms of heterosexism and discrimination. The author also found that many women decided to disclose their sexuality based on their comfort level and their read on
who was safe to come out to. Couples reported a need to plan for how they would disclose their sexual identity to home care workers and health care providers (Grigorvich, 2015).

Discrimination due to ageism and homophobia also causes LGBT older adults to feel isolated and vulnerable (Orel, 2004; Stein, Beckerman, & Sherman, 2010). The isolation that results from a double minority status for LGBT older adults can lead to higher levels of self neglect and an overall lower quality of life (Orel, 2004). Further, LGBT older adults often do not want to live in long term care facilities due to the fear that they will not be able to be open about their sexual identities with staff and others living in the facility (Hash & Netting, 2007).

**Legal, but still discriminated against.** The federal legalization of same-sex marriage has helped shed positive light onto the LGBT community. Although such advances have resulted in changes of attitudes towards the community, many LGBT individuals still face fears of their being discriminated against. Further, recently married same-sex couples still face hurdles. For example, in order to receive social security survivor benefits, older LGBT adults must be married for at least 9 months. Older LGBT adults might not receive those benefits if their partner passed away within those 9 months (Choi & Meyer, 2016).

**Lack of Professional Training**

There is a lack of training around the specific needs of the LGBT community. More culturally sensitive training for professionals could improve the experiences of LGBT older adults with service providers and the overall health of LGBT older adults (Choi & Meyer, 2016). Professionals who work with older adults might not be aware of how to access LGBT-specific trainings and resources. Establishing training programs that regularly work with professionals on the specific needs of LGBT older adults will help strengthen the relationship and trust between
the LGBT older adult and the professional (Kimmel, 2014). These trainings will also help bring LGBT older adults out of the shadows and their needs will become visible and valued.

In addition to trainings focused on the needs of LGBT older adults, trainings surrounding the topic of heterosexism will assist health care settings in providing a more inclusive environment. Trainings should address four areas: creating a more aware atmosphere, challenging heterosexist thoughts and ideas, learning about how to provide more culturally sensitive services, and promoting and practicing inclusivity in their work with clients (Bell, Bern-Klug, Kramer, & Saunders, 2010).

**Gaps in the Research**

Research that focuses specifically on the lives of older lesbian and bisexual women is incomprehensive and vastly limited. Much of the available research focuses on home care and the implications of needing more intensive services. More research is also needed that addresses what barriers are faced now that same-sex marriage has been legalized on the federal level. Most of the literature reviewed included research studies that were conducted prior to the legalization of same-sex marriage and identified marriage as one of the primary barriers towards planning for life as LGBT older adults age. As more research is conducted after the legalization of same-sex marriage, more focus will be able to be placed on how other factors are impacting this aging population.
Conceptual Framework

Minority Stress Theory

The Minority Stress Theory suggests that lesbian and bisexual women experience greater amounts of stress due to their minority status in a heteronormative society (Grigorovich, 2015). LGBT individuals experience stressors that result from discrimination experienced in society towards their gender identity or sexual orientation. Stressors may include discrimination, stigmatization, micro aggressions, internalized homophobia, and expectations of rejection (Meyer, 2003; Choi & Meyer, 2016). This model helps connect life stressors to mental health situations in LGBT individuals (Alessi, 2014). The Minority Stress Theory also provides an explanation and insight into why it may be difficult for lesbian and bisexual women to disclose their sexuality to health care providers and workers (Grigorovich, 2015).

Social Identity Perspective

The social identity perspective was created in 1979 by a social psychologist, Henri Tajfel. Tajfel proposed that a person’s social identity is based on what groups they are members of. These groups are a source of pride and give people a sense of belonging. People within the groups tend to seek out negative aspects of those outside of their groups and positive attributes about those in the group. This theory has helped identify reasons why different forms of discrimination exist.

There are two main motivations that comprise the social identity perspective: self-enhancement and uncertainty reduction. People want to improve themselves and be seen in a positive light. People also tend to dislike uncertainty, causing individuals to seek stability in the social groups that they belong to (Hogg, Abrams, Otten, & Hinkle, 2004).
A fundamental understanding of the social identity perspective will help the researcher understand the underlying motivations for how lesbian and bisexual individuals are able to show great amounts of resilience despite growing up in a society that has invalidated their very existence.
Method

Design

This research study utilized a qualitative design to conduct data collection for the purposes of the research question, “What strengths and barriers do female same-sex couples anticipate or experience when planning for life as they age?” The qualitative study consisted of 45 to 90 minute in-person interviews with the participants. The purpose of conducting research in a qualitative fashion was due to the complexity of the research topic. In-person interviews were used rather than phone interviews in order to gain more comprehensive data that includes visual cues (Hash & Netting, 2007). Qualitative interviews allowed participants to explore the topic and answer the questions freely through their own experiences and perspectives.

Sampling

This study utilized methods of purposive snowball sampling in order to recruit participants that fit criteria for this study. Purposive sampling provided the researcher with the ability to find participants that fit the criteria for this research study and that were able to offer unique insight into the focus of the study.

There were inclusion criteria that helped determine whether or not a participant was qualified for this research study. The inclusion criteria included: at least one partner in each couple needs to be at least 50 years old, both partners need to identify as cisgender females, and the couple must be together for at least three years. Three couples were interviewed for this research study.

A flier was created to recruit participants. The flier included a description of the research study, criteria that the participants must meet, and contact information of the researcher. The flier
was posted at various places that the target population might frequent, including an LGBT library, various coffee shops, and organizations that work specifically with LGBT individuals.

**Protection of Human Subjects**

Because of the sensitive nature of this study, all precautions were taken in order to protect participants from harm and to guarantee confidentiality of client information and identity. Informed consent was reviewed and obtained with participants before each interview. The topic of the study was reviewed with the client and the minimal risk of harm will be explained. The researcher reviewed with the participants that confidentiality will be maintained throughout the research process. The participants were told that they are able to decline participation in the research study at any time during the interview and up until the conclusion of the research.

Due to the sensitive nature of the study, a list of resources specific to aging was given to participants. All electronic copies of the transcriptions were stored on a password-protected laptop computer. In addition, field notes taken by the researcher will be kept in a locked and secure filing cabinet at the researcher’s home.

**Data Collection**

The researcher utilized a semi-structured format to conduct the interviews. The researcher interviewed three couples, six participants total. The researcher asked six screening and demographic questions to ensure that the participants fit the criteria. The researcher also asked questions in this portion of the interview to promote inclusivity. The researcher then asked 10 questions regarding the research topic, which were created by the researcher using suggestions from the literature. Open-ended questions allowed the participants to answer questions freely and discuss opinions openly in regards to the research topic. In order to ensure validity in the research questions, graduate students were asked to test the questions. This ensured accuracy in
data collected from the participants during the interview. It also ensured that the questions promoted inclusivity since the topic of the research study may be sensitive for many LGBT individuals.

All interviews were audio recorded and transcribed. All recordings and transcriptions were deleted immediately following the conclusion of this research study.

**Data Analysis**

The data from the interviews were coded and themes were identified. The researcher reviewed the analysis process and all tentative findings with the research chair.

**Limitations:**

This research study is limited to participants within the Twin Cities metro area of Minnesota. Further research would benefit from expanding to other regions of the United States. It would have also been helpful if the research study were able to include female same-sex couples from rural areas and not solely from a metropolitan setting.

It was also important for the researcher to consider aspects of personal bias. As a member of the LGBTQ community, it was crucial for the researcher to not allow personal interests to interfere with the purposes of this study. An awareness of personal bias was also critical in order to gather accurate data.
Findings

Three couples were interviewed for this study. Individuals from the couples ranged from 48 to 72 years of age. All individuals from the couples identified as female lesbians. Two couples were married and one of the couples was not married, but living together. The couples have been in a relationship with one another from four years to 33 years. All of the couples resided in Minnesota in the Twin Cities metropolitan area.

The couples interviewed were asked a series of 10 questions that addressed the research question. The interviews lasted approximately an hour each. All of the participants were engaged throughout the interview and were eager to share their experiences.

The themes that emerged from the data include: community resources, personal supports, anticipated discrimination from providers, and impact of the legalization of same-sex marriage.

Community Resources

Participants highlighted ways that they have accessed community resources to help them make choices surrounding planning for their anticipated aging needs. Themes surrounding community resources were mentioned throughout all three interviews. Three subthemes identified within this theme of community resources were: methods of discovering resources, ally providers, lack of LGBT-specific resources.

Methods of discovering resources. All participants of this study identified ways in which they sought out resources for planning for aging. Two out of the three couples in this research study indicated that they found community resources through knowledgeable friends. The participants from these two couples indicated that they found it helpful to have friends who were in a similar situation and who had gone through the planning process to some degree. The participants reported good experiences when using providers suggested to them by friends:
When we chose a financial planner, we actually chose one recommended to us by a gay friend who had had a good experience with him. And so that was very helpful.

We talk to friends...I mean a lot of people we knew who were in our same situation.

The third couple in the research study indicated that they found resources through their own devices. They indicated feeling pressures and anxiety because of this. The participant in this couple indicated that she feels she ought to know how to plan for life as she is aging and expresses frustrations surrounding those thoughts:

Yeah, my resource is myself and the internet. And that’s been, you know, somewhat disappointing because I feel like I should know more...I did go to Lavender magazine...But I think I just googled, like, “LGBT estate planning lawyer,” and I did reach out just a couple of weeks ago.

The couple also indicated that they have utilized providers that they already are working with, prior to thoughts of planning for life as they are aging:

I have a person who does my taxes. She’s been doing my taxes for years.

But I will say that [insurance provider]...she has her homeowners and we have our auto insurance now...and we just started checking there...we’re just going to do everything there and they have been so supportive.

Ally providers. Two out of the three couples in this study emphasized the importance of finding providers who were not only skilled and held expertise in the field, but who also were able to provide empathy for the situation. Prior to the legalization of same-sex marriage, couples found that they sought out advisers who were knowledgeable of LGBT-specific needs and who were willing to secure their rights to the best of their ability, given the federal constraints at that time:

When you do that in an era where you don’t have equal rights, you have to really pick advisors who are willing to have that conversation with you. We had to pick an attorney, a financial adviser, who understood when we said, “Yeah we’re putting money in a 401k, but we must have beneficiary rights and benefits as if we were a married couple.” And some people would scratch their head and say, “Welllll, there’s really nothing legally to do...But here’s how we can set it up.” We happened to find people who were like, “I’ll
figure it out. There are ways to do this…We’ll do the best we can with the system as it exists.” So we were very careful about that.

We also had an attorney that was a lesbian who was very helpful because she specialized in knowing where the bumps in the road might be…I mean you’re talking to a like-minded person and she can say, “Yeah, but you have to look at this,” or, “No, you don’t have to look at that.” So yeah, she was really helpful.

Limitations in accessing LGBT-specific resources. One of the couples discussed how they wish there were more places to access LGBT-specific resources. They expressed the needs for more awareness in the community and more public access to resources.

It would be really cool if there was something like that where, you know, and maybe they do….just where you can go and ask questions.

Another couple shared how they feel privileged within the LGBT community. They expressed how they believe that has contributed to their ability to seek out and access safe and effective resources.

...Some long term couples who are more in the lower wage end…their responses might be the same or a little different. Their worry is different. What they’ve tried to use for resources, you know, all of that. Whether they’re married or not, because you know, we look at thing through a certain spectrum. And obviously because we read a lot. We watch TV. We listen. All that, and we have...we’re out in the world...We have a larger political perspective and maybe a cultural one. But if you talk to people who maybe are a little more constrained by those things, you might get a little different idea...

Personal Supports

Participants from all three couples identified ways in which they have experienced support or anticipate support from family and friends. Participants report varying avenues in which they have received personal support, but synonymously report that they do receive support on some personal level from friends and family. Three subthemes identified within this theme of personal supports were: family supports, family of choice, and reliance on one another.
**Family supports.** Two out of the three couples reported having children from a previous marriage. These participants were fairly certain that their children would provide support for them when they are older and in need of more care:

*Yeah my children are very loyal. They would take care of you...I think that my kids would help for sure.*

*I mean, I had felt over time pretty confident that my kids are on board with whatever.*

*My daughter, who’s my middle kid...I think she would do anything she could.*

These participants felt that their children would help support them in older age, but were still cautious. They were still anticipating the possibility that their children would either not follow their wishes, or that they would ignore the needs of the stepparent (the non-biological parent):

*At the same time, to make clear to them, this is my intent. This is our intent. And to know that they are on board. So it’s just a clarification, putting it out there...And yet, you never know when somebody dies or is sick, who’s going to nut out. And so in addition to making it clear with them, we have everything on paper so it somebody nuts out, they can’t interfere with it. But we’ve been pretty conscientious about this.*

*Some people will think, “Oh, it’s easier for us to figure things out because we have kids.” But that isn’t. I mean, you can’t assume just because you have children or grandchildren, you’re automatically going to be cared for.*

**Family of choice.** Although couples placed importance of family reliance for support in life as they are aging, they also emphasized their experiences with creating a support network outside of the family. Two out of the three couples shared that they have created specific networks of support for the purpose of creating a safety net around their aging and death and dying needs:

*As you’re more frail, I guess...as you have less family. So you know we’re going to have to count on neighbors and friends as family.*

*We’re connected to some lesbian women who have children...who are younger than us...We have connections with different people in the community as well.*
If it’s not us as legal guardian or power of attorney, but somebody else, it’s likely not going to be family...It’s going to be somebody in the profession.

Further, one couple highlighted how creating specific groups for the purpose of creating community around aging concerns, such as death and dying, has been greatly successful in ensuring that the needs and wants of the sick person are meet:

We’re created a group called “Death Bed Buddies.” It’s seven women who go to lunch every other week. And those are the people who will be at our bedside...You know we don’t want our family making these decisions. We want these women we’ve known...Now one of the death bed buddies has died. And we saw that the idea worked because when she was in the hospital, there were people there around the clock, you know at their bedside, so that no hospital mistakes could inadvertently happen or she wasn’t alone...And the support around death and dying, whether it’s our own death and dying or our friend’s partner or spouse. It’s really quite something.

Then we formed another group that we nicknamed “poolies” because we meet around the pool something...it’s creating a community of women so that when something happens, people are connected and you’re not just sitting there by yourself. So in addition to all the paperwork things and legal things, we’re trying to create supportive communities going into those years.

1 out of 3 couples felt that older female same sex couples were much more secure and comfortable with having a support network outside of their family. They see their support network outside of their family as a necessary part of reality in order to have support:

I think an older and lesbian couple is much more secure in thinking that the support system isn’t family. The support system is something else. And so there’s the formal support system of social workers and institutions. And then there’s informal support system. Ours will be different. Because it’s different, you have to build it. It doesn’t come ready made.

Reliance on one another. In addition to external supports, participants voiced their reliance on one another in the present and also the anticipated future. The participants rely on one another and their partner is their preferred support as they begin to consider aging life. While they prefer to rely on their partner for support and care, there is a bit of hesitancy also surrounding this desire:
We are kind of reliant on one another, which isn’t the best way to go. The two of us have actually talk about, obviously, we would take care of one another.

Anticipated Discrimination from Providers

Many of the participants expressed concerns over discrimination that they fear and anticipate as they near their more vulnerable, older years. Three subthemes emerged in the data that highlight areas the participants were concerned about when it came to discrimination from providers: underprepared to serve the LGBT population, discrimination at care facilities, and fear of going back into the closet.

Underprepared to serve the LGBT population. One couple expressed concern over the level of preparedness that long-term care facilities are at in serving the LGBT population. Although the individuals who manage the care facilities might not personally discriminate against those in the LGBT community, little is being done to create an environment that is catered to the needs of older LGBT individuals:

*It’s clear that the aging services community is not necessarily homophobic, but only semi-prepared for this population to be part of their long-term care system.*

Discrimination at care facilities. Another couple vocalized concern over whether or not they would be treated as a same-sex couple at a long-term care facility. The couple voiced that they feel there will be issues that arise:

*Say if we applied to go into some retirement home...I don’t trust that that wouldn’t be an issue, if we were a couple. Do I think there are going to be problems? Yes I do.*

Fear of going back into the closet. Another concern that was expressed was a fear of older LGBT individuals going back into the closet due to anticipated fears of their being treated poorly by long term care facilities:
Many older people who maybe were out in the 50’s and 60’s have gone back in the closet in their 70’s and 80’s out of fear of being treated unfairly and unwelcoming-ly in the long term care system.

Impact of the Legalization of Same-Sex Marriage

The theme of how the legalization of same-sex marriage impacts the participants in planning for life as they age was layered throughout all three interviews. Two of the couples in the study were married and one of the couples was not yet married, but considering marriage. Eight subthemes emerged from the data within this data, and include: legalization never anticipated, a life already created, early planning, benefits of marriage, need for security, legalization does not guarantee safety, worries with current presidential administration.

Legalization never anticipated. Many of the participants indicated that they simply never anticipated that same-sex marriage would become legalized. They indicated that this assumption dictated the way that they planned for life as they age. For one couple, this assumption meant that they spent the majority of their relationship as if they were already married:

But of course we didn’t anticipate marrying, so we operated as if we were married from the beginning.

Participants also discussed how plans around marriage were never discussed because the idea of getting married was not a reality for them. Discussions surrounding marriage were simply not factored into their plans for life as they age:

And we thought, it will never be legal. So this isn’t a conversation to really prepare for or think about. We didn’t.

I never even imagined that this was a possibility. I’ve never even considered it.

You figured it out really at a very very very young age that you were not going to be able to marry the people that you love. And so you literally just moved on.
Because it wasn’t legal, because it wasn’t an option... we can’t even really have the conversation because it’s like, “What are we talking about?”

A life already created. Participants discussed ways in which they have already created a life together previous to the legalization of same sex marriage. This informs the way that they plan their life together and how they lay the foundation for their lives:

Even when we started living together, we basically started merging all of our finances and stuff. So everything has always been that way...we've always blended our assets.

Participants also highlighted the fact that because they already created a life together, marriage was more about securing their assets and their lives legally, not simply because of their love for one another:

I think there are people who literally fall in love. With our generation, it’s women who literally have a lot to lose. You know what I mean? Like we’ve been together. We’ve bought houses. We have cars. We have animals...so then it’s like you get married because you should...but that's marriage for the contractual reason...the financial reason, not marriage because it’s like “Ohh! We want to get married!”

Because of this life already created, participants felt that marriage equality did not grant them the same emotional liberties that it might allow their straight counterparts:

So it feels like it’s being stolen. Like yeah, we have the right to get married, but it’s not the same.

Early planning. All three couples reported that they planned for life as older adults early in the relationships. Couples reported created health care directives, wills, and power of attorneys very early on in their relationship:

Actually early on in our relationship, we did wills...We did health care directives and power of attorneys. Full power of attorneys. Arbitraries pulled over 20 years ago, we did that early on and carried a copy with us wherever, whenever we travel.

When we first got together, the first thing that she said. Like our third date was we should do a health directive. And a power of attorney.. So we’ve had that, like, from day one.
We have health care directives, power of attorney, wills, we have long term health care... we had wills that mirrored one another so that if one of us died, it would be the same on either side.

One couple discussed reasons why they believe couples in the LGBT population plan much earlier than heterosexual couples. They discuss the prevalence of privilege in heterosexual couples that is not present in couples in the LGBT population:

I bet you anything thought that gay people are probably more aware of estate planning issues than heterosexual people because they’ve had to be. Because they haven’t had the privilege of just having everything pass automatically.

Benefits of marriage. The two couples that were married shared some of the benefits that they have received because they were legally married:

Because we could get married and we need less. I mean the legal costs for us to get every power of attorney...You know all these different documentation in place was expensive.

People can’t discriminate as easily because you have some legal thing to stand on.

Definitely, we’ve seen economic benefits just in terms of the tax structure.

The couple that was not married discussed ways that they anticipate marriage will benefit them as a couple:

We’re not going to benefit from any of that Social Security money if we don’t get married. So it’s another reason to get married.

It is a benefit for us in the long run because I think that if we do do investments and stuff, then you have security if something happens. Or travel.

Need for security. All three of the couples stressed the importance of maintaining security. They discussed the importance of planning ahead and anticipating future problematic situations so that their security was ensured:

We’ve done a lot of preparation and planning around having a safety net for ourselves financially and legally. We did not want to run into situations where in an emergency...we didn’t have anything legal we could put under somebody’s nose to say, “Yes, she has a right to be here.”
I think the seriousness of planning and having safety nets and thinking about protecting and all that, for our age group, had to be way more in play than it did for a heterosexual couple.

I think one of the motivations for planning is...that without it we’d be more vulnerable.

Legalization does not guarantee safety. All of the participants in this study touched upon the discrimination that they still face and anticipate. While legalization has given significant legal benefits to same sex couples, the stigma people still place on same-sex relationships and LGBT individuals is still present:

Stigma always exists in some form. And so I think it’s less about “was it hard to access resources” and more about when you confront a stigma related to who you are...it’s easily see in the face of people when you talk about who you are.

As long as there is a portion of our population who believes that we’re degenerates or even if it’s just the stigma associated with it. “Okay, live your life that way, but I don’t want to know anything about it.” As long as that exists in some form, there will be discrimination in the support system.

As time goes on, will it just...weave itself more into the fabric of our society so that it’s not...it won’t be the abnormal thing...And will it be enough in the fabric of society so that it’s just a given and some of those other things then will start to fall away...It will remain legal, but the cultural pieces around it are going to remain kind of not very stable.

You can’t do that if you’re constantly worried that the culture you’re walking into.

I think discrimination is subtler than that in a lot of ways now than it was before when you could see it, you know, coming up against your face.

I think it has a fairly far reaching effect, but not a penetrating effect...It puts a dent in it.

Worries with current presidential administration. All of the interviews for this research study were conducted prior to the 2016 presidential election. Participants voiced concerns about their security and about the impact that changing laws will have on them as they consider planning and securing their life as they age:

I think with Trump in office, I don’t know what the hell is going to happen. That is scary. The politics are spinning back, so it gets more dangerous ahead than it has been in the last eight years where the community has been supported...A lot’s happened in the last 8
years of, you know, the right to get married and legislation. But the gender bathroom thing is the first spin back and there’s no reason to think that’s won’t continue. So you know, I don’t think it’s safe out there.

Now with the new political landscape with the naked nastiness out there. And it strikes me that we’ve only had gay marriage legal for three and a half years. It’s a big question as to whether that...will remain legal.
Discussion

The focus of this study was to examine the strengths and the barriers that same-sex couples have experienced or anticipate as they begin to plan for life as they age. The study examined the responses of three couples, totally six participants, who are currently in the process of planning of life as they are aging. Some of the participants were quite evolved in their planning process and had accomplished a significant amount of planning, while another couple found themselves in deep discussion about the costs and benefits to different avenues of planning.

Connections with Existing Literature

The majority of the research indicates the significance of varying levels of discrimination and how that impacts couples’ ability to effectively plan for aging life (Gabrielson, 2011). The literature discusses fears that older lesbians have regarding potential mistreatment and discrimination in their more vulnerable years (Gabrielson, 2011). The data from the research indicates that these fears are still present and in the forefront of their minds. Many of the participants voiced that discrimination can be seen in more subtle ways. This provoked many of the participants to seek out services that were aware of LGBT specific needs in order to ensure their security and safety.

This anticipation of discrimination has prompted many of the participants to plan early on in their relationships. While the legalization of same-sex marriage has secured certain legal benefits for same-sex couples, the distrust and fear that the participants still held was apparent. Couple shared stories of when they were discriminated against in public settings, such as hospitals, and reported that they still carry their health care directives and power of attorneys with them at all times.
Much of the literature suggested that the legalization of same-sex marriage would solve a significant portion of the problems that same-sex couples face when attempting to plan for older adult life. After reviewing the data, it is evident that the legalization of same-sex marriage was not a “fix all” solution to securing the needs of same-sex partner relationships. The legalization of same-sex marriage was a significant step towards legitimizing same-sex couples, but it did not eliminate the stigma that many of these couples still face (Choi & Meyer, 2016).

In addition to the legal rights that marriage allowed same-sex couples, the legitimacy of having marriage as a label was important to participants. Participants felt that their being married would help protect them in public, and would also give them legitimacy within their extended family. Since lesbian older adults are often referred to as “the most invisible of all Americans,” it would make sense that their being seen as a couple would validate their very existence together (Gabrielson, 2011, p. 324). In a way, marriage equality for the participants was more about fitting in with cultural norms so that their partnership would be accepted and welcomed, than it was about finding financial security and stability.

Research did not address some of the fears that participants had regarding the new presidential administration. Many participants were anxious about what changes would be made and how they would effect their current rights and security. The participants also were also weary of how the presidential administration will affect cultural norms and attitudes towards the LGBT community.

Another component that the research did not address was the lack of public resources centered around planning for life and same-sex couples age. Participants reported receiving referrals for providers and services and also conducting a significant portion of independent
research. This left some participants nervous for creating concrete plans for fear that they were not well enough informed.

**Limitations**

The main limitation of the research was the fact that the study had a small sample size of three couples. The main factor that contributed to poor recruitment was the criterion of “cisgender.” On the flyers, the researcher lists the criteria for the research study, including that the participant must identify as cisgender. This created some controversy and some unsettled feelings amongst potential participants. The researcher received feedback that some individuals who saw the flyer did not know what cisgender meant, and assumed that it meant heterosexual individuals. Another difficult aspect of setting cisgender as criteria is that it eliminated the entire transgender and gender nonconforming communities. The researcher received feedback that this was not inclusive and did not validate the identities of transgender women as part of a community of women. The purpose for having cisgender identity as a criterion for the research study was due to the complexities that those in the transgender and gender nonconforming communities face. The research study would not have done justice to those complexities given the limitations of time for the research study.

Another significant limitation to this research was how researcher bias may have impacted the study. The researcher chose to narrow the criteria for participants in order to address the concerns and needs of a specific population within the LGBT community. The researcher chose to study female same sex couples due to her personal identification as a queer, cisgender, woman. Because of this, there is the potential for researcher bias to influence how themes and codes were identified.
Moreover, this research study interviewed participants who were all Caucasian. As a result, much of the findings were not able to address the needs and experiences of female same sex couples of color.

This research was also limited to Minnesota’s Twin Cities metropolitan area, which therefore excluded all those in rural Minnesota and in other parts of the country. Future research would benefit from exploring how LGBT older adults in rural areas of Minnesota are impacted compared or contrasted to LGBT older adults in Minnesota’s Twin Cities metropolitan area.

**Implications for Future Research**

Future research would benefit from exploring how the legalization of same sex marriage has impacted the security of same-sex couples. The majority of the literature reviewed included studies that were conducted prior to the legalization of same sex marriage. Much of the literature reviewed discussed how marriage equality would be a powerful contributor to helping secure same-sex partnerships. However, the findings of this research study prove that the legalization of same-sex marriage has not erased fears and concerns of discrimination.

This research study also did not explore how racial injustices and cultural differences impact the experiences of LGBT older adults when accessing services when planning for life as they age. All of the participants in this study were Caucasian. The potential privilege experienced by these participants compared to LGBT older adults of color would be important for future research to explore.

Social workers have an obligation to commit themselves to areas of social injustice. As our older adult population grows over the next decade, as will the amount of older LGBT older adults. As older adults age, their needs change and grow, creating more vulnerabilities that are experienced. Social workers must not ignore the needs of this population and must commit
themselves to better understanding how better serve this population as they work towards planning for their older years.
References

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Appendix A

Newsletter Blurb:

Seeking female same-sex couples to participate in a research study looking at what barriers are faced when planning for life as you age.

In order to participate in this study, you must identify with the following criteria:

- At least one partner in the couple must be 50 years or older
- Identify as a cisgender female
- Belong to a same sex partnership for at least 3 years
- Be willing to participate in a 45-60 minute interview as a couple

If you are interested or have any questions, please contact Johanna Geurkink at: geur0005@stthomas.edu or 508-277-2569

Thank you!
Appendix B

Email Blurb:

Hello!

My name is Johanna and I am a graduate social work student at St. Catherine University.

I am emailing to ask if I would be able to post a blurb in a future newsletter of yours about a research study that I am conducting. I would also be appreciative if there was a place where I could post a flier.

The research study seeks to explore the barriers that female same-sex couples experience and/or anticipate when planning for life as they age. I am seeking female same-sex partners who are at least 50 years or older who would be willing to be interviewed and answer questions regarding this topic.

I am happy to answer any questions that you might have. Thank you for your consideration; it is greatly appreciated!

Sincerely,
Johanna Geurkink
Appendix C

Interview Questions

Screening and Demographic Questions
1. How old are you?

2. Out of respect, how should I refer to your sexual orientation?

3. How long have you and your partner been in a relationship with one another?

4. Are you retired?

5. Are you married?

6. For purposes of this interview session, what pronouns do you use?

Interview Questions:
1. What formal steps have either of you taken to prepare for life as you age? (Probes: healthcare directives, power of attorney, financial planning)

2. In what ways have either of you thought about setting up advanced health care planning?

3. Have either of you made plans for financial and estate planning?

4. What resources have either of you utilized? What have your experiences been like when accessing those resources?

5. Who do either of you anticipate will help you when you are older? (i.e. family, children, friends, professionals)

6. What are some supports that we haven’t talked about?

7. What barriers do either of you anticipate or experience as you prepare for life as you age? (Probes: emotional, social, health)

8. In what ways has the federal legalization of same-sex marriage benefitted you both as you age?
   - How have things not changed/stayed the same?

9. In which ways do either of you believe the experiences of older female same-sex couples are different to that of older male same-sex couples? Are there any ways that they are similar?

10. In which ways do either of you believe the experiences of older female same-sex couples are different to that of older straight couples? Are there any ways that they are similar?
Appendix D

“Power of Two”

Seeking female same-sex couples to participate in a research study looking at what barriers are faced when planning for life as you age.

In order to participate in this study, you must identify with the following criteria:

- At least one partner in the couple must be 50 years or older
  - Identify as a cisgender female
  - Belong to a same sex partnership for at least 3 years
  - Be willing to participate in a 45-60 minute interview as a couple

If you are interested or have any questions, please contact Johanna Geurkink at:

geur0005@stthomas.edu or 508-277-2569

Thank you!
Appendix E

The following is a list of some providers (not endorsed by the researcher and not limited to) in Minnesota that have experience in concerns regarding planning for life as you age.

**Senior Linkage Line**
800-333-2433
http://www.seniorlinkageline.com

**AARP**
General: http://www.aarp.org
Minnesota specific: http://states.aarp.org/region/minnesota/

**Volunteers of America Estate and Elder Law Services**
- https://www.voamnwi.org/estate-and-elder-law (potential to work with clients on a sliding scale)
- Protective services and center for excellence in supported decision making:
  952-945-4174
  cedsdm@voamn.org

**Training to Serve**
General: http://www.trainingtoserve.org
For LGBT Older Adults: http://www.trainingtoserve.org/lgbt-older-adults
Twin Cities Metro LGBT Aging Resource Guide:

**Minnesota Association for Guardianship and Conservatorship (MAGIC)**
http://www.minnesotaguardianship.org

**National Family Caregiver Alliance (National Center on Caregiving)**
General: https://www.caregiver.org
National Center on Caregiving: https://www.caregiver.org/national-center-caregiving

**National Resource Center on LGBT Aging**
General: http://www.lgbtagingcenter.org
Minnesota specific: http://www.lgbtagingcenter.org/resources/resources.cfm?st=MN

**SAGE LGBT Elder Hotline**
1-888-234-SAGE (7243)