

Lesbians Over 60: Newer Every Day

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Lesbians over 60 from present and future cohorts in the USA, Canada, and most other developed countries might reasonably expect aging to be a joyful and empowering phase of life. This is partly due to the greater social acceptance and legal protections available in these countries, as well as the advantages of woman-to-woman relationships, such as more equitable roles and mutual financial independence. In addition, the international trend toward legalization of same-sex marriages continues to shift cultural values toward greater acceptance of lesbians. These factors suggest that, at least for lesbians in developed countries, later life might well fit the poet Emily Dickinson's vision of old age: "We turn not older with years, but newer every day" (Dickinson 1986, p. 499).

In this chapter, we provide an overview of current research on older lesbians drawing primarily from the research done in the USA, including (a) the "visibility" of older lesbians; (b) the theories of lifespan development and their application to older lesbians; (c) the research on older lesbians including cross-sectional studies of lesbians and sexual minorities more generally; and (d) social contexts affecting older lesbians, including personal relationships (partners, friends, and community); minority stress and resilience; and race, ethnicity, and social class. In addition, we also briefly review the status of lesbian rights in other parts of the world. We examine the impact of living in countries where there are few or no legal protections for lesbians and where powerful homophobic cultural attitudes still prevail. Last, we propose directions for research and speculate about what the future will bring for lesbians over 60.

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Older Lesbians: Slowly Becoming Visible?

Older lesbians have been described as a “triple invisible minority” (Kehoe 1986, p. 139), and, despite some advances, this largely holds true today (Averett and Jenkins 2012). At present, lesbians over 60 are even less visible than heterosexual women of the same age—or of any age. In general, women over age 50 have been described as invisible because that is the point in life when they begin no longer to attract the attention of men or younger women (Chrisler 2007). Any older woman is likely to feel she has crossed that threshold when a cursory glance looks through her, signifying that she has no status, is irrelevant. Harriet Harman, the Deputy Leader of the British Labour Party, summarized the three phases of adulthood as follows in a report from the Commission on Older Women: “men have three primes, as young thrusters, as virile fathers, then valued for age and experience. But young (heterosexual) women are treated as ditsy decoration, mothers too distracted to be reliable, and finally after 50, they’re past it—so when exactly is their moment?” (Toynbee 2013, p. 4).

Older lesbians might also reasonably ask: When exactly is our moment? The answer will be increasingly important as the number of lesbians age 60 and older increases. From 1.75 million to 4 million Americans over the age of 60 are estimated to be lesbian, gay, bisexual, or transgender (U.S. Administration on Aging n.d.), and that number is expected to double by 2030 (Sage n.d.). A recent national poll indicated that about 53% of lesbian, gay, bisexual, and transgendered (LGBT) individuals in the USA are lesbians (Gates and Newport 2012). Thus, there may be an estimated 900,000–2,100,000 lesbians over the age 60 in the USA at present. Yet little is known about this minority. Lesbians’ conformity or nonconformity to the typical life cycle of the heterosexual woman has not been studied. A specific media focus on lesbians is rare despite current headlines about lesbians and gay men in the military and same-sex marriage.

The lack of visibility is also reflected by the research on stereotypes that suggests that many people do not have a cognitive schema for older lesbians. Most people have stereotypes of older adults, and many have beliefs about homosexuality, but few people consider them simultaneously (Grossman et al. 2003). For instance, stereotypes of sexual-orientation-unspecified older women tend to be based on gender roles. Older women are perceived to be more feminine in appearance (soft), personality (warm), and behavior (e.g., do laundry) than older men. In contrast, older men are perceived to be more masculine in terms of physical characteristics (sturdy), traits (competent), and behaviors (e.g., assume financial obligations) (Kite et al. 1991). However, the stereotypes of older women are not congruent with the stereotypes of lesbians; age-unspecified lesbians are perceived as more similar to heterosexual men than to heterosexual women (Kite and Deaux 1987).

Overall, stereotypes of lesbians are less defined than those for gay men or heterosexual women or men. For example, eight different types of lesbians emerged from one study of young heterosexual adults’ stereotypes, such as “lipstick lesbian” and “soft butch” (Geiger et al. 2006). Similarly, Wright and Canetto (2009) reported

that white college students who were cued to select the traits, roles, and physical characteristics of one of four targets (i.e., a 65-year-old heterosexual man or woman or lesbian or gay man) perceived lesbians to be similar to heterosexual women in terms of having feminine traits (e.g., warm, kind) and also similar to heterosexual men in terms of having masculine traits (e.g., independent, makes decisions easily, stands up under pressure). Older lesbians' physical qualities were perceived to be somewhere between traditionally masculine features (e.g., short hair) and traditionally feminine appearance (e.g., wear feminine clothing). These results suggest that lesbians as a group are perceived to be more heterogeneous than gay men or heterosexual women or men, at least by young white adults. The greater visibility of gay men compared to lesbians might contribute to this result as well. Stereotypes may be even more variable when race or ethnicity is considered.

The time is ripe, however, for current and future cohorts of older lesbians to inherit a more visible and positive future than was possible in preceding generations. A few lesbians are now conspicuous in the mainstream US media, most notably Ellen DeGeneres, Portia de Rossi, Rosie O'Donnell, Queen Latifah, Melissa Etheridge, Wanda Sykes, Rachel Maddow, Martina Navratilova, Kate McKinnon, and Jane Lynch. There are even a few lesbian celebrities over the age of 60 whom the average person might be able to identify as openly lesbian, such as Billie Jean King (former World No. 1 professional tennis player), Lilly Tomlin (comedian), and Suze Orman (financial expert). Furthermore, American lesbians who are now between the ages of 60 and 70 were either in their mid-twenties or younger during the 1960s and 1970s and experienced the second wave of feminism and the Stonewall era of gay rights. Many have been part of those continuing movements. This political involvement and the more positive social atmosphere it created will lead to even higher expectations for the quality of their life during old age.

The relative social invisibility of older lesbians to date raises questions concerning how well the lifespan theories of development encompass them. In addition, a small but growing body of research provides an insight into lesbians' old age. These issues are addressed below.

Lifespan Theories and Older Lesbians

Sometimes I feel like a figment of my own imagination.

Lilly Tomlin in *The Search for Signs of Intelligent Life in the Universe* (<http://izquotes.com/quote/276071>, accessed 24 Aug 2014).

The role of theory is to provide an organizational framework that guides research and clinical practice; thus, it is imperative to examine relevant lifespan theories for potential bias. Theories of aging have been criticized not only for gender bias, but for a pervasive assumption of heterosexuality and a complete exclusion of issues pertaining to older lesbians (e.g., Brown 2009; de Vries and Blando 2003; Gergen 1990). The social gerontology literature highlights the ageism inherent in theoretical discourse, yet never addresses the issues pertaining to older lesbians

(Jacobs et al. 1999). By contrast, queer theory has offered important critiques of the heterosexism inherent in the predominant psychology and sociology theories about lifespan development. However, queer theory almost exclusively ignores issues pertaining to older lesbians and gay men (Brown 2009). Omissions in both areas lead to damaging assumptions of homogeneity—a form of theoretical ageism and heterosexism, respectively. This level of rhetorical silence, as noted by Brown (2009) and Pugh (2002), further disempowers this already marginalized population. Pervasive exclusion from intellectual discourse creates a sense of invisibility to both the self and others.

Even though one of the strengths of gerontology is that it is multidisciplinary, it lacks an overarching central theoretical focus (Bengtson et al. 1997). This is particularly true for research with older lesbians. Although research with this population has increased over the last decade, it is mostly atheoretical and has been published outside the typical publications of gerontological research (Pugh 2002). Some have argued that more data are needed to drive theoretical development for marginalized populations (Herdt 2003). However, empirically driven theorizing can itself be problematic in that lesbian and gay elders are an exceptionally difficult population to recruit. Consequently, the majority of samples in this area of research include mostly white, middle class, self-identified “out” lesbians or gay men, which creates a self-selection bias that impacts the development of theory because the results are not generalizable to other groups with intersecting identities (e.g., older Hispanic lesbians) (Rosenfeld 2010).

Below is a brief review of four of the most influential and relevant theories in aging research and the critiques of these theories in relation to older lesbians. The following is not intended to be an exhaustive review of gerontological theories but is instead a discussion of the strengths and limitations of a few highly influential theories with regard to concerns salient to older lesbians.

One of the most frequently cited and highly influential theories in modern day gerontology is Erikson’s theory of psychosocial development (Alley et al. 2010). This deterministic stage theory is an extension of Freud’s work on the development of the personality. Erikson saw development from the perspective of the epigenetic principle in which, similar to embryological growth, an individual’s physical maturation and interaction with the social context propels development (Erikson 1963). Erikson theorized that normal development occurs through a series of predetermined linear stages that require the individual to resolve specific crises. The resolution of each crisis forms the foundation for the subsequent stages and the eventual mature integrated identity.

Erikson devoted the majority of his writings to explaining the earlier phases of life in great detail (Kooden 1997; de Vries and Blando 2003). Even though gerontological research frequently cites Erikson’s theory, Erikson did not provide much specificity about the later stages of the lifespan. His work has even been characterized as biased against later stages of development (Greene and Kropf 2011). For aging adults, Erikson only briefly outlined two stages, middle adulthood (age 40–65) and maturity (age 65–death), which are centered on resolving the crises of generativity versus stagnation and then ego-integrity versus despair. During the middle

adulthood stage, Erikson posited that mature adults shift their focus onto the next generation. He claimed that, if this shift does not occur, stagnation and pathological self-absorption develops (Erikson 1963). Success during the maturity phase occurs when older adults are able to reflect on their life and feel a sense of fulfillment rather than a sense of regret, bitterness, or despair.

One critique of Erikson's theory or interpretations of his theory is the heteronormative assumption that the normal life experience includes having children and that the mature adult shifts away from a focus on self to a focus on parenthood. To be sure, more and more lesbians are raising children. However, de Vries and Blando (2003) pointed out that the concept of generativity should be expanded to include numerous other experiences, such as choice of profession, friendships, and participation in volunteer activities. They posited that the central challenge of this stage of life is to shift the focus away from the self but that this shift can take on many forms besides parenthood. Similar to their heterosexual counterparts, childless older lesbians engage in numerous activities that could be viewed as an expression of generativity.

As a result of the sociopolitical changes in the USA and other developed nations over the past few decades with regard to lesbian and gay rights, many lesbian couples have gotten married and have adopted and/or given birth to children. As such, some of the more heteronormative markers referred to by Erikson and other developmental theorists can be applied to lesbians. However, for a majority of older lesbians this is not the case. Therefore, the importance of expanding the theoretical discourse to include a wide range of developmental norms cannot be overstated. Some preliminary research has been conducted to examine the application of Erikson's theory with older sexual minority samples, but this research has mostly been conducted with gay men (e.g., Cohler et al. 1998; Cornett and Hudson 1987). There remains a need for an examination of how Erikson's propositions apply to the multifaceted experiences of older lesbians.

A second theory quite often cited in gerontology research is the life-course perspective (Alley et al. 2010). This is a multidisciplinary framework that developed in reaction to the earlier more deterministic stage theories of development. The life-course approach emphasizes the role of individual agency in making life choices that are interwoven with the social and historical context (Elder 1974). The life course is conceptualized as an individual interacting with her/his context and experiencing a series of turning points in life, which subsequently impact the course of development. For example, Elder's pioneering work (1974, 1994, 1998) in this area of research examined the impact of the Great Depression on subsequent life-course development. This person-in-context perspective acknowledges that an individual's development cannot be extricated from the social and historical realities that she or he experiences. The inclusion of context in life-course theory positions it to serve as a guiding framework for examining older lesbians' and gay men's life experiences. Although Elder and colleagues never explicitly included issues related to older lesbians, the life-course perspective has been used as a framework for examining the varied life experiences of sexual-minority individuals (Fredriksen-Goldsen and Muraco 2010; Hammack 2005). The life-course perspective is sensitive to the

rapidly changing social and political context experienced by different lesbian and gay cohorts over the last few decades (Rosenfeld 2010). A handful of empirical researchers have explicitly cited the life-course perspective as a guiding theory (e.g., Herdt et al. 1997; Muraco et al. 2008; Orel and Fruhauf 2006).

Criticisms of life-course theory stem from its overly deterministic perspective for individuals who have experienced exposure to trauma or other adverse events early in life. Some have posited that this perspective has led to an overemphasis on developing interventions for youth at the expense of these later stages of life (Fine and Kotelchuck 2010). This is a particularly salient criticism when we consider the life experiences of the current cohort of American lesbians over the age of 60, and especially for those over 70, who came of age in the era when homosexuality was still criminalized and pathologized. The experience of coming to terms with a non-normative sexual identity in a hostile environment, and subsequent experiences of discrimination and alienation from family and society at large, could be perceived as risk factors for healthy development along the life course. However, in a 25-year review of the literature on aging and sexual orientation, Fredriksen-Goldsen and Muraco (2010, p. 396) found numerous “manifestations of resilience” despite the inordinate challenges of sexual-minority status for this older generation.

An additional criticism of the life-course perspective has been aimed at its failure to challenge the dominant culture’s marginalization of atypical family structures and life experiences (Demo and Allen 1996). There are numerous deterministic assumptions inherent in life-course theory with regard to the timing of life events based on generation and cohort (Hagestad and Neugarten 1985). These assumptions are mostly heteronormative and do not consider, for example, the complexity of the coming out process. The coming out process occurs throughout many stages of life with varied consequences—it is not a one-time event. Sexual-minority individuals have to make decisions regarding self-disclosure with every new social interaction throughout life (Pugh 2002). Although the life-course perspective seems to be a valuable framework for examining this type of complexity, empirical research with lesbians is still needed to confirm this.

A third more positive aging framework has emerged in the field of gerontology in recent decades in contrast to previous views that represented aging only in terms of loss (Johnson and Mutchler 2014). The emphasis has moved away from documenting gerontological decline and toward identifying the factors associated with healthy aging and life satisfaction. Activity theory, which developed in reaction to the now-discredited disengagement theory, is an example of this theoretical shift (Neugarten 1979). Activity theory is still commonly cited in gerontology research (Alley et al. 2010) and emphasizes the positive aspects of aging. Its premise is that a key factor for successful aging is involvement in formal activities and social interactions as a compensation for loss of other roles, such as retirement from paid employment. Simply put, this theory asserts that staying involved in activities is linked to life satisfaction for older individuals. Lee (1987) referred to this perspective not as an explanatory theory of aging but more as a prescription for how to age successfully. Activity theory has also been criticized for inherent assumptions that people have control over the kinds of activities to which they have access. Those who are physically

impaired, poorer, or who have less access to social support are constrained in their range of activities available to them. Most of the empirical work on LGBT aging that has been done from this perspective has been conducted with gay men.

As the shift toward more positive perspectives on aging occurred, some authors began to publish work that conceptualized lesbians' and gay men's life experience from a strength-based perspective (e.g., Friend 1990; Kimmel 1978). As lesbians and heterosexual women age, they deal with similar fears and challenges—concerns about life partners, family, financial stability, and health. However, it has been suggested that some lesbians may have better skills to deal with these challenges than their heterosexual counterparts do. Kimmel (1978) introduced the concept of crisis competence, which refers to the skills that lesbians and gay men acquire as they successfully manage the crises associated with identifying as a sexual minority in a hostile environment, particularly with regard to dealing with alienation from family and friends. Kimmel (1978) contended that these crisis management skills can be later transferred to dealing with the challenges associated with aging—another stigmatized identity. Friend (1990) proposed that, in addition to crisis competence, older lesbians have the further advantage of having had more experience in questioning and rejecting the rigid gender roles ascribed to their heterosexual counterparts. For example, the negative stereotypes associated with aging for women, such as older women being judged as far less attractive than older men of the same age (Deutsch et al. 1986), appear to have less effect on lesbians who generally identify less with typical male-defined standards of the importance of youthful beauty for women.

The crisis-competence perspective has been disputed in that, for some lesbians and gay men, the high levels of strain associated with sexual-minority status and self-disclosure have led to greater difficulties with aging (Fredriksen-Goldsen et al. 2013). In addition, it remains to be seen whether over time this “advantage” becomes less and less salient for younger lesbian cohorts, who have disclosed their sexuality in more supportive environments and do not have the same need to develop these crisis-competency skills.

A fourth lifespan theory with a more woman-centric approach is one proposed by Deanow (2011) based on the Stone Center model of relational development. The theory posits that women's psychological core is based on the development of relational skills, in contrast to the theories based on men's norms of development, which emphasize separation and individuation. The model asserts that the goal of development is to be able to engage in mutually enhancing relationships that result in five good things: increased energy, increased clarity about the self and others, greater self-worth, the ability to be one's authentic self within a relationship, and the desire to be in a relationship (Miller and Stiver 1997). In old age, those who have the capacity to engage in a mutually enhancing relationship will be able to remain engaged in their relationships and community even if physical capacities and health wane. Friendships assume even greater importance for women as they age (Rose 2007). Those without this relational capacity may withdraw from their relationships or be abandoned by family and friends.

The relational model is somewhat more embracing of lesbian experience. Deanow (2011) noted that lesbian couples might provide a template for how to accomplish the relational work of mutuality because their relationships provide equality, companionship, and the valuing of communication and emotional support by both partners. However, the model is implicitly based on the lifecycle of heterosexual women in which separating and individuating from the family is not regarded as necessary to mature and may not occur. Many lesbians undergo significant separation and individuation from their family of origin during the process of coming out due to rejection, harassment, or even victimization by family members, or in order to conceal their sexual orientation (e.g., Pilkington and D'Augelli 1995). In addition, most lesbians also expect to be self-supporting financially (Peplau and Huppert 2008); this also may lead to greater individuation in terms of educational and professional goals. In other words, lesbians' lifespan development appears to encompass the features of successful aging presented in theories based on the norms for both women and men.

In summary, by imposing deterministic theories of aging, which assume heterosexual norms over the life course, the heterogeneity of life experiences among marginalized groups, particularly those of older lesbians, is simply not taken into account. Theory is often used to guide research questions; however, if researchers ignore heterogeneity, it is almost inevitable that their research will be biased (Herek et al. 1991). This is particularly salient for older lesbians because there needs to be greater elaboration and understanding of the aging life experience that is not necessarily linked to heteronormative developmental milestones. Although gerontology as a professional community recently has shown more recognition of lesbians (e.g., American Society on Aging's LGBT Aging Issues Network (LAIN)), theories are still sorely lacking to guide research with this population (Brown 2009). The older lesbian community is diverse, with variation in sexual identification, sexual-disclosure status, social class, race, ethnicity, immigration status, discrimination experiences, gender presentation, and family structures. There remains a critical need for theories that can account for this plurality over the lifespan. The process of expanding theoretical discourse by making invisible older lesbians more visible is an important agenda that will serve to validate the life experiences of this marginalized group and empower them in the process of successful aging.

Lifespan Research on Older Lesbians

Social science researchers began to study older lesbians and gay men in the 1970s, despite the lack of lifespan theory development for older lesbians. Their findings dispelled previous negative stereotypes of lesbian elders as old, unwanted, and alone, or as alcoholic and depressed. Older lesbians were found to be functioning well in middle and old age (e.g., Minnigerode and Adelman 1978; Raphael and Robinson 1980; Van Wagenen et al. 2013). Many were in long-term relationships and had supportive friendships. Although these studies were based on nonrandom

white American samples, they illustrate that negative life outcomes are not inevitable for older lesbians.

Older lesbians studied over two successive decades have adapted well to aging according to two recent review articles. The first review focused on research on aging and sexual orientation conducted from 1984 to 2008 (Fredriksen-Goldsen and Muraco 2010). A total of 58 empirical peer-reviewed articles with samples of lesbian, gay, and bisexual adults aged 50 and older in the USA and Canada were selected for the review. Of those, 22% of the samples were exclusively women, 55% included both women and men, and 22% were exclusively men. All samples that specified the ethnicity of the participants were entirely or predominantly white and middle class.

Fredriksen-Goldsen and Muraco (2010) summarized the first wave of research in the 1980s as concerning the mental health status of lesbians and gay men. The findings illustrated that, contrary to stereotype, most rated their mental health as excellent or good, had positive self-esteem, were content with their sexual orientation, and had positive psychosocial adjustment (e.g., Berger 1984). The focus of the second wave of research was identity development (e.g., coming out), and these studies demonstrated that accepting a lesbian or gay identity was affected by social and historical contexts (e.g., Parks 1999). Subsequent research addressed psychosocial adjustment to aging and showed that older lesbians and gay men were functioning well despite having experienced discrimination (e.g., D'Augelli and Grossman 2001). Current researchers now aim to understand the social support and community-based needs and experiences of older lesbians and gay men, such as the need for housing, health, and other human services, and their samples more often include bisexual and transgender people (e.g., Richard and Brown 2006).

A limitation of the research cited above is that issues or findings uniquely relevant to lesbians often were not studied, differentiated, or discussed. When gender is taken into account, differences often emerge. For instance, Herdt et al.'s (1997) life-course study showed that older lesbians and gay men have very different lives and overall patterns of identity development. Other researchers have reported that, compared to older gay men, older lesbians had lower incomes, were more likely to have partners and larger social networks, and were less likely to live alone (Grossman et al. 2000; Quam and Whitford 1992). When lesbians are the sole focus of the research, questions are more likely to be asked that pertain uniquely to their experience (e.g., lesbian ex-lovers as friends, menopause). This points to the importance of examining gender differences as well as conducting research focused specifically on lesbians.

A second review article by Averett and Jenkins (2012) provided a more complete picture of older lesbians for the predominantly white middle-class participants who were sampled. The authors examined 28 articles published between 1997 and 2010 that focused exclusively on older lesbians who ranged in age from 50 to 70. Two major findings were identified across the 14 empirical studies that were included. First, most of the older lesbians had developed adaptive responses to a lifetime of discrimination and marginalization. They recognized that experience with oppression had made them resilient (Jones and Nystrom 2002), rejected cultural

definitions of beauty (Thompson et al. 1999), and learned to convert obstacles into opportunities (Hall and Fine 2005). Second, most formed their own informal support networks that included friends, ex-partners, the lesbian community, and online networks (e.g., Butler and Hope 1999; Comerford et al. 2004; Hash and Netting 2009; Richard and Brown 2006). Older lesbians were generally in good health, had a partner or friend to care for them if ill, and preferred to receive health care within a lesbian-friendly environment. A majority had positive feelings about being a lesbian and about being older. Major concerns for some were worries about financial security and a potential loss of control over their own lives as they aged.

Claassen (2005) conducted an interesting study of 44 mostly white middle- and upper-class lesbians aged 62 to 82, which showed that they were aging but vital. She also explored the impact of social and historical context over their lifetime. The women were recruited via personal contacts and were living in towns with notable gay communities, including Sarasota, Bradenton, and Tampa in Florida and Boone in North Carolina.

The first cohort of 15 women in the Claassen (2005) study was born during the Progressive Era and the roaring twenties (1917–1929), experienced the Depression in their youth, and became adults (age 18) during World War II. Thus, these women were born in the 1920s with the expectation that they would marry, but, during the World War II era, they were exposed to hundreds of women working in nontraditional jobs, living in groups in urban settings, and having financial independence. Three women in this cohort joined a branch of the military. The second cohort was comprised of 29 women born between 1930 and 1938 who came of age in the postwar years (1948–1956) when middle-class women were expected to be homemakers and mothers. In addition, almost all in the second cohort had read *The Well of Loneliness*, the novel by Radclyffe Hall (1928) (Hall 1990) that showed lesbians as socially isolated and rejected, but also as a natural state that should be accepted. About one half of the women in both cohorts married, and most of them had children.

The historical context had a lifelong impact on the experience of coming out and sexual identity in both youth and old age for both cohorts (Claassen 2005). The majority (77%, N=34) had identified their sexual orientation prior to the 1969 Stonewall riots. Being homosexual in the pre-Stonewall era meant keeping one's same-sex attraction private and cultivating other public aspects of the self. At the time of the study, three women (20%) from cohort 1 and six (20%) from cohort 2 still did not consider themselves to be "out." However, most appeared to enjoy the more open atmosphere of the twenty-first century. Almost all of the older lesbians had a partner and were involved in lesbian, gay, or women's community groups. About one third identified themselves as feminists and, when active, they tended to focus on abortion rights. A few were involved in the national lesbian and gay rights movement. Old age was a positive experience for most (e.g., one said: "On a scale from one to ten, life is now a twelve," p. 167).

In summary, older lesbians are still largely absent from mainstream research, and the few studies that have been done tend to be atheoretical and to use relatively small, self-selected, white, US samples. In addition, the research to date does not

tend to include an assessment of three important social contexts that are related to mental health and well-being, including: (a) personal relationships, (b) minority stress, and (c) race, ethnicity, and social class. Some findings concerning these issues from research with young and midlife lesbians, sexual minorities, or heterosexual women are reviewed briefly below and extended to older lesbians.

Social Contexts Affecting Older Lesbians

Personal Relationships

An increasing amount of research conducted in the USA indicates that personal relationships, including romantic relationships, friendships, and community relations, may provide greater benefits in old age for lesbians than for their heterosexual or sexual-minority peers. For instance, the protective factors of social support and social networks were clearly advantageous to the older lesbians studied by Fredriksen-Goldsen et al. (2012); older lesbians were more likely than older gay men to live with someone, to have more social support, and to have larger social networks.

Lesbian love relationships typically have three defining features that may contribute to successful and satisfying relationships in old age: (a) a value of equality in relationships, (b) a concern for autonomy, and (c) an expectation that each partner will contribute economically or will be economically self-supporting (see review by Rose and Eaton 2013). Compared to heterosexual couples, lesbians are more egalitarian in terms of sharing household responsibility and decision making (Connolly 2005; Kamano 2007), are more satisfied with their relationship (Kurdek 2003), work more harmoniously together (Roisman et al. 2008), demonstrate more mutual empathy, empowerment, and authenticity in the relationship (Mencher 1997), and express more relationship satisfaction when there are high levels of equality (Markey and Markey 2013). These qualities contribute to relationship longevity and satisfaction, which are likely to be beneficial to the health and well-being of older lesbians. Autonomy refers to having friends and interests outside the relationship and to making decisions independent of partner pressure. Lesbian couples typically have a high level of autonomy as well as intimacy in their relationships (e.g., Kurdek 1998) that may result in being better prepared as they age to face retirement or loss of their partner. Most lesbians expect to be financially self-supporting (Pep-lau and Huppig 2008), and this expectation appears to motivate lesbians to pursue higher education, seek better paying nontraditional jobs, and strive for greater career opportunities. Thus, it appears that lesbians may be well positioned to move into retirement both interpersonally and financially.

Lesbians' generally high quality relationships and autonomy in terms of interests outside the relationship may serve to mitigate loneliness, which is a significant problem that reduces well-being and health among some older adults (Hawkley and Cacioppo 2007). In a US sample of older heterosexual adults who had been married

an average of 44 years, Liu and Rook (2013) reported that emotional loneliness (i.e., lack of closeness) was a greater challenge than social loneliness (i.e., lack of companionship) for married heterosexuals, whereas social loneliness was the greater challenge for widowed or formerly married heterosexuals. Companionship was effective at reducing both types of loneliness (Liu and Rook 2013). Although untested, one might speculate that loneliness would be less prevalent among older lesbians than among older heterosexuals because lesbians' relationships and networks tend to provide high levels of both emotional intimacy and companionship.

Older lesbians may be better prepared to maintain physical intimacy with a partner as well, even if sexual interest declines over the lifespan (Garnets and Peplau 2006). Some studies have shown that lesbians tend to have sex less frequently than heterosexual or gay male couples (e.g., Blumstein and Schwartz 1983; Laumann et al. 1994), but others show no difference in frequency between heterosexual and lesbian women (e.g., Matthews et al. 2003). Lesbians are more likely than heterosexual women to experience orgasm during sex, and their sexual interactions typically last longer (e.g., Nichols 2004; Laumann et al. 1994). In addition, lesbians place more emphasis on hugging, cuddling, and fondling than on orgasm (Masters and Johnson 1979). Thus, lesbians may continue to report high satisfaction with their sex life in old age.

Kehoe (1986, 1988) conducted the only two studies that have been done to examine sexuality among lesbians age 60 to 86 ($N=100$). The majority of the participants viewed sex as important in a lesbian relationship but indicated that commitment and compatibility were more important than sex. Nearly one half of the women in both studies had been in heterosexual marriages before coming out. When asked to compare having sex with women versus with men, most said that lesbian relationships were less sexually demanding and more sexually gratifying, more emotional, and more affectionate than heterosexual ones (Kehoe 1986). However, a majority of lesbians in both studies had not had sex in the past year, primarily due to lack of opportunity. Only 20% of the older women in the 1986 sample and 43% in the 1988 sample had a current partner. One might expect that older lesbians today might have a better chance than older heterosexual women of finding a partner, especially as social acceptance of same-sex relationships increases.

Several findings by Kehoe (1986, 1988) have been upheld consistently by research in the decades since the 1984 data were collected. Specifically, older lesbians: (1) placed a high value on friendship and focused their social lives around women friends; (2) were active in lesbian-only or lesbian/gay groups; (3) seldom maintained close connections with family members; and (4) avoided seeking help due to anticipated discrimination.

The physical changes associated with aging such as loss of beauty and weight gain also may be less stressful for lesbians than for heterosexual women or gay men. Norms for women's attractiveness, such as youthful, thin, beautiful, and feminine, appear to be less important to lesbians because they are not trying to attract men (Rothblum 1994). A lesbian partner's physical beauty does not affect her partner's sexual fulfillment, happiness, or belief that the relationship will last (Blumstein and Schwartz 1983). Lesbians have fewer body-weight concerns after coming out than

before coming out (Krakauer and Rose 2002), are less preoccupied with weight and body image than heterosexual women (Siever 1994), and show less concern about age-related physical changes than gay men do (Minnigerode and Adelman 1978). Similarly, menopause appears to be a more positive experience for lesbians than for heterosexual women. Winterich (2003) found that menopausal lesbians, unlike menopausal heterosexual women, reported feeling free to discuss their menopausal symptoms with their partners, as well as to talk about sex and to act on their desires. Furthermore, none of the lesbian partners complained about their partner's menopausal symptoms, but husbands complained about wives' symptoms.

In terms of retirement planning, Mock and Cornelius (2007) reported that US lesbian couples were more interdependent in their financial planning for retirement but did less planning than heterosexual married and cohabiting couples. Degree of retirement-lifestyle planning also was more strongly associated with relationship satisfaction for lesbians than for heterosexual couples. This suggests that there may be a greater need for lesbians to engage in financial planning for retirement, especially when they live in places that have no legal protections for lesbian couples to guarantee entitlement to each other's estate.

Women's friendships also play a critical role in health and well-being at midlife and beyond (Rose 2007). Close friendships are more predictive of older women's life satisfaction than are income or marital status (Trotman and Brody 2002). Lesbians' friendships provide affirmation, support, and love (Stanley 1996) that may become increasingly important with age. Given that formal home care social services may not provide sufficient support to older lesbians, many will have to rely on friends. Lesbians also tend to have strong friendships with ex-lovers, who remain vitally important in each other's lives as best friends, companions, or surrogate family (Shumsky 1996; Weinstock 2004). Lesbians are twice as likely as gay men or formerly married heterosexual women to have a former partner as a best friend (Fertitta 1984; Nardi and Sherrod 1994). Friendships may be even more important for single older lesbians. Raphael and Robinson (1980) found that, compared to coupled lesbians, midlife single lesbians had more lesbian friends. Single lesbians also were more likely to be involved with the gay community and to spend more time with close friends (Beeler et al. 1999).

Lesbian communities in the USA are another form of social support that may boost well-being among older lesbians. A lesbian community is defined as having four features: (1) social networks of lesbians who have a history of continuing interaction; (2) a shared group identity; (3) a set of shared values, typically feminist values; and (4) an institutional base, including LGB-defined places and organizations (Lockard 1985). Such communities most often exist in urban areas, but many also have been established as living or intentional or retirement communities (e.g., Carefree and Sugarloaf in Florida, Feminist Ecovillages in several US states). Black "woman-loving women" who are out to more people and who are more connected to the LGBT community tend to engage in higher levels of LGBT sociopolitical activities as well (Harris and Battle 2013). Lesbians' internet communities also play an important role in providing social support that is available regardless of an individual's mobility or location (Rothblum and Sablove 2005).

Overall, the positive aspects of lesbians' relationships, friendships, and community relations reviewed here suggest that older lesbians may be less lonely than other older adults, have a stronger network of friends and community members, and experience greater life satisfaction and health.

Minority Stress

Minority stress is a concept that has been developed to assess the impact on LGBT people of cultural victimization. Lesbians live in societies that stigmatize them and that routinely deny and denigrate their identities and relationships. In countries that criminalize homosexuality, lesbians may be forced into heterosexual marriages, assaulted, or even killed (e.g., Chow and Cheng 2010; Strudwick 2014). This may lead to shame, negative self-concept, self-destructive behaviors, and a victim mentality (Neisen 1993).

Meyer (1995) defined minority stress as including internalized homophobia, stigma (expectations of rejection and discrimination), and actual experiences of discrimination and violence. DiPlacido (1998) included hate crimes, discrimination, the stress of coming out, the stress of concealment, and internalized homophobia as comprising minority stress. Lesbians of color who are minority group members within white-majority countries experience dual cultural victimizations of both racism and heterosexism (Greene 1994). Ageism also compounds the stigma for older lesbians (Balsam and D'Augelli 2006). Any understanding of the impact of aging on lesbians must be understood in the context of their ability to cope with ongoing difficulties due to these various forms of heterosexism and racism.

Minority stress has been linked to health disparities for lesbians in the USA (Meyer 2003), although this has not been explored much among older lesbians. Among younger samples, minority stress has been found to affect lesbians' psychological health. For instance, lesbians (and sexual minorities in general) with greater exposure to stressors (e.g., victimization, discrimination, stigmatization, expectations of rejection, and vigilance) have been found to have higher levels of psychological distress (e.g., Lewis et al. 2001; Mays and Cochran 2001; Meyer 2003). Bias-related victimization has been linked to PTSD, depression, anxiety, and anger as well (e.g., Herek et al. 1999). Even if not personally victimized, lesbians may experience psychological distress if their friends, family, or acquaintances are victims of bias incidents. Last, the homophobic cultural context also shapes the treatment of lesbians who seek mental health or medical services; such services often are not sensitive to the unique challenges lesbians face (e.g., Brotman et al. 2003).

Minority stress also may affect lesbians' physical health, but findings are not consistent. Some researchers who compared LGB and heterosexual older adults in the USA reported health disparities; older LGB people were at higher risk of disability and mental distress (e.g., Fredriksen-Goldsen et al. 2013). Similar to older adults in the general US population, lifetime victimization, financial barriers to health-care, obesity, and limited physical activity accounted for poor health, disability, and depression among LGB older adults. Internalized stigma also predicted disability

and depression for LGB older adults, but this was mitigated by social support and social network size. Cochran and Mays (2007) found no differences in physical health between lesbians and heterosexual women (ages 18–72) when psychological distress was taken into account.

The extent to which an individual is resilient in response to life stressors has been used in some research on U.S. populations as a way to assess healthy aging (e.g., Fredriksen-Goldsen et al. 2012). As previously noted, it has been suggested that lesbians may be more resilient than heterosexuals in response to traumatic, challenging, or threatening circumstances, such as illness or disability, because they routinely must cope with cultural victimization. Some evidence supports this notion. Balsam (2003) found that lifetime victimization was less highly correlated with trauma for lesbians and gay men than for heterosexuals. Lesbians also use psychotherapy and counseling at higher rates than heterosexuals (e.g., Rothblum and Factor 2001). Furthermore, Weston (1991) reported that lesbians often created “families of choice” or strong support systems in response to minority stress. Balsam and D’Augelli (2006) noted that the process of building an identity as an LGBT person requires significant self-awareness and personal growth, which may serve to increase resilience. Based on crisis-competence theory, Fredriksen-Goldsen and Muraco (2010) argued that lesbians and gay men may be better prepared than heterosexuals to accept aging because of their experience with negotiating transitions across the life course.

In summary, lesbians face unique risks due to minority stress that have mental- and physical-health consequences. A lifetime of coping with these unique stressors might prepare older lesbians to be more resilient in the face of life stressors, such as aging, but, as noted in the section below, this may be complicated by multiple minority identities (e.g., Hispanic, older, lesbian). However, studies have not yet been conducted to compare the mental or physical health of lesbians versus heterosexual women and men or gay men of different age, racial and ethnic groups, or nationalities.

Race, Ethnicity, and Social Class

The intersectionality of sexual orientation, race or ethnicity, and social class in the USA is rarely encompassed in research on lesbians or on aging. Even in cases when these demographic variables are assessed, there often are not a sufficient number of lesbians of color included to test for differences or identify patterns. Thus, the lifespan development of racial and ethnic minority lesbians in the USA has yet to be written. Development of a profile of the older racial and ethnic minority lesbian requires significant extrapolation from research on younger minority heterosexual adults, younger minority lesbians, or older white lesbians. The cultural context for each racial and ethnic group plays a role as well. Below we review and extend some research on African Americans, Hispanic Americans, Asian Americans, and Native Americans.

Black (heterosexual) family networks, for instance, are comprised of both biological family members and nonbiological members, and the members have high

levels of contact and support (Chatters et al. 1994). An interesting study by Mays et al. (1998) of black lesbians and gay men, age 18–70, showed that the women were more likely than the men to disclose their sexual orientation to their family. Disclosure to mothers and sisters occurred most often. Because women play a pivotal role in maintaining support networks in black families, it may be that confiding in one's mother and sister(s) may serve to strengthen bonds.

Family ties could be even more important to black lesbians as they age. The lesbians in the Mays et al. (1998) study reported significantly lower annual incomes than the gay men even though they were more likely to have had a graduate-level education. Midlife black lesbians were more likely than midlife black gay men to be currently involved in a same-sex relationship, to be cohabiting with a partner, and to have had children (Mays et al. 1998). Based on the Mays et al. (1998) study, it is possible to speculate that older black lesbians might have to rely more on family for financial support than older black gay men do. In old age, they also may be similar to white lesbians in terms of having strong personal relationships with partners, friends, and family.

To date, no research has been done on minority stress specifically among older lesbians of color. However, similar to younger lesbians of color, older US black, Hispanic/Latina, Native American, or Asian lesbians might experience an added degree of minority stress due to having multiple socially disadvantaged statuses (being old, lesbian, minority, and/or low income). For instance, Kertzner et al. (2009) found that Latina/o LGB respondents reported more depressive symptoms and lower ratings of well-being than did white LGB participants, but the authors attributed this to other mediators of Latina/o LGB health, such as acculturation status or family acceptance, rather than sexual identity. Black LGB participants reported levels of well-being and depressive symptoms that were similar to white participants' levels. However, when gender was examined, black lesbians had more symptoms of depression than black gay men did. The number of older lesbians (over age 60) was not reported, and the extent to which these findings held for them was not indicated.

Inequalities associated with race, ethnicity, and social class are risk factors that affect resilience and successful aging because they are associated with poorer physical and mental health among older (heterosexual) adults (e.g., Centers for Disease Control and Prevention and Merck Company Foundation 2007). For example, several studies indicate that in the USA, black lesbians are more likely than black heterosexual women to be depressed (e.g., Cochran and Mays 1994) and also more likely than heterosexual women to have no regular healthcare professional, to be uninsured, to be overweight/obese, to be a current smoker, and to drink more when they drink alcohol (Mays et al. 2002). Matthews and Hughes (2001) reported that black lesbians (average age of 43) used therapy/counseling significantly more often than did black heterosexual women. In contrast, Dibble et al. (2012) reported that midlife black lesbians (mean age=52) attending a national conference had a high health-related quality of life despite the fact that many reported a high frequency of health problems. Black lesbians also were reported to respond to social invisibility within their families and the black community by engaging in self-validating processes and limiting access to their families (Glass and Few-Demo 2013).

Based on data from a national study of Asians and Latinas/os in the USA (mean age=40), Chae and Ayala (2010) examined the relationship between sexual identity,

unfair treatment, and psychological distress. Both Asian and Latina/o LGB participants were significantly more likely than Asian and Latina/o heterosexuals to report unfair treatment, such as being treated with less courtesy and respect, or being feared, insulted, or harassed. In addition, higher levels of unfair treatment were associated with more psychological distress. No gender differences among LGB people were noted, and perhaps were not examined. Kim and Fredriksen-Goldsen (2012) also found that, as compared with Hispanic heterosexual women in their mid-30s, Hispanic lesbians were at elevated risk for problems related to smoking, asthma, and disability. However, these differences did not hold when age, education, and income were taken into account.

Less is known about sexual minority American Indians/Alaska Natives (AI/AN). Native American culture historically was more permissive toward cross-gender roles and same-sex sexuality (Garrett and Barret 2003). In some AI/AN societies, elder sexual minority individuals were even revered because it was believed that they were able to see the world from both a male and a female perspective (Jacobs 1997). AI/AN LGBT activists in 1990 adopted the term two-spirit to acknowledge this traditional belief that sexual minority individuals possess elements of both the male and female spirit. However, western colonization and Christian beliefs about the sinfulness of homosexuality led to the marginalization of and discrimination against two-spirit individuals in many AI/AN societies that continues today (Garrett and Barret 2003; Walters et al. 2006). Two-spirit women report greater discrimination and trauma within their tribes than do their heterosexual peers (Balsam et al. 2004) and often report distancing themselves from their traditional culture in order to fit into white lesbian communities (Walters et al. 2006). The combination of homophobic discrimination within AI/AN cultures and mainstream society and racism from within the white lesbian community have been linked to poorer health and other negative risk factors among AI/AN lesbians (Chae and Walters 2009).

This short summary of some issues that are likely to affect older lesbians of color in the USA shows that not much empirically based research has been conducted with older, ethnic, or racial minority lesbians. Large population studies that have been used successfully to reveal trends across combined groups of sexual minorities have insufficient numbers of lesbians to conduct analyses that take age, race, ethnicity, and social class into account. In addition, it is difficult to find and recruit sizeable numbers of racial or ethnic minority lesbians for research purposes. It is likely that our knowledge of older racial/ethnic minority lesbians within the USA will remain limited at least for the near future.

Older Lesbians Internationally

Cultural attitudes and laws concerning homosexuality vary widely throughout the world, and it is reasonable to presume that the status of older lesbians will be highly dependent on where they reside. In a study of homophobia in 32 countries drawn from the World Values Survey and European Values Study, Hadler (2012) found that democratic practices, societal affluence, and the presence of international organizations within a nation were associated with more social tolerance toward

homosexuality. Canada, the USA, and western European nations (e.g., the UK, France, Spain) had the highest tolerance of homosexuality, followed by the eastern European nations (e.g., Belarus, Russia). In contrast, China, India, and Turkey (the only Muslim country included in the study) were highly intolerant of homosexuality (Hadler 2012).

It is likely that older lesbians living in countries with legal protections or high social tolerance of homosexuality will have a better quality of life than those in repressive countries. For example, Canada decriminalized homosexuality in 1969, added sexual orientation to the Canadian Human Rights Act in 1996, and legalized same-sex marriage in 2006 (CBC News 2012). Canadian researchers and activists are now advocating for universal healthcare policies to reflect the diversity of older people's sexualities and relationships (Murray et al. 2011).

Legal changes concerning lesbian and gay rights both reflect and reinforce social acceptance. For example, Ireland decriminalized homosexuality in 1993 and outlawed discrimination on the grounds of sexual orientation with the Employment Equality Acts of 1998–2004 and the Equal Status Act of 2000 (Morrison et al. 2009). Young people in Ireland now appear to endorse the idea that sexual minorities should be protected from discrimination. Approximately 98% of Irish heterosexual college students surveyed by Morrison et al. (2009) agreed or strongly agreed that “a person's sexual orientation should not block that person's access to basic rights and freedoms.” This cohort is likely to accept older lesbians as they themselves age.

European Union policy also bodes well for future older lesbians. EU citizenship, in the Charter of Fundamental Human Rights, confers the right to protection from discrimination on the grounds of sexual orientation (European Union 2013). Therefore, LGB people are increasingly accepted and becoming visible within contemporary European life. A number of European countries have legalized same-sex marriage, further establishing full human rights for lesbians, including the Netherlands (2001), Belgium (2003), Spain (2005), Portugal (2010), and France (2013) among others, and most recently the UK (2014).

The global trend in decriminalizing homosexuality and extending same-sex marriage rights may be partially due to the influence of successful lesbian and gay rights movements in developed nations. For example, Encarnación (2011) posited that the legalization of same-sex marriage in the predominantly Catholic nation of Spain was highly influential in the progressive changes occurring in Latin America. Currently all Spanish-speaking Latin American countries and Brazil have decriminalized homosexuality. In 2007, Uruguay legalized same-sex civil unions, and Argentina legalized same-sex marriage in 2010 (Encarnación 2011).

Despite advances, repressive contexts are still prevalent internationally. Post-socialist eastern European states (i.e., those countries between the River Elbe and the Ural Mountains) are less progressive on the issue of lesbian and gay rights than are western European states (Takács and Borgos 2011). For instance, legal same-sex marriage is not available, and legal registered partnerships for same-sex couples are only recognized in Slovenia, the Czech Republic, Hungary, and Croatia (all of which are members of the EU).

Low social tolerance of lesbians still exists even in nations that have decriminalized homosexuality. In Brazil and Mexico, hate crimes against sexual minorities are rampant (UNAIDS 2009). Although most known victims are men, violence against lesbians often goes unreported, further reinforcing a hostile anti-homosexual cultural climate (UNAIDS 2009). China decriminalized homosexuality in 1997, and homosexuality was no longer classified as a mental illness in 2001. However, same-sex attraction is still largely viewed as deviant. For example, Chow and Cheng (2010) indicated that it is generally believed that China adopts a “3-no” policy—no approval, no disapproval, and no promotion—on homosexuality. The Confucian notion of filial duty stipulates that children have a duty to parents to continue the family line. Therefore, a woman’s role is to marry a man and give birth to children, especially sons. The value of filial duty and fear of rejection from parents may contribute to the relatively high levels of shame that Chinese lesbians report (Chow and Cheng 2010).

Consensual same-sex relations are still illegal in 80 countries (Economist Intelligence Unit N.A. Inc. 2010). Older lesbians in countries with repressive laws or low social tolerance most likely have less certainty of even basic human rights protections, particularly if they are openly lesbian. They even may be imprisoned for life or put to death. Some countries such as Turkmenistan, Uzbekistan, Kuwait, Qatar, Malaysia, Ghana, and Belize only criminalize male homosexuality. Therefore, although lesbianism technically is legal, there is no legal protection from discrimination or hate crime victimization for lesbians. For example, gang rapes of lesbians in some African countries have been characterized as a “regular practice” (Awondo et al. 2012).

Some countries recently have reversed the global trend toward greater acceptance of homosexuality. In 2014, Russia passed laws that criminalized homosexuality and classified “homosexual propaganda” as pornography (Fierstein 2013). Anyone suspected or accused of being lesbian or gay can go to jail, and anyone who makes pro-lesbian or gay statements deemed accessible to someone underage can be arrested and fined. Many countries in Africa continue to criminalize homosexuality, with South Africa as the notable exception. In 2014, Uganda passed a law that defined some homosexual acts as crimes punishable by life in prison (Karimi and Thompson 2014). Robert Mugabe, the long-time president of Zimbabwe, often has compared homosexuals to pigs in this frequently repeated quote: “They are worse than dogs and pigs, yes worse than dogs and pigs” (Fisher 2013, p. 1).

South Africa was the first country in the world to ban homophobic discrimination in its constitution and the first African country to allow same-sex marriage. Even so, many South African lesbians are at risk for depression and other mental-health issues largely because of discrimination (Polders et al. 2008). Black lesbians interviewed by Potgieter (2003) felt strongly that it was important for them to have children in order to conform to social norms for women, as well as because they valued them and wanted to be seen as an adult. Black South African lesbians have also been the target of “corrective rape,” a term used to describe a hate crime that is used to convert lesbians to heterosexuality—an attempt to “cure” them of being gay (Reddy et al. 2007; Strudwick 2014). The term was coined in South Africa in the early 2000s when such attacks began to be noticed by charity

workers. Although there has been international coverage of the issue, attacks have been escalating in terms of number and injury to the victim and have even resulted in deaths (Strudwick 2014).

Despite the serious challenges that still exist for lesbians of all ages in repressive countries, the global trend is toward greater human-rights protections for lesbians and gay men. International human-rights organizations are placing increasing pressure on many countries to decriminalize homosexuality (Awondo et al. 2012; Kordunsky 2013; Smith-Spark and Black 2013), and public opinion in support of same-sex marriage is increasing worldwide (Pew Research 2013). In addition, lesbian and gay communities and rights organizations continue to emerge. For example, thriving lesbian communities have been documented even in some of the more traditional countries, such as Thailand and the Philippines (Jackson 2001). In India, there are burgeoning LGBT communities in the large urban cities (Dave 2010). In sum, the quality of life for older lesbians most likely will improve as decriminalization and human rights laws and LGBT activism continue to spread internationally.

Directions for Research

Greater understanding of older lesbians' lives is important for a number of reasons. Older lesbians: (a) represent a growing percentage of the aging population; (b) hold a hidden history spanning decades of dramatic social change; (c) bring an added dimension to knowledge of older women's sexuality; (d) provide a cultural heritage for younger lesbians; and (e) provide views of hidden subcultures created by social marginalization and of lives lived successfully without men (Westwood 2013). More needs to be learned about older lesbians' health, housing, and social care needs around the world. Research on lesbians also will serve to challenge and remedy the heteronormative and gendered assumptions embedded in theories of development (Rose 2000).

Although the number of studies about older lesbians and gay men is growing, this work often has limitations (Grossman 2008). First, studies tend to over represent gay men and under represent lesbians, as is the case for psychological research on LGBT populations more generally (Lee and Crawford 2007). Theory and research on sexual minorities tend to elevate commonalities and to ignore or not test for gender differences. Because women's development, needs, and issues are different from men's, Averett and Jenkins (2012) have argued that theory, research, and practice should consider women separately or with great attention to those differences.

Large-scale, empirically based studies of older lesbians would contribute greatly to what is known but, admittedly, researchers will confront difficulties (Westwood 2013). One difficulty pertains to how to define who is a lesbian. Self-definition as "lesbian" often is used by researchers but will not capture women who do not label themselves with this term or who do not embrace a lesbian identity as a primary identity. Further, some older lesbians' experiences reflect sexual fluidity, that is, movement among heterosexual, bisexual, and lesbian identities. Others may define

themselves as political lesbians, who became lesbians due to their radical feminist stance, or those who are simply “in love with my best friend who happens to be a woman.” A second challenge is in finding older lesbian participants. Older lesbians are not only a hidden population, but are a population in hiding (Traies 2012). Many older lesbians live in clandestine communities and are very careful about whom they admit to their networks. This is particularly true in countries that criminalize homosexuality. A third difficulty is that a representative sampling of lesbians is nearly impossible to obtain for the reason cited above; they are an undefined population (Meyer and Wilson 2009). Samples of racial and ethnic minority lesbians are particularly difficult to locate, partly because samples tend to reflect the identity of the (mostly white) researchers.

Participatory action research (PAR) has been proposed as a way to address some of the challenges mentioned above (e.g., Ray 2007; Westwood 2013). In PAR, the participants become co-researchers and genuine partners in the project and participate in what knowledge is produced. A collaborative research approach ensures participation by communities affected by the issue being studied (Foster and Stanek 2007). PAR is considered particularly appropriate for addressing health disparities among underserved minorities, who often have limited or negative histories with health research (Bogart and Uyeda 2009; Wells and Jones 2009). It is useful also for identifying social disparities in health for minority or disadvantaged lesbians (Northridge et al. 2007). In addition, PAR may be especially useful in providing access to those who do not identify as lesbian or who wish to remain hidden. Fenge (2010) used this strategy successfully to recruit older lesbians living in rural areas.

Information about older racial and ethnic minority lesbians or low-income lesbians is sorely lacking and is clearly an important area for future research. Intersectionality theory (e.g., Shields 2008) might provide a useful framework for research with lesbians of color. Studying each identity separately does not provide an adequate profile of these groups. The category “Hispanic,” for instance, does not capture differences between Hispanic women and men. “Sexual minorities” does not reveal differences between lesbians and bisexual women or between lesbians and gay men. “Black lesbians” does not identify differences between poor and middle-class black lesbians. Thus, studies of identity intersections (e.g., poor older black lesbians) will be more informative than studies of blacks, women, poor people, elders, or sexual minorities separately (Kertzner et al. 2009). It is probable that poor older black lesbians have life experiences or outcomes (and a unique combination of disadvantages) that differ from those of blacks, women, or elders as a whole.

In summary, some features of the invisible older lesbian have begun to become visible through research that has been conducted on small samples of white, middle-class, older lesbians in the USA. However, there are many possible directions for future research. Theory has yet to be developed (or expanded) that can direct future research. Longitudinal research is required to examine what impact the changing sociopolitical environment in the USA and the developed nations has on lesbians over the life course. More knowledge is needed concerning older lesbians with multiple primary identities (e.g., race, ethnicity, social class). Cross-cultural comparisons

also will be valuable to better understand the experience of older lesbians in developing countries, many of which still have archaic and discriminatory laws and cultural standards.

Conclusion

The intersection of historical cohort and social change will continue to have a dramatic impact on subsequent generations of lesbians. One might expect that those born today in Canada, the USA, and other countries that recognize legal same-sex marriage will have different and more open life experiences than lesbians from previous cohorts. The legal recognition of same-sex marriage is a positive change that signifies the end of discriminatory practices and second-class citizenship (e.g., Lannutti 2005). Retirement communities for lesbians have been evolving in the USA and may be more available as the baby-boomer generation retires (Rabin and Slater 2005), and LGBT-specific social services are being developed in urban areas (Adelman et al. 2006; Kling and Kimmel 2006). Also, as previously noted, there remains a critical need for research with older lesbians that can inform public policy and provide greater insight into their unique needs, especially in developing nations where legal protections are not available and homophobic attitudes still prevail. As visibility, theory, research, policy, and laws progress globally in the direction of validation, older lesbians are sure to become “newer every day” (Dickinson 1986, p. 499).

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