

LGB Elders' Barriers in Caregiving and Care-receiving

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Rec date: Oct 04, 2016; Acc date: Oct 26, 2016; Pub date: Oct 28, 2016

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Commentary

Having quality relationships plays a critical part in people's lives [1]. One of the challenges that elders experience is difficulty in securing sources of providing and receiving care [2]. Lesbian, gay, or bisexual (LGB) elders in particular encounter unique barriers in finding support and receiving care because they may experience an interplay of sexual orientation and aging barriers. Most LGB research has been focused on the young LGB population and paid less attention to LGB elders.

Providing care for elders is typically expected to be the responsibility of family members [3]. However, the current generation of elder LGBs has a tendency to come out in their middle age because a few of them chose a heterosexual marriage to hide their sexual orientation [4]. LGB elders may have lost their source of support when they finally came out, and their family and children could not accept them. Research shows that elders are more likely to live alone than younger people [5], and LGB elders are more likely to live alone if they got separated from their family when they came out. Being aware that a decreased or insufficient social support can be an issue is important, especially for LGB elders who live in a place where an LGB community is not in proximity. For single LGB elders, finding a date can be more challenging. Elders are easily perceived as either asexual or exclusively heterosexual in society [5]. However, in a study of the sexuality of lesbians over 60 years old, most of the women are celibate because of insufficient opportunity and not by choice [6]. LGB elders who live in a place with access to the LGB community may have broader options in seeking social support because they may have more social networks in the LGB community, thus relying less on a family/spouse as the only source of social support.

Elders may need instrumental care, especially when health-related issues arise (e.g., transporting to the hospital, preparing meals, and so on). For LGB partnered elders, unique challenges caused by contextual factors exist in providing and receiving instrumental care (e.g., the involvement of an unmarried partner is not allowed in important medical decisions for the patient, an unmarried partner cannot ask for pension, spouse health insurance, and so on). With regard to emotional care, affectionate behavior (e.g., hugging, kissing, and holding hands) in public can be limited because of fear of the perceptions of others depending on geographic location. Therefore, ways to provide emotional care to their partner can be limited.

Therefore, examining the contextual variables that influence caregiving and care-receiving of LGB elders are important. Current cohorts of LGB elders lived through more pervasive gay hate social atmosphere than today, and tolerance toward diversity in society has changed. Simultaneously, the change has not been extended the same

way throughout the nation, and differences exist with regard to the acceptance of LGB and the accessibility to an LGB community depending on their geographic location. LGB elders may experience more difficulties if they live in a place with laws that prohibit same-sex marriage and/or if they do not have an available network from where they can receive support in the community. Studies show that the willingness of gays and lesbians to provide care within their own community [7] and their accessibility to the community play an important role in providing and receiving care and support.

LGB elders are a subgroup of the lesbian and gay population that has been underrepresented in research [8]. Empirical research on how contextual factors play a role in LGB elders' caregiving and care receiving would bring attention to within-group differences even among LGB elders (e.g., partners vs. single; geographic location), as well as the importance of social support in the marginalized population. Examining the unique challenges faced by LGB elders in providing and receiving care will ultimately advocate for LGB elders who need help, as well as promote changes in the social system and alleviate the stress for LGB elders in transition [9,10].

References

1. Reis HT, Collins WA, Berscheid E (2000) The relationship context of human behavior and development. *Psychol Bull* 126: 844-872.
2. Lee JY, Montelongo R (2016) Caregiving and care-receiving in transition to older adulthood: Integrating an attachment theory perspective. *J Relig Spiritual Aging* 28: 200-218.
3. Cohen HL, Murray Y (2006) Older lesbian and gay caregivers: Caring for families of choice and caring for families of origin. *J Hum Behav Soc Environ* 14: 275-298.
4. D'Augelli AR, Grossman AH, Hershberger SL, O'Connell TS (2001) Aspects of mental health among older lesbian, gay, and bisexual adults. *Aging Ment Health* 5: 149-158.
5. Emler CA, Farkas KJ (2002) Correlates of service utilization among midlife and older adults with HIV/AIDS: The role of age in the equation. *J Aging Health* 14: 315-335.
6. Kehoe M (1986) Lesbians over 65: A triply invisible minority. *J Homosex* 13: 139-152.
7. Fredriksen KI (1999) Family caregiving among lesbians and gay men. *Social Work* 44: 142-155.
8. Felmler D, Muraco A (2009) Gender and friendship norms among older adults. *Res Aging* 31: 318-344.
9. Garnets L, Peplau LA (2006) Sexuality in the lives of aging lesbian and bisexual women. *Lesbian, gay, bisexual, and transgender aging*, Columbia University Press, New York, USA.
10. Cicirelli VG (2010) Attachment relationships in old age. *J Soc Pers Relatsh* 27: 191-199.