

Student Podcast Transcript

Finding Happiness; A Conversation with LGBT Elders

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Podcast Transcription: **Where to find happiness? A conversation with Triangle Square Residents.**

[music – I am dreaming]

JC: Hi everyone, My name is Jazmin Callejas. I'm a senior at Cal State University Northridge majoring in Sociology and minoring in Queer studies. I'm a proud member of the LGBT community and my pronouns are She, Her, Hers. This podcast is for my Queer Studies Capstone and hopefully you guys can learn some new information about the queer community.

I'm here today to inform you about the struggles which older LGBT seniors are facing due to heteronormative ideologies.

So, what does heteronormative ideologies mean? Well, Heteronormative is the idea that heterosexuality should be society's only sexuality. It's the normalization of societal behaviors which are associated with heterosexuality, people often tend to focus more on the actions of others rather than their beliefs.

Ideology is defined as a collection of shared beliefs. So together heteronormative ideologies means a system of shared beliefs that heterosexuality should be the only form of sexuality. This is harmful to the LGBT community because it reinforces the idea that all

individuals should identify as heterosexual, it also promotes discrimination within heteronormative structures. This is an important concept because although we don't actively see it, heteronormative ideologies are what shape our society and reinforce barriers for the LGBT community. It shapes our society by affecting our laws and even public institutions such as healthcare and living structures.

JC: Despite the progression of the LGBT rights movement, such same-sex marriage, we lack *a decent number of* laws which could protect the lgbt community from abuse and discrimination. According to The National Resource Center, senior members of the LGBT community often avoid disclosing their sexuality out of fear of receiving inadequate care from their providers. This comes from their article “LGBT Older Adults and Inhospitable Health Care Environments” which was published in 2010).

JC: This specific population is prone to social isolation and may possibly lack social support from peers and even family members due to their sexuality. The National Resource Center website discusses the topic of LGBT Aging, and states that LGBT older members are less likely to have a family member to rely on for healthcare needs; and even face situations where a staff member is hostile or unwelcoming towards them. The older LGBT community grew up in a time where homophobia was rampant along with the fear of the AIDS pandemic, this allows me to believe that there's a possibility that family and even peers may still have homophobic views. This ends up reinforcing one's choice to not disclose their true authentic selves even to friends.

The National Resource center also mentions that these unwanted fears and effects of discrimination can cause lgbt elders to avoid seeking necessary health care. Not only do they face internal struggles but they face barriers within institutions which lack adequately LGBT

trained professionals. The community remains susceptible to discrimination because of their sexuality and now it's also because of their age.

[music – 'I am dreaming' continues...]

JC: So how can we change this and is it possible that an LGBT specific structure can assist with their communities struggles? Well a prime example is Triangle Square.

Triangle Square Apartments is an LGBT Elder specific affordable housing funded by the government. It opened in 2007 and received numerous applications for residency. Within this apartment community, senior services are offered through the help of the Los Angeles LGBT Center. It's also located within a populated area which allows for seniors to explore the city as well as providing a safe living environment. Safety is a shared concern within the community due to the multiple reports of hate crimes committed against them solely based on their sexuality.

JC: David, a current resident of Triangle Square tells me about prior concerns of his safety within his previous living environments. He is 71 years old and identifies as a gay man, he tells me he heard about TS through the LGBT Center's senior services. His reasoning for wanting to move into Triangle Square is due to the focus that was going to be on the elderly community. An elder community which came from the generation before Stonewall.

JC: During our interview we discussed his previous living environments and his concern of safety within one's own residency. David states that prior to Triangle Square, he lived in Allentown, Pennsylvania where the community wasn't as friendly to non-conforming sexualities. David recalls a time where he was moving into a government funded housing for

those aged 55 years and up, and when he put his hand out to shake the hand of a staff member, the staff member stated, “I will not shake your hand”.

[music – ‘I am dreaming’ continues...]

JC: Situations like “not shaking one’s hand” seem harmless but in reality, it makes an individual feel as if they aren’t safe within their community, especially for someone who has already experienced a feeling of un-safeness within a home. David’s experiences with feeling unsafe had stemmed from his abusive father who disliked David’s non-conforming sexuality. He had experienced physical abuse his own biological parent and this goes to show that this community is in dire need of more protective laws not only to prevent discrimination but to prevent physical abuse associated with homophobia.

[music – ‘I am dreaming’ continues...]

JC: According to SAGE, an organization dedicated to Services & Advocacy for Gay, Lesbian, Bisexual and Transgender Elders states that “about 2/3 of elder lgbt individuals have experienced “victimization at least three times in their lives”. LGBT elders are also “far more likely” to have faced a form of discrimination, and social stigma compared to their heterosexual peers.

JC: So, back to my interview w David regarding SAFETY. David explains his reasoning as to why Safety was such an important factor within living situations. He describes to me the level of abuse that he was forced to face while living with his biological father. David states that he was “*so petrified of life in a way*” due to brutality that he faced at the hands of his father. His own father had strangled him and tried to kill David. David emphasizes the extreme damage that can be done to an individual simply because society is so rejecting and brutal to the gay community. Because of the brutality he faced, David made sure that his living areas consisted of a building

which had locked doors and had no area where ones name could be publicly display, that way it would be difficult for someone to try to hurt him.

[music – ‘I am dreaming’ continues...]

Many LGBT individuals find themselves relying on ‘family of choice’ as opposed to their biological family. This is due to the fact that they've been cast out from their own families SIMPLY because of who they fall in love with so they have been forced and actually prefer having to rely on family of choice, compared to biological families.

JC: The Los Angeles LGBT Center discusses the concept of families and how the lgbtq community is forced to create their own support system and rely on other individuals due to the rejection they face from biological families. These families of choice are often made up of close friends or even ex partners due to the familiarity with being cast out from biological families. The LGBT Center points out how often times when an elder needs care, they can rely on a spouse or child but when it comes to an lgbt elder; they are “4 times less likely to have children”, and can potentially “be estranged from their biological” family if their sexuality isn't accepted.

JC: This topic brings me to my next interview w resident Andi Segal. We discuss the topic of family. She tells me her story of coming out as lesbian 3 months after her son was born. Me, being a little surprised, asked why she chose that specific time and she laughed and stated that it was due to the cute butches at a coffee house!!!

I had asked Andi if she had any concerns regarding caregiver status for her current partner named Nancy and informed me that Nancy already had a caregiver. When I asked Andi if she had someone listed as her caregiver, she sighed and stated she had her son named Dean, who

is 58 years old. Although Andi, one of the few lgbt elder who can rely on a biological offspring, she has doubts about her choice. Andi expresses how she has her son right listed as her rightful caregiver but she's uncomfortable without that decision.

[music – 'I am dreaming' continues...]

JC: She states she's uncomfortable with Dean being her caregiver because of his wife's views about Andi's sexuality. Andi explains to me how this is his wife has traditional views and her son has seemed to be distancing himself and even getting colder towards Andi. It's unfortunate that an LGBT individual might lose family ties due to their sexuality. Andi agrees that its unfortunate and sad but reassures me that she's not changing for anyone, she never has and her certainly won't change now.

[music – 'I am dreaming' continues...]

JC: I asked Andi if she was currently benefitting from any services for mental health and she said she's been waiting to talk to a therapist regarding the hardships of legal caregivers and support for dealing with mental health.

JC: Andi states that despite the hardships, she loves living at Triangle Square inside her affordable lovely apartment. She loves being able to spend her time with Nancy and being able to social interact with other Triangle Square residents.

JC: Similarly, resident Mel comments and expresses his love and happiness within the Triangle Square facility, he loves the services, activities and any chance at socialization

The LGBT Center emphasizes the importance of social connectedness which is tied to healthy

aging and having a positive impact on life longevity. According to the Acts website, which is a website centered around the lives of retirement life communities, they state that socialization within seniors is not only important for a social life but also important for one's mental, physical and emotional health. Socialization in seniors allows for reduced levels of both stress and depression and even allows longer lifespan

Social isolation is a major health concern for aging lgbt individuals; the American Psychological Association (APA), discusses the issue of isolation in lgbt individuals because of their disparities due to their sexuality; such as being more likely to live alone, and having no children, compared to their heterosexual peers.

[music – ‘I am dreaming’ continues...]

JC: Mel discusses his love for the activities and programs offered at Triangle Square . Although Triangle Square currently has amazing case managers, Mel mentions a time where some caseworkers lacked human understanding. He describes to me a scenario that if a case manager didn't like dealing with you, your case would be handed down to their interns instead who were qualified to handle the sensitive needs of seniors. He's thankful that there's been a shift and now they have amazing caseworkers at Triangle Square. When I asked him how he felt about articles relating to LGBT seniors and isolation, he believes that the pandemic has made it an even bigger issue.

JC: He also believes that social isolation among lgbt seniors is due to people's negative attitudes towards the lgbt community. He states that “ not everyone is friendly” and some people are too afraid to be too close to other gays for whatever reason. As Mel and I discuss the hopeful end of

the pandemic, he expresses his excitement for Triangle Square services to be available an open in efforts for him to socialize and start new friendships.

JC: Robert aged 96 states that “They will have to take me out feet first before I decide to live anywhere else” He thrives on the social support from his fellow neighbors at TS. His only biological connection is to his nephew who lives on the east coast but visits when he gets a chance although it’s rare. We began talking about disclosing ones sexuality with healthcare providers.

JC: He states that It was never necessary for him to reveal his sexual identity but there was a time where he felt uncomfortable due to a healthcare professional. Robert had been in World War 2 and was suffering from PTSD , in efforts to better himself, he went to see a psychiatrist. Robert tells me how the psychiatrist began to act weird and strange when his sexuality was mentioned. Robert stated how he knew that the psychiatrist knew nothing about being a gay homosexual. Instead of helping Robert with his PTSD, he was more fixated on the idea that one can get over homosexual feelings. He found it difficult to achieve help for his mental health, when his authentic self was the part the psychiatrist was focused on changing.

JC: The lack of awareness of lgbt related issues has been a major problem because it continues to prevent the lgbt community from achieving the proper care in their lives. Just as Robert had stopped seeking help for his PTSD due to the psychiatrist’s efforts to change Robert, my previous interviewee David also experienced a similar situation.

[music – ‘I am dreaming’ continues...]

JC: In the article titled ‘Providers’ Attitudes and Knowledge of Lesbian, Gay, Bisexual and Transgender Health, by Denise, Yeow, Louise and Desiree,, it discusses “sexual gender minority

individuals and a lack of culturally competent providers”. The article confirms that we need to improve awareness and knowledge in efforts to increase cultural awareness. The knowledge of lgbt related care was tested through a series of true/false questions in which less than 50% of providers had answered correctly. They were tested on the topics of obesity, risks for chronic diseases, and tobacco use. In conclusion, it's suggested that providing additional coursework focused on lgbt could help improve a provider's knowledgeability Just by offering increased classes yearly and in times such as Pride month.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6370394/>

JC: Getting back to my interview with David, we discuss a time where David had reached out for help but was met with an knowledgeable provider.

JC: David tells me about a time when he was 17 or 18 and had to see his University's Head Doctor due to what he now refers to as breakdown. He explains in detail how the Doctor's expression had shifted and looked almost angry and disgusted when David had mentioned having homosexual feelings. Instead of helping David with his mental health, he advised that David must stop masturbating. David believes that if he rejected the doctors advise, he would have probably been thrown into a mental institution.

[music – 'I am dreaming' continues...]

JC: In both my interviews with David and Robert, they discussed the lack of lgbt awareness within professionals. In the American Journal of Public Health, a 2015 article titled “Important Considerations for Addressing LGBT Health Care Competency” by Edmiston EK, Jann JT, and Ehrenfeld JM, it discusses how there are few institutions who offer lgbt competency training.

This not only limits the options of healthcare to lgbt individuals but forces them to rely on word-of-mouth referrals. Currently the largest lgbt health and mental healthcare is known as the Los Angeles LGBT Center. David explains how these situations affected how he told people his true feelings about his sexuality, especially when it came to medical health related matters. He feared discrimination and potential abuse from staff since he had already been physically abused by his father. Being exposed to a lack of awareness of lgbt issues has only negatively impacted elder individuals today by further prolonging the services they could have received sooner. Both Robert and David are happily married to each other and thankful to be living within such a great friendly community where services are readily available whenever they are needed.

JC: So how does this relate to queer theory?

JC: Kimberly Crenshaw talks about intersectionality and how aspects of one's identity work together to shape the individual's life experience, and can make them susceptible to positive or negative life experiences. It includes aspects such as race, gender, class standing and sexual orientation; what many who use and discuss intersectionality fail to bring to the analysis is age. In the lgbt elder community, not only are they susceptible to the discrimination through their race, gender, and sexual orientation, but also because of their age. A key element which is needed in efforts to further develop queer theory, is to include the concept of aging. It's needed in efforts to understand successful aging within lgbt community.

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In the article titled *The Old, The Ugly, The Queer*, by Linn Sandberg, it discusses how queer theory can be more advanced with the inclusion of old age. It can expand one's knowledge of

“rethinking notions of normalcy and sexuality.

Michael Warner discusses the foundation of the definition of family and how the lgbt community can be exiled from this concept. Rather than exercising the dominant norm of having a nuclear family, lgbt elder individuals are often forced to branch out to other lgbt members in efforts to have social support needs met.

This population find themselves relying on families of choice rather than biological families for socialization, acceptance and love.

JC: Individuals like Andi, Mel, David, and Robert found it difficult and even impossible to rely on biological families due to reasons such as negative attitudes held by their blood family. This only confirms that our elder lgbt community is in need for more lgbt friendly institutions like Triangle Square, which currently has a waitlist of 10 years.

According to SAGE USA, victims of discrimination are the ones who have higher likelihood of having poorer health conditions, it resonates with the story of Harold and Clay, as illustrated by Zachary Greene in the article titled “In Sonoma lawsuit, the plight of an aging gay couple” who experienced discrimination from both a nursing home and county workers

[music – Sad Piano]

JC: The incident starts with couple Harold Scull(85) and Clay Greene (75). The couple lived together in their Santa Rosa home with their two pet cats but when an accidental injury caused Harold to live in a nursing home, things turned for the worst. Despite Clay being listed as Harold’s official designated medical decision maker, the nursing home and county workers had refused to inform Clay about anything regarding Harold’s care. Soon the county had gone to

court in order to gain control over Harold's care, they eventually won limited access over Harold's estate but county workers claimed that they could not differentiate over Clay's and Harold's things, so they took everything from their apartment including their two pet cats. Clay had tried to keep his cats but was met with abuse as the workers pushed him to the floor and laughed.

[music – 'Sad Piano' continues]

JC: The nurses taking care of Harold had eventually stopped communicating with Clay about Harold's health. When Clay was involuntarily put into a nursing home, they isolated him from Harold and didn't even allow him to communicate with him via phone. They ended up moving Clay to a different nursing home against his wishes but claimed that Clay had dementia even though he didn't. The article states that while Clay was in the new nursing home, his partner Harold had passed but Clay wasn't informed immediately. The worker that was responsible for informing Clay of his partner's death had instead asked a neighbor to do it for them because the case worker didn't want to "deal with a gay boy" (David, age 71). After this traumatic incident, Clay eventually moved to another town and was never able to retrieve his possessions from county officials, not even his cats; he has no idea what happened to them.

[music – 'Sad Piano' continues]

JC: Eventually Clay sued the county and agreed to a settlement in which the county had agreed to pay for Clay's legal fees and additional payment. He was also given \$25,000 for the estate of Harold for their property that may have been auctioned off and so Clay's lawyers agreed to drop the charges of discrimination against the county. In a press release, the county admitted to

administrative errors but refused to admit to there being any discrimination against the same sex couple

[music – ‘Sad Piano’ continues]

JC: This horrendous incident alone should show us why we desperately need protection from discrimination due to one's sexuality.

Places like Triangle Square allow for LGBT members to thrive peacefully without the fear of being discriminated against in their residential homes. It allows for this community to build connections with others who have gone through similar life experiences; it even gives them the chance to achieve proper healthcare services that they desperately need because of their unfortunate circumstances surrounding homophobia in their coming out years

JC: In conclusion, we need to incorporate aging within queer theory. LGBT individuals have faced distinctive barriers as they age; barriers like a lack of lgbt awareness within healthcare, a lack of biological family acceptance, and negative attitudes towards the lgbt community.

[music stops]

These unique challenges make them more prone to discrimination and isolation in areas such as housing and other public services. Our society's heteronormative ideologies contribute to the lack of awareness in senior LGBT issues and they have continued to contribute to the discrimination against LGBT seniors.

JC: Not only do LGBT seniors face struggles of achieving proper care, but many find themselves relying more on family of choice rather than biological family. It's preferred/needed as an LGBT elder. Having a supportive family, whether it's of choice or biological, can be a potentially

lifesaving factor in one's life. Hopefully enough awareness can be brought to light for something to be done in efforts to protect our vulnerable population from the dangers of aging as an LGBT individual within a heteronormative society.

JC: Thank you all for listening and take care of your elders!