Tensions in Welcoming LGBT Older Adults: Discourses of Legitimization and Silence in a Senior Center

Megan C. McCoy
Bryn Mawr College

Follow this and additional works at: https://repository.brynmawr.edu/dissertations

Custom Citation

This paper is posted at Scholarship, Research, and Creative Work at Bryn Mawr College. https://repository.brynmawr.edu/dissertations/221

For more information, please contact repository@brynmawr.edu.
TENSIONS IN WELCOMING LGBT OLDER ADULTS:
DISCOURSES OF LEGITIMIZATION AND SILENCE IN A SENIOR CENTER

by

Megan C. McCoy

April, 2021

Submitted to the Faculty of
The Graduate School of Social Work and Social Research
of Bryn Mawr College in partial fulfillment of the requirements for the
Degree of Doctor of Philosophy
Abstract

Researchers are actively exploring how historical institutionalized silences contribute to health disparities for lesbian, gay, bisexual, and transgender (LGBT) older adults. Yet, none have considered LGBT elders within the specific context of community-based senior centers. My study addressed the research question: how does the discourse of senior centers create welcoming environments, or alternately construct silences, for LGBT older adults? Through an integrated conceptual framework engaging the critical lens of French sociologist Pierre Bourdieu’s theory of practice in tandem with conceptualizations of silence found in feminist theory and scholar of Black women’s intellectual history, I employed an embedded single case design (N=1) to provide an in-depth exploration of a senior center in the Pacific Northwest. Data collection included review of state, county, and organizational policy documents (n=11), key organizational outreach documents (n=4), interviews with senior center staff (n=4) and participants (n=18), and observations (n=15) of key routine activities. Using an analytic method combining the sensibility of critical discourse analysis with aspects of content analysis, I considered how the language of state, local, and organizational policy converges with organizational practices and the perspectives of senior center participants to construct the daily habits and rules of the senior center— and the implications for the positionality of LGBT older adults. Findings suggest an underlying tension between legitimization of LGBT identities and silence evident across policy, practice, and participant discourse. Implications for practice and future research are discussed and situated in emerging literature on LGBT institutional allyship.

Keywords: LGBT, older adults, senior center, silence, legitimization, Bourdieu
**Acknowledgements**

As I complete this doctoral journey, I will try to err on the side of brevity but owe a great deal of gratitude to many. First, while the senior center in my dissertation remains anonymous, I am sincerely indebted to the Executive Director, staff, and participants who graciously welcomed me and allowed me to intrude for the 8 months I was collecting data. “The Center” truly is a vibrant setting for older adults in the community. I wish the staff and participants continued success and wellness, particularly in continuing to navigate providing critical aging services amid the current COVID-19 environment. I also want to thank the LGBT aging advocates and colleagues I have worked with over the years on two different coasts—much has been accomplished and there is much work still to be done.

Next, I want to acknowledge my dissertation committee, Dr. Leslie Alexander, Dr. Sara Bressi, Dr. Laurel Peterson, and my incredibly patient Director of Work, Dr. Cindy Sousa, for their collective collegiality, time invested in reviewing my work, and flexibility amid a final year that certainly was not what anyone expected. I am grateful to Leslie for her guidance as my advisor from the outset of my time in the doctoral program. Her feedback was critical to strengthening my methodology and literature review. Sara’s perspective and reminder to not sacrifice attention to practice in my exploration of theory enhanced my approach to reporting the findings, interpretation, and practice implications. Throughout the process, Cindy was the consummate coach—encouraging me and challenging me in the best possible ways—always providing thoughtful critique that pushed my thinking and writing further than I thought I could go. The editing process was truly a dialogue!
I also would like to express my appreciation for each of my professors and classmates at Bryn Mawr. There is a piece of every course reflected in this dissertation—from history to analysis—and the feedback along the way was invaluable. I also would like to thank Dr. Barbara Savage from the Department of Africana Studies at the University of Pennsylvania who allowed me to join her History of Black Women’s Intellectual Thought course as an elective in my final semester of coursework. The theories of silence I explored there became essential to my work.

I must also thank my current and past colleagues at Center in the Park in Philadelphia—specifically Lynn Fields Harris, MPA, who allowed me the flexibility and support to pursue a doctoral degree while working full-time, and Renee Cunningham, MSS with whom I have professionally been “aging in place” since we began our social work careers and who has been supportive throughout the dissertation process and beyond. I also never would have set out on this journey without Lesa Sulimay, MSW, who over twenty years ago saw that an undergraduate English major with extensive professional experience as a cashier had the potential to become a social worker. Within a year, she convinced me to apply to the MSS/MLSP program at Bryn Mawr setting my eventual doctoral path in motion.

I am also grateful to my family and imagine I have not been easy to live with for the last few years! My wife, Kimberly Robinson, endured my doctoral angst with daily humor and unwavering belief in me. I would not be in this position without my parents who instilled a commitment to social justice issues in me from an early age. I tried to convince my mother, Marilyn McCoy, a former editor, to do the final edits of my dissertation—she declined, reminding me in no uncertain terms of her recent retirement.
My mother-in-law, Dotty Robinson, made sure I was anything but a starving student, providing plenty of tamales, albondigas, and enchiladas on her visits. My brother, Jordan McCoy, and brother-in-law, Sam E. Robinson, Jr., each gave me a welcome break from work—always a phone call or text away—providing their own form of little brother banter about life, politics—and most often, whose team was going to beat who next week.

Last, but not least, I am indebted to my father, Edward P. McCoy, for leaving behind a posthumous message which I stumbled upon at precisely the time I needed to hear it. As I was struggling a bit with my interpretation chapter, I serendipitously came across some old lecture notes in which my father, a Professor Emeritus at Temple University at the time, implored his graduate students to be “illuminatingly simple” in their writing. Hopefully, I accomplished that in the pages that follow.
Table of Contents

Abstract................................................................................................................................................. 2
Acknowledgements................................................................................................................................. 3
Table of Contents .................................................................................................................................... 6
List of Tables ............................................................................................................................................. 12
List of Figures .......................................................................................................................................... 13
Chapter 1: Background and Purpose...................................................................................................... 14
  Background ............................................................................................................................................... 15
    Context .................................................................................................................................................. 15
  A Word on Silence ................................................................................................................................. 16
  LGBT Elders & Aging Services ............................................................................................................. 20
Emergent Research ................................................................................................................................... 21
  LGBT Elders Define a Welcoming Environment .................................................................................. 22
Purpose..................................................................................................................................................... 24
Chapter 2: Conceptualizing LGBT Silences—A Boudieusian Model...................................................... 26
  Conceptualizing LGBT Older Adults in Research.............................................................................. 29
    The LGBT Health Equity Promotion Model ..................................................................................... 30
  The Duality of Silence: Contributions from Feminist and Black Women’s Intellectual History................................................................. 33
Engaging Bourdieu to Understand Institutional Silences ...................................................................... 38
  Bourdieu’s Theory of Practice .............................................................................................................. 39
Chapter 3: Methodology ................................................................. 44

Single Case Study Rationale ......................................................... 44

Critical Discourse Analysis Rationale ............................................ 45

Application of Bourdieu in Social Work Research ................................. 47

Data Collection Methods .................................................................. 48

Data Sources ................................................................................... 49

Data Collection Procedures ............................................................ 50

Case Selection .................................................................................. 51

Inclusion Criteria and Field Site Recruitment ..................................... 54

Geographic and Organizational Context ............................................ 57

Administrative Arrangements and Human Subjects ............................... 58

Human Subjects’ Issues .................................................................... 60

Document Review ............................................................................ 60

Structured Observation ..................................................................... 61

Semi-Structured Interviews ............................................................... 62

Analysis and Interpretation ............................................................... 65

Analysis .......................................................................................... 67

Interpretation .................................................................................. 73

Rigor ............................................................................................... 74
### Summary ........................................................................................................................................ 78

**Chapter 4: The Formal Rules**— LGBT Legitimacy vs. Rhetorical Silence in Policy and Planning Discourse ..................................................................................................................................... 78

**Context:** LGBT Elders and the Older Americans Act (OAA) ........................................................................ 81

LGBT Data Collection and the OAA ........................................................................................................ 83

**Methods** ............................................................................................................................................. 84

**Findings:** Local Policy and Planning Dialogue .................................................................................. 88

Local Definitions of “Greatest Social Need” .......................................................................................... 90

Targeting and Resource Allocation ..................................................................................................... 93

LGBT Data Collection & Community Engagement ............................................................................... 97

The Center’s Formal Rules: LGBT Silence in Organizational Policy .............................................. 101

**Summary** ............................................................................................................................................. 105

**Chapter 5: Formal and Informal Rules**— Mixed Messages in Senior Center Practice

Discourse .................................................................................................................................................. 109

**Methods** ............................................................................................................................................. 111

**Findings:** Defining A “Welcoming Environment” ............................................................................. 115

Welcoming vs. Unwelcoming .................................................................................................................. 115

Welcoming LGBT Participants? ............................................................................................................. 118

LGBT Visibility versus Invisibility ....................................................................................................... 119

Practices: “Signing Up” and Asking About Sexual Orientation and Gender Identity 121

Practices: Signage, Marketing, and Outreach as Dialogue ................................................................... 123
List of Tables

Table 1 Policy and Planning Documents Reviewed (n=11) .......................................................... 84
Table 2 Interview Participant Descriptive Statistics (n=22) .........................................................112
List of Figures

Figure 1 Case Study Conceptual Model ................................................................. 27
Figure 2 LGBT Health Equity Promotion Model ..................................................... 30
Figure 3 Rainbow Flag Signage at Front and Back Entrance .............................. 125
Figure 4 Pink Triangle Signage at Front and Back Entrances .............................. 126
Figure 5 Gender-Neutral Restroom Sign ............................................................... 126
Figure 6 Tension in the Rules: LGBT Legitimization vs. Silence at the Center........ 167
Chapter 1: Background and Purpose

To date, aging service providers are not ready for the new wave of GLBT elders, are running away from it, and until very recently, frankly, the GLBT community has not faced this wave either. -Urvashi Vaid, Former Director, NGLTF Policy Institute (Cahill, et al., 2000, p. iv)

Since the publication of the seminal report *Outing Age* produced by the National Gay and Lesbian Task Force (NGLTF) in 2000 (Cahill et al., 2000), and the updated 2010 *Outing Age: Public Policy Issues Addressing LGBT Elders* (Grant, et al., 2010) developed by the NGLTF in collaboration with Services & Advocacy for GLBT Elders (SAGE), a wealth of literature discusses health disparities confronting lesbian, gay, bisexual, and transgender (LGBT) older adults. The recent surge in academic discourse and implications for practice illuminate the historical “silencing” of LGBT elders within the aging services delivery system. Cheryl Glenn (2004) describes “silencing” as a rhetorical act, the meaning of which is determined by the sociocultural context within which it occurs (p. 4). While researchers are actively exploring the impact of institutionalized silence, none have considered LGBT elders within the specific context of community-based senior centers, a key program federally funded under Titles III-B and III-C of the Older Americans Act (OAA) (National Council on Aging, n.d.).

Historically, LGBT older adults have been largely absent, invisible, and silent within the context of the OAA and the aging services delivery system funded under its directive. Federally mandated by the OAA, senior community centers may possess

---

1 The term “Queer” (Q) is also frequently included in discussions of LGBT populations. However, I exclude the term here because in my experience among the generation(s) of individuals attending senior centers, “queer” is historically associated with negative connotations. The term has been reclaimed by younger generations who employ it as a source of empowerment.
underutilized potential to mitigate health disparities for LGBT older adults and provide access to social capital. However, limited research to date has focused specifically on senior centers and none have considered how these meso-level settings may generate welcoming environments for LGBT elders or, conversely, perpetuate historical silences.

**Background**

**Context**

In the United States, the number of individuals age 65 and over increased 35% from 38.9 million to 52.4 million between 2008 and 2018 (Administration for Community Living, 2020). By 2040, 80.8 million people in the U.S. will be over the age of 60, and by 2060 the number of older adults age 65+ is expected to reach 94.7 million (Administration for Community Living, 2020). The number of individuals identifying as LGBT is not explicitly included in the U.S. Census, making it difficult to determine the proportion of LGBT elders within the aging population, although the 2020 Census will for the first time include cohabitating same-sex partners alongside opposite-sex couples in its county of cohabitating couples. Estimates suggest that 1.75 to 4 million American adults age 60 and over identify as LGBT (Administration on Aging, 2014). Researchers estimate over five million older Americans will identify as LGBT older adults by 2030 (Choi & Meyer, 2016).

For over one million older adults in the U.S., almost 10,000 community-based senior centers serve as critical access points for a range of aging services including socialization, congregate meals, and evidence-based health promotion programs (National Council on Aging, 2015). Senior centers federally mandated by the OAA complement health systems by offering a community-based parallel support network of health
education, services, screenings, and opportunities for peer engagement, critical during the developmental stage of later life. A 2014 study found that senior center participants may experience restorative health benefits such as relief from physical and psychological fatigue, enhanced quality of life, and improved physical and mental well-being (Rosenbaum et al., 2014). With a growing population of baby boomers becoming older adults, senior centers also face the challenge of creating new programs for varied interests and needs and combatting stereotypical negative images of senior centers (Pardasani & Thompson, 2010).

Senior community centers may have unrealized potential to deliver culturally competent services and mitigate health disparities for LGBT older adults. However, relatively little is known about LGBT elders in the specific context of senior centers or related to organizational cultural competency. In fact, a 2009 study of how “personal characteristics” of 852 senior center participants influenced perceived benefits of engagement in senior center programming noticeably overlooked LGBT older adults. “Personal characteristics” included age, gender, race, ethnicity, marital status, and living arrangements (Turner, 2009), with no inclusion of sexual orientation, an example of silence.

A Word on Silence

In *Unspoken: A Rhetoric of Silence*, Cheryl Glenn (2004) articulates an interpretive framework for understanding intersections of speech and silence that can be applied in community-based settings. Glen contends rhetorical acts of speech and silence have a reciprocal relationship through which meaning is constructed. The meaning of silence is dictated by the power dynamics inherent within rhetorical exchanges including
“who can speak, who must remain silent, who listens, and what those listeners do” (Glenn, 2004, p. 9). The effect of silence on others is determined by the “context in which it occurs” (Glenn, 2004, p. 9). Thus, silence is neither inherently good nor bad but instead possesses meaning determined by the social context. Further, Glenn asserts that “…the silence of any traditionally disenfranchised group often goes unremarked upon if noticed at all” (Glenn, 2004, p. 11).

Silence has historically been the case regarding LGBT older adults and aging services delivery systems. A recurrent theme in the literature on this topic is the tendency of providers to resist acknowledging the distinctiveness of LGBT elders’ experiences and needs in organizational cultures that claim to “serve everyone without discrimination” (Knochel et al., 2012, p. 437). Considered within Glenn’s theoretical framework, this presumption of inclusivity instead represents a form of silencing. The historical failure to explicitly acknowledge LGBT older adults in aging policy and practice creates and reinforces rhetorical silence.

**Silence in Policy.** In 2010, Michael Adams, the Executive Director for the New York City-based non-profit organization Services & Advocacy for Gay Elders (SAGE) noted the historic institutionalized silence of LGBT elders by asserting that “for decades the federal government has made aging policy as though older gay people did not exist” (p. 27). Originally enacted and signed into law by Lyndon B. Johnson in 1965, the OAA continues to mandate the public aging services delivery system in the United States. Enacted at a time when the American Psychiatric Association (APA) still pathologized homosexuality, including it in as a mental disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM), and many locales criminalized homosexual
relationships, the OAA’s subsequent reauthorizations have occurred in the post-Stonewall era.

Prior to 2006, there was a lack of focus on older adults among some LGBT advocacy organizations at the federal level. As a result, inclusion of LGBT elders as a population within the Older American’s Act definition of those in “greatest economic and social need” was nonexistent. In 2006, due in large part to advocacy by LGBT interest groups, guidance issued by the U.S. Administration on Aging (AOA) on OAA implementation for the first time explicitly identified LGBT elders as a distinct population to which state and local communities can choose to target resources at their discretion, although the OAA still fails to define them as a group in the “greatest economic and social need.”

Despite the efforts of LGBT aging advocates, the 2016 and 2020 reauthorizations of the OAA failed to permanently include LGBT older adults as a definitional group, leaving the decision to target resources to LGBT elders entirely to state and local area agencies on aging (Diverse Elders Coalition, 2019). Most recently, representatives in the U.S. House introduced the Ruthie and Connie LGBT Elder Americans Act of 2019 (H.R. 1777 - Ruthie and Connie LGBT Elder Americans Act of 2019, 2019). If enacted, the bill would include LGBT older adults as a vulnerable population with the greatest economic and social need in OAA implementation, permanently establish the current National LGBT Aging Resource Center, require LGBT data collection throughout the aging services
delivery system, and prioritize research grants related to LGBT aging issues (H.R. 1777 - Ruthie and Connie LGBT Elder Americans Act of 2019, 2019).\(^2\)

**Silence in Practice.** The effect of macro-level silence on the daily realities of LGBT older adults is brutally, but eloquently, captured in the 2011 documentary film “Gen Silent,” which chronicles several LGBT elders attempting to navigate the institutionalized homophobia they encounter within the aging system, in addition to the ageism within their own LGBT communities. Within the field of gerontology, researchers and practitioners must broaden our understanding of the social forces shaping the life course to include non-heteronormative models of families, social networks, and intimate relationships (Brown, 2009). LGBT older adults share many of the same needs as the aging population in general, including access to healthcare, economic resources, supportive services such as home-delivered meals and homecare, affordable housing, and socialization opportunities. However, significant health disparities including lack of access to care and increased social isolation exist for LGBT older adults due to institutionalized homophobia (Fredriksen-Goldsen, Simoni, et al., 2014).

Transgender older adults, in particular, often face additional barriers to accessing care and resources, including discrimination and stigmatization by providers, even within LGBT communities (Witten, 2009). Transgender elders face a significantly higher risk of violence, poor physical health, disability, depression, and perceived stress compared with cisgender elders (Fredriksen-Goldsen, Cook-Daniels, et al., 2013). Transgender older adults are also less likely to access mainstream services (Persson, 2009; Witten, 2009).

\(^2\) The recent 2020 reauthorization of the OAA will require states and counties to conduct outreach to LGBT communities and to collect LGBT data, pending a federal rulemaking process in 2021. However, at the time I was collecting data, this was not yet the case.
Silverskog (2014) advocates for LGBT competence training in social work that is inclusive of transgender older adults, includes critical analysis of binary notions of gender, and acknowledges the importance of individual lived experiences.

Another complication is that generational differences among LGBT elders also impact perceived barriers to services (Morales et al., 2014). The MetLife Study of LGBT Baby Boomers found that only 10% of LGBT elders surveyed fear discrimination. Contrary to the “Silent Generation” of LGBT elders born prior to World War II, LGBT baby boomers are an “activist generation,” less inclined to remain silent and more inclined to advocate for culturally appropriate services (American Society on Aging & MetLife, 2010).

**LGBT Elders & Aging Services**

Despite a growing cohort of LGBT older adults who are “out” and advocacy efforts at the federal level, establishing a separate aging service delivery system specifically for LGBT older adults is not necessarily feasible due to limited public funding (Knochel et al., 2012). Many LGBT older adults already rely on a combination of aging service providers and LGBT community providers (Fredriksen-Goldsen, Cook-Daniels, et al., 2013), creating the imperative for a culturally competent service delivery system. Following the publication of the LGBT aging report “Outing Age” in 2000, an LGBT aging research agenda began to emerge that has since led to some recognition at the federal level of the systemic needs of LGBT elders (Espinoza, 2016).

Established in 2010 through a federal grant from the U.S. Department of Health and Human Services and housed at SageUSA in New York, the National Resource Center on LGBT Aging (NRC) provides training, technical assistance, and educational resources
to service providers, LGBT organizations, and LGBT older adults (National Resource Center on LGBT Aging, 2012). The NRC offers a cultural competency training model and has trained over 2,400 providers in 26 states (Meyer & Johnston, 2014). The NRC’s LGBT cultural competency curriculum includes three key learning objectives: increased awareness of LGBT older adults’ needs and concerns, understanding of why LGBT older adults disproportionately access aging services, and identification of best practices for helping LGBT older adults to feel more included within aging services (Meyer & Johnston, 2014, p. 409).

While LGBT cultural competency training is broadly available through the national SageUSA affiliate network, the extent to which senior centers take advantage of these opportunities remains unclear (Knochel et al., 2012). Researchers and practitioners also have little information about the factors leading centers to adopt inclusive practices. Perhaps most important among these potential elements is the dearth of information on whether senior centers believe inclusivity is necessary and the intersecting political and social factors that construct these beliefs.

**Emergent Research**

Existing research involving LGBT older adults and aging services providers tend to broadly focus on individuals working in a variety of aging-related settings and use surveys to assess individuals’ level of cultural competency and/or awareness of LGBT issues (Hughes et al., 2011; Knochel et al., 2012). However, additional research is needed to better understand the organizational dynamics that prevent aging services providers from creating inclusive service environments (Hughes et al., 2011; Knochel et al., 2012). Hughes et al. examined how service providers address the needs of LGBT older adults
and found systematic negligence and limited institutional support to guide LGBT advocates within organizations (Hughes et al., 2011). Additional studies of agencies and administrators are also needed to better understand barriers to outreach and effective service provision at the organizational versus the state and county level (Hughes et al., 2011). In a 2012 study focused on county-level Area Agencies on Aging (AAAs), Knochel et al. (2012) acknowledged that administrators may not be adequately aware of the dynamics among local providers that prevent the implementation of inclusive practices.

**LGBT Elders Define a Welcoming Environment**

More recently, researchers have considered the definition of “welcoming” by LGBT elders as well as best practices for working with LBGT older adults. Fredriksen-Goldsen et al. (2014) conducted the first national federally funded research project on LGBT health and aging. Drawing on findings from Caring and Aging with Pride: The National Health, Aging, and Sexuality Study (CAP), they identified 10 core practitioner competencies and strategies for promoting wellness among LGBT elders. They defined competencies as “knowledge, attitudes, and values that are actualized through practice behaviors and assessable, measurable skills” (Fredriksen-Goldsen, Hoy-Ellis, et al., 2014, p. 83) and highlighted the important role of language in working with LGBT older adults.

The use of language, a rhetorical act that also includes what is not said (Glenn, 2004), represents an increasingly important aspect in creating welcoming environments, as demonstrated by a 2015 study of 357 LGBT baby boomers (Croghan et al., 2015). Croghan et al. (2015) asked LGBT elders to identify how they define a welcoming environment. Respondents cited the language used throughout the organization as a
determining factor (Croghan et al., 2015). Six of the top 10 welcoming signals related to organizational practices included acknowledgment of partners in conversations and intake processes with LGBT individuals, practitioner behaviors, visual cues, marketing and outreach, reputation and recommendations, an indication of staff cultural competence training, and LGBT-identified staff members (Croghan et al., 2015). Croghan et al. (2015) also differentiated between factors individual practitioners can control versus those that control the organization, suggesting the creation of a welcoming environment involves both policy and the practices of those interacting within organizations.

Even more recently, while considering LGBT older adults’ opinions of OAA programs, Dunkle (2017) conducted a focus group study of 31 LGBT older adults to understand their perspectives on participation in such programs. The study limited participants to those in the local geographic community but nevertheless provided preliminary findings that are instructive for entities implementing OAA programs. Specifically, Dunkle (2017) found that LGBT older adults mostly did not expect welcoming behavior from mainstream aging services providers, indicated being out was of great importance to them, and in particular “…were adamant that service providers must take responsibility in reaching LGBT older adults” (p. 75).

Creating a welcoming environment thus represents not only an individual practitioner issue but also an organizational one in which language plays a critical role. Existing research reveals a disconnect between aging services providers and LGBT older adults that one may fairly assume also exists to some extent in senior centers. Broad assessments of LGBT awareness among aging services providers demonstrate a frequent presumption of inclusivity among providers (Knochel et al., 2012), but less is known
about the specific context of senior centers. Despite this perception of organizational inclusivity, LGBT health disparities research also reveals that many LGBT older adults either have experienced or fear encountering discrimination and stigmatization from providers (Fredriksen-Goldsen, Kim, et al., 2013). What remains unknown is if and how this tension manifests in senior centers as well as the role of language in daily practice in its creation.

**Purpose**

In light of these gaps in knowledge, my study addresses the following research question: how does the discourse of senior centers create welcoming environments or, alternately, construct silences for LGBT older adults? My approach is informed by the best practices and recommendations for creating welcoming environments identified by LGBT participants in the recent Croghan et al. study (2015) as well as SAGE’s *Inclusive Services for LGBT Older Adults: A Practical Guide to Creating Welcoming Agencies* (National Resource Center on LGBT Aging, 2012). However, these existing cultural competency frameworks alone do not fully address power dynamics residing at the intersections of discourse, policy at various levels, and the routine dynamics of practice and implementation, including the unique peer-to-peer dynamics that exist among senior center participants in social settings such as senior centers.

In contrast to studies that focus on whether aging services can adequately serve the unique cultural needs of LGBT older adults, or those which consider LGBT perceptions of their providers, my study shifts the lens to consider how the discourse of policies, explicit and tacit, intersect with the rhetoric of daily practice to construct norms for LGBT elders in senior centers. My hope is my findings will be of interest locally to
senior centers, area agencies on aging, and providers of LGBT cultural competence training. Furthermore, as researchers have already examined how LGBT older adults define welcoming environments (Croghan et al., 2015; Fredriksen-Goldsen, Hoy Ellis, et al., 2014; Dunkle, 2017), I am not interested in duplicating efforts designed to focus on the experiences of LGBT elders. Rather, my study endeavors to understand the discourse of policy and practice, specifically in the organizational context of senior centers, related to LGBT older adults. I include how senior center participants talk about LGBT older adults within the context of senior center activities as well as how participants interact with senior center policies in my conceptualization of discourse. Providing access to socialization represents one of the primary purposes of senior centers. Therefore, non-LGBT senior center participants’ perceptions of their LGBT peers also serve as a critical factor to consider in understanding how senior centers create welcoming environments.

I aim to understand if and how senior center staff and participants discuss LGBT participation, how the context of the aging services delivery system and its mandates influence that discourse, and the overt and tacit rules of organizational practice as described by their enactors. In the chapters that follow, I explore these questions. In Chapter 2, I introduce the conceptual model that operates as my framework for data collection, analysis, and interpretation. In Chapter 3, I describe my methods and design, which include employing an embedded single case study design to understand the intersection of the discourse of policy and practice in one senior center. In Chapters 4 through 6, I present findings from my analysis of policy and planning documents, senior center organizational documents, interviews with staff and senior center participants, and my own observations of senior center activities. In Chapter 7, I revisit my theoretical
framework and discuss how my findings reveal underlying tensions in the senior center’s discourse and the implications for LGBT older adults. Finally, in Chapter 8, I discuss limitations, recommendations for future research, and the implications of my findings for social work practice and situate these in the current literature studying LGBT institutional allyship.

**Chapter 2: Conceptualizing LGBT Silences—A Boudieusian Model**

To consider how policy and practice intersect in senior centers, and the implications for LGBT older adults, I use a conceptual model, illustrated in Figure 1, influenced by the LGBT Health Equity Promotion Model (Fredriksen-Goldsen, Simoni et al., 2014) and the critical theory of French sociologist Pierre Bourdieu. Within this framework, I examine how the three domains of discourse (policy, organizational practices, and staff and senior center participant perspectives) converge to construct norms that may be welcoming or (alternately) silencing for LGBT elders. In this chapter, I describe how I utilize Bourdieu’s theory of practice in tandem with feminist scholars’ and Black women intellectuals’ conceptualizations of silence to adopt an intersectional-informed approach to understand the dynamics existing in the structural domain of the “LGBT Health Equity Promotion Model” (Fredriksen-Goldsen, Simoni et al., 2014, Figure 1).
Figure 1

*Case Study Conceptual Model*
In the first part of this chapter, I discuss the current state of conceptualizing LGBT aging research, situating my focus on senior centers within the “multi-level context” domain of the LGBT Health Equity Promotion Model (Fredriksen-Goldsen, Simoni, et al., 2014). The LGBT Health Equity Promotion Model (LGBT-HEPM) advanced by Karen Fredriksen-Goldsen et al. provides a logic model for framing research questions related to LGBT older adults (Fredriksen-Goldsen, Simoni, et al., 2014; Figure 1). Second, I discuss how conceptualizations of “silence” posited by feminist and Black women’s intellectual historians are useful tools for considering “silence” concerning LGBT communities. Cheryl Glenn (2004) coined the term “rhetorical silence” to describe how the meaning of silence is determined by the social context within which it occurs and applies the term to a variety of cultural events. While Glenn’s analysis is not specific to LGBT older adults, at least one other researcher has applied the term “rhetorical silencing” to the issue of LGBT aging. In her article “LGBT Aging and Rhetorical Silence,” Maria T. Brown borrows the term “rhetorical silencing” from Glenn to describe the historical “silencing” or “muting” of lesbian, gay, bisexual, and transgender older adults whose voices, until recently, have been largely absent in both gerontological and queer academic discourse as a result of pervasive homophobia within gerontology and ageism within queer studies (Brown, 2009).

Brown (2009) contends that this theoretical silencing of LGBT elders in research “excludes them from the creation of this cultural form” of academic discourse (p. 67). Brown argues that the experiences of LGBT elders are silenced, not intentionally, but rather as the by-product of intersecting discourses grounded in heteronormativity and ageism (2009). Brown (2009) also attends to issues of practice, noting LGBT older adults
have historically had to suppress their sexual and gender identities to access social support through traditional service delivery systems. I am interested in precisely this application of rhetorical silence to practice settings, specifically in senior centers.

Finally, I highlight key interrelated Bourdieusian theoretical principles of *fields, habitus, doxa, legitimacy, and symbolic capital* and describe my conceptualization of these constructs to consider how the language used within the policy and practice of senior centers contributes to norms and how silence may manifest within these.

**Conceptualizing LGBT Older Adults in Research**

While efforts to understand the practices and interactions of aging services providers with LGBT older adults are relatively nascent and have not necessarily operated within an explicit theoretical framework, a 2011 Institute on Medicine (IOM) report advocates four theoretical frameworks within which to consider LGBT individuals: minority stress, life course, intersectionality, and social ecology models (Graham et al., 2011). Each of the four theoretical frameworks contains some merit for considering the creation of rhetorical silence within the context of aging services providers and its impact on LGBT older adults. A minority stress model, for example, could frame research questions related to the accumulation of stress as a result of institutionalized discrimination in late life. A life course perspective could be used to construct any number of questions related to the individual experiences of LGBT older adults and issues of risk and resilience across their lifespans. In response to the IOM’s recommendations, Fredriksen-Goldsen et al. developed a model that incorporated all these theoretical frameworks.
The LGBT Health Equity Promotion Model

Fredriksen-Goldsen et al. developed “The LGBT Health Equity Promotion Model” (Fredriksen-Goldsen, Simoni et al., 2014, p. 656, Figure 1), which I present as Figure 2. The model (Fredriksen-Goldsen, Simoni, et al., 2014, p. 656) is, as advocated by Bowleg (2012), “intersectionality informed” and integrates the four theoretical frameworks advocated by the IOM report into a multi-dimensional approach to researching LGBT individuals across their lifespans. The first dimension of the model contemplates both heterogeneity and intersectionality within LGBT communities. The second dimension contextualizes structural and environmental issues. The third dimension considers “both health-promoting and adverse pathways that encompass behavioral, social, psychological, and biological processes” and how these relate to health outcomes (Fredriksen-Goldsen, Simoni, et al., 2014, p. 653).

Figure 2
LGBT Health Equity Promotion Model
Rather than an either/or approach to selecting a theoretical lens through which to view experiences of LGBT individuals, the LGBT Health Equity Promotion Model provides an integrated framework within which the multi-dimensional nuances of experience can be considered and “aims to stimulate research that addresses the full component of factors influencing the range of LGBT health outcomes” (Fredriksen-Goldsen, Simoni, et al., 2014, p. 655). My interest in the construction and function of “silence” in senior centers is related to and firmly situated in the “multi-level context” domain of the LGBT-HEPM, which juxtaposes structural level factors of social exclusion, social stigma, and institutional heterosexism with individual-level factors including microaggressions, discrimination, victimization, and abuse (Fredriksen-Goldsen, Simoni, et al., 2014).

Senior centers are an institutional structure that provides access to health-promoting pathways with the potential to promote physical and emotional wellness among participants. Paradasani and Thompson (2012) observed that senior centers increasingly operate from a health and wellness model that includes workshops, screenings, and evidence-based interventions designed to impact participants’ wellness. In a 2003 review of research on senior centers, Milatides et al. (2003) noted the well-established benefits of health programs in senior centers, though they also observed that the research to date had focused more on participant characteristics rather than benefits of participation.
However, some empirical evidence supports the benefits anecdotally noted by many senior center staff from their experience of working within senior centers. In their comparison of 100 homecare clients in two counties in Pennsylvania, Milatides et al. (2003) sought to understand the relationship between participation in senior centers and health outcomes. They found statistically significant correlations between attendance at senior center health promotion programs and the practice of healthy behavior, as well as between time spent at a senior center and a healthy mental outlook (Milatides et al., 2003).

Further, senior centers may particularly benefit those who are most isolated. A 2006 study considered the role senior centers play in the development of meaningful relationships for isolated older women (Aday et al., 2006). Using secondary analysis data from a survey previously administered by the National Institute of Senior Centers (NISC), Aday et al. (2006) considered a sample of 415 older women, comparing those who lived alone and those who lived with a spouse to understand the potential relationship between senior center participation and health benefits and social support networks. They found that women who lived alone both participated in center activities more frequently and created more extensive social networks beyond the senior center, suggesting that senior center participation may help isolated older adults to build social capital not only within the center but also more broadly.

The above studies provide some evidence for the benefits of senior center participation. For LGBT older adults, however, the developmental tasks associated with later life are further complicated by the deleterious impact of health disparities and historical stigmatization. The extent to which senior centers create environments that
reinforce historical silences may impact whether LGBT older adults participate and access the programs, resources, and potential health-promoting pathways available while open about their sexuality—or determine if they must remain silent to do so.

Understanding how silences are constructed within the LGBT-HEPM’s model’s “multi-level context” domain can potentially inform interventions to create environments that provide access to health-promoting pathways for LGBT older adults.

The Duality of Silence: Contributions from Feminist and Black Women’s Intellectual History

What is rhetorical silence, how does it function, and why is it an important concept to consider within the context of the LGBT Health Equity Promotion Model? “Silences” represent the product of a combination of structural and individual factors. The conceptualizations of silence found in both feminist and Black women’s intellectual history can be used to consider silence among LGBT older adults within the framework of the LGBT Health Equity Promotion Model. In Unspoken: A Rhetoric of Silence, Cheryl Glenn articulates an interpretive framework for understanding intersections of speech and silence. Glenn advances a gendered perspective of silence that she then applies to interrogate power dynamics in modern social contexts including women in the academy, the highly publicized political cases of Anita Hill and Lani Guinier, and the women in Native American cultures. Similarly, power dynamics existing within the context of the aging services delivery system should be interrogated as well.

Glen contends rhetorical acts of speech and silence have a dialectical relationship through which meaning is constructed. In Glenn’s framework, silence is inherently neither dominant nor subordinate nor a dichotomized masculine/feminine (2004). Rather,
the meaning of silence is dictated by the power dynamics inherent within rhetorical exchanges and the social contexts within which they occur. Glenn provides a nuanced study of silence as a complex rhetorical act that is not limited to oppressing but can also serve to witness, attest, command, and open dialogue (Glenn, 2004).

Glenn cites and is clearly influenced by figures from Black women’s literature. Scholars of Black women’s intellectual history also offer important contributions that must be considered in any discussion of silence as a rhetorical act. Glenn’s text in many ways articulates the theoretical rubric at work in Darlene Clark Hine’s (1989) “culture of dissemblance” theory where silence functions as both an act of agency and oppression, though Glenn does not cite Hine (who predates Glenn by 15 years). Hine (1989) provides a concise articulation of how violence, specifically rape and sexual violence and their threat to Black women, has historically perpetuated self-imposed silences among Black women and terms these silences as a “culture of dissemblance” (p. 912).

Hine (1989) theorizes a cultural model in which silence behaves paradoxically, describing Black women’s adherence to a code of silence as a protective veil, an act of resistance, against oppressors. However, this self-imposed silence contributes to the historic invisibility of Black women’s experiences in the larger society (Hine, 1989). Further, Hine (1989) describes how this culture of dissemblance functions and becomes ingrained at the institutional level by briefly tracing the founding of the National Association of Colored Women’s Clubs (NACWC). Hine’s theory articulates a reciprocal relationship between institutionalized silence at the macro-level and internalized silence at the micro-level. Hine’s theory is a historical one primarily used in humanities research and is considered a foundational work due to its intersectional consideration of how
“sexual and class exploitation of black women affects what personal information
individuals make publicly available and thus what becomes part of the historical record”
(Schalk, 2020, p. 545).

The “culture of dissemblance theory” also serves as a useful conceptual tool for
considering how silence functions in LGBT communities, in which individuals may
choose silence as a protective mechanism in response to historical threats of
stigmatization, violence, pathologization, and criminalization. However, this protective
silence at the individual level may also perpetuate institutional silence by rendering
LGBT populations invisible. In a 2013 report, the Institute on Medicine (p. 283)
identified access to services as an area in which research is needed to better understand
barriers for LGBT older adults “particularly related to identity disclosure and interactions
with providers.”

Concerning identity disclosure, silence may potentially function as a protective
factor if it guarantees access to social capital and prevents stigmatization and even
violence. However, studies indicate that inquiries about their sexual orientations
positively influence LGBT older adults’ perceptions of the degree to which an
organization is welcoming (Croghan et al., 2015). For example, in a survey study using a
convenience sample of 327 LGBT older adults in Minnesota, participants identified the
use of LGBT-inclusive language during initial interactions, intakes, and the avoidance of
heteronormative language as a cue that an organization is welcoming (Croghan et al.,
2015). A lack of discussion about sexual orientation during an organizational intake
process will therefore allow silence to function in an oppressive matter. An omission or
failure to invite LGBT older adults “to speak” indicates that openly acknowledging their
identity is unsafe or against the “rules” for an LGBT elder. They must therefore choose whether to go against the dominant discourse and be open about their identity or instead remain silent to protect themselves from the risk of potential discrimination or stigmatization.

Higginbotham’s discussion of race as a “double-voiced discourse” (1992, p. 266), in which she cites Hine’s “culture of dissemblance” as illustrative, also influenced this study. Higginbotham (1992) describes the paradoxical potential of racial discourse to speak in two voices, one of oppression and the other liberation. This double-voiced conceptualization of discourse parallels and predates Glenn’s treatment of silence as a rhetorical act also capable of dual and multiple potentials and can function similarly in the discourse on sexuality and gender identity. Understanding how silence functions in meso-level contexts can aid in discerning whether senior centers serve as sites of liberation or oppression for LGBT older adults. Within the logic model of the LGBT HEPM, the consequences of such an assessment indicate whether LGBT elders are empowered to access health-promoting pathways or must remain silent to do so.

Finally, the charge Brown (2009) levels against scholars of gerontology and queer studies advocating for an intersectional discourse countering both ageism and heterocentricity parallels E. Frances White’s (1990) discussion of counter-discourse. White articulates the critical importance of a discourse that simultaneously counters both sexism and racism. Through an extensive discussion of the relationship between Black nationalism and feminism, White illustrates how counter-discourses are paradoxically also grounded in the dominant discourse that precipitates them. While Black nationalism has historically “spoken out” against dominant racist structures, it has also retained the
sexism of dominant social structures and consequently “silenced” black women (White, 1990).

To apply Brown and White’s respective critiques to the community-based level, a discourse among aging services providers and LGBT-serving organizations that counters both ageism and heterosexism is also critical. While an aging services organization may advocate against ageism, a counter-discourse to cultural ideals of youth, that same discourse may remain heterocentric. Conversely, LGBT serving organizations challenge heterosexual norms, but may remain bound to cultural norms privileging youth, while a senior center may challenge ageism, yet remain enmeshed in heteronormative practices. To state more plainly, an ongoing process of exchange grounded in language with the potential to simultaneously oppress and transform exists.

These conceptualizations of silence found in Black women’s intellectual history and feminist theory can help scholars to identify how silence functions in community-based settings for LGBT elders. Glenn reminds readers how silence is itself a rhetorical act, a form of communication replete with meaning determined by its context, and neither inherently good nor bad. Hine describes the historical implications of silence as a protective choice, which I will discuss more in-depth in Chapter 7, and Higgenbotham reinforces the notion of silence as a “double-voiced discourse” capable of multiple meanings, which I will return to in Chapter 6. Finally, White warns of the potential for counter-discourse to behave paradoxically by remaining enmeshed in hegemonic language, and how systems of oppression become entangled. While scholars must not falsely equate the historical oppression of LGBT communities those of Black women, scholars of Black women’s intellectual history and feminist theory provide intersectional
lessons that can be extended to understand how forms of oppression historically conspire against LGBT older adults in community-based settings.

**Engaging Bourdieu to Understand Institutional Silences**

The habitus, a product of history, produces individual and collective practices—more history—in accordance with the schemes generated by history. (Bourdieu, p. 279, 1994).

How might researchers begin to understand how dynamics of institutionalized homophobia and/or tacit heteronormativity may be embedded in the discourse and context of senior centers? By engaging the theory of French sociologist Pierre Bourdieu, coupled with conceptualizations of silence from feminist and Black women’s intellectual history, I present a conceptual model (Figure 1) for considering the convergence of structural and individual contexts in a senior center. Once the intersection of policy and practice in the context of a senior center is properly interpreted, the logic of the LGBT Health Equity Promotion Model can then be followed to understand the implications for LGBT older adults and whether the setting promotes access to health-promoting or adverse pathways.

Figure 1 illustrates mechanisms for considering how the discourse of policy and practice constructs the “habits” and “rules” of the senior center. Portz et al. (2014) makes a critical distinction between individual versus organizational cultural competency, noting the latter involves not only individual attitudes and perceptions but also policies and practices. The language through which staff and senior center participants describe organizational processes and interactions reveals how social norms are constructed and
reinforced at their center. I am precisely interested in this intersection and understanding how various modes of discourse influence practice.

*Bourdieu’s Theory of Practice*

At the core of my conceptual approach outlined in Figure 1 is Bourdieu’s theory of practice. Bourdieu privileges neither the structural nor the individual, instead articulating a model in which individual agents act within a structure.

**Fields.** Bourdieu’s theory of practice is predicated on the concept of “fields.” The term “field” brings to mind a football or soccer field, and sports serve as a useful analogy for understanding Bourdieu. A “field” is a competitive system of social relations with an accepted set of rules or “doxa” (Moi, 1991). “Agents” or individuals play the game and, in the process, vie for power within the field. Power is amassed through the collection of “symbolic capital,” which can be cultural, economic, or social. Symbolic capital is accumulated by playing the game by the rules, through our relationship to the field and those within it (Moi, 1991).

How does this theory function in practice in social work? I view the aging services delivery system as a Bourdieusian field with multiple sub-fields. A senior center, for example, is a meso-level field informed by structural-level fields (i.e., the Older Americans Act, the state and county level service delivery system mandated by it, and the history of those systems) within which agents (senior center staff and participants, with their own individual histories) operate under and simultaneously construct the daily routine, or social norms, of the center.
**Habitus.** Bourdieu refers to these routine organizational norms as the “habitus.” In Bourdieu’s theory, each field operates with its own “habitus” or “system of dispositions” that govern the game (1994). In my conceptual model (Figure 1), the senior center’s “habitus” is represented by the outer circle of the nested diagram. As the term suggests, habitus is not unconscious but rather encompasses the tacitly accepted “habits” of practice and behavior, or interactions “internalized as second nature” within a field (Bourdieu, 1994, p. 281).

To return the analogy of football or soccer, the positionality of the players and coaches, and even the spectators, is determined in part by the formal rules of the game, but also by generally accepted practices—the habitus. We would not likely see, for example, Team A’s coach stand on Team B’s sideline as the game started, or Team A’s goalie line up in Team B’s net. However, no one tells the coach to stay on their respective sideline or the players to line up with their respective team. Rather, the positions assumed by the coaches and players are understood and tacitly agreed upon by the individuals in the field.

Individuals or “agents” are always engaged with habitus, what Bourdieu (1994, p. 278) calls “structuring structures,” at both the individual and collective levels. In a senior center, the meso-level habitus is constructed at the intersection of macro-level policy (i.e., state and local policy) with the micro-level interactions that occur within the field (i.e., between staff and participants as well as between peers).

**Doxa.** The habitus is governed by the rules it engenders, or what Bourdieu terms “doxa” (Bourdieu, 1994). In my conceptual model (Figure 1), I nest “doxa” within “habitus”. The arrows moving inward indicate the influence of the habitus on the
construction of the “doxa” or rules of the center. The arrow line is dotted because the habitus and doxa are not fixed, but rather influence by one another. Within a senior center, the habitus and associated doxa are also informed by structural fields of policy and its governing agencies, as well as individual agents, including senior center staff and participants. In senior center practice, staff and participants follow formal rules, such as those mandated by organizational policies, as well as the informal rules occurring in practice.

**Legitimacy.** Those who follow the rules and accept their positionality within them are “legitimate.” In Figure 1, the legitimacy of the individual is represented by the center circle. “Legitimacy” is the gateway to accessing social and linguistic capital. Bourdieu defines a social institution or action as “…legitimate when it is dominant but not recognized as such, in other words, tacitly recognized” (Bourdieu, 1993, p.70). When an action or person becomes ingrained in the fabric of habitus, it is enacted out of habit and routine without question and thus becomes “legitimate.” The habitus and associated doxa determine who is “legitimate” and therefore allowed to speak (Bourdieu, 1993). At the individual level, one experiences “legitimization” and becomes capable of speaking by following the rules and amassing symbolic capital.

**Symbolic Capital.** Those who have symbolic capital are in positions to “speak.” However, if the rules of the senior center are exclusionary, either overtly or tacitly, then access to symbolic capital is limited. Here, Bourdieu provides a conceptualization that transcends strict Marxian notions of capital as a mode of economic production. In Bourdesian typology, capital can be economic, but it can also be cultural, social, and linguistic, collectively forming “symbolic capital” (Moi, 1999; Garret, 2007). A person’s
positionality within the field determines their ability to access these various kinds of capital.

The form of capital most relevant to the discussion of the construction of silence in senior centers is that of social capital. In Figure 1, an arrow extends from the “legitimacy” circle to “social capital” represented in the outside circle to the right. Social capital can be broadly defined as access to a set of resources through relationships or membership in social networks (Lamaison, 1986). In the meso-field of a senior center, participants who follow the “rules” of the center are “legitimate” and can access social capital in the form of social connections, educational programs, nutrition programs, health promotion programs, and other benefits provided by the Older Americans Act.

**Symbolic Violence.** Symbolic violence arises when the habitus and rules function in a tacitly oppressive manner in which both the person speaking and the person being silenced are complicit. The rules reinforce the hierarchy and positionality of the individuals involved in the exchange (Bohman, 1999). LGBT older adults may be subject to symbolic violence in senior centers by the failure of organizations to explicitly acknowledge LGBT older adults in organizational processes (and associated doxa or rules) such as outreach, intake, staff education, and participant education.

Epistemologically, the application of Bourdieu to study “rhetorical silence” in community-based practice with LGBT older adults within the context of the multi-level structural domain of the LGBT HEPM is unique. While existing research provides evidence of the need for effective cultural competency training for aging services providers, studies have not applied critical theory to understand the tacit power dynamics inherent in organizational practices that may resist creating a welcoming environment for
LGBT elders. Within the structural level in the LGBT HEPM, if the habits and rules of the senior center explicitly or tacitly silence LGBT older adults, the older adult is potentially unable to access health-promoting pathways.

At the core of my research question are the notions of “habitus” and the associated “doxa” (see outer two rungs in Figure 1). When one enters the “field” of a community senior center, what are the organizational habits and associated rules? How do these rules determine the language and practice related to LGBT older adults who might attempt to access services or participate? How do the staff and participants describe these rules? In the next chapter, I describe the methods I used to operationalize my conceptual model and the theoretical propositions informing my approach.

**Summary**

In this chapter, I outline my conceptual framework, visualized in Figure 1. My study aims to explore how the meso-level context of a senior community center welcomes or, potentially, silences LGBT older adults as well as the implications for access to social capital and health-promoting pathways. The sociological theory of Pierre Bourdieu, when considered in tandem with the LGBT Health Equity Promotion Model, can engage with conceptualizations of silence provided by feminist and black women intellectual historians to provide new insight into how silence may function in a meso-level community-based setting—specifically within a senior center—and the implications for LGBT older adults. To understand the environmental locus of the senior center, I engage Bourdieu’s theory of practice to consider how the Center’s rules, both formal and informal, contribute to constructing an environment (habitus) that is
welcoming (legitimizing) or unwelcoming (silence). In the next chapter, I outline my methodology for doing so.

Chapter 3: Methodology

My study addresses the following research question: how does the discourse of senior centers construct the habits and “rules” of the senior center for LGBT older adults? I use a conceptual model, illustrated in Figure 1, influenced by the LGBT Health Equity Promotion Model (Fredriksen-Goldsen, Simoni et al., 2014) and Bourdieu’s critical theory to understand if and how the senior center’s policy and practices construct silences. Within this framework, I examine how three levels of discourse (macro and organizational policy, organizational practices, and staff and participant perspectives) converge to form norms within senior centers and to understand the function of silence therein.

Single Case Study Rationale

As this is an exploratory study applying a specific sociological theory to gain a deeper understanding of practice dynamics, I employ an embedded single case design (Yin, 2014). Yin (2014) states that the “niche” for case study research occurs when the research question seeks to understand the “how or why” about “a contemporary set of events over which the researcher has little or no control (p. 14).” Additionally, Gilgun (1994) describes the single case study as an idiographic and intensive exploration of a single unit, or the senior center in this case, including consideration of multiple concepts and how they interact in context.

Yin (2014) advocates that a single case study operate from a set of assumptions or “theoretical propositions” to guide data collection and analysis (p. 38). Given my pre-
existing theoretical framework (Figure 1), I entered this study with a set of propositions that informed data collection, analysis, and interpretation:

1) There are formal and informal forms of discourse in daily practice, including how staff and participants talk about the “rules,” that influence whether the habitus is welcoming or silencing.

2) Those with access to linguistic capital- who are allowed to freely speak in the routine discourse of practice- are recognized as legitimate and therefore able to access social capital.

3) If written and/or spoken organizational discourse (policy, practices, or individuals) overtly or tacitly silence LGBT older adults, those individuals are not “legitimate” in the context of the center and therefore potentially cannot access resources (i.e., social capital or access to health-promoting pathways).

**Critical Discourse Analysis Rationale**

I am most interested in the utility of critical discourse analysis in understanding how senior center policy, practices, and participants “talk” about LGBT older adults. How LGBT older adults are represented—or not—in the discourse of the senior center is in part determined by what senior center staff and participants do in practice. Using the case study, I examine practices of discourse, including how language is used in policy, in organizational practices such as marketing and outreach, and in the context of staff and participant interactions.

Nursing homes, though different in purpose than senior centers, have been described as “a contested site of meaning, a cultural space caught between the rival discourses of medicine, social care and day to day living” (Twigg, 2009, p. 623).
Similarly, senior centers are also contested spaces influenced by competing discourses of policy and practice. Starks and Trinidad (2007) describe the objective of discourse analysis as understanding how people use language in a given situation. The speech (or silence) embedded in policy and between those interacting within the senior center can provide insight into the use of language to enforce overt or tacit objectives, which may be grounded in homophobia and/or heteronormativity.

As I am concerned with how the discourse of the senior center welcomes or silences LGBT elders, I use analytic methods best described as a version of critical discourse analysis. Characterized as a school of thought in which methods are described as eclectic rather than prescribed, critical discourse analysis transcends disciplinary boundaries and can be engaged in research in both the humanities and social sciences (Wodak & Meyer, 2009; Jager & Maier, 2009). However, a shared sensibility exists among researchers engaging in critical discourse analysis, including the use of critical theory in the consideration of issues related to “social processes of power, hierarchy-building, exclusion and subordination” (Wodak & Meyer, 2009, p. 32).

Scholars propose several key characteristics typical of critical discourse analysis regardless of the specific theoretical and methodological approach. Aspects of critical discourse analysis most relevant to my study include a focus on (1) “naturally occurring” language which occurs in written texts, conversations, or other forms of speech; (2) non-verbal or semiotic forms such as images, signs, film, and web-based texts; (3) interactive and contextual aspects of language, not simply grammar and syntax; and (4) both the context of language and consideration of language as a social practice (Wodak & Meyer, 2009, p. 2).
Applying Bourdieu’s theory of practice, I seek to understand the policies, practices, and interactions within a senior center construct (formal and informal) rules or cues for LGBT older adults that indicate the positionality of LGBT participants. Van Dijk (2015) asserts that critical discourse analysis considers how various types of discourse “enact, confirm, legitimate, reproduce, or challenge relations of power” (p. 467). Bourdieu’s theories lend themselves to critical analysis in a range of disciplines including sociology, anthropology, education, and the humanities. In a critical analysis of Bourdieu’s relevance to literary theory, Moi argues that Bourdieu provides a “micro-theory” for the understanding of the intertextuality of practical discourse (1991). In social work practice, texts are not literary but instead reflected in the discourse of policy, practices, and interactions.

**Application of Bourdieu in Social Work Research**

Bourdieu has received attention from social work scholars, primarily outside of the U.S., who apply his theory to social welfare issues ranging from poverty and homeless services to health care inequality (Emirbayer & Williams, 2005; Fram, 2004; Stephens, 2007). While not an empirical study, in an article published in the *Social Service Review*, Embirmayer and Williams (2005) apply a Bourdieusian analysis of the homeless shelter system in New York City to illustrate how Bourdieu’s theories can be applied to social work practice. Similarly, in an article published by the University of Chicago Press, Fram (2004) argues that Bourdieu’s framework provides a necessary conceptual tool for integrating research and social change contextualizing poverty. Thus, scholars have actively engaged Bourdieu’s theory of practice, at least conceptually, to consider social work challenges.
While only limited applications of Bourdieusian principles in empirical social work research or with LGBT communities exist, interestingly a handful of scholars have used such principles to conceptualize LGBT research. Recent applications of Bourdieu include analyses of the impact of symbolic violence and collective identity in LGBTQ social movements (Samuel, 2013) and the application of social capital theory to understand the housing concerns of LGBT older adults through an assessment of the existing literature (King & Cronin, 2016). In the latter study, which is more relevant to my own, King and Cronin (2016) argue that while a good deal of empirical evidence addresses housing in later life, researchers often overlook the structural and power dynamics at play in the broader social context, specifically those that perpetuate inequalities for LGBT older adults by reinforcing hetero and cisgender norms. They also advocate that future research engage Bourdieu’s theory of social capital to understand “social connectedness, networks, trust and above all social divisions and power relations” (King & Cronin, 2016, p. 16).

Data Collection Methods

Discourse analysis lends itself to the consideration of organizational processes and practices and is ideal in research on social interaction (Oswick, 2012). Data collection strategies for critical discourse analysis can include a combination of documents, interviews, and observation (Starks & Trinidad, 2007), as well as visual or semiotic discourse, including web-based discourse (Wodak & Meyer, 2008). My data collection included the identification of all the relevant “texts” necessary and concretization of the available texts to understand discourse related to LGBT older adults in the senior center. Collectively, these texts constituted the overarching “discourse
strand” (Jager & Meyer, 2009) of “senior center discourse.” I endeavored to understand the habitus and rules of the senior center by considering the discourse constructed by the documents and people as well as by observing daily interactions in senior center practices (Figure 1, blue boxes).

Case studies can be either holistic or embedded, with embedded studies including both primary and sub-units of analysis (Yin, 2014). The senior center serves as my primary unit of analysis, with sub-units including the documents, both internal and external, that dictate formal policy, the perspectives of individuals acting within the center, and the daily organizational practices in which they engage (see Figure 1). With this as my focus, I gathered data from state and county level planning documents; agency documents; interviews with the center director, program staff, and participants; and my own observations (see Figure 1, white boxes).

Data Sources

In Figure 1, I link each of the data sources (see white boxes) described below with the elements of discourse my research question seeks to describe (see light gray boxes). The dashed arrows connected to the concepts of “State and Local Policy,” “Organizational Policy,” and “Informal Policy and Practices” illustrate the convergence of data sources that enables the consideration of how these discursive practices can come together to construct the habitus and rules of the senior center, and how these, in turn, determine legitimacy within it.

Document Review. To understand the formal discourse (i.e., state, local, and organizational policy) influencing the senior center’s approach to LGBT older adults, I reviewed the external and internal policy documents indicated in the white “Document
Review” box in Figure 1. I reviewed applicable state and county plans on aging at the outset to provide context for interviews and observations. I reviewed internal senior center documents including but not limited to strategic plans, human resources guidelines, web and social media sites, newsletters, and outreach materials (i.e., flyers) to understand the organization’s formal policies and practices. I present a detailed description of policy and planning documents ($n=10$) in Chapter 4 (Table 1), as well as organizational outreach and marketing documents ($n=4$) in Chapter 5 (Table 2).

**Interviews.** As indicated in the white “Interviews” box in Figure 1, I conducted semi-structured interviews with the senior center director and staff ($n=4$), and participants ($n=18$) to discover the multiple relevant perspectives involved with both formal and informal organizational policy and practice. I present a detailed description of interview participant demographics in Chapter 5 (Table 3).

**Observation Field Notes.** To understand the enaction of organizational and informal policy in practice, I completed purposive observations ($n=15$), indicated in the white “Observation” box in Figure 1. I observed the center reception and lobby area in addition to activities including meal programs, classes, and special events. I provide more detail regarding observations in Chapter 5.

**Data Collection Procedures**

In the following section, I summarize the case study protocol. Before data collection, I selected a field site where I collected data over an eight-month timeline. My data analysis extended an additional 10 months.
Case Selection

Yin advises choosing the case with the most available data sources when conducting a single case study in addition to consulting people knowledgeable about the case during the selection process (2014). Before beginning data collection, I networked with knowledgeable individuals in the metropolitan region I had selected including local aging services professionals and others associated with a local community-based organization with a program specifically serving LGBT older adults. Through a combination of networking and web-based research, I identified a list of six potential senior centers in three different counties to visit to informally observe and build relationships with personnel to ensure adequate site selection. I initially reviewed senior center websites and made informational visits to centers during which I acquired general information about the center (i.e., flyers or brochures) and briefly informally observed activities. In these preliminary visits, I mainly aimed to obtain a sense of the size and activity level of the senior centers, as well as general information on the programs offered so I could then reach out to senior center directors for a more formal discussion of my proposed research. Some senior centers can be smaller and have lower participation rates, which would thus increase the difficulty of potential recruitment for my study.

Based on my previous experience working in a senior center where I partnered with both academic institutions and student researchers, I expected that the senior center executive director would serve as the gatekeeper for the access needed to formally conduct research, collect organizational documents, recruit interview participants, and formally observe center activities. My prior experience with senior centers had also led me to believe that executive directors at prospective senior centers would be more
amenable to an email introduction to request a meeting to discuss my proposed research, as opposed to my simply showing up announced. In my experience, the latter can be off-putting amid the hustle and bustle of daily senior center activity.

My interest in the research question represents a culmination of professional, academic, and personal experience, ultimately driven by my belief that senior centers have a responsibility to create inclusive environments for LGBT older adults. My professional experience includes 18 years of working in a senior center in Philadelphia. For the past seven years, I have also volunteered with local LGBT organizations working to build bridges between aging services providers and LGBT elders. Further, I identify as a member of the LGBTQ community. In the senior center where I work, I continue to be directly involved with initiatives to create more inclusive environments for LGBT older adults and present at national conferences as well as network with colleagues related to these efforts. The senior center where I work is located in a different geographic area of the country than the area in which the study site was located, so I did not run into any potential workplace conflicts of interest.

My professional background working in senior centers, which I disclosed when meeting with center directors during the site selection process and with staff and participants, lent me credibility when seeking to establish a relationship with the senior center in which I conducted fieldwork. During the site selection process, I also disclosed my past involvement as the co-chair of the program committee of the LGBT Elder Initiative in Philadelphia as well as my self-identification as a member of the LGBTQ community. Furthermore, during the study, I began volunteering with a local LGBT serving organization in the city in which the study site was located. Had I been a staff
member, this affiliation may have caused a conflict of interest as this organization formed a relevant relationship with the center I studied. However, as a volunteer, I did not participate in any activities that presented a conflict.

Reflexivity includes ongoing awareness of self and dual roles (i.e., researcher, senior center staff person, LGBT community member) and the maintenance of a state of tolerance during data collection and analysis. Hammersley (p. 38, 2005) defines tolerance as “not expressing disapproval of and/or not intervening to stop things which one disagrees with or rejects on grounds of aesthetics, ethics or prudence.” Additionally, Starks and Trinidad (2007) emphasize the importance of reflexivity and acknowledging how one’s own positionality shapes discourse in conducting and reporting research. I engaged with reflexivity measures throughout the analytic process through the ongoing use of analytic memos and discussion with my Director of Work. I began the study with the preconceived notion that the senior center would not necessarily have much experience with LGBT issues. Two key findings surprised me on this point. First, the center’s staff possessed a good working knowledge of LGBT-serving organizations in the community and had at different points in time interacted with them in some way. Second, rather than being unfamiliar with LGBT issues, many were aware of the LGBT community in the city and felt it “wasn’t a big deal” if someone at the Center identifies as LGBT.

To remain attentive to my own positionality as the researcher, I coded my own responses in the transcripts while analyzing my findings. This choice proved important later as I experienced several instances in which my positionality as a researcher with knowledge of the LGBT community encouraged participants to ask for help.
understanding LGBT-relevant terminology as well as managing individual related situations. Examples of these “reflexivity” codes include “reflexivity-clarification” and “reflexivity-affirmation.” I will discuss these in more depth in Chapter 8. For example, if an interviewee had a question about whether they were using appropriate terminology to describe someone who identifies as transgender, I would offer clarification. However, in instances in which participants asked for guidance on how to handle, for example, situations with LGBT family members, I would offer a “probing or redirecting” question to the participant to think about how they would handle the situation so as not to insert myself in the response.

During the interview process, I did not explicitly disclose my own LGBTQ identity unless explicitly asked because I did not want it to influence my interview respondents affirmatively or negatively. During a few interviews with senior center participants, participants asked me if I identified as LGBT; in these instances, I self-disclosed my identity, noted in responses coded as “reflexivity-self-disclosure.” My responses in these instances were instinctive, and perhaps I could have redirected these questions by asking, “why is that important for you to know?” However, my self-disclosures modeled best practices related to asking about sexual orientation and gender identity in organizational settings and illustrated my own reluctance to be “silent” on my own identity.

**Inclusion Criteria and Field Site Recruitment**

Senior centers vary in size, structure, and participant demographic composition. Some are private non-profit entities, while others are housed in larger social service agencies or under the umbrella of city or county government. My field site inclusion
criteria included daily center attendance of at least 75 participants and at least five staff members to ensure adequate data collection. Additionally, I asked that the center director be willing to provide access to agency documents, participate in an interview, and be open to voluntary recruitment of staff and participants for additional interviews.

I sent emails to six senior center directors briefly introducing myself, expressing my interest in learning more about their respective centers, and requesting a meeting at the executive director’s convenience. In my introduction, I disclosed that my interest in the research topic stemmed from my own experience working in senior centers and acknowledged that I currently serve as the Director of Grant Research & Development at a senior center in Philadelphia. I received responses from executive directors representing four of the six centers. During the email exchange process, I ruled out one of the centers after learning of its location in a highly affluent area. While my inclusion criteria did not specifically include economic indicators, I hoped to potentially find some diversity in the socioeconomic statuses of participants served by the case site.

I scheduled meetings with executive directors from the three remaining centers, described my study intentions in more depth, and learned more about the respective centers, including determining if their centers met the inclusion criteria. The centers I visited are in different counties and communities of varying sizes. One center is in a large urban area, one in a smaller city, and one in a suburban town, respectively. In all three cases, the centers met the inclusion requirements regarding participation and staffing levels. The center directors from each of the centers expressed a willingness to be interviewed, provide organizational documents, and allow the recruitment of staff and participants for interviews. I disclosed to the executive directors my background working
in a senior center and current remote work for a senior center in Philadelphia. I also shared that I had been involved with LGBT inclusion efforts there. Explaining my background and interest in the subject allowed me to establish credibility with the center directors to gain access to the center.

Ultimately, the study site selection process revealed differences in funding of senior centers in different municipalities. I ruled out the senior center in the suburban town after learning it did not receive any Older Americans Act (OAA) funds, atypically so, but was instead funded through private donations and the local Department of Parks and Recreation. I did not initially identify OAA funding as an inclusion criterion, but it ultimately became one. Of the two remaining senior centers, one was also housed under a local Department of Parks and Recreation but also received Older Americans Act (OAA) funds through an intermediary. The senior center located in an urban area was a private non-profit receiving OAA funds through a contract with the county area agency on aging.

After carefully considering the two remaining senior centers receiving OAA funds, I purposefully invited the site located in the urban area to serve as the field site. In its relationship to the county- and state-level aging services delivery system, the study site most closely represented a “typical” (in my experience) senior center receiving OAA funding. Additionally, the executive director reported some economic diversity among its participants, and its location in a larger city in a neighborhood known for racial diversity provided potential for diversity in the recruitment of interview participants in a largely white geographic region. I entered into a site agreement, included as Appendix A.
**Geographic and Organizational Context**

The Center primarily serves the specific geographic district of the city in which it is located, in a county that encompasses a major metropolitan area. Certain contracted programs with “the County” are restricted to this designated district, though participants from any area may attend general senior center programs and activities. The Center is located in a zip code in which 24.1% of residents are 55 years of age or over (American Community Survey, 2017) and as is typical with most senior centers nationally, primarily serves the 50+ years old demographic (National Council on Aging, n.d.). Importantly, the city in which the Center is located is known for its sizable LGBT population (Gates, 2015).

The Center is well established with a history spanning several decades in the community. Through my preliminary networking activities, I learned the Center is well regarded by others working within aging services locally, as well as by its staff and participants who express great pride in the Center. The Center offers a range of programs and activities through which older adults may access social capital, including meal programs, health promotion activities, socialization activities, recreation activities, educational workshops, an information and referral program, and case management. The Center also hosts special events including a volunteer recognition event, fundraisers, a Thanksgiving dinner, and other holiday events. Over 100 older adults participate at the Center daily, with many more attending several times a week or month.

The Center operates with a total of 11 staff, including the Executive Director. The Center also has a volunteer Board of Directors and a Participant Advisory Council comprised of older adults. Additionally, approximately 150 volunteers contribute their time to the Center in a variety of capacities including serving as front desk receptionists, tabling
at community outreach events, and assisting with various daily activities both on-site at the
center and representing the Center off-site at community outreach events. While I did not
intentionally seek out volunteers, several senior center participants interviewed disclosed
within the context of the interview that they also volunteer at the Center, so my sample
included several participants who also serve in various volunteer capacities, which I will
address in more depth in Chapter 6.

*Administrative Arrangements and Human Subjects*

I spent approximately two months identifying a Center as described in the section
above. I entered into a site agreement, attached as Appendix B, with the case field site
clearly outlining the research activities to be undertaken at the Center, risks to the Center
and its participants, and plans to minimize those risks. Once I obtained IRB approval
(granted on May 22, 2018, with continuing review granted May 18, 2020), I was able to
gain access to the Center within a few weeks to begin data collection. I did not have any
issues with gaining access once the Executive Director granted approval, other than
managing my own work-related time constraints. We had already established in our
preliminary meeting that I would not observe certain workshops (i.e., support groups) or
social services program participants in one-on-one meetings with staff, as these involve
more sensitive participant issues. I did coordinate with the Executive Director, and in
some cases, the staff, on the days and times I would be on-site, particularly for interviews
so that a private space could be set up.

The participation risks at both the organizational and individual levels were
minimal. At both levels, the most significant risks arose from anonymity, privacy, and
confidentiality. I redacted all identifying information from any agency documents not
public records or available to the general public (documents available on the agency website are in the public domain). The organization’s name will not be used in any publications or presentations (unless the Center consents in writing). Risks to the Center also included mild disruption in routine due to my presence. I minimized this risk through communication and coordination with appropriate staff on my days at the Center conducting observations or interviews. I was limited to observing general programs at the Center that did not pose major risks to anyone’s confidentiality. For example, some support groups offered at the Center focus on personal issues, and it would not have been appropriate for me to sit in on those due to confidentiality issues. Similarly, I did not observe intake processes for the program by the Center that helps connect people to social services programs, but I was able to get a sense from staff about how those programs work.

Benefits to the Center include my contributions to the scholarly research related to senior centers generally and LGBT inclusion specifically, both of which are limited. I plan to provide a summary of my findings to the Center. Benefits to interview participants included the possibility that the sharing of their experiences proved to be an interesting and possibly rewarding experience. While the individuals I interviewed did not receive any direct benefits, the older adults, in particular, may have felt a sense of purpose in participating; in some instances, both staff and participants reported during debriefing that participation helped them to think differently about LGBT older adults. Additionally, participants who identified as LGBT may have received a benefit from having their voices heard.
**Human Subjects’ Issues.** Individual risks for interview participation included potential breaches of privacy and confidentiality, as well as anonymity. Staff or participants may have recognized others who participated. Throughout this dissertation, I made every effort to remove any description that would easily identify an interview participant. Descriptive statistics related to staff and participants are presented in aggregate to prevent this from occurring. In the unlikely event that a subject found the interview to be upsetting, I was prepared to provide referrals to entities that could provide further assistance. Fortunately, no participants became upset by the interview. I did experience one instance in which a participant expressed concerns about social services needs unrelated to the research topic, so I directed that participant to appropriate resources. Finally, to protect the identity of the field site, throughout the findings and interpretation sections, I refer to the field site simply as “the Center.” Additionally, I refer to the State Department of Aging and County Area Agency on Aging as “the State” and “the County” respectively to minimize the potential for readers to identify the Center.

**Document Review**

Once I selected the case site, I began document collection. I collected all documents and scanned, uploaded, and coded this data using NVivo. I used a document review template, attached as Appendix C, to guide analysis and summarize document contents related to the research question. During analysis, I divided documents into two groups of discourse. I present documents related to policy and planning discourse in Chapter 4 (Table 1) and discuss documents related to the Center’s marketing and outreach practices in chapter 5 (Table 2).
The Executive Director provided me with Center-produced documents including the Center’s strategic plan, personnel policies, mission and vision statement, and newsletter. I accessed the Center’s publicly available website and social media page. I reviewed the state and county plans on aging, which largely inform the delivery of local aging services, through publicly accessible state and county websites. Additionally, I discovered a publicly available county database providing data from the County’s most recent community needs assessment which informed the development of the current area plan on aging.

**Structured Observation**

I conducted purposive observations using an observation protocol, attached as Appendix D, of “routine” senior center situations including classes and activities, meal programs, and interactions in the front desk and reception or lobby area. I conducted a total of 15 observations ranging from 1 to 2.5 hours. I took written field notes during the observations using the field note template, included as Appendix E. Key domains observed included the event in progress and who was present (i.e., staff, participants, volunteers, etc. with no individual identifying information). I also described the physical environment, such as the presence of flyers or other information materials, their content, and any signs of LGBT inclusion consistent with best practices (i.e., signage). I interacted with others only if they approached me. Occasionally, someone would say hello or approach me to ask more about my study and/or express an interest to participate in an interview. In this case, I scheduled a time to complete the consent process and conduct the interview.
I entered field notes into a Microsoft Word document electronically on the same day in a private setting. I included images in field notes, such as relevant signs or flyers hanging on the wall. I did not take any photographs of human subjects. I uploaded and coded observation field note templates using NVivo. Observation times varied depending on the activity being observed. Activities typically occurred on weekdays between 9 a.m. and 3 p.m. For example, some activities took place in the morning, such as a food distribution program. Lunch programs typically occurred at 11:30 or noon. I observed the lobby area and front desk areas at various times throughout the entire workday. The Center’s Director also alerted me to upcoming programs and activities as well as key times for observing larger congregations, such as activities like the “Pizza Lunch,” which occurred monthly and attracted a considerable crowd.

Participation in observation was voluntary to the greatest extent possible. In group observation settings (i.e., lunch observation), obtaining written consent for all present was infeasible. I made an announcement at the beginning of the activity, informing participants that I was observing and providing an opportunity for individuals to opt out of observation. I did not include any identifying information about individuals in my observation field notes. I was not able to observe participants in one-on-one observation settings (i.e., a staff person completing a social services intake) due to confidentiality concerns.

**Semi-Structured Interviews**

The Center’s Executive Director agreed to participate in an interview as part of the site inclusion process. I interviewed the Center Director at a mutually agreeable time with consent administered beforehand. I recruited staff using strategies designed to
minimize refusal but protect confidentiality. I asked the Executive Director (or director’s
designee) to email a study recruitment flyer to all program staff. I included the
recruitment email as Appendix F. I created a staff recruitment flyer, attached as Appendix
G, explaining the study and providing my contact information if interested in
participating. Staff responded by email and we set a mutually agreeable time to review
the consent process (Appendix H) and, assuming they still wished to participate,
complete the interview. I did not disclose to the Center’s Executive Director or any staff
the identities of any other staff members who participated. The Executive Director and
staff did not know who participated unless the staff person chose to reveal their
involvement. I conducted all staff interviews in either private offices or private classroom
spaces.

I set out with a goal of recruiting at least 14-16 senior center participants who I
recruited via a recruitment flyer (Appendix H) and announcements at Center events. For
example, meal programs included a segment of time during which program staff would
make announcements about upcoming programs, which allowed me to invite participants
to participate. This recruitment strategy proved the most successful. I also presented to
the Center’s Participant Advisory Council where I piloted the recruitment flyer language.
Participants also approached me at the Center, having found out about the study through
word of mouth, and expressed interest in participating.

At one point earlier in the recruitment process, Center staff suggested that
participants may be more comfortable signing up for interviews through the Center’s
front desk, as the routine way for people to sign up for events at the Center. I submitted
an amended recruitment protocol for IRB approval that, in addition to my original
process, would also allow participants to schedule an appointment with me via the front desk if they preferred to do so. However, by the time IRB approval was granted I had already scheduled interviews beyond my target goal through which I ultimately achieved saturation, and the additional method did not prove necessary.

All prospective staff and participants who expressed interest in participating in an interview were screened for eligibility in person based on their respective roles (i.e., staff or Center participants), as outlined in Appendices I and J. If agreeable, I administered the informed consent protocol, attached as Appendices K and L, and completed the interview. I include complete interview guides for the senior center executive director, staff, and senior center participants as Appendices M, N, and O respectively. I conducted interviews on-site at the senior center in a mutually agreed upon private space (i.e., an office with the ability to close the door or a room with a partition) or in an alternate location if preferred by the participant. Almost all interviews were conducted on site. Twice, senior center participants preferred to be interviewed off-site at local cafes, which I accommodated.

I interviewed each participant once, with each additional member checking as needed. All interview respondents were offered a $5 Starbucks gift card for participation. Interviews were recorded using an Olympus recorder or my smartphone and then immediately transferred to a password-protected computer and deleted from the recording device. I transcribed four staff interviews and the first eight senior center participant interviews myself using Audacity software. The remaining 10 interviews were transcribed by a professional transcription service. I stored all audio recordings on a password-protected computer. I stored and coded all transcripts in NVivo.
Analysis and Interpretation

I relied on the literature, specifically Yin’s “Case Study Research Design and Methods” (2014), Jager and Meier’s “Analysing Discourses and Dispositives: A Foucauldian Approach to Theory and Methodology,” (2009) and Saldana’s “The Coding Manual for Qualitative Researchers” (2013), to inform the mechanics of my analysis. Yin (2014) recommends relying on the theoretical propositions of the case study to inform analysis and interpretation while also remaining open to rival explanations. With the case study theoretical propositions as my framework, I analyzed my data by applying my conceptual model (Figure 1). My understanding of the best practices for creating welcoming environments identified by LGBT elders in recent research (Croghan et al., 2015; Houghton, 2018), as well as in SAGE’s Inclusive Services for LGBT Older Adults: A Practical Guide to Creating Welcoming Agencies (National Resource Center on LGBT Aging, 2012), also influenced my approach.

Croghan et al. (2015), whose study I described briefly in Chapter 1, took a sub-sample (n=327) from a larger study of 729 LGBT adults who participated in a Minnesota-based LGBT aging needs assessment survey, to consider survey participants who responded to a specific question asking them to briefly describe what they consider to be a welcoming environment. They then identified the top 10 most frequently occurring indicators, which can be broadly categorized as cues in the physical environment such as inclusive signage or symbols (i.e., a rainbow flag); staff behaviors such as using inclusive language during intake or interview processes, acknowledging LGBT relationships, and avoiding presumptions of heterosexuality; and the presence of openly LGBT-identified staff members.
More recently, a 2018 AARP survey study conducted in collaboration with Community Marketing Insights (CMI) included 1,762 LGBT individuals aged 45+, with the majority aged 55+. The survey included questions designed to understand LGBT older adults’ demographics, service needs, and concerns specifically in areas related to healthcare, long-term care, and housing. Most relevant to the discussion of creating a welcoming environment, the study found that 76% of those surveyed were concerned about having adequate family or social support as they age, while 73% reported they do not have access to LGBT-specific aging services (Houghton, 2018), underlining the need for mainstream providers to be welcoming. More than half expressed concerns about encountering discrimination as they age, with those identifying as gender expansive (i.e., transgender, non-binary) more concerned than other LGBT peers (Houghton, 2018).

While the study did not specifically focus on senior centers, participants indicated their confidence in healthcare providers would increase with the presence of intentionally affirming images and signs, staff who identify as LGBT, inclusive outreach materials, and staff trained to work with LGBT communities (Houghton, 2018).

Finally, SAGE’s *Inclusive Services for LGBT Older Adults: A Practical Guide to Creating Welcoming Agencies* (National Resource Center on LGBT Aging, 2012), while not a research study, serves as a widely used resource for organizations seeking to implement inclusive practices. The guide includes sections devoted to best practices for inclusive language in intake processes, outreach and marketing, anti-discrimination statements and policies, staff training, and cultural competency training, as well as inclusivity for transgender older adults (National Resource Center for LGBT Older Adults, 2012). SAGE also offers LGBT cultural competency training that reflects their
guide. From 2013-2015, SAGE trained 1,684 people in 61 cities and employed a pre- and post-test model with independent sample t-tests comparing measures of knowledge and attitudes (Doherty et al., 2016). SAGE found in an analysis of pre- and post-test results (n=904) that knowledge scores increased significantly as a result of the training (Doherty et al., 2016). The questions in my interview guides are thus designed to understand how the types of affirming best practices contained in the SAGE guide as well as those articulated by LGBT older adults in available research are present (or absent) at the Center, as I discuss in more depth in Chapter 5.

Analysis

My analytic process combined the sensibility of critical discourse analysis as prescribed by Jäger and Maier (2009) with aspects of content analysis. Jäger and Maier (2009) describe “discourse strands” as concrete texts or interactions appearing on the surface of texts (p. 16). Texts are not only visual documents but might also include what happens in dialogue and conversations, such as in interviews or interactions observed in a social setting. An interview transcript thus represents a text, as are notes which reflect what one has observed, such as in a senior center.

A discourse strand includes all available texts related to a topic. For example, in my study, my consideration of policy is an example of a discourse strand in which I examine all available policy texts related to the senior center. I also consider the discourse strand of “practices”; I therefore collected and reviewed available texts including interviews with staff, the Center’s newsletter, and other marketing documents, as well as its website and social media. The notes I took on my observations of practices, as well as the conversations I heard, also became texts. These all represent texts
necessary to review to understand the discourse strand of “practices.” Finally, I was also interested in understanding “peer dynamics” as a third discourse strand in my study. Within discourse strands can be found “discourse fragments.” Discourse fragments are pieces of a text focused on the same topic within a discourse strand (Jäger & Maier, 2009, p. 17). Discourse fragments can be thought of as another term for data segments. For example, within the discourse strand of texts related to the Center’s practices, I identified pieces of the texts that focused on a specific topic, such as “marketing and outreach.”

My conceptual model (Figure 1) guided my analysis, which included understanding the “formal rules” and “informal rules” (Bourdieu’s doxa) in addition to identifying instances of LGBT inclusion (legitimacy) and how “rhetorical silence” and “access to social capital” function in the Center’s discourse. In my use of critical codes derived from my theoretical framework (see Figure 1), I incorporated aspects of directed content analysis (Hsieh & Shannon, 2005). Specifically, my analysis of documents and observation field notes was largely deductive, applying directed content analysis to detect examples of critical codes as well as related organizational policies and practices derived from my knowledge of best practices for creating inclusive environments for LGBT older adults. For example, consider the following discourse fragment taken from an observation field note: “In the window, there are three signs indicating the space is LGBT friendly, including a rainbow flag, pink triangle, and statement of inclusivity of different cultures, religions, genders, and sexual orientations”.

The observation field note excerpt above represents a discourse fragment within the discourse strand of “practices.” The field note (text) is describing LGBT inclusive signage (also texts), which reflects the Center’s practices concerning signage. I
descriptively coded this data segment as “signage,” regarded as a best practice for creating a welcoming environment, while I critically coded it as “legitimacy” because it affirms LGBT older adults.

My analysis of staff and participant interviews, which included open-ended questions, was both deductive and inductive. I applied codes related to my theoretical model where appropriate, but also approached interview analysis more conventionally, allowing categories and names for categories to emerge from the data (Hsieh & Shannon, 2005). I used open-ended interview questions designed to explore participants' perspectives, as opposed to imposing my own on the data. I therefore did not limit coding to preconceived categories as doing so might have caused me to miss emergent concepts that I had not anticipated. My coding strategy outline and codebook (Appendix P) indicates which of my codes were developed a priori with my conceptual model in mind and which emerged inductively.

I also remained receptive to emergent themes and counterfactual rival theories (Yin, 2014). While part of my approach was intentionally deductive and applied specific theoretical concepts to the data, my coding strategy did not remain fixed and intentionally allowed for the emergence of codes or themes I had not anticipated. I used a combination of codes derived from theory, my experience working in senior centers or my knowledge of best practices related to LGBT older adults, and the data itself (Hsieh & Shannon, 2005).

Below, I describe how, by initially adopting a coding strategy using descriptive, magnitude, and in vivo codes simultaneously, I could consider how my data sources converge to construct the Center’s rules, how LGBT older adults are reflected in that
discourse, and how I detected if and where silences exist. Through an iterative process, I considered patterns and/or contradictions within policy, practice, and staff and participant discourse. My coding scheme allowed me to group like categories and codes both by and regardless of method. For example, the descriptive code “marketing & outreach” may be applied not only to data from a document, but also to data in interviews, and field notes, which collectively may describe the “organizational practices” related to “marketing & outreach.”

**Initial Coding.** I used coding strategies for qualitative research outlined by Saldana (2013). Saldana (2013) advocates the use of multiple coding strategies, or simultaneous coding, during the initial coding cycle. Simultaneous coding is useful to understand multiple meanings within a data fragment (Saldana, 2013). I applied codes to documents, interview transcripts, and observation field notes using a simultaneous method allowing me to categorize data fragments both conceptually concerning my theoretical model (i.e. “silence”), and descriptively, while also allowing for the possibility of codes I had not anticipated to emerge.

**Descriptive Codes.** I employed descriptive codes to organize discourse fragments into categories and sub-categories regardless of data source. Most of the descriptive codes I used, while not rigidly predetermined, related to the domains in my document review template, interview guides, and observation field note templates. For example, descriptive codes in the discourse strand related to “Practices” included “Marketing and Outreach,” “Asking About Sexual Orientation and Gender Identity,” and “Defining a Welcoming Environment.”
**Magnitude Codes.** When specifically coding policy documents, organizational documents, and any images, I also applied magnitude codes to indicate the “intensity, frequency, direction, or presence” (Saldana, 2013, p. 265) of the extent to which LGBT inclusive language and imagery (i.e., a rainbow flag, pink triangle, etc.) existed. For example, consider the following excerpt (discourse fragment) from the State Plan on Aging instructing county-level Area Agencies on Aging (AAAs) on data collection requirements:

> The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared— (A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and (B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

I coded this data segment descriptively as “data collection” but also initially indicated the magnitude code of “absence” because LGBT older adults are not directly in data collection efforts. I initially used codes simply indicating the “presence” or “absence” of LGBT inclusive content, but later developed a more nuanced approach described in the second cycle coding section below.

**In vivo Codes.** In addition to critical and descriptive codes, I used in vivo codes when coding discourse fragments from staff and participant interview transcripts to preserve the voices of interview participants. For example, “the front desk” serves as an
in vivo code that came from the language of both staff and participants and is relevant to how the Center engages LGBT participants.

**Second Cycle Coding.** I used code mapping to organize the coded discourse fragments and consolidate related codes and sub-codes (Saldana, 2013). Saldana (2013) describes code mapping as an iterative process through which initial codes are categorized, re-categorized, and conceptualized. Using a combination of handwritten notes, and analytic features available in NVivo, including frequency queries and visual mapping, I grouped the most prevalent and salient codes (Saldana, 2013), regardless of coding type (i.e., critical, descriptive, magnitude, etc.) and method (i.e., document, interview, observation).

Early in the process, I began to organize codes under three overarching categories (or what Jager and Meier would term “strands”) of discourse: “Policy and Planning,” “Organizational Practices,” and “Peer Dynamics.” Through visual mapping, I identified global and secondary codes under each discourse category as well as codes functioning in an axial manner linking the data regardless of global discourse category. Some critical codes, including “rhetorical silence,” became axial codes intersecting with various aspects of “Policy and Planning,” “Practices,” and “Peer Dynamics.”

The terms “entanglements” or “discursive knots”, coined by Jäger and Maier (2009), provide another way to think about axial codes (p. 18). Discursive knots occur when discourse strands intersect with one another (Jäger & Maier, 2019). I primarily identified such intersections by using matrix coding queries in NVivo that allowed me to, for example, consider which descriptive codes (i.e., “targeting”) intersected with critical codes (i.e., “rhetorical silence”) as well as the discursive source (i.e., interview, document,
observation note, etc.) of the data fragment. Matrix queries allowed me to consider how “rhetorical silence” functions within policy, for example, but also within practices. When discussing implications for social work practice, I find it more useful to refer to these “discursive knots” as “intersections.” My study posits the existence of intersections between the discourse of policy, practice, and staff and participant dynamics and seeks to understand how these entanglements silence or welcome LGBT older adults.

**Interpretation**

To tie my analysis to my theoretical propositions, I began the study with a series of a priori analytic questions that guided my interpretation deductively by linking the data sources to my theoretical model and following a clear conceptual path back to the research question. The first theoretical proposition I considered was how the “rules” of the Center are described and established. The discursive strands of “Policy and Planning,” “Practices,” and “Staff and Participant Perspectives” articulate the formal and informal rules of the Center and provided a mechanism through which I converged data sources to interpret the findings both within each category of discourse, and collectively. The findings within each of these three discursive strands, and the narrative they collectively construct, tell us how LGBT older adults are legitimized or silenced by the rules of this particular senior center, addressing my second theoretical proposition.

Using coding matrices, I also considered how the various “rules” and the representation of LGBT older adults within them intersect with key critical codes related to my conceptual model. I assessed how silence and/or inclusion function both within discourse strands and collectively to construct norms for LGBT older adults. Once the rules, and whether they legitimize LGBT older adults, are understood, my final analytic
question can be considered: whether the rules provide access to health-promoting pathways and social capital within the context of the LGBT Health Equity Promotion Model—and if not, what the barriers to doing so are.

Rigor

Lee et al. (2010) adapted Lincoln and Guba’s criteria for qualitative rigor to consider the critical evaluation of social work case studies. The trustworthiness of discourse analysis and case study research depends on the convergence of data sources (Starks & Trinidad, 2007; Yin, 2014). To link findings back to the data and research questions, the use of a priori conceptual models (i.e. Figure 1) is recommended in case study research (Lee et al., 2010; Yin, 2014). I established credibility of the study findings by using multiple sources of evidence, triangulation of methods, and the use of an a priori conceptual model (Figure 1) to demonstrate my theoretical framework (Yin, 2014). However, the challenges of using multiple sources included the time and human resources involved, as well as my own inexperience with using observational methods in particular. Credibility and reliability also rely upon maintaining a case study database and chain of evidence, or audit trail (Lee et al., 2010; Yin, 2014). I used Nvivo to store and code documents, interview transcripts, and observation field notes. I used Excel worksheets to organize descriptive data. Analytic memos (see an example as Appendix Q) were used throughout the analysis process to document coding and analysis decisions as well as challenges.

The potential for social desirability effects in participant responses to interview questions posed another challenge. My study was designed to understand how senior centers create welcoming environments, or, restated through the critical lens of
“rhetorical silence,” how they create “silences.” One of the challenges in this study was how to frame interview questions that limited the potential for social desirability effects, without giving the respondent so much information that “silences” are not able to be detected. The potential for social desirability bias existed, particularly for staff, when I disclosed my background working in a senior center. Participants also seemed to want to say the “right thing,” and I did not notice this bias prevailing in one group rather than another.

Bias could have also arisen from poorly articulated questions in interviews (Yin, 2014). The interview guide prepared for senior center staff was initially piloted with two respondents in the context of completing course assignments and revised and piloted again with two additional respondents in another course. However, the senior center director and participant interviews were not piloted. Retrospectively, I think the participant interview guide could be shortened with a greater focus on LGBT-specific questions. My interview guide included several general questions at the outset to establish rapport and comfort level, but I found that these sometimes evoked responses unrelated to the research question.

After collecting and analyzing interview data, I offered an in-person presentation of findings at the Center attended by approximately 15 participants and staff. All had either participated in an interview and/or were interested staff or members of the Center’s Participant Advisory Council. The Advisory Council was aware of my study, as I had been invited to share recruitment information at one of their meetings, and they had provided feedback on my recruitment flyer. I also offered interviewees the option to review findings individually via email or phone if they preferred. One participant, in
response to findings related to how senior center participants respond to peer LGBT identity disclosure, asked if an individual could move from “acceptance to validation,” prompting me to consider this finding as a continuum rather than discrete categories. Participants also suggested that I not minimize the influence of geographical perspectives, which, as I discuss in Chapters 7 and 8, represented an underlying presence throughout the study.

Challenges from direct observation included the time required to do so, my reliance on myself as the single observer, and the fact that my presence could alter the behavior of the individuals being observed (Yin, 2014). The former challenges were solved with a strong protocol and focused observation questions. I also knew that my presence might alter the behavior of participants and I considered this in the following excerpt from an analytic memo:

I also had the opportunity to observe the meeting and was given an agenda which included reference to the center participating with a table at an upcoming LGBT event in the area. I wondered if this was precipitated by my presence at the center or previously planned. Either way, one thing to be aware of is how my presence and simply raising the topic of LGBT inclusivity may influence participants and staff. I found this to be the case in pilot interviews conducted during my coursework- that my asking questions prompted staff to think about issues they had not previously considered.

I enhanced rigor by triangulating data sources. For example, for a code such as “silence,” I could consider whether the code appeared only in participant interviews or also appeared in policy. I provide a thick description of context while protecting the
anonymity of the Center and interview participants, to potentially allow for the transferability or expansion of this preliminary project to include other senior centers. I used analytic memos to document coding decisions as well as to further develop concepts that emerged from observations. For example, at a certain point, I became aware that the “physical environment” of the Center represented a recurrent theme in participant interviews and as the subject of observation notes. I considered the relevance of this to my research question through an analytic memo. I ultimately determined that the physical environment of the Center—specifically the role of the “Front Desk”—in part structures how participants interact with the discourse of the center and thus warranted some discussion in my findings (see Chapter 5).

The integration of feedback from colleagues working in the realm of either aging or LGBT aging issues via presentations at various stages allowed for opportunities to address the reliability of the study. For example, I presented my conceptual model at the 2018 American Society on Aging (ASA) conference along with another doctoral candidate, as both of our dissertation studies, while different in scope, were philosophically focused on understanding how rules of practice function in different areas of aging services. This presentation allowed me to obtain feedback on my conceptual model from my colleague as well from those to whom we presented, who were largely aging services professionals, with some specifically working in senior centers. Learning to present my conceptual model in an accessible way was important to me, as I hope that my model, or pieces of it, will prove useful to others.

In another example, I participated in a national ASA webinar with colleagues working with LGBT older adults in different parts of the country. Our workshop focused
on cultivating LGBT allyship in aging services, and as we were preparing for the session, I was able to share how I was utilizing concepts of allyship in my study, which I discuss in Chapter 8, as well as receive feedback on whether the codes on peer discourse that I had identified resonated with my colleagues’ practical experiences.

**Summary**

In this chapter, I began by presenting the conceptual framework and theoretical propositions for my study. I presented a rationale for a single case study design and described an analytic process that balances inductive and deductive reasoning and is informed by critical discourse analysis and content analysis. I outlined my case selection, data collection, and general analytic methods. I will provide more detail regarding my methods in Chapters 4-6. I also attended to issues of rigor, reflexivity, and human subjects’ issues. In the next three chapters, I present a more in-depth description of methods, analysis, and key findings related to the discourse of “Policy and Planning,” “Organizational Practice,” and “Peer Discourse.”

**Chapter 4: The Formal Rules— LGBT Legitimacy vs. Rhetorical Silence in Policy and Planning Discourse**

LGBT older adults feel a lack of safety in their homes, at senior centers, and in other places throughout the community. (County Plan on Aging, p. 7, 2016)

Bourdieu (1977) describes “habitus” as the “structuring structures” that influence social interactions within a particular “field” or social context (p. 72). The Center, a meso-level field, is contextualized within the larger field of the aging services delivery system mandated by the Older Americans Act (OAA). The “habitus” of the Center is thus
in part constructed by policy discourse at the State and County level, which also shapes the formal “doxa” or rules within which the Center operates. In Figure 1, I illustrate how the habitus and doxa work in tandem together defining who or what is legitimate in a social setting. Bourdieu (1977) describes doxa as the “undisputed rules” that are not necessarily explicit but are rather accepted and evident in practice (p. 168). Therefore, research should consider not only what the rules explicitly state, but also the implicit and undisputed rules contained therein.

In my study, Bourdieu’s reference to “the explicit clearly stated rules” (p. 114) is represented by the formal rules found in policy. Yet informal rules or “certain regularities” (Lamaison, 1986, p. 113) are also enacted by those acting within a social context. These are not necessarily written on paper but instead inscribed in the habitual actions of people within the social setting. Thus, when considering the influence of policy on the Center’s habitus, both the formal and explicitly written rules and the regularities that flow from these in practice (Lamaison, 1986) should be considered. In Chapter 5, I will consider the informal “regularities” of the Center’s practices in depth.

In this chapter, I specifically focus on how formal policies, which I define as those existing in state, county, and organizational policy and planning documents, construct the rules around LGBT older adults in the local aging services delivery system within which the Center operates, as well as how Center staff view these rules. Policy texts, such as state and county planning documents, are written through an interactive process, an ongoing dialogue among stakeholders. Policy does not simply appear on paper but is instead written and influenced by history and by state, local, and organizational stakeholders. When policy is “read” as a practice, its narratives—through both policy
itself and the underlying practices of planning and implementation—can aid in learning how it both reflects and sets rules (formal and informal) regarding LGBT older adults within the social context of the broader local aging services delivery system and at the senior center.

How does the organization interact with state and county policy and how does this interaction inform the discourse of the organization’s policies? With the Center as the focal point of my single case study, I am interested in understanding first how LGBT elders are legitimized or silenced, explicitly and implicitly, by the formal rules of State and County level policy and planning, and how these rules are reflected in the Center’s policies and planning documents, as well as how staff perceive these rules. In the first part of this chapter, I provide a historical sketch of LGBT older adults within the context of the Older Americans Act (OAA) and introduce “greatest social need” as a critical overarching “formal rule.” I then briefly describe my methods for understanding local policy by reviewing documents and analyzing staff interview transcripts, which included questions specifically related to how the executive director and staff interact with policy (for interview guides, see Chapter 3 and Appendix L and M). I also provide a descriptive overview of how local policy is constructed through the dialogue of local State and County planning processes and the Center’s role in them.

I present findings on LGBT representation in the State and County definitions of greatest social need and in key aspects of planning practices including targeting and resource allocation, data collection, and community engagement. I then describe the implications of the Center’s policies and planning documents for LGBT older adults and the extent to which these reflect local policy. I conclude with a discussion of how LGBT
“legitimization,” defined by Bourdieu as being “tacitly recognized” within the rules and
habitus (Bourdieu, 1993, p.70), and “silence”, defined by Glenn as a “rhetorical act”, are
in part determined by direct versus indirect language use in policy and planning language.

**Context: LGBT Elders and the Older Americans Act (OAA)**

Some mechanisms within the Older Americans Act (OAA) allow states and
counties the discretion to determine locally how and to whom resources are allocated.
Concerning my research aims, the most important areas of inquiry examine who benefits
from OAA resources, how benefits are determined, and their implications for LGBT
elders. OAA regulations require states to develop a state plan on aging and to define a
formula for allocating state OAA funds at the county level. “Targeting” is a resource
allocation strategy employed at state and county levels to determine those subpopulations
of older adults who are in greatest need (Cutler, 1984). Therefore, how OAA funds are
targeted can vary dramatically from state to state and county to county.

As early as 1978, a definitional mechanism existed nationally that could allow for
the representation of LGBT older adults as a targeted population in state and local aging
plans. With the 1978 OAA reauthorization, Congress amended the OAA’s targeting
language to include “those of greatest economic or social need” (Cutler, 1984, bold mine),
a definition that still holds today, though it has been qualified over the years. The OAA
definition of “social need” during the time I collected data (2018-2019) describes non-

---

A comprehensive analysis of LGBT elders in federal policy would require a critical review of
various iterations of the OAA, congressional records, the discourse of advocacy groups, and consideration
of shifting political climates. As my unit of analysis is the senior center and not federal policy, such an
undertaking is beyond the scope of my dissertation. Rather, in this section I aim to provide basic context
related to key aspects of the OAA and the historical silences of LGBT elders within it, in order to be able to
understand the construction of aging policy for LGBT elders at the local level.
economic factors including physical and mental disabilities, language barriers, and “cultural, social, or geographic isolation, including isolation caused by racial or ethnic status” that impact an individual’s ability to perform normal tasks or live independently (Older Americans Act, 2018).\(^4\)

LGBT aging advocates contend LGBT elders are a population in “greatest social need” based on health disparities, social isolation, and lifetimes of discrimination that have included criminalization, pathologization, and stigmatization (Fredriksen-Goldsen, et al., 2015; Adams & Tax, 2017). However, without explicit inclusion of language defining LGBT elders or sexual minorities as a population in “greatest social need,” for example in the same way racial or ethnic status is intentionally included in the OAA definition, no mandate exists for states and counties to adopt LGBT inclusive service policies and practices.

The following is an excerpt from the U.S. Administration for Community Living’s (ACL) webpage, providing guidance originally issued in 2006 to state and local aging units on OAA implementation and defining local groups “in greatest social need”:

While the definition of “greatest social need” in the Older Americans Act includes isolation caused by racial or ethnic status, the definition is not intended to exclude the targeting of other populations that experience cultural social or geographic isolation due to other factors. In some communities, such isolation may be caused by minority religious affiliation. In others, isolation due to sexual orientation or gender identity may restrict a person’s ability to perform normal

\(^4\) The OAA was recently reauthorized in 2020 and for the first time requires states and counties to be accountable for LGBT data collection and include LGBT older adults in needs assessments (Diverse Elders Coalition, 2020). However, LGBT older adults are still not explicitly included in the definition of greatest social need.
daily tasks or live independently. Each planning and service area must assess their particular environment to determine those populations best targeted based on “greatest social need.” (ACL, n.d., bold mine)

The first section of bolded text in the excerpt above is indicative of the ambiguity created by the vague language in the OAA definition of “greatest social need” that does not explicitly or directly include LGBT older adults. As I will demonstrate, this ambiguity also exists in some aspects of local policy and senior center policy discourse, notably in which broad or universal terms are used to define who is included, neither explicitly excluding nor including LGBT older adults. While the guidance issued by the ACL maintains the OAA definition of social need “is not intended to exclude” the targeting of populations not explicitly included in the OAA itself (i.e., LGBT elders), the OAA also does not intentionally include “isolation due to sexual orientation or gender identity” (ACL, n.d.). The later section of bolded text in the excerpt above instead serves as an optional inclusion of LGBT elders, as opposed to a mandated one, left to state and county discretion.

**LGBT Data Collection and the OAA**

Targeting and resource allocation is determined in part by data collection. Population data is necessary to substantiate the case that LGBT older adults represent a population in the greatest social need. The federal level, both within the Census and the administration of the OAA, has failed to collect data related to LGBT participation in aging services. Advocates note LGBT data collection represents a key aspect of ending historical LGBT silences (Fredriksen-Goldsen & Espinoza, 2014; Espinoza, 2016; Greenlee, 2017; Loewy, 2017). During the LGBT-friendly Obama Administration, the
Administration for Community Living voluntarily began collecting LGBT identity data when surveying recipients of OAA programs (Greenlee, 2017). However, prior to the 2020 OAA re-authorization, no mandate within the OAA required authorities to do so, and the previously initiated efforts ceased with the shift in administration following the 2016 presidential election (Loewy, 2017). Therefore, at the time of my study, LGBT data collection continued only at the discretion of states and counties and varied geographically. As the determination of whether OAA resources are specifically targeted to LGBT older adults falls to the discretion of officials at the state and county level—rather than being mandated by the OAA—understanding the “formal rules” of local policy discourse is a critical aspect of assessing if and where silences for LGBT elders exist in communities.

**Methods**

To understand the state and local policies influencing the Center within the single case study, I reviewed a total of 15 “texts.” Texts included written policy documents \((n=11)\) and senior center executive director and staff interview transcripts \((n=4)\). Table 1 provides a description of the specific policy and planning documents \((n=11)\) collected with their source and how each was obtained. The documents represent a convenience sample based on accessibility and availability and can be broadly categorized as state and county-level policy and planning documents, and organizational policy and planning documents.

**Table 1**

*Policy and Planning Documents Reviewed \((n=11)\)*

<table>
<thead>
<tr>
<th>Document &amp; source</th>
<th>How obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
State department of aging documents

<table>
<thead>
<tr>
<th>Document</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>State plan on aging 2017-2020</td>
<td>Public record</td>
</tr>
</tbody>
</table>

County area agency on aging documents

<table>
<thead>
<tr>
<th>Document</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area plan on aging 2017-2020</td>
<td>Public record</td>
</tr>
<tr>
<td>Area plan draft goals &amp; objectives summary</td>
<td>Provided by senior center</td>
</tr>
<tr>
<td>County community needs assessment database</td>
<td>County website</td>
</tr>
<tr>
<td>Community session feedback results</td>
<td>County website</td>
</tr>
</tbody>
</table>

Senior Center organizational documents

<table>
<thead>
<tr>
<th>Document</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategic plan</td>
<td>All senior center</td>
</tr>
<tr>
<td>Mission and vision statement</td>
<td>documents were provided</td>
</tr>
<tr>
<td>Personnel policies</td>
<td>by the center’s executive</td>
</tr>
<tr>
<td>Guidelines for participation</td>
<td>director</td>
</tr>
<tr>
<td>Anti-discrimination policy</td>
<td></td>
</tr>
<tr>
<td>Grievance policy</td>
<td></td>
</tr>
</tbody>
</table>

Interviews with senior center staff \((n=4)\), including the center director, also contributed to understanding how staff members view the Center’s relationship with policy and planning at the state and county level. Staff interviewees were drawn from a convenience sample of staff who responded to a recruitment email (Appendix G). The Center’s executive director agreed to participate as part of the case study site selection inclusion process. Staff participation was voluntary. As few staff members were interviewed, I present descriptive statistics related to staff in Chapter 5 in aggregate with all case study interview participants to minimize the risk of compromising anonymity.
The policy documents included in Table 1 and staff interview transcripts reflect a discursive strand that I titled “Policy and Planning.” This descriptor included subcategories of definitions of greatest social need, targeting and resource allocation, data collection, and LGBT community engagement, following key aspects identified in the research literature related to planning processes. In addition to descriptive codes, data fragments were also coded related to my theoretical framework. As suggested by the components of my theoretical framework (Figure 1), in my analysis I sought to identify the “formal rules” (doxa) in State, County, and Center policy, how these constitute “legitimacy” or construct “rhetorical silence” for LGBT elders, and the implications of the doxa for “access to social capital.”

In my analysis of documents, I used a document analysis template (Appendix C) and applied directed content analysis to the documents themselves, noting both the presence and frequency of LGBT representation in language as well as the contexts in which it appears and how this relates to my theoretical model (Figure 1). I identified instances of intentionality in LGBT-inclusive language use, applying the code of explicit inclusion in these cases. Examples of explicit inclusion include instances of the LGBT acronym and the specific words for which it stands (lesbian, gay, bisexual, and transgender); the terms “sexual minority,” “sexual orientation,” and “gender identity”; and references to organizations that serve members of the LGBT community. I also noted the contexts within which these appeared, including key policy and planning areas coded as “targeting and resource allocation,” “data collection,” and “community engagement.” Analysis of Center documents revealed the parallel codes of “mission and vision,” “program goals,” and “outreach goals.”
In my analysis of interview transcripts, I focused on understanding how the Center’s staff describe their interaction with “The State” and “The County” and the extent to which policy informs practice. I directly asked the Executive Director and staff the following questions: 1) How does the area plan on aging influence the work you do at the center, and 2) How does the center’s strategic plan and/or other organizational goals influence the way you interact with participants? Collaboration was a code that emerged through interviews as staff discussed how they collaborated, or in some cases did not collaborate, with the County and local LGBT providers. Collaboration, or a lack thereof, was also related to territorial dynamics, as staff reported concern regarding “stepping on the toes” of a local LGBT aging provider. Territorial dynamics with local LGBT providers was a sub-code that emerged inductively through staff interviews which also intersected with the targeting and resource allocation described in policy documents, as I will discuss in more depth in this chapter.

My analysis of both documents and interviews involved a balance of deductive and inductive content analysis to understand the Center’s policy discourse. I sought to not only (deductively) apply Bourdieu’s theory of practice but also to understand how its components (i.e., habitus, doxa, legitimacy, etc.) function (inductively) in a senior center, where virtually no data has been collected on LGBT older adults (Elo & Kyngas, 2008). While I used my theoretical model as a basis for coding strategies, including understanding how “rhetorical silence”, “legitimacy” and “access to social capital” function in the rules of policy and planning, and applied descriptive codes (i.e., definitions of greatest social need; targeting and resource allocation, etc.) to discourse fragments in policy documents, I also remained receptive to and aware of concepts that emerged inductively both in
documents and interviews. I coded data in documents using both descriptive (i.e., definition of greatest social need) and magnitude codes (i.e., explicit presence of LGBT inclusive language). Magnitude codes mapped onto my theoretical codes with the explicit presence of inclusive language equaling legitimacy and absence indicating silence.

One example of my use of inductive reasoning in coding documents occurred in instances in which documents relied on more global language (i.e., “all older adults;” “minorities”). I coded these instances initially as “universal” as they are broad terms that may imply inclusion of LGBT older adults, later revising this to “ambiguity” as they do not represent a clear example of legitimacy or explicit silence. At the core of my research question lies an understanding of how the rules, as applied through policy in this chapter, contribute to creating a welcoming (legitimizing) or unwelcoming (silencing) environment for LGBT older adults. To understand how policy legitimizes or silences LGBT older adults, I considered the presence and context of LGBT-inclusive language, its absence, and places where language was ambiguous, neither including nor excluding LGBT older adults.

**Findings: Local Policy and Planning Dialogue**

At the state level, aging policy is enacted through the State Unit on Aging. The State in which the Center is located administers federal OAA funds allocating resources for aging services to county or regional level Area Agencies on Aging (AAAs). In some rural regions a designated Area Agency on Aging may serve more than one county.
The State Plan on Aging provides an outline of state-level goals and objectives and is both informed by and informs local plans on aging at the county level throughout the state. The state planning process is completed every five years with the most recent plan in place for 2017-2021. While the flow of funding and resource allocations is ordered hierarchically from federal to state to local level, the planning of allocations is reciprocal as counties are empowered to provide input to the State regarding how older adults “in greatest economic and social need” are defined locally.

Thus, the planning process can be thought of as a form of dialogue between stakeholders at various levels. The AAAs in respective counties and/or regions play an axial role in linking the needs of the respective county’s communities to the State through the county-level planning process. County-level area plans on aging are first developed and then in turn inform the development of the State Plan on Aging. The AAA of “The County” in which the Center is located contracts with multiple organizations (including the Center itself) to serve as geographically specific senior centers for older adults in specific regions of the county, as well as with culturally specific service providers serving specific communities, including an LGBT serving organization. The County engages the local community in a planning process in the development of its Area Plan on Aging, which in turn informs the State Plan on Aging.

The Center’s director reports “the majority” of the Center’s funding is through a contract with the County. Both the Center’s director and staff report the Center was engaged in the most recent County planning process through participation in focus groups that informed both the county and state plans. In this way, the Center as an institution has legitimacy in the planning process as a community stakeholder and participates in the
local planning dialogue. The planning processes thus construct the formal rules, which then help determine the legitimacy of LGBT older adults locally.

**Local Definitions of “Greatest Social Need”**

The most critical formal rule in aging policy impacting LGBT older adults is the local definition of greatest social need and whether LGBT elders are legitimized or silenced within it. In this section, I present findings on the legitimization or silencing of LGBT older adults in both language use and definitions of greatest social need constructed in state- and county-level planning documents in the State and the County in which the Center is located, as well as key aspects of the planning process, including targeting and resource allocation, data collection, and community engagement. Within the context of the OAA, how and to whom resources are targeted in large part determines who can access social capital. The extent to which LGBT inclusive language is intentionally present in state- and county-level planning discourse is one factor related to LGBT inclusivity. Equally critical are the contexts within which LGBT elders are and are not represented, specifically in local definitions of greatest social need.

There are five instances in the 89-page State Plan on Aging\(^6\) in which LGBT communities are intentionally included, one of which is in the list of acronyms at the beginning of the document. The other contexts within which LGBT inclusive language appears comprise all listings of populations included in the State’s commitment to expand culturally responsive service delivery to enable more marginalized older adults to access social capital in areas of nutrition, caregiver support, and legal services.

---

\(^6\) **Note.** I have deidentified the name of the state in both the narrative and in-text citations to protect the anonymity of the senior center in my study. The State Plan on Aging is listed in the references section.
The State’s definition of those in “greatest social need” mirrors the broad language of the OAA and defers to local and regional partnerships (e.g., the County) to define those needs in local communities. The bolded text in the excerpt below from the State Plan on Aging provides an example of a definition of “greatest social need” that is universal and broad in its approach, delegating discretion to the County to determine the specific local populations in social need. As such, it does not intentionally exclude LGBT elders. Nor, however, does it directly include or legitimize them, [name of state] emphasizes collaborative partnerships at the local and regional levels to continually identify individuals in need of services. Additionally, as described within this State Plan, critical focus areas are emphasizing the importance of targeting services to those in greatest economic and social need, including low-income minority older individuals (State Plan on Aging, 2017, p. 84).

The state definition of “greatest social need” is qualified as “including low-income minority older individuals” but is ambiguous in its inclusion of LGBT older adults (State Plan on Aging, 2017, p. 4). The language used creates a form of silence that, though perhaps unintentionally, silences LGBT elders by not explicitly including them.

In contrast, LGBT inclusive language in the County Plan on Aging is far more extensive than in the State plan. The 143-page County Area Plan on Aging includes 39 instances of intentional use of LGBT-inclusive language. LGBT older adults are explicitly referenced in the County’s scope of needs, goals and objectives, data collection, community engagement, and targeting and resource allocation language. The County’s

---

7 *Note.* I have deidentified the name of the county in both the narrative and in-text citations to protect the anonymity of the senior center in my study. The County Plan on Aging is listed in the references section.
definition of “greatest social need” includes explicit and direct language characterizing “sexual minority” older adults in its definition of “target populations.”

The County identifies LGBT older adults within the overarching “scope of need” framework of its plan, noting that “LGBT older adults feel a lack of safety in their homes, at senior centers, and in other places throughout the community (County Plan on Aging, 2017, p. 7). The direct and specific inclusion of LGBT older adults from the outset of the plan extends to the plan’s overall goals and objectives and includes the measurement outcomes. County-funded agencies that specifically serve “sexual minority elders,” for example, are included in goals related to the measurement of participant satisfaction: “75 percent of consumers at…Senior Centers; agencies that specifically serve racial, ethnic, and sexual minority elders; and meal sites will express satisfaction with services and activities at these community access points” (County Plan on Aging, 2017, p. 109, bold mine).

The County plan demonstrates the use of directly inclusive language. LGBT older adults are explicitly included in the definition of those in greatest social need, and the use of inclusive language is evident in the County’s articulation of its goals, objectives, and outcomes. Thus, the formal rules communicated by the County, from the outset of the plan through its articulation of how it will be implemented, reinforce LGBT legitimacy. This contrasts with the State plan, in which definitions of greatest social need are less direct and vague in their inclusion of LGBT older adults and thus create ambiguity about the extent of legitimization of LGBT older adults.
Targeting and Resource Allocation

Local definitions of greatest social and economic need help to determine which populations of older adults are targeted and how resources are allocated. Despite a lack of direct inclusion in its overarching definition of greatest social need, the State Plan on Aging targets LGBT older adults within its discourse of culturally responsive approaches to accessing programs in the area of nutrition programs, a key programmatic focus under the OAA and a form of social capital. The following demonstrates how the state directly includes LGBT older adults in the context of describing statewide nutrition program goals,

The Nutrition Services objectives and strategies for the State Plan were developed based upon goals and objectives identified within the recently submitted AAA Area Plans and recent conversations with AAA nutrition site coordinators and others. Issues and needs include funding/sustainability challenges in light of increased costs of food and staffing, addressing food insecurity and hunger, strategies to ensure outreach to diverse populations (e.g. Hispanic, Native American, non-English proficient, LGBTQ), and providing services in a manner respectful and honoring of individual choice, culture, values, and diversity. (State Plan on Aging, 2017, p. 21, bold mine)

While on the one hand the State’s overarching definition of “greatest social need” is ambiguous, thus providing an example of silence, the state’s targeting language does intentionally includes LGBT older adults as a population on which counties should focus within some services (i.e., nutrition, caregiving, and legal services). At the state level, LGBT older adults are legitimized as a population that requires access to some types of
OAA programs, but not directly as a population in greatest and social need; this inclusion might thus be characterized as superficial rather than one that seeks to change the dynamics of mainstream service delivery.

In contrast, the County notes that in its prior five-year plan, LGBT elders were targeted through “contracting with nine (9) providers to offer a range of services to racial, ethnic, and sexual minority elders” (p. 19). The County indicates its commitment to continue to do so by funding a range of programs providing access to social capital and targeting LGBT elders within a service delivery model that includes, “options counseling, evidence-based health promotion, recreation, volunteer services, caregiver access assistance, and congregate meals, and target six underserved populations—Asian; African American; Hispanic; Native American; Immigrant and Refugee; and Lesbian, Gay, Bisexual, and Transgender elders” (County Plan on Aging, 2017, p. 19, bold mine).

The services described above are all forms of social capital, and the targeting language (as I indicate in bold) identifying who can access such capital intentionally includes LGBT older adults.

Further, the County recognizes that intersections between LGBT identities and other aspects of identity impact “greatest social need” in later life. The plan describes more effectively reaching sub-populations, specifically LGBT veterans and those aging with HIV, as indicated in bold in the following excerpt,

Making inroads with isolated and disenfranchised people, such as deaf-blind people, residents without citizenship status who are isolated by fear of retribution, people who are isolated by language, and people who have been disenfranchised
In a section devoted specifically to veterans, the County Plan on Aging (2017) cites a statewide veterans organization’s report noting, “due to the federal Don’t Ask Don’t Tell law, there are an indeterminable number of LGBT veterans, dating back to World War II” (p. 86) and includes an objective to “create opportunities for intergenerational learning between LGBT veterans” (p. 89). The County’s inclusion of long-term HIV/AIDS survivors also provides an example of intersectional LGBT inclusivity, as the cohort of LGBT individuals in the “older adult” demographic disproportionately experienced the AIDS crisis of the 1980s. The County plan (2017) includes the recognition of needs specific to long-term survivors of HIV and AIDS, noting that “people aging with HIV and AIDS Long-Term Survivors are more likely to experience social isolation, depression, and substance use disorders (p. 6).”

The County Plan on Aging also articulates its desire to diversify how it allocates resources locally to community partners by being more responsive to underrepresented communities, explicitly including “sexual minority elders.” The County describes applying an equity and empowerment lens, including “conversations with communities of color and the LGBT community,” to inform changes to funding formulas and program models; it also articulates its intent to engage in ongoing dialogue with LGBT stakeholders and the community as it makes changes to its funding formula and program model (County Plan on Aging, 2017, p. 9). The following excerpt from the County Plan on Aging describes the County’s approach to resource allocation, which relies in part on
collaboration with community partner agencies focused on the needs of “sexual minority elders”:

We are continuing with this service delivery model and plan to further diversify how our funding is allocated to community partner agencies to be more reflective of the community and the needs of racial, cultural, ethnic and sexual minority elders. (County Plan on Aging, 2017, p. 19)

More specifically, the County contracts with a local LGBT service provider to deliver County-funded programs for LGBT older adults. The County’s policy to directly allocate resources to an LGBT serving organization impacts policies and practices further along in the network; my analysis demonstrates that it may cause the unintended consequence of a lack of direct LGBT inclusion in the program goals of the Center, as I will describe further in the section on the Center policies and related practices.

Returning briefly to my conceptual model, the rules (doxa) for how resources are allocated at the County level legitimize LGBT older adults through explicit objectives and resource allocation to an LGBT aging service provider providing programs and resources (social capital). This legitimization contrasts the State’s approach, in which LGBT older adults are specifically mentioned in objectives related to accessing nutrition, caregiving, and legal programs, but are not visible (silence) in the definition of greatest social need; similarly, it is unclear how the State realizes its objectives in providing certain programs to LGBT older adults.
**LGBT Data Collection & Community Engagement**

Data collection is also central to determining whether LGBT older adults are legitimized, as it influences who is included in definitions of greatest social need and how targeting and resource allocation is determined. The State Plan on Aging does not include data on the number of LGBT older adults at the state or county levels, another example of silence. The State Plan includes extensive data on the economic, racial, and ethnic demographics of older adults statewide and county by county but is silent regarding any data related to sexual minorities. The demographic tables presented in the plan rely on Census data and the 2015 American Community Survey— which is notably bereft of any data on LGBT populations. The omission of LGBT demographic data can be attributed to both a lack of Census data related to LGBT populations as well as the lack of a mandate within the OAA to collect data on LGBT participation in its programs. While the State does include goals related to data collection for specific populations in some cases, for example, “review service data to determine if providers are serving American Indian elders at the approximate percentage they represent in the service area,” (p. 31) these instances are tied to legislative mandates to do so. The State plan does not contain language compelling counties to specifically collect LGBT demographic data. This omission of data provides an example of the OAA’s historical silence and its persistence.

While population data is one way to identify community needs during the planning process, engagement with the LGBT community is another. The State Plan on Aging, however, does not specifically identify having engaged LGBT older adults or

---

8 At the time of revising this chapter, I became aware that the state in this case will be conducting a statewide LGBT older adult needs assessment in 2021, reflective of a shift toward inclusive planning practices.
LGBT-serving organizations in its planning process. The section of the plan outlining how public feedback was solicited presents general descriptions of who participated, including “contracted partners” and “general...stakeholders,” but does not list the names of specific entities who participated. However, as the State plan is developed with input from the counties, the inclusion of LGBT elders in nutrition, caregiving, and legal services goals alongside other underserved communities suggests that county-level input informed the intentional inclusion and legitimization of LGBT elders in some aspects of the state plan.

Reflecting the State, the County Plan on Aging does not include population data on the number of LGBT older adults in the County. The County plan includes several maps identifying geographic concentrations of specific populations of older adults (i.e., Asian, African American, Hispanic, etc.) residing in the County, but these statistics rely on census tract data and thus do not contain a similar profile for LGBT populations. In a broad discussion of data collection challenges, the County acknowledges that “unfortunately, many of our programs are required to use data systems outside of [name of county’s] control” (County Plan on Aging, 2017, pp. 117-118). This silence again likely results from a lack of LGBT Census data and the failure of the OAA and the State to mandate a systemic data collection process inclusive of LGBT identities in the aging services delivery system. However, the County identifies LGBT elders as a target population, despite the lack of available population data and a clear mandate from the state to do so, illustrating the discretion of counties at the local level.

Despite the lack of mandate in the State Plan on Aging for the County to collect LGBT data, the latter takes the initiative to intentionally collect data directly from LGBT
older adults and community representatives as part of the community needs assessment conducted to inform the County Plan on Aging. In this manner, LGBT older adults are “legitimized,” or given a voice, in the context of County-level policy and planning. The County, in its most recent planning process, utilized a combination of consumer satisfaction surveys and public listening sessions, including sessions offered in collaboration with LGBT-serving organizations as part of its community engagement strategy. The following excerpt characterizes the listening sessions as described in the County Plan on Aging, with the bold text illustrating how LGBT elders are legitimized in the process: “The listening sessions drew 474 people and solicited 2,348 comments. Some 68 percent of attendees were non-English speakers and 89 percent were from non-mainstream groups, including the LGBT community” (County Plan on Aging, 2017, p. 8).

In the County Plan on Aging, the County provides a link to an interactive publicly available web-based visualization of the data collected from the listening sessions. The webpage allows the viewer to filter results by specific demographic groups, including “LGBT.” After applying the “LGBT” filter to the dataset, I observed that in the most recent planning process, the County collected 427 responses to survey and listening session questions from 75 people who identified as LGBT. Through the inclusion of LGBT individuals and LGBT-serving organizations, the County learned that the concerns of greatest importance identified by the LGBT individuals who participated included access to behavioral health services (21%), case management (13%), healthy aging programs (12%), information and referral for community resources (12%), and safety and abuse prevention (12%) (County website, 2017).
The report also provided data related to LGBT health disparities and linked these to LGBT national health disparities research. The County noted that: “local listening session data for this cohort supports national statistics showing rates for depression, suicidality and substance misuse are higher among LGBT older adults than the overall aging population” (County Plan on Aging, 2017, p.75).

As a result of the data collected through intentional community engagement and the recognition that LGBT older adults are expressing concerns supported by research literature, including an increased risk for depression, suicidality, and substance abuse compared to heterosexual peers (Fredriksen-Goldsen et al., 2011), the County’s Area Plan on Aging includes a bullet point explicitly inclusive of LGBT older adults in its definition of “greatest social need” within the county at the outset of the plan. The plan also includes measurable and specific objectives to participate in local LGBT pride events and an event sponsored by a local LGBT, an example of LGBT legitimization at the County level that contrasts with the silence in the State plan. Returning briefly to my conceptual model (Figure 1), the rules (doxa) constructed in this case through data collection and LGBT community engagement result in tremendous implications for who is included (legitimized) and targeted to receive state- and county-funded programs and services (social capital).

The omission of LGBT population data in both the State and County plans is an example of the rhetorical silence— what Brown (2009) refers to as the “muting” of LGBT older adults (p. 65) also present in the OAA. In contrast to the State, which remains silent on the issue of LGBT community engagement, the County counters the historical silences existing in the population data by directly engaging the LGBT
community as part of its local needs assessment practices. The County recognizes that health disparities and the consequences of adverse health pathways are significant for LGBT older adults (Fredriksen-Goldsen, Simoni, et al., 2014). Considered in the context of the LGBT Health Equity Promotion Model (discussed in Chapter 2), the County provides potential access to health-promoting pathways by funding an LGBT aging services provider through which LGBT older adults can access culturally competent programs and services.

When the rules, as in the case of the County, legitimize LGBT older adults through inclusion in definitions of greatest social need, targeting and resources allocation as well as LGBT data collection and community engagement, this creates many potential pathways to social capital and health-promoting pathways. In this example, such pathways arise from an organization funded to reach LGBT older adults. However, doxa does not only mean the direct or explicit rules; it also includes the implicit rules inherent in practice. In the next section, I examine the internal policies (formal rules) of the Center as well as the implicit rules derived from policy at the State and County level.

**The Center’s Formal Rules: LGBT Silence in Organizational Policy**

While the County-level rules are defined by the direct inclusion that legitimizes LGBT older adults, this intentionality does not appear to translate to the local level in this case, despite the contractual relationship between the Center and the County. In my data, staff interviewed ($n=4$, including the Executive Director) reported that the Center complies with the priorities outlined in the County Plan on Aging and with County directives. One staff person reported that the Center “gives it our best shot” concerning County level mandates to increase diversity. However, not all staff express familiarity
with the contents of the County Plan on Aging or view it as significantly impacting the day-to-day activities at the Center. One staff person noted that they were aware of the plan, “but I haven’t read it.” Another staff person articulated the disconnect between formal policy and organizational planning in the following manner: “I think it’s something that should be probably looked at and somehow incorporated more into the work that we’re doing… I don’t think we are always thinking in terms of the state plan, [name of county] aging plan”.

At the community-based level, the Center is not tasked with conducting extensive needs assessments or defining who is in “greatest social need” in the same way that the State and County must do. Rather, as an organization, the Center is concerned with delivering services and effectively engaging older adults in the community it serves. In contrast to the State and County level plans, the Center’s Strategic Plan document is only five pages long and contains no references to LGBT older adults. In fact, the only instance of LGBT-specific language in the Center’s documents I reviewed are the terms “sexual orientation” and “gender identity,” which are included in the Center’s anti-discrimination statements.

The Center’s Strategic Plan includes a description of the Center’s mission, vision, and values. For the Center, access to opportunities and resources in later life is an integral part of the Center’s clearly stated purpose, as stated in their formal policies and mission statement, to “enrich … the lives of adults 50 and older by creating opportunities for social connection, health and wellness, independence, and life-long learning” (Center

---

9 Note. All center related documents listed in Table 1 were provided to me by the Executive Director and are not in the public domain. Therefore, I use quotations when directly quoting these documents, and in the case of the strategic plan indicate page numbers using in-text citations, but they are not included in my reference list.
Strategic Plan, p. 1). However, while this connection to opportunities is clearly stated, the Center’s mission includes older adults broadly, not directly including specific sub-populations, reflecting the globalized language present in the OAA, as well as in the State and County’s overarching mission statements.

Unlike the direct, explicitly LGBT-inclusive County plan (and to a much lesser extent, the State plan), which moves to more intentionally inclusive language in its description of goals and objectives, the Center’s strategic plan goals use vague language outlining five overarching “goal and strategies.” The most relevant of these to the discussion of LGBT older adults includes “visibility” and “program goals” for “minority elders.” One of the Center’s objectives to increase its visibility in the community by “enhance[ing] access to services for minority elders through partnering with other organizations and offering programs that are culturally relevant” (Center Strategic Plan, p. 4).

The term “minority elders” is an example of indirect language, as it refers broadly to all groups of minority elders, rather than indicating specific populations. LGBT elders could be presumed to be included, or at the very least are not intentionally excluded. However, the lack of explicit inclusion means it is difficult to know if LGBT inclusion was intended. Similarly, the Center’s program goals include an objective to “assess, educate and implement cultural competencies to attract new partners and participants.” The Center articulates a commitment to improving cultural competencies in general, doing so to attract “new partners and participants” without specifying what types of partner organizations or potential participants they are seeking to reach through general notions of “cultural competencies.” The use of universal language that implies a non-
specific or broad inclusion of “new partners and participants” is again ambiguous regarding whether LGBT older adults are included.

In the section analyzing the County’s contracts with the specific LGBT-serving organizations, I suggested that this dynamic further up the policy chain may cause unintended consequences in the reinforcement of patterns of omissions by siloed service delivery patterns among mainstream service providers. One staff person described the local political and territorial provider dynamics, which reveal a tendency to assume LGBT older adults are being served by LGBT organizations and thus discourage collaboration:

Again, I think a lot of LGBTQ seniors in [name of county] tend to gravitate to the program over at [LGBT organization] too, not in a segregation sense, but because they know it’s safe, it’s like marketed to them you know. Because LGBT elders are presumed to be served by an LGBT organization also funded through the county, senior center staff appear to defer to this organization and lack the imperative to initiate collaborative efforts. One center staff person explained the Center’s approach to collaboration with LGBT community providers:

So if [name of LGBT organization] reached out today and said we’d like to host a weekly group here and we want to be LGBTQ friendly and really focus and we’d be like sure you got it, no problem. But we’re not going to them and saying hey what do you think about bringing something over here. So, I think that’s something we could identify and work more toward.

In a county service delivery model with a culturally specific service provider “track” and a general senior center “track,” the burden of “cultural responsiveness” is placed on the
culturally specific organization (i.e., LGBT organizations contracted with the County). In this model, the Center is not viewed by the County or its staff as “culturally specific”—rather, it is very much culturally non-specific. The unintended consequence of the two-track approach is that the senior center is not provided with a mandate or imperative to be inclusive or to address undesirable power relationships within its organization related to LGBT elders. Within the habitus of the local aging service delivery system, the norm, or regularity (Lamaison, 1986), for the Center is thus to assume that LGBT elders are being served by the County-funded LGBT service provider.

The ambiguity created by indirect language in the Center’s internal planning documents represents a form of rhetorical silence (Brown, 2009), also present in the OAA and State plan. When LGBT inclusive language is missing from organizational policy and planning, this creates a form of silence. While the Center does not intend to exclude LGBT older adults, as its anti-discrimination policy makes explicit, the effect of not directly including LGBT older adults in organizational planning documents is ambiguous, as whether LGBT older adults are included in the Center’s programmatic goals and objectives remains unclear. Additionally, the County provides an example of how a counter-discourse to silence can exist in policy through explicit LGBT inclusion. However, even when the explicitly written rules and practices are inclusive at one level, as with the County in this case, the rules or regularities within another level’s (in this case the Center) consciousness (habitus) may not reflect explicit inclusion.

**Summary**

I contend that policy consists of multiple practices, visible in its texts, which I describe in this chapter. These practices include the process of defining local needs, how
and to whom resources are allocated, and how and from whom data is collected to amplify community-based needs. In policy and planning discourse, LGBT “legitimization” and “silence” are in part determined by direct versus indirect language used in policy and planning practices. In this chapter, I described my results that point to how State and County definitions of “greatest social need” construct the overarching “formal rules” determining whether LGBT older adults are legitimized or silenced in local aging policy and planning.

Within these definitions, a tension exists between legitimization and silence driven by direct versus indirect policy language. Direct LGBT inclusion versus indirect language using broad or universal terms that neither exclude nor explicitly include LGBT elders emerges as a major discursive tension between the varying levels of policy and relates to research literature that suggests aging services providers tend to have “universal” attitudes of serving all older adults without discrimination (Knochel et al., 2012). I contend such instances of indirect language use function as a form of silence because they create ambiguity regarding the inclusion of LGBT older adults.

The State definition of greatest social need and the Center’s strategic plan, mission statement, and program and outreach goals, for example, all rely on language that includes global terms such as “all older adults” or “minorities.” Combined, these practices result in clear implications of silencing, or what Brown (2009) terms “muting” (p. 65), as LGBT older adults are not clearly included. At the same time, I noted some direct inclusion of LGBT older adults in policy language. The County Plan on Aging explicitly includes the LGBT community from the outset in the definition of greatest
social need, targeting and resource allocation, and data collection and LGBT community engagement.

In contrast, the Center only directly mentions LGBT older adults in its anti-discrimination statements for both staff and participants. These instances in the Center’s policies – though rare – are regarded by LGBT older adults as contributing to a welcoming environment or habitus (Croghan et al., 2015). At the Center level, when considered alongside the more frequent instances I identified that can best be characterized as indirect approaches, an overall picture of ambiguity emerges, where LGBT older adults are neither explicitly excluded nor included. Instances of indirect communication in policy and planning language evident in my analysis of the Center’s available policy documents, which fail to intentionally use language that “speaks” directly to LGBT older adults when there is an opportunity to do so, reinforce the OAA’s historical silence at the community-based level. The resulting dynamic in effect results in a construction of silence as a “rhetorical move rendering elders invisible” through which LGBT older adults are “muted” (Brown, 2009, p. 65). Excepting LGBT inclusive anti-discrimination policies for staff and participants, the Center lacks direct representation of LGBT older adults in its organizational policies, though its staff describes the Center’s intent as avoiding the exclusion of LGBT elders. Reading and interacting with the Center’s strategic plan does not give the impression that LGBT older adults are represented.

The County Plan on Aging provides a template for intentional language use that legitimizes LGBT older adults in both written policy and implementation. The County plan in particular provides several salient examples of inclusion in both language and
action (e.g., resource allocation to LGBT providers or LGBT data collection included in the planning process). However, explicit inclusivity at the county level does not necessarily translate down to the level of the Center. As my data indicates, the County’s intentionality interrupts the silence flowing from the vagueness of the OAA (and to a lesser extent from the State Plan on Aging), but it does not appear to proactively influence the Center’s policy and planning, evident in the Center’s strategic planning, program goals, and outreach goals that refer only vaguely to “minority” older adults. To complicate matters further, the County’s allocation of funding to an LGBT-specific aging services provider causes ambiguity for Center staff in whether the Center should proactively focus on LGBT older adults in its policy and planning.

Bourdieu (1987) describes habitus as the “structuring structures” that influence social interactions within a particular “field” or social context. The habitus of the Center is in part constructed by the policy discourse in the broader aging service delivery system that shapes the formal “doxa” or rules within which the Center operates. These tensions between legitimization and silence in the rules cause the sense of ambiguity I identified in my review of policy documents and staff reflections on policy, suggesting that while LGBT elders may be included, the Center cannot be viewed with certainty as a place where LGBT elders are perceived as legitimate. Therefore, the merit of the Center as a place where LGBT older adults can access social capital remains unclear. Social capital can be broadly defined as access to a set of resources through relationships or membership in social networks (Bourdieu, 1986). What happens in organizational practice and how does this contribute to whether the environment is welcoming for LGBT older adults? In the next chapter, I explore how discourse functions in
organizational practices related to new participant engagement as well as the implications for LGBT older adults seeking to access the Center’s programs and resources (social capital).

Chapter 5: Findings—Formal and Informal Rules—Mixed Messages in Senior Center Practice Discourse

We try to make it a safe space by following our guidelines.

- Center staff

In 2012, the National Resource Center on LGBT Aging, a division of SAGE-USA, published “Inclusive Services for LGBT Older Adults: A Practical Guide to Creating Welcoming Agencies,” a best practices guidebook for aging services providers interested in creating LGBT inclusive environments. In this chapter, I consider whether the Center engages in LGBT inclusive best practices through examining not only key formal areas of participant intake, outreach, and community engagement but also how these organizational practices, or rules (doxa), function as a form of informal dialogue through which the Center communicates with its participants.

Bourdieu differentiates the explicit, or what I term formal, rules, from “certain regularities” enacted by those acting within a social context (Bourdieu, 1986, p. 113)—what I call informal rules. Bourdieu (1986) notes that rarely are rules explicit and that often organizational settings operate by regularities—informal rules that are habitual and tacitly understood without being spoken. While the Center thus uses formalized organizational processes typical in senior centers such as intake, outreach, and community engagement, how these formal processes are carried out contain implicit regularities that happen in the flux of practice. The informal rules do not consist of those
formally codified or inscribed on paper but rather what Bourdieu (1986) calls “the reality of practice” (p. 115)

In this chapter, I consider how the realities of the Center’s practices, both explicit and implicit, legitimize (or silence) LGBT older adults. In my conceptual framework (Figure 1), I illustrate that documents used in practice, such as outreach materials, coupled with how staff and participants describe organizational processes, can shed light on the Center’s practices. Here the doxa, the habitual rules of practice that are sometimes written or spoken, but often are tacitly understood, can be more fully explored. The Center’s practices are constructed through intersections of spatial discourse (the spaces within which practice happens), visual discourse (the signs and images within it), and interactions between staff and volunteers (Keating, 2015; Mayr, 2015). Each of these types of discourse engages the Center’s participants in a dialogue, sometimes simultaneously. How these modes of discourse, or ways of talking to participants, “speak” to LGBT older adults determines whether LGBT older adults are welcomed and “legitimized” or experience “rhetorical silence” within these contexts.

In this chapter, I begin by briefly restating how I used document review, structured observation, and interviews with staff and participants to understand organizational practices. I then present findings first describing how the Center’s staff and participants describe the concept of a “welcoming environment”. Second, using the best practices for LGBT inclusivity as advocated by researchers (Fredriksen-Goldsen, Hoy-Ellis et al., 2014; Croghan et al., 2015) and national LGBT aging experts (National Resource Center on LGBT Aging, 2012), I consider how discourse constructs the
organizational practices with which new participants engage, and how LGBT older adults are simultaneously welcomed and silenced within these contexts.

Methods

In Chapter 3, I provided a detailed description of my methods. Here I supply a brief overview to help situate this chapter’s findings within my methods. To understand how discourse shapes LGBT representation in senior center practices, I collected and analyzed texts related to daily practice including outreach and marketing materials \((n=4)\), field notes from my observations of routine center activities \((n=15)\), and staff and participant interview transcripts \((n=22)\). Using a document review template (Appendix C), I reviewed primary marketing documents \((n=4)\) designed to engage potential and existing senior center participants including the Center’s website, social media page, and two editions of a bi-monthly newsletter. I conducted structured observations of activities including classes, meal programs, and the lobby and reception area and compiled field notes using an “Observation Template” (Appendix E). I purposefully selected observations to include activities that are common or typical in senior centers, such as meal programs, educational workshops, and observations of key areas or physical spaces in which participants congregate. While observing, I also reviewed the signage and flyers posted within the Center’s physical space and considered whether or not the content included LGBT-specific language and/or imagery.

Semi-structured interviews included a convenience sample \((n=22)\) of interview participants, with both Center staff \((n=4)\), including the Executive Director, who agree to participate as part of the case site selection process, and participants \((n=18)\). I recruited staff via a recruitment email sent to all staff. I recruited senior center participants through
flyers and presentations at Center events. In Table 3, I present descriptive statistics of Center staff and participant interviewees in aggregate to minimize de-anonymization risks for participants. The majority of interviewees have worked or participated at the Center for more than three years, while only one person had been employed for less than one year. Center participants were either members of the “Silent Generation” born up to 1945 or baby boomers born afterward. The sample can be characterized as mostly white, female, heterosexual, and well-educated overall. All staff interviewed reported having participated in some kind of LGBT cultural competency training, though not necessarily at the Center.

Table 2

Interview Participant Descriptive Statistics

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of time involved with Center</td>
<td></td>
</tr>
<tr>
<td>Less than 1 year</td>
<td>1</td>
</tr>
<tr>
<td>1 to 3 years</td>
<td>6</td>
</tr>
<tr>
<td>More than 3 years</td>
<td>15</td>
</tr>
<tr>
<td>When Were You Born?</td>
<td></td>
</tr>
<tr>
<td>1945 or earlier</td>
<td>7</td>
</tr>
<tr>
<td>1946 or later</td>
<td>15</td>
</tr>
<tr>
<td>Highest Educational Level Completed</td>
<td></td>
</tr>
<tr>
<td>Some High School</td>
<td>0</td>
</tr>
<tr>
<td>High School Graduate</td>
<td>1</td>
</tr>
<tr>
<td>“Some high school/some college”</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Some College</td>
<td>5</td>
</tr>
<tr>
<td>Bachelor’s Degree</td>
<td>5</td>
</tr>
<tr>
<td>Master’s Degree or Higher</td>
<td>10</td>
</tr>
<tr>
<td><strong>Gender Identity</strong></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>20</td>
</tr>
<tr>
<td>Male</td>
<td>1</td>
</tr>
<tr>
<td>MTF</td>
<td>0</td>
</tr>
<tr>
<td>FTM</td>
<td>0</td>
</tr>
<tr>
<td>Other: “Female and Human”</td>
<td>1</td>
</tr>
<tr>
<td><strong>Sexual Orientation</strong></td>
<td></td>
</tr>
<tr>
<td>Heterosexual</td>
<td>17</td>
</tr>
<tr>
<td>Gay</td>
<td>0</td>
</tr>
<tr>
<td>Lesbian</td>
<td>1</td>
</tr>
<tr>
<td>Bisexual</td>
<td>0</td>
</tr>
<tr>
<td>Queer</td>
<td>1</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td>&quot;Non-Participant&quot;</td>
<td>1</td>
</tr>
<tr>
<td>&quot;Human&quot;</td>
<td>1</td>
</tr>
<tr>
<td>&quot;Single&quot;</td>
<td>1</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>2</td>
</tr>
</tbody>
</table>
Table 2 (Continued).

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black/African American</td>
<td>0</td>
</tr>
<tr>
<td>Hispanic/Latinx</td>
<td>1</td>
</tr>
<tr>
<td>Native American</td>
<td>0</td>
</tr>
<tr>
<td>White</td>
<td>15</td>
</tr>
<tr>
<td>Multicultural</td>
<td>1</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td>&quot;Mixed&quot;</td>
<td>1</td>
</tr>
<tr>
<td>&quot;African Human&quot;</td>
<td>1</td>
</tr>
<tr>
<td>&quot;German and Norwegian&quot;</td>
<td>1</td>
</tr>
</tbody>
</table>

I evaluated outreach and marketing documents, observation field notes, and staff and senior center participant interview transcripts, which collectively formed a discursive strand related to “organizational practices.” I analyzed documents and observation field notes using directed content analysis (Hsieh & Shannon, 2005) derived from my theoretical model to consider how LGBT older adults are represented (“legitimacy”) or not (“rhetorical silence”) in language and imagery. My analysis of interview transcripts was both deductive and inductive (Elo & Kyngäs, 2007). I deductively based my coding strategies, including examining how “rhetorical silence”, “legitimacy” and “access to social capital” function in practice, on my theoretical model; I also used my understanding of senior center practices (e.g., “intake and registration” or “marketing and outreach”) to inform coding and categorization. I conventionally approached interview
analysis, allowing codes and categories to emerge from the data (Hsieh & Shannon, 2005), and in some cases adopted in vivo codes to preserve the language of interview participants. For example, “The Front Desk” emerged as a frequent and salient topic of discussion described by both staff and participants with implications for LGBT legitimacy.

**Findings: Defining A “Welcoming Environment”**

Existing research literature and guidebooks developed by LGBT cultural competency providers and researchers (Croghan et al., 2015; National Resource Center on LGBT Aging, 2012) offer some indication of how LGBT older adults describe welcoming organizational practices. These include inclusivity in the intake process, the use of welcoming language in practice, affirmative visual cues, staff training, and inclusive marketing and outreach materials (Croghan et al., 2015). Before examining how the Center’s practice discourse aligns with these best practices, I first consider how the Center’s staff and participants define the concept of a “welcoming environment.” At the outset of both senior center staff and participant interviews, I asked interviewees to define what a “welcoming environment” in general means to them. I then asked interviewees to apply their personal definitions of a “welcoming environment” and reflect on how the Center is welcoming for new participants.

**Welcoming vs. Unwelcoming**

Overall, interviewees perceived the Center’s practices as welcoming to *all* older adults, though staff and participants acknowledge some ways in which the Center can sometimes be unwelcoming to a new participant. I initially coded discourse fragments from interviews describing how the Center’s staff and participants engage new
participants as either “welcoming” or “unwelcoming.” Center staff and participants
describe a welcoming environment in general (as opposed to specifically for LGBT older
adults) as “like being in your living room” and an unwelcoming one as one in which
someone feels “very left out.” During second-cycle coding, I merged responses coded as
welcoming and unwelcoming into the versus code “welcoming versus unwelcoming” and
found, whichever environment they were describing, many participants depicted it using
one of three key elements. Staff and participants described a welcoming versus
unwelcoming environment as being determined by the extent to which the setting and
people in it 1) create a feeling of comfort, 2) speak to new participants, and 3) help a new
participant to understand the rules. These three elements became sub-codes under
“welcoming versus unwelcoming.”

The first aspect is determined by the extent of new participants’ comfort. One
participant described their view of the Center: “And I was really very much impressed of
this particular center because of the activity and the warmth and the welcoming feeling
and so, I got involved with it here.” Another participant contrasted a welcoming
environment to an unwelcoming one, describing an experience in which they felt
uncomfortable because, “It just wasn’t, it was not inclusive at all and I felt very left out.”

For the Center’s staff and participants, the second aspect of a generally
“welcoming environment” (rather than one specifically welcoming to LGBT individuals)
was overwhelmingly defined as one in which individuals are engaged through verbal and
non-verbal communication that acknowledges and recognizes individuals. One
participant described a welcoming environment as “…one who recognizes people, says
their name when possible, and … smiles.” In contrast, another participant reported that
the first time they participated at the Center, “the first time I came, no one said anything to me.” For some participants, initial engagement in a “welcoming environment” also includes a sense of immediacy and intentionality on the part of the individual(s) doing the “speaking” that includes being directly acknowledged and greeted when first entering the building. One participant noted the role that individuals play in immediately and directly engaging new participants stating: “A welcoming environment would be where (pause)…where people are, the staff and volunteers are outwardly welcoming to people. By that I mean greet them and ask them if they have what they need…”

Senior center staff and participants also define a welcoming environment as one in which new participants are given some guidance related to commonly held practices and accepted behaviors. Participants described consistency among peers as another important component of a welcoming environment. One participant explained that a welcoming environment is one in which peers are consistently welcoming and provided the following example of how peers contribute to the construction of the rules, “It means you can, you can sit at a table and people don't say that is somebody else's seat. (laughs) All the time!” The importance of the rules in whether the Center is welcoming is reflected in interview participants’ descriptions of an unwelcoming environment. One participant offered the following characterization of an environment they considered to be unwelcoming, “When someone wanders in and just looks around and doesn't know what to do or where to go or who to talk to.”

Interview participants’ discussions of what constitutes a generally welcoming and unwelcoming environment represent an important starting point from which to consider how the Center can feel welcoming for LGBT older adults. Feeling comfortable, being
spoken to, and understanding the rules of interaction are critical for anyone in a social setting. Even greater nuance is involved for LGBT older adults, as I will describe more fully in my interpretation chapter (Chapter 7). Data from interviews revealed that an unwelcoming environment is one with uncertainty about the rules for interaction. As I will explore in depth in Chapter 7, the extent to which practices or legitimize or silence LGBT older adults has consequences for if and how they can access social capital.

**Welcoming LGBT Participants?**

I then asked staff and participants, the majority of whom did not identify as LGBT, to consider how they thought an LGBT older adult, in particular, might feel attending the Center for the first time. During second-cycle coding, I divided responses on the perceived hospitality of the Center for LGBT older adults into three categories. The first category included responses indicating “uncertainty” in which participants either did not know or expressed a reluctance to “put myself in someone else’s shoes.” Other participants were willing to put themselves in the shoes of LGBT older adults. The second category includes responses in which participants expressed what I termed a “presumption” that LGBT older adults would feel comfortable because the respondents viewed the Center as welcoming for all older adults and/or the broader community as welcoming to LGBT communities. For example, one participant stated, “I think they would feel fine. I don’t think it’s a big deal in [name of neighborhood where the Center is located].”

Finally, a third category included responses expressing “consideration” that an LGBT person attending for the first time may have concerns about what to expect or the potential of being marginalized by the environment. However, ambiguity lies within this
consideration of how LGBT older adults might be marginalized. Ambiguity was reflected by some responses expressing that participants who do not see themselves represented may feel unwelcome. This response was conveyed by some staff and, to a lesser degree, center participants as well. One staff person described the importance of representation, “I mean I think it really depends on how people, um I mean I think people feel unwelcome when they’re not seeing themselves represented.” One Center participant surmised that because the senior center is a more “traditional” service provider, LGBT older adults might not identify with the Center and might question whether or not the Center is welcoming. The participant explained,

I think they might feel like…you know just the term senior center has kind of a connotation to it and I think a very um, white bread ah, traditional, and I would think that people in those groups don’t necessarily identify with those things and so I think they might kind of wonder if they come in would they be seen the same.

The few individuals interviewed who identified as LGBT consider the Center to be welcoming in general and are open about their identities with peers. However, one participant explained that they required time and the development of relationships with their peers before they openly self-disclosed their identity.

**LGBT Visibility versus Invisibility**

To understand how LGBT older adults are “seen” at the Center, we need to consider if they are seen within the context of the Center’s practices. My data reflected a contradiction between awareness of LGBT participation and uncertainty about LGBT participation, particularly among the Center’s participants. When I explicitly and directly asked “how do LGBT older adults participate?”, staff and some participants described
their awareness of LGBT participation. For example, one Center staff person stated, “I know that we have LGBTQ participants in the center that really enjoy coming to the center and they feel welcomed.” Some Center participants also commented on their awareness of LGBT participation including peers, workshop facilitators, and volunteers. Other participants, however, were uncertain or unaware of LGBT participation. For example, one participant plainly noted, “I don’t think I would know.”

Both Center staff and participants were asked how they would know if a Center participant identifies as LGBT. During second cycle coding, I classified responses into three categories: “self-disclosure”, “perceptions of appearance or attire,” and “invisibility.” Regarding self-disclosure, overwhelmingly, both Center staff and participants indicated they would not know if someone identified as LGBT unless an individual chose to self-disclose their identity. One staff member explained that they typically know if a participant is LGBT only if that participant feels comfortable enough to identify themselves, explaining, “I think it just usually comes from self-identification and comfort level.” A center participant noted that the language peers use to self-identify is important and stated, “And you only know if they say something about my partner or something like that.” At the same time, some staff and participants noted that in the absence of self-disclosure there is no way to know if someone identifies as LGBT; the individual’s identity thus remains invisible. For example, one staff person explained, “Boy. I don’t know, I mean it’s one of those, unless they tell me I guess.” Similarly, a participant reported, “unless they came right out and said it, I wouldn't know.”

Others described how perceptions of someone’s clothing or appearance might lead them to assume the person’s identification within the LGBT. Further to this point, both
staff and participants provided examples of an individual who participated at the Center and dressed in a manner that staff and participants viewed as inconsistent with their perception of the individual’s gender. One Center staff person described a participant they assumed identified as LGBT in the following manner, “Um you know, but he, you know, identified as a male but he wore women’s clothes…” Another participant described a peer who they assumed identified as LGBT, “…looks like an old…hippie, older than me, and she wears a bandana and she swaggers [laughing]. She looks like a biker chick.”

Finally, I identified the theme of invisibility in my analysis, as an individual’s identity as LGBT is invisible unless someone chooses to openly self-disclose as such. One participant thought that it would be difficult to identify LGBT peers at the Center, “But I would guess that most people, the LGBT, people if you look at them, you don't know.” A staff member who surmised “…there’s no outward way of knowing,” echoed this sentiment among participants.

The descriptions of LGBT visibility versus invisibility provided by staff and participants place the burden of LGBT identity disclosure, or breaking the silence, on the LGBT participant. One participant was understandably sensitive to the desirability of avoiding “outing” anyone, commenting, “It’s important to not come out for people.” Another participant hinted at internalized silence for LGBT participants who choose not to disclose or are not comfortable disclosing their identity stating, “I mean the thing is what I'm just thinking is people who haven't said anything. It's still there.”

**Practices: “Signing Up” and Asking About Sexual Orientation and Gender Identity**

When LGBT participants “haven’t said anything” about their identity, best practices suggest it may be because they have not been asked, either in a respectful and
confidential manner or at all. For example, SAGE recommends staff should ask all participants about gender identity and sexual orientation during agency intake processes, as well as use language on intake forms that is inclusive of same-sex relationships and families of choice (National Center on LGBT Aging, 2012). Additionally, a study of LGBT older adults identified asking about sexual orientation and gender identity as a sign that an organization is welcoming (Croghan, et al., 2015).

I asked both staff and participants whether the Center’s practices when “signing up” potential participants for programs included questions related to gender identity and sexual orientation. Staff members reported that they are not required to collect data on gender identity and sexual orientation, as is the case for most demographic data for participation in most activities. One staff person explained that no practice or policy for collecting gender identity or sexual orientation data exists, stating, “it definitely hasn’t been something that’s been brought up, you know, specifically for us to start, you know, compiling that data.”

The staff interviewed presume that some staff members are comfortable asking about gender identity and sexual orientation, though at least one described some ambivalence and uncertainty regarding their own comfort level, while another suggested that asking questions about sexual orientation or gender identity, specifically a participant’s identification as transgender, would be new for staff: “I think it’s new for a lot of us to talk about transgender…ism? In terms of practice, asking that demographic question feels unfamiliar.” While the Center does not formally require the collection of information on gender identity or sexual orientation, another staff member reported that the County database in which the Center is required to enter demographic information
specifically for participants seeking access to social services programs\textsuperscript{10} allows staff to indicate an individual’s gender identity and preferred pronouns if the individual discloses these. This staff member explained their approach to including gender identity by capturing participants’ preferred pronoun usage as part of the intake process:

So, we don’t have a specific spot to indicate pronouns but I put that in the notes if someone has indicated, you know, especially if they’re non-binary or trans then I want to put in what their pronouns are for future people that are having contact with them as well as case managers.

Overwhelmingly, the Center participants I interviewed indicated they did not recall being asked about sexual orientation or gender identity during any intake or registration process. Participants reported that the process of “signing up” to participate in many programs is minimal and does not require the collection of any demographic information. The practice of asking about gender identity and sexual orientation thus appears to be limited to participants accessing social services through a program funded by the Center’s contract with the County and to the specific staff engaged in those programs.

\textbf{Practices: Signage, Marketing, and Outreach as Dialogue}

Before a participant even arrives at the point of “signing up” for programs at the Center, they must engage with the Center’s visual discourse. When Center participants approach either of its two entrances, they immediately interact with the intersecting visual and spatial discourse of the Center through its practices, including the signage, marketing, and community outreach materials it displays in public spaces.

\textsuperscript{10} I was not able to interview participants specifically engaged in social services or case management programs due to confidentiality concerns. The center participants I interviewed were those participating in general senior center classes/activities, not additional supportive programs.
Signage

Signs represent the first conversation the Center has with its participants, who enter the Center through either of its two main entrances. SAGE recommends aging services providers prominently display inclusive anti-discrimination statements, rainbow flags, and “safe zone” imagery to signal a welcoming environment (National Resource Center on LGBT Aging, 2012). One Center participant, who identified as LGBT, described the critical importance communicated by LGBT affirming symbols, stating, “That flag. And just that gay flag, I mean, that's an important thing. You know, a little pink triangle, I mean, anything.”

The Center’s practice is to post its anti-discrimination statement and LGBT inclusive imagery at both the front and back entrances. The Center’s formal anti-discrimination policy, which explicitly prohibits discrimination on the basis of gender and sexual orientation consistent with state and local law, is posted in the windows of both the front and back entrances. Figure 3 is a symbol that also appears on a sign at both the front and back entrances. The sign explicitly states, “We stand with our LGBT COMMUNITY MEMBERS” and includes an image of a rainbow-striped heart, a historic symbol of LGBT inclusivity. An additional sign, displayed in Figure 4, is posted at both doors, identifying the Center as a “SAFE ZONE” and featuring a pink triangle symbol, also generally regarded as a symbol of inclusivity in LGBT communities. The sign depicted in Image 2 includes the following language inclusive of sexual orientation and gender identity, “This space RESPECTS all aspects of people including age, race, ethnicity, gender, religion, natural origin language, education, marital status, sexual orientation,
gender identity/expression or variance, physical ability, social-economic status, genetic information, and HIV status”.

Inside the Center, signage (Figure 5) indicates the designation of a gender-neutral and accessible restroom. The inclusion of a gender-neutral restroom specifically provides a form of legitimacy to transgender older adults who may participate at the Center.

Center staff expressed awareness of the presence and significance of LGBT inclusive signage and imagery. One staff person explained the Center’s practice of placing LGBT inclusive imagery, including the rainbow flag, in key locations in the Center: “I mean, we do have some signs at our door that say we’re a welcoming environment and lists different things. We have the rainbow flag and some other things…”

**Figure 3**

*Rainbow Signage Appearing on Front and Back Entrance*
However, despite the prominent presence of LGBT-affirming signs at both entrances, only some participants mentioned their awareness of these symbols, while others seemed less certain about the presence of inclusive signage. One participant expressed a vague sense of inclusive imagery, but lacked certainty, stating, “I, for some reason, I think that on the, in the front of the, there is some kind of a, there's a, a rainbow
brochure or rainbow ... I, maybe that's not in their window.” Finally, some participants did not mention any awareness of the signage.

The Center’s practices regarding signage are consistent with best practices for LGBT inclusion. Staff express awareness of their signage practices and an understanding of the importance of inclusive images. However, Center participants demonstrate a tension between awareness and uncertainty regarding the practices of signage, with some participants aware of the significance of the inclusive signage, while others display only vague or no awareness of it. The lack of awareness of signage among some participants raises the question of whether all Center participants take notice, even when LGBT-inclusive and affirming signage and policies are posted. The signs represent an overt and direct hint of the rules of the Center but may not resonate with heterosexual or cisgender participants who are not looking for them.

**Marketing**

During the interview process, I asked staff and participants to describe the Center’s marketing and outreach practices, specifically how the Center engages or “speaks to” LGBT older adults. Additionally, I reviewed available marketing materials through document review and during observations, for example when flyers were present on the wall or on a resource table. The Center’s marketing is represented by materials, both print and electronic, used to promote and advertise the Center and its activities, as well as those posted in the Center promoting other community partners. SAGE, in its best practices for inclusive LGBT marketing guidelines, encourages providers to assess whether the visual discourse included in marketing materials features same-sex couples and individuals who self-identify as LGBT; it also recommends an organization consider
whether it features LGBT community events, programs, or organizations on its bulletin boards or other materials (National Resource Center on LGBT Aging, 2012).

**Flyers.** The Center posts flyers for upcoming events it will host on bulletin boards in different areas of the Center’s physical space. On each of my visits to the Center, I observed the flyers at both entrances to the building and on the bulletin board in the lobby area. I noted the types of flyers present and any changes since my last visit. The following observation note provides an example of the types of flyers typically posted:

“Flyers for community events happening outside of the center including a Grey Panthers meeting, an upcoming veteran’s event, dementia support group, aging well conference (English and Spanish flyers), Lions Club eyeglasses, and a hearing aid drop-off flyer”.

A bulletin board is placed outside the entrance to the Center’s main room where flyers for “Today’s Events” highlight what is happening on a given day. Examples of flyers posted on the “Today’s Event” board during my observations included a walking group, benefits assistance, an arthritis exercise class, and yoga. None of the flyers posted on the “Today’s Events” bulletin board during my observations contained overtly LGBT inclusive language or imagery. I also observed a flyer rack in the lobby that included flyers and brochures for various community programs and resources. The flyer rack was labeled by topic and included the following sections: “Mental Health and Substance Abuse,” “Organizational and Community Resources,” and “Criminal Justice and Legal Services.” In my observations, the flyers in the rack were neither produced by LGBT-specific organizations or resources nor contained any LGBT inclusive imagery.

SAGE also notes that posting flyers advertising community events offered by LGBT organizations serves as one way in which aging services providers can promote
inclusivity (National Center on LGBT Aging, 2012). On two occasions, I noted LGBT-specific flyers displayed at the Center. In the first case, I observed a flyer posted on the bulletin board in the lobby that I documented with the following observation note:

I observed some new flyers on the bulletin board advertising upcoming community events. One of these events is a book launch party being held at the local LGBT community center. While the flyer is not an event being held by the senior center, it is an advertisement for an event being held in an LGBT safe space.

In this case, the Center’s physical space was being used to promote an upcoming event offered by a local LGBT community provider. During a separate visit, I observed a flyer on the bulletin board in the multi-purpose space promoting an upcoming holiday event for “LGBT Seniors and Allies” hosted by a local LGBT organization at another community site.

**Newsletter.** Center staff and participants also described the Center’s bi-monthly newsletter as one of the main ways new and ongoing participants become and remain engaged with “what’s going on” at the Center. Center participants report looking forward to receiving the newsletter to keep up to date with its current happenings. The newsletter includes descriptions of upcoming events, workshops, and programs at the center. It also features advertisements for local businesses and organizations. The two issues of the newsletter I reviewed did not include any overtly LGBT inclusive imagery, content, upcoming workshops, programming, activities, or advertisements. One staff person commented that any LGBT inclusive language or imagery in the newsletter seemed unlikely unless the Center were to offer some type of LGBT-specific programming. The
staff person asserted, “I don’t see it happening in the newsletter unless we had a specific presentation or workshop or something that was geared toward that.”

However, one activity described in the newsletter did subtly imply LGBT inclusivity. I noted a description of an upcoming film being shown at the Center that included content related to a same-sex relationship. The description read as follows, “In 1980s Italy, a romance blossoms between a 17-year-old student and the older man hired as his father’s research assistant”. A careful reading of the pronouns (“man” and “his”) used in the description is required to detect the film’s LGBT theme, which involves an intergenerational same-sex relationship. The inclusion of a film with LGBT themes is consistent with best practices for implementing inclusive programming (National Center on LGBT Aging, 2012), though whether the Center decided to show the film specifically for that purpose or the LGBT content was merely a coincidence remains unclear.

**Website and Social Media.** The Center maintains a website and social media presence on Facebook. The website contains a homepage with a general overview of the Center and events calendar, in addition to pages labeled “About,” “Activities,” “Get Involved,” “Support Services,” “What’s New,” and “Contact.” Staff reported some uncertainty regarding whether the website includes LGBT-affirming imagery or language. One staff person remarked, “I have not looked at our website in a while to make sure it has, like, rainbow things on there.” My review of the Center’s website noted an absence of LGBT-inclusive imagery, including a lack of rainbow flags or other symbols regarded as LGBT affirming. I could not find any evidence of LGBT-specific programming on the sections of the website outlining programs, services, and activities. The photographic images on the website are neutral, primarily showing an individual or several older adults
engaged in various Center activities, but not indicating any hints regarding sexual orientation at all. No photos explicitly or intentionally depict LGBT-inclusive imagery (i.e., a same-sex couple or image with an LGBT inclusive symbol).

I also reviewed the Center’s Facebook page for a six-month period (July 2018-December 2018), which included over 150 posts. The types of posts included advertisements for upcoming classes and programs, photographs from Center activities and events, educational posts (e.g., posts on topics related to health and wellness or falls prevention), various holiday greetings, and general informational posts (e.g., Center closures). During the period reviewed, no posts or photos explicitly included LGBT-affirming symbols, imagery, or language. No posts advertised LGBT-specific programming. When present, photographs in posts were neutral and primarily featured Center participants engaging in activities and events with no hint of sexual orientation or identity.

**Outreach and Community Engagement**

The Center’s outreach includes its staff and volunteers seeking to engage new participants through working with community partners and its representation at community events. Visual discourse, such as flyers, may also be distributed when Center staff or volunteers participate in outreach activities at community events and resource fairs. For example, one participant explained they also serve as a volunteer representing the Center at community events and described attending a recent “tabling event.” Both staff and participants report the inclusion of participation in various community events, including LGBT-specific events, among the Center’s community engagement practices. Center staff also report concentrated outreach efforts at a local LGBT older adult meal
program to encourage participants there to come to the Center. The staff explained LGBT meal site outreach in the following manner,

And we have a number of participants from the [LGBT] meal site who also come to the senior center and that’s through the time of going over to the center at different times and talking about different programs and activities.

The practices of marketing and outreach at the Center contain mixed messages for LGBT older adults. In some ways, the Center’s practices explicitly “speak” to LGBT older adults through inclusive signage, flyers advertising LGBT community events, and occasional outreach at LGBT community events. In other areas, including the Center’s newsletter, website, and social media, directly LGBT-inclusive content is lacking, which, while not intentionally exclusive, also does not indicate inclusion. In the next section, I evaluate another of the Center’s practices, the role volunteers play in the organization, as well as the tacit or informal rules involved that may have implications for LGBT older adults.

**Informal Rules: Volunteers as Gatekeepers to Accessing Social Capital**

One of the key areas of organizational practice that emerged inductively during the interview process was the role volunteers play at the Center. Staff and participants both report the Center regularly engages volunteers, who are also Center participants (older adults), to serve in key volunteer capacities including community outreach as well as at its “Front Desk,” a critical space for accessing social capital at the Center. Volunteer staffing frees up staff time for other pressing responsibilities and allows older adults’ first contact to be with a peer. One staff person explained the Center’s practices and philosophy related to staffing the front desk: “Sure, so I mean we tend to try to have, our
front desk is staffed by volunteers which are seniors typically…um so that I think it contributes to the welcoming environment”.

A participant explained the central role of the front desk in welcoming and engaging new participants, stating, “I think one of the things I've noticed, it, usually it's at the front desk is that first step.” “The Front Desk” and those who staff it serve as gatekeepers who orient new participants to the rules of the Center and guide participants toward accessing social capital through its programs. A few Center participants interviewed shared that they volunteer at “The Front Desk” and described their roles. One volunteer described The Front Desk as critical to “directing the flow of traffic” and assisting participants with admittance to the right place, explaining, “We direct the traffic. Somebody has a question and they want, they need some assistance, and the receptionist knows where to send them.” Another volunteer described their role at the Front Desk as providing an opportunity to directly interact with peers and encourage them to access programs. In this manner, the Front Desk also proves critical to influencing how participants access social capital through the Center’s programs and activities. The volunteer explained,

Well just sitting at the front desk, um, I have an opportunity to talk to people who are one-on-one and encourage them to try out something whether it be yoga, or tai chi, or an art class and, uh, be enthusiastic about it as I present it.

During my observational visits, the Front Desk functioned as gatekeeping physical and social space within the Center. The interactions I observed at the Front Desk usually included individuals requesting information, checking in for programs, and talking with peers. I also observed that “The Front Desk” served as a space within which
conversational discourse about LGBT older adults may occur. During one visit, I noted a
group of center participants discussing a gender non-conforming individual with the
appropriate use of the pronoun “they”. The following is an excerpt from a field note
documenting the interaction:

…participants [are] having a conversation about an individual who they said
identifies as a “cross dresser” which led to a discussion of the use of the pronoun
“they” as well as gender-neutral terms such as “Latinx.” The discussion was
matter-of-fact and did not have a negative tone with participants seeming to try to
make sense of gender-neutral pronoun usage.

The Center’s practice of designating the front desk as a physical space staffed primarily
by older adult volunteers constructs several norms, or regularities, with which new
participants engage. First, the location of the Front Desk—between the Center’s entrance
and “Main Room”—encourages participants to stop at The Front Desk before proceeding
into program spaces, classrooms, and staff offices. Second, the Front Desk volunteers are
given authority by staff and recognized by participants as gatekeepers who guide them in
understanding the rules of the Center and accessing social capital.

Summary

At the Center, staff and participants define a “welcoming environment” as one
that emanates a feeling of comfort, speaks directly to participants, and provides clarity
about the rules. However, views are divided on the questions of whether an LGBT older
adult would feel welcome at the Center. In fact, when asked which demographics
participate at the Center, neither staff nor participants mentioned LGBT older adults,
suggesting that either LGBT older adults do not participate or that they do so outside the
consciousness (habitus) of others at the Center—in silence. However, when directly asked about the participation of LGBT older adults, staff and some participants describe instances of awareness of LGBT older adults, illustrating the tension between visibility and invisibility.

Further, staff and participants articulated the informal rule that most would not know if a participant identified as LGBT unless the person self discloses their identity. As the Center’s signing up practices do not generally inquire about sexual orientation and gender identity routinely (except in some social services programs)—a best practice for LGBT inclusion (National Resource Center on LGBT Aging, 2012)—LGBT older adults are not necessarily “seen” at the Center.

When considering how meaning is constructed in institutional settings, practices related to semiotic (i.e. symbols) or visual discourse (i.e. signs) also play a role in establishing the rules (Mayr, 2015). The Center’s practice discourse, which includes the extent to which the existence of LGBT older adults is reflected in intake, marketing, and outreach, constructs mixed messages on this matter. The Center directly “speaks” to LGBT older adults through signs indicating the inclusion of sexual orientation and gender identity in the Center’s anti-discrimination policies as well as a gender-neutral restroom. The Center also “speaks” to LGBT older adults through flyers sharing LGBT-inclusive events in the community and outreach at community events specifically targeting LGBT older adults. In these ways, the Center can be said to be directly affirming in its outreach efforts. Despite these points, the Center’s visual marketing materials—including its newsletter, website, and social media—lack directly LGBT-inclusive content.
Finally, one unanticipated finding is the extent to which the Center engages volunteers at the Front Desk. Both the physical location of and linguistic capital ascribed to the Front Desk volunteers gives them the ability “to speak” and influence others within the Center. Participants go to the Front Desk to seek information about the Center’s programs and services. Its volunteers are given authority by Center staff to guide participants to understand the Center’s rules. In this way, Front Desk volunteers have legitimacy and function as gatekeepers to accessing the programs and services—the social capital—the Center provides.

Similar to the tension in policy discourse, a parallel tension exists in the Center’s practices that contains the potential to both legitimize and silence LGBT older adults, the implications of which I will discuss in more depth within the context of my theoretical framework in Chapter 7 and within practice in Chapter 8. The Center’s organizational practices send mixed messages to LGBT participants, legitimizing them in some respects, but contributing to invisibility (silence) in others. Additionally, the lack of an inclusive intake process represents a missed opportunity to include questions about sexual orientation and gender identity that are considered a best practice for LGBT affirmation (legitimization). Finally, the gatekeeping role Front Desk volunteers play at the Center provides a segue into the next critical element that must be considered within my theoretical framework. In Chapter 4, I presented my findings regarding policy, while in this chapter, I described my findings related to my analysis of practices. According to my framework, one critical element remains for the setting of rules (particularly informal ones), silencing (or not), and legitimizing (or not). This element is the perspectives of
senior center participants and the role played by peer dynamics in creating a welcoming environment for LGBT older adults.

Chapter 6: “Do I Step Up?” Peer Discourse and LGBT Older Adults

Do I step up and say you know…my philosophy is everybody’s great as long as they’re not hurting anybody else? And I want to convey that, but I don’t know how.

- Center Participant

In Chapters 4 and 5, I described how the policy landscape and the Center’s organizational practices contribute to the legitimization or silencing of LGBT older adults by the Center, as well as the interpretation of policy and implementation of practices by staff. However, these policies and practices do not occur in isolation. Individuals or “agents” are always engaged with habitus at both the individual and collective levels (Bourdieu, 1994, p. 278). Those within a social setting thus also play a role in establishing and reinforcing the rules and habitus. As I illustrate in Figure 1, the rules and habitus have consequences for who is legitimized and able to access social capital. To more fully understand the elements that construct this habitus—particularly around legitimacy on the one hand and silencing on the other—I also considered how, in practical terms, the dynamics of inclusion and exclusion or sanctioning and suppressing play out on the ground by considering how senior center participants describe their informal rules of engagement with LGBT peers. What are the conversations senior center participants are having with or about LGBT peers and how do these discussions legitimize or silence LGBT older adults?
In Chapter 5, I discussed how my data demonstrated that several of the Center’s practices (informal rules) around new participant engagement rely on volunteers who are themselves Center participants. Therefore, the perspectives of participants prove critical not only as guides to the informal rules of social interaction but also as reflections upon their role as gatekeepers to social capital at the Center. Social capital is defined as the extent to which one can accumulate resources (Lamaison, 1986). Interactions with peers and the extent to which LGBT older adults are legitimized or silenced in these interactions has implications for if and how an LGBT older adult accesses social capital at the Center, as I will discuss in much greater depth in Chapter 7. For example, in a mainstream setting, an LGBT older adult may be confronted with homophobia or need to make choices about the disclosure of their identity. Experiencing a microaggression may dissuade an LGBT older adult from participation and prove the tipping factor for whether an LGBT older adult participates and can build social capital within the Center.

The discourse between peers and the rules that govern these interactions can be interpreted within recent literature on LGBT allyship. An LGBT ally can be defined as an individual who identifies as heterosexual and/or cisgender who works to understand the needs and experiences of LGBT groups and challenge systemic oppression (Jones et al., 2014). While a body of literature addresses LGBT allyship, studies tend to focus on school-based or university contexts or among staff in professional settings. The research to date has not yet considered the concept of allyship among older adults broadly or within the context of a senior center setting specifically.

A 2014 study validating the LGBT Ally Identity Measure (AIM), a survey tool to assess individual allyship, identifies the three key domains of allyship including
awareness of oppression, knowledge and skills, and openness and support toward LGBT peers (Jones et al., 2014). These domains impact what an LGBT older adult may experience at the Center and serve as an organizing structure for this chapter. In this chapter, I explore how the perspectives and discourse of senior center participants contribute to how the Center is welcoming or unwelcoming— legitimizing or silencing—or somewhere in between for LGBT elders.

**Methods**

I interviewed both senior center participants and staff, using methods described in more depth in Chapters 3 and 5, to understand how senior center participants view LGBT older adults. I asked senior center participants questions designed to elicit their personal perspectives on LGBT programs and LGBT peers, as well as their thoughts on senior center participants’ general perceptions of LGBT programs and peers. I also asked center participants to respond to three scenarios: how they would engage a new peer, how they would respond to a homophobic peer, and how they would respond to a peer disclosing an LGBT identity. I asked staff to share their perceptions of senior center participants’ receptivity to LGBT programming and peers. During the second-cycle and more focused coding, I identified overarching categories descriptively derived from my interview questions, which ultimately coalesced around domains supported by recent research on LGBT allyship, including awareness of LGBT issues, knowledge and skill, and receptivity to and support of LGBT peers (Jones et al., 2014). I simultaneously applied theoretical coding and deductive reasoning to understand the implications of silence and legitimacy for access to social capital in my theoretical model.
Findings

Center participants describe peer dynamics as playing an essential part in the welcoming of new participants in general to the Center. Specifically, when reflecting on their own initial experiences at the center, participants established peer engagement—being approached, spoken to, and supported by peers in various activities or workshops—as a critical aspect of their initial feeling of welcome. An overarching discourse among senior center participants identifies peer dynamics as a critical component in the extent to which new participants, regardless of sexual orientation and gender identity, are welcomed at the center. Another critical aspect is the role of Center participants who serve in various volunteer capacities, as explained by one staff person,

… I mean some are really welcoming and I think are, um, some of our participants especially ones who are involved maybe on our advisory committee or volunteering in some other way, I think they can be really, they’re good about new people coming and just, um, chatting.

As peers function as gatekeepers to social capital, such as when volunteers at the Front Desk greet new participants upon arrival, understanding peer awareness of and knowledge and skills to engage LGBT peers is also critical. The process of peers “chatting” with one another is a form of discourse, a dialogue within which there is the potential to facilitate or impede an LGBT peer’s path to accessing social capital.

Center Participants’ LGBT Awareness and Comfort Levels

Most of the Center participants interviewed reported awareness of LGBT communities and the historical oppression of LGBT communities through personal experiences with members. Several participants described LGBT individuals within their
families, including siblings, children, grandchildren, past partners, and in some cases among close friends. Others interviewed reported interacting with LGBT neighbors, peers in community-related activities, and/or community members through past professional experiences. Additionally, several participants cited the visible LGBT community in the city in which the Center is located as informing their awareness. Participants noted the perception of the city in which the Center is located as politically progressive and containing a visible LGBT community and thus assume LGBT older adults are likely participating at the Center regardless of their openness about their identities.

The Center participants interviewed were generally familiar with and in many cases are aware of interacting with LGBT peers. Despite these experiences with LGBT communities, participants described varying comfort levels with LGBT peers as well as questions about sexual orientation and gender identity. In the next sections, I present findings related to Center participants’ comfort levels interacting with LGBT peers and answering questions about sexual orientation and gender identity (if these were required as part of the Center’s “signing up” process). In both domains, participants’ responses fell into three categories: “comfortable,” “uncomfortable,” and “ambivalent.”

**Comfort Level: Interacting with LGBT Peers.** I asked staff to describe their perceptions of Center participants’ comfort level with LGBT peers. Generally, staff stated their impressions that the majority of the Center participants (though certainly not all) are comfortable interacting with LGBT peers. Center participants were asked to describe their comfort level interacting with a peer if they knew that peer identified as LGBT. Among participants, responses varied, ranging from people who expressed ease at the thought to those who indicated some discomfort.
One staff person estimated the majority of the Center’s participants are comfortable with LGBT peers, stating that “I think 90% of our participants don’t really have a problem.” Many of the participants I interviewed indicated they would “be fine” with LGBT peers as one staff person explained, “I have no problem with it. I have some very close friends that are ... Yeah.” However, responses indicating comfort did not always clarify whether Center participants had actually interacted with LGBT peers at the Center. Instead, such responses seemed to be speculative, indicating they would hypothetically be comfortable doing so if that was the case.

Other Center participants either expressed some discomfort or felt other participants would be uncomfortable, particularly around transgender peers. One participant explained what they seemed to imply was a general “wave of discomfort” with regard to transgender or gender non-conforming peers:

I, you know, I don’t want to be Pollyanna-ish, because they’re very definitely if somebody comes in, and they look trans, you know, got somebody with an Adam’s apple dressed in a cocktail dress, um, there’s a wave of discomfort.

Staff also provided anecdotal examples of instances in which they were forced to intervene when some participants expressed a lack of comfort with gender non-conforming peers. In one case, Center participants conveyed discomfort with a peer who identified as one gender but dressed in clothes not traditionally associated with that gender. The staff person described the following:

And there were a number of times where…people were making comments…and we had to talk to them. He felt really comfortable just being like this is ridiculous, you need to get over it, I’m in a dress, like not an issue. And um but yeah, people
were like why is, why is, that person should not be going in the bathroom… and there are people who are somewhat closeminded…

Other center participants felt that LGBT peers were “no different than anyone else” or that it “doesn’t matter” if a peer identifies as LGBT. Such responses generally contained a tone of ambivalence and therefore expressed ambiguity at the participant’s actual level of comfort were they to experience the situation. More critically, such responses fail to account for the historical marginalization LGBT older adults may have experienced across their lifetimes, which may cause their experiences to differ from those of heterosexual and cisgender peers. One participant described their comfort level with LGBT peers in the following manner, “Um … and again, to me, I don't care if you're LGBT, or purple, or black or ...it doesn't matter.” Responses that claim to be blind to sexual orientation and gender identity, however, function as a form of silence as they fail to account for the historical marginalization LGBT peers may have endured.

**Comfort Level: Responding to Sexual Orientation & Gender Identity (SOGI)**

**Questions.** In Chapter 5, I specifically explored the extent to which staff ask participants about sexual orientation and gender identity (SOGI) as part of program intake and registration processes. I demonstrated that the Center does not ask participants to provide much demographic information as a practice, though staff signing participants up for some social services programs do ask questions in ways that endeavor to affirm LGBT identities. However, knowing that best practices suggest including this practice, I sought in this study to understand how participants would feel about being asked SOGI questions should the Center choose to implement these to better align with the promotion of LGBT inclusivity.
Participant responses ranged from comfortable, to being “turned off” (uncomfortable), to “ambiguous” responses, which included those that indicated either ambivalence (“doesn’t matter either way”) or uncertainty. A few interview participants indicated they would be “very comfortable” or would have “no problem” answering SOGI questions and seemed to understand why such inquiries might be important to ask in the collection of demographic information. Others, however, clearly indicated they or their peers would be uncomfortable with doing so. As one participant stated, “I don’t think I would like it that much,” while another explicitly stated, “I would resent it.” Some participants also felt that there would be other participants who would also be “turned off,” as one explained, “But there are a lot of people that that would totally turn them off.” Another participant disapproved of demographic information collection in general, believing such identity categories are “dynamic” rather than static and “serve no purpose that I can think of.” Others were simply ambiguous or indifferent, expressed by one person when they said, “Me, I don't care.” Participants’ comfort levels regarding SOGI questions suggest that the Center could encounter varying responses from participants were they to implement SOGI questions in data collection to align with best practices for LGBT inclusion.

**Center Participants’ Knowledge and Skill Interacting with LGBT Peers**

Responding to homophobia and LGBT identity affirmation, theoretically, can function as a form of counter-discourse, challenging historic norms of homophobia and heteronormativity in casual peer discourse. Practically, responding to homophobia among peers or reacting to LGBT identity disclosure requires a certain set of knowledge and skills. To better understand the role of peer dynamics and participants’ knowledge and
skill with creating welcoming environments for LGBT older adults, I asked Center participants interviewed to respond to three different peer scenarios. The scenarios asked participants to share how they would respond to a socially isolated peer generally (regardless of whether they identified as LGBT), how they would respond to a homophobic comment made by a peer, and how they would respond to a peer disclosing LGBT identity. To minimize social desirability bias, I reassured participants that there were no right or wrong responses. I coded these responses inductively as I did not form preconceived notions of how participants would respond.

**Responding to Peer Isolation.** The first scenario asked participants to consider how they would respond to seeing a new participant sitting by themselves in the lunchroom. Overwhelmingly, participant responses were categorized as “Peer Engagement” with nuanced secondary codes indicating participants would either “Take Initiative,” “Extend Invitation,” or “Ask Permission” to sit with peers. In each of these cases, senior center participants indicated they would directly engage the peer. Several participants reported they would take the initiative to go to the isolated peer’s table, introduce themselves, and sit with the person. One person described their approach to seeing a peer alone: “[I would] usually go and sit with somebody if they're by themselves.”

Other participants reported they would introduce themselves to the peer and extend an invitation to join their table. One participant described observing instances of peers engaging new participants: “Right, um, we’ve had people come in and just sit by themselves and I’ve seen people go over and say ‘are you new, why don’t you come sit at our table.’” Participants described specific examples of instances in which they have
either extended an invitation to someone to join them or been engaged by others in similar situations; as one noted, “We've done things like that’ I've seen that happen too.” In my observations of meal programs, individuals rarely sat alone for more than a few minutes. I documented an instance in which I observed one participant invite another to their table and introduce them to others at their table:

> There is an individual sitting alone who is approached by another participant and joins a table and is introduced to others at the table. I cannot hear whether or not the two individuals know one another or if this is a new participant. Regardless, the interaction appears inclusive in nature.

Another participant recounted how they were invited to join a table by a peer during one of their initial experiences at the Center:

> [The] second time I came it was for pizza and a lady said, I’m sitting alone at the table and she said, oh don’t sit by yourself, come sit with us. And that’s the answer. I tell all the ladies, if you see someone you don’t recognize, invite them to come sit with you because it’s so important.

A third category of responses involved asking the isolated peer’s permission to join them. As one participant explained, “I might go over and say, gee, can I join you?”

Subtle distinctions can be seen in how Center participants approach peer engagement. Some take the initiative and sit down and others invite the person to join them, while a third group asks permission to join the peer. Regardless of the approach, all interviewees indicated they would respond to a peer sitting alone at lunch with some degree of direct peer engagement and illustrated the social skills necessary to engage with peers. The majority of Center participants indicated they had either previously or would
directly engage a new participant sitting alone. Directly engaging new participants or isolated peers, in general, can thus be surmised to represent an informal rule at the Center, a theme that will continue to develop as we consider the next scenarios.

**Direct vs. Indirect Responses to Homophobia.** Participants were then asked to respond to two hypothetical scenarios involving peer homophobia and LGBT peer identity disclosure. Both of these scenarios reveal a tension between direct and indirect communication—with some participants directly supporting and affirming LGBT peers and others not doing so. Participants were asked to continue with the scenario of seeing a new participant sitting by themselves at lunch but consider the addition of the following event:

You then point out the new participant to the others at your table and suggest inviting the person to join your table. Before you get up to do so, one of the people at your table comments in a negative tone that they “heard he is gay.” How would you respond?

Participants provided a nuanced continuum of responses with four coding categories emerging which include “confrontational,” “rational,” “dismissive,” and “passive.” These four categories can be further divided into direct and indirect responses, as I will illustrate.

In the first category of responses, participants indicated they would respond in a “confrontational” manner by directly challenging and perhaps even verbally chastising the person who made the homophobic remark. For example, one participant explained, “I might, I might be more confrontational with the person who said that, meaning, saying something like you mean they can’t sit with us because of that?”. Others responded with
even more emphatic declarations of how they would challenge peers, including one person’s response: “I would probably say, what would I say? I would say, don't be an asshole. Um, that you need to leave the table. Go ahead and proceed.”

The second category of responses were those in which the participant directly responded to the homophobic comment and appealed to the commenter through a “rational” approach grounded in the purpose and norms of the Center. For example, one participant believed they would respond to a homophobic peer in the following manner:

I would speak out and say everybody is welcome here, and we don't segregate anybody here. Everybody's welcome to partake and join us, sit wherever they like. And, oh, and then I sometimes do this. I always refer to this is America, where everybody has the freedom to do, their, um, to live as they wish.

Others would try to convince the homophobic peer of the commonalities shared with the LGBT peer—age, participation at the Center, and access to similar programs: “In my opinion, this center is supposed to be open to everyone who is an older adult.”

Both the confrontational and rational approaches involve directly engaging the individual who made the homophobic comment. In both cases, the participant would directly address the homophobic peer, acknowledge that a homophobic comment was made, and challenge the peer for the comment. The participant’s disapproval of the homophobic comment is thus directly articulated, though the method for doing so may vary between those who are confrontational and those who try to rationalize with the homophobic peer about the inappropriateness of the comment. In both cases, the participant is directly engaging with the homophobic peer in an attempt to directly challenge the comment and potentially alter the person’s consciousness.
A third category of responses can be characterized as dismissive. In these responses, participants indicated they would voice their displeasure and either physically walk away and/or non-verbally dismiss (i.e., with a wave of the hand or an eyeroll) the person who had made the comment. For example, one participant explained how they would respond:

Yeah. I just would say no way and I might just get up and move over to the other table because I don't approve of her narrow-mindedness.” Another said they would respond by saying, “Hmmm. I would say, I don’t see how that would matter and just get up and go and do whatever I was planning to do.” Those who respond dismissively make their disapproval known but retreat from engaging in any further dialogue regarding the homophobic comment.

Finally, a few participants indicated they would respond passively and would be internally uncomfortable with the homophobic comment but would not outwardly express their discomfort. For example, one participant explained how they would internalize their discomfort, rather than outwardly stating their disapproval:

Internally I'm sure I would do what I just did, and that's sigh and roll my eyes to myself … That, and, um, uh, that's the only thing I can do is direct it to myself, saying I'm not comfortable with that. Uh, and hope that that person gets the message that we're done in that kind of a conversation.

Passive approaches fail to counter homophobia as the homophobic peer’s behavior remains unchecked. Both the dismissive and passive approaches to addressing the homophobic comment can be characterized as indirect, with the participant declining to engage the person who made the comment in further dialogue.
In responding to this scenario, participants also did not hesitate to provide examples illustrating that isolated incidents of homophobic discourse occur among peers in the Center. A few participants referenced a situation at the Center involving the showing of a film with LGBT characters and themes which included sexual scenes. One participant recounted that they observed a few peers approach staff after the film to express discomfort with the film’s content. Another participant described hearing a peer make blatantly homophobic remarks about the film and described their reaction to the peer’s comment as follows: “And I said, who says that? I’ve never heard anybody say something so mean. And then try to influence everybody else not to go to the movie. So, I won’t even sit next to [them] anymore”.

The response above is an example of the complexity of peer dynamics in a senior center setting. The participant initially directly addresses the person who made the homophobic comment in a confrontational manner but, moving forward, dismisses the homophobic peer by avoiding them (an indirect response).

Thus, Center participants’ hypothetical responses to homophobic peers remain ambiguous. Some may respond in a confrontational or rational manner that directly communicates a counter-discourse of disapproval to the homophobic peer. However, Center participants who respond indirectly through either a dismissive or passive response, while saving themselves from engaging in any uncomfortable dialogue, also absolve the homophobic peer in the process— in effect possibly appearing to tacitly agree with the comment even though that may not describe their internal beliefs. Indirect responses to homophobia can therefore be characterized as ambiguous in the extent to which they affirm LGBT older adults.
Direct vs. Indirect Responses to Peer LGBT Identity Disclosure. I asked Center participants to respond to a third scenario in which they reflected on how they would respond to a peer disclosing they identified as LGBT. I asked participants to consider the following situation:

You are in your favorite class at the center and notice there is a new member in the class, who sits down next to you and introduces herself. You begin chatting as you wait for the class to begin. During the conversation, the new member mentions that she has a wife. How do you respond?

Within this scenario, again a continuum of nuanced responses emerged. Resembling responses to peer homophobia, responses to peer LGBT identity disclosure can also be described as including both indirect and direct dialogue. I organized responses into three categories, two of which fall under the indirect label and one that was direct. The first category of responses included instances in which the participant indicated their acceptance of the peer identity disclosure. Responses of acceptance included those where participants said they would accept the disclosure internally without comment. Examples of acceptance include comments such as the following: “I don't have ... I mean, I, I wouldn't have any kind of um, shock or, or ... I mean, I would just lis-accept it.” Another example of acceptance that illustrates the passive nature of an indirect response is evident in the following participant’s discussion of how they would respond without outwardly acknowledging the disclosure: “I just keep talking...about whatever we're talking about 'cause I've had that happen to me before. Um, so it's more about what we're talking about then, um, specifics…”

The second set of responses are ones in which participants normalize the peer’s
LGBT identity disclosure and respond as they would if the person disclosed they were in a heterosexual relationship, “just like normal.” One participant explained they would respond, “No different than if, if she said she had a husband.” Another participant responded similarly with an example of heteronormativity stating they would reply in the same way as if the person was heterosexual, “I guess I would just respond as if it was more typical and if it was a guy who said my wife’s name is Sally, I mean what…what am I supposed to [do].” In these instances, participants again do not necessarily validate the disclosure.

The third set of responses include ones in which the participant’s response to the peer indicates they not only hear the peer’s self-disclosure but also validate it, through affirmative statements that reflect their language. An affirming response to peer identity disclosure is reflected in the following Center participant’s response:

I might ask what her name was, the wife’s name. I might ask if they’ve been partners for a long time. I might ask if they have kids. I might ask if they live locally. I might ask how did you meet?

In this case, the response directly validates and affirms the identity of the person making the disclosure, reinforcing their sense of being heard by the listener.

**Receptivity vs. Resistance: Perspectives on Learning to Support LGBT Peers**

In some cases, the Center participants I interviewed indicated openness to learning how to more effectively support LGBT peers, while others believed themselves to already either already possess these skills or were uninterested. Interview participants also shared their perspectives on peers’ and reported some peers may be resistant. In this section, I consider how receptivity and resistance function among Center participants,
especially regarding the use of LGBT-inclusive language and participation in programs to learn more about LGBT communities.

**Receptivity: “I Will Try”**. While I did not specifically ask participants about their use of LGBT inclusive language, it emerged as an important element described by Center participants related to supporting LGBT peers. The recent research discussed in Chapter 1 reveals that LGBT older adults view the use of inclusive language in routine discourse as an indicator of a welcoming environment (Croghan et al., 2015). Center participants appear to be conscious of their use of LGBT-inclusive language. The discussion of inclusive language among Center participants is best described as one characterized by not only uncertainty but also a general willingness and desire to learn.

In some instances, participants asked me to clarify their use of acronyms or language as they were responding to the interview questions and were conscious of wanting to use “the right term.” For example, one participant sought clarification from me on how to describe the process of transitioning, asking, “Or transgendering? Is that the right… is that a better word?” Several participants expressed confusion and uncertainty about the acronym “LGBT.” For example, one center participant stated, “You know, I never get the letters right…when I was growing up it was lesbians and gays… And they ... Um, uh, or, or, or trans- transets- Transgenders.”

Center participants are also confronted with negotiating the shifting and expansive discourse used to describe contemporary LGBT communities in which transgender and gender non-conforming individuals are increasingly visible. One staff person summarized the generational challenges related to using LGBT inclusive language among senior center participants specifically related to gender identity:
…to expect our seniors who maybe don’t have as much exposure to that to really know what that is, [right] I think um is expecting a bit much. I’m not saying that, they shouldn’t be, that seniors, um, should be expected to be discriminatory, or if they are that it should be just blown off because of their age.

Participants also reported uncertainty with language related to pronoun usage when referring to the transgender community and gender non-conforming individuals. One participant reported using the inclusive gender-neutral pronoun “they” in the singular presents a challenge. The participant recounted a conversation they recently had with a peer in which they shared both uncertainty about inclusive language and a willingness to “try”:

I said, ‘For me to change that, first of all, it just ... I would spot somebody who was illiterate within seconds because of the way they use language. So it's very hard for me to change that... I don't have to use it... for everybody. And I know that. And I will try.

Participants also reported engaging in dialogue with younger family members on whom they rely to help them make sense of evolving inclusive language. One participant described a recent conversation in which their granddaughter corrected the participant’s pronoun usage, “I mean I get it ... Even my granddaughter, ‘They, Grandma. They, Grandma.’ Thank you’ I'll try.” In sharing their uncertainty, participants’ tones generally included a willingness and receptivity to “try” to use inclusive language. The distinction between sexual orientation and gender identity also presents challenges for participants. A staff member who asks participants about gender identity during an intake process reported that participants are often confused when asked about their gender identity:
I’ve asked about gender before, it’s [a] common confusion when I’m on the phone that people think I’m asking about their sexual orientation so I’ve had people disclose an LGBTQ sexual orientation status when I’m asking about their gender identity and so I’ve clarified for them and those involved and they’re positive interactions.

Participants also demonstrated self-awareness of and self-reflection on their own discourse or use of language in social interactions and expressed a desire to be inclusive. One participant reflected on an incident in which they were concerned they may have offended a same-sex couple at a Center event because they greeted the couple as “girls.” The participant immediately realized that they were not certain if the two individuals to whom they were referring identified as female: “As soon as it came out of my mouth I thought, I wonder if that was a negative thing to say.” The tension evident between participants’ uncertainty and willingness “to try” to use LGBT inclusive language suggests Center participants might be amenable to further education on the topic. As one participant stated, “I'll give it my best shot. But that's all I can…and if you feel comfortable correcting me each time, I have no problem with that.”

**Resistance: “Tough Nuts to Crack”**. During the interview process, I asked staff and participants questions to better understand their thoughts on participating in programming to learn more about LGBT communities. Staff and participants were also asked to share how they believe other Center participants would view such programs. Speaking for themselves, some participants seemed receptive to participating in LGBT education programs, while others indicated resistance. Similarly, their perceptions of
what their peers would do seemed mixed. Some participants thought peers would be generally receptive while others predicted some resistance.

In general, resistance was not necessarily described in directly oppositional terms. As with so many of my other findings, resistance reflected ambiguity. In some cases, participants did not personally view a need to engage in LGBT education themselves because they either viewed themselves as already self-aware regarding LGBT issues and/or viewed LGBT older adults as welcome at the Center by virtue of being older adults. In speculating on peers’ views on participating in LGBT education, participants also did not describe resistance as outwardly oppositional but rather explained that some individuals might “not like it” or might just not be interested.

I asked participants to elaborate on why some participants might be resistant and what might make participants more open or receptive to workshops or programs to learn about LGBT older adults. Participants explained that some peers are “tough nuts to crack” as a result of conservative or religious backgrounds; as one participant explained, “Just prejudices that they've grown up with and with their religion also.” Others felt that some peers simply do not see a need for LGBT education, not necessarily out of opposition, but rather out of ambivalence. Interestingly, one Center participant felt that peer resistance can best be met through an indirect approach:

I think just, gently ... you know, you can't, you can't push 'em. But, you can gently, introduce some, you know, things around the issue. And, a- cos I think, well with any of us, if there's something that we, feel is kind of scary, you know, if- if- if I get pushed, I'm gonna push back. And, and I think just, the-the gentle approach, you know, and maybe getting to know some people ... and, um, you know, could
be that if they see the staff being friendly to someone that they wouldn't befriend, then perhaps they would do it too. But the direct approach is not gonna work.

Another participant thought that peers might put up less resistance if the Center could offer a program that could appeal to both LGBT and non-LGBT Center participants by unifying them around a common interest:

Probably, uh, along with talking about LGBT, if there is something more than that, they might be interested to attend. And then, mixed with LGBT together, trying to show something that is interesting, in terms of their life, in terms of the psychology of the people.

**Summary**

Creating a welcoming environment that legitimizes LGBT older adults requires understanding not only the formal rules of policy and the formal and informal rules of organizational practices but also the informal rules of engaging with peers. At the Center, peer discourse is even more critical because participants not only take part in activities there but also serve as volunteers who function as gatekeepers in the process of accessing social capital. Understanding the capacity of Center participants to serve as allies for LGBT older adults is critical, as the extent to which LGBT identities are affirmed in peer interactions impacts the ability of LGBT participants to build social capital and social connection within the Center and among peers.

My findings reveal the awareness of the participants interviewed towards LGBT issues as well as their varying comfort levels, knowledge and skill, and willingness to support LGBT peers. The interviewees’ responses to scenarios designed to elicit their thoughts on dealing with homophonic peers and responding to LGBT
peer identity disclosure suggest a range of responses, both direct and indirect, which have implications for the extent to which LGBT peers are affirmed in interactions with heterosexual and cisgender peers. Generally speaking, direct responses legitimize LGBT older adults in peer interactions while indirect responses function as a form of silence. At the level of peer discourse, indirect responses that are heteronormative or shy away from directly affirming LGBT older adults construct an ambiguity that reflects the one existing in policy language and practices that lack explicit LGBT inclusion. Direct responses to homophobia and LGBT identity disclosure, however, legitimize LGBT older adults in the discourse of peer interactions.

Most Center participants interviewed express a willingness and desire to support LGBT peers through inclusive language use. Additionally, my findings suggest some participants are amenable to more education on inclusive language and LGBT communities. However, interviewees indicate both receptivity and resistance to their own or their peers’ interest in potentially participating in such educational programs to learn more about LGBT communities and inclusion. Where resistance exists, it tends to lean towards ambivalence regarding the necessity of LGBT programs, rather than outright opposition, coupled with a smaller percentage of individuals who may be resistant due to more conservative personal belief systems. Finally, while directly inclusive language is critical for the affirmation of LGBT older adults, findings suggest that moving some Center participants from resistance to receptivity may involve engaging non-threatening indirect approaches to education.

Understanding if and how peer discourse constructs silence is an important part of creating a welcoming environment for LGBT elders. Peer discourse at the Center
contains tensions between legitimacy and silence driven in part by uncertainty among participants regarding whether and how to “step up” and be allies for LGBT peers. LGBT older adults are legitimized when Center participants directly condemn peer homophobia, directly affirm LGBT identity disclosure, use LGBT inclusive language, and indicate an openness to learning how to become more aware of LGBT peers. However, when Center participants only indirectly respond to homophobia and LGBT identity disclosure, and/or are resistant to learning how to be supportive of LGBT peers, historical silences are reinforced.

Returning to my theoretical framework (Figure 1), when the informal rules of peer engagement are contradictory—direct in some ways, yet indirect in others—peer discourse contributes to a habitus of ambiguity for LGBT older adults who may or may not be affirmed in their interactions with peers. In some instances, LGBT older adults may be legitimized in peer interactions, while others may silence them. Most damaging to an LGBT older adult's prospects for accessing social capital is the potential harm from unintended microaggressions, or in the most extreme example, blatant homophobia. In Chapter 7, I consider how the tensions between silence and legitimacy present in peer discourse, together with the discourse of policy and practice, collectively conspire to perpetuate an organizational habitus of ambiguity for LGBT older adults.

**Chapter 7: Interpretation- Discursive Tensions and the Obfuscation of LGBT Older Adults at the Center**

I’ve seen people come in, I think they might be partners, but I’ve never asked, is this your partner, is this your boyfriend, or any of that. I haven’t asked.

-Center Participant
In this single case study, I engaged the LGBT Health Equity Promotion Model (LGBT-HEPM)—which foregrounds “structural and contextual factors” that can create “a context of marginalization and oppression” (Fredriksen-Goldsen, Simoni, et al. 2014, p. 8)—to explore the question, how does the discourse of senior centers create welcoming environments, or not, for LGBT older adults? Curious about how practices create contexts, or what Bourdieu defines as “habitus”—the habitual consciousness within a field that becomes ingrained in practice and tacitly enacted (Bourdieu, 1977)—I applied Bourdieu’s theory of practice (1977) in tandem with conceptualizations of silence from feminist theory (Glenn, 2006; Hine, 1989) and began the study with a set of theoretical propositions that informed my data collection, analysis, and interpretation:

1) Both formal and informal forms of discourse exist in daily practice, including how staff and participants talk about the “rules,” that influence whether the habitus is welcoming.

2) Those with access to linguistic capital, defined by Bourdieu (1993) as the capacity to speak with authority because the laws of the institution are on the side of the speaker (p. 80), are allowed to freely speak in the routine discourse of practice. Those with linguistic capital have legitimacy, meaning their words and actions are tacitly recognized as part of the institutional habitus without question (Bourdieu, 1993). Those who are recognized as legitimate can access social capital.

3) Written and/or spoken organizational discourse (policy, practices, or individuals) reflect and establish rules that can promote “legitimacy” or, alternately, overtly or tacitly silence people, rendering them less able to access resources (Bourdieu, 1993). One achieves legitimization by following the rules to build capital
(Bourdieu, 1993). In this case, I am concerned with two specific resources, each tied to my theoretical framing: (1) Social capital, which is defined theoretically as the accumulation of resources (Bourdieu, 1977); and (2) access to health-promoting pathways (Fredriksen-Goldsen, Simoni, et al., 2014).

In Chapters 4 through 6, I describe how the formal and informal rules of the Center are articulated through analysis of documents, interviews, and my own observations and consider instances in which LGBT older adults are both legitimized and silenced in policy or planning, practice, and peer discourse. The findings described in Chapters 4-6, while not completely unexpected, collectively shed light on the nuances involved with creating welcoming environments for LGBT older adults in one senior center, and in particular highlight disconnects in the “rules” with implications for silencing LGBT older adults. In this chapter, I reflect on my theoretical framework (Chapter 2) to describe how these findings can be understood within the propositions I describe above.

While reflecting upon the implications of my findings for the theories I brought in, I also use this chapter to argue that, rather than a case of a dichotomous legitimacy or silence, the Center is an exploration of what resides where there is overlap between the two. When we consider how the formal (policy/planning) and informal rules (practices) converge with the perspectives of staff and Center participants, what emerges is a contradictory organizational discourse that is welcoming and legitimizing in some respects, while perpetuating institutionalized silence in others. A tension exists within the Center’s rules that neither collectively legitimizes nor directly silences LGBT older adults but rather “obfuscates” through an organizational habitus of ambiguity. Contradictions
between legitimacy and silence across the three levels I explored (policy, practice, and peer-to-peer interactions, in Chapters 4, 5, and 6, respectively) neither wholly legitimize nor completely silence but instead “obfuscate” LGBT older adults. In doing so, the tensions threaten regular access to the resources I identified above (social capital and health-accessing pathways). To better understand these tensions, I use this chapter to situate my findings in the recent literature on silence and ambiguity and introduce LGBT identity affirmation literature as critical to understanding the implications of silencing. In my next and final chapter, I situate my results within practice to describe the lessons my study holds for the Center and organizations working to build LGBT-inclusive environments.

**Silence as Double-Voiced Discourse**

Silence, as Glenn (2006) tells us, presents multiple potentials. A silence perpetuated by ambiguity in the social environment (habitus) that ultimately leads to obfuscation poses an even greater threat to LGBT older adults in many ways than an intentionally unwelcome environment at the Center would. When a setting is overtly unwelcoming but offers something one needs, consciously choosing silence to obtain it could be viewed by some as empowering. At the Center, however, LGBT older adults may be unintentionally tricked into silence. They may see a rainbow flag and think they are welcomed but that perception can change instantaneously upon overhearing a homophobic comment from a peer. The Center presents itself as welcoming in its policies, signage, and some outreach practices, but in other areas, it does not go far enough. When some rules are legitimizing while others are silencing, the resulting ambiguity functions deceptively. Rather than clearly knowing their position among
their peers, an LGBT older adult cannot necessarily discern where they stand, or even worse, might see a welcoming sign and think they are safe only to be blindsided by a microaggression from a peer (symbolic violence).

My analysis of how silence functions at the Center is also influenced by Higginbotham who, echoing Hine (1987), discusses race as a “double-voiced discourse” (1992, p. 266) describing the paradoxical potential of racial discourse to speak in two voices, one of oppression and the other liberation. The idea that race can function both in a liberatory and oppressive manner demonstrates parallels to discourse related to sexuality and gender identity. For example, as one staff person discussed in our interview, among older generations the term “queer” is generally considered derogatory and oppressive (which is why I refrained from using it in my study). However, younger generations of LGBTQ communities have reclaimed the word “queer” as one of community empowerment and liberation—illustrating how the language of sexuality and gender identity also functions like a double-edged sword for LGBTQ communities.

The discourse around LGBT older adults at the Center also speaks in two voices—one of legitimization and one of silence—the former liberatory, and the latter oppressive, no matter how unintended by the Center. The Center does not want to silence anyone. What it lacks is a cohesive counter-discourse that disrupts institutionalized homophobia, transphobia, and heteronormativity. Despite the pushback by the State, County, and Center against historical silences for LGBT older adults and the varying degrees of efforts to increase legitimization, the Center’s discourse remains enmeshed in historical silence. White (1990) notes that counter-discourse often remains bound to the
dominant discourse which precipitates it, which can be seen through the Center’s practices.

As Glenn (2006) asserts, silence can be liberating if one chooses to use it to obtain something that one needs (social capital). However, when the choice is also a habitual default mechanism due to a surrounding social environment that leaves the question of whether one’s identity will be affirmed ambiguous, calling that silence one of liberation is illusory. One may choose silence, but in doing so, one reinforces the dominant hegemony of the setting by capitulating to the tacit power dynamics of the setting.

Bourdieu notes “…the practices produced by the habitus, as the strategy-generating principle enabling agents to cope with unforeseen and ever-changing situations, are only apparently determined by the future” (1977, p. 72), implying that while historical silence is ingrained in the social environment, a potential to alter the habitus exists. Fortunately, discourse — and the habitus in which it is produced— is malleable rather than fixed (Bourdieu, 1977). The rules can be disputed or disrupted—countered—and the Center’s discourse can move toward more coherent legitimization for LGBT older adults. Power dynamics change and people attain legitimacy when there is coherence or continuity in the social environment (habitus) (Bourdieu, 1977). Thus, within the Center exists the potential for the rules and habitus to evolve. The Center, by participating in this study, through the inclusive practices already implemented, the training received by staff, and the willingness among staff and some participants to “do more,” represents an organizational habitus that is dynamic rather than static. Had I embarked on this study at a different point in time in the Center’s history, I might have encountered only silence in policy, practice, and among peers. A counter-discourse that
breaks the tension between legitimacy and silence, however, requires the Center to go even further in its efforts to welcome LGBT older adults.

**Obfuscation of LGBT Older Adults: Tensions Between Legitimacy and Silence**

Glenn (2004) describes the capacity of silence to “obfuscate” (p. 13) and contends “just as we use words to obfuscate meaning, we use silence” (2004, p. 13). To obfuscate means to make unclear, obscure, or blur. Silence is used at the Center, not necessarily consciously, but as part of an organizational environment (habitus) that is inconsistent in its validation of LGBT older adults. Consequently, there exists ambiguity—a lack of clarity—regarding whether LGBT older adults are consistently legitimized and welcome among staff and participants. Metaphorically speaking, the waters are murky for LGBT older adults at the Center. Depending on the light, one might see oneself reflected in the Center’s policies, practices, and interactions with peers, but, from another angle, the water may appear dark. In practical terms, a senior center environment that obfuscates implies that LGBT older adults are not clearly affirmed by some of the Center’s formal or informal rules, whether that is the intent of the Center’s staff and participants.

Obfuscation happens when there are contradictions in what the “rules” communicate. When both the formal and informal rules, what is written and what happens in practice, are directly and explicitly inclusive of LGBT older adults, this opens up a much clearer path to legitimacy and access to social capital through the Center. However, when the rules are indirect, whether in policy, practice, or between peers, this results in unintended and indirect silence. The overlap of legitimization and silence creates ambiguity that perpetuates the obfuscation of LGBT older adults by staff and participants who may not be conscious of LGBT participants, and most critically among
LGBT older adults seeking to access programs and services (social capital) at the Center, who may choose to use silence protectively.

My first theoretical proposition asserts there are formal and informal forms of discourse in daily practice, including how staff and participants talk about the “rules,” that influence whether the habitus is welcoming or not. Figure 6 represents a reconfiguring of my conceptual model in light of my findings. Apparent here are key tensions in the discourse of policy, practice, and peer perspectives. These tensions are evident in my analysis of the rules articulated through state, local, and organizational documents, observations, and my interviews with senior center staff and participants. Collectively, the Center’s discourse demonstrates an overarching tension between the rules of silence versus legitimization for LGBT older adults at the Center.
Figure 6

*Tension in the Rules: LGBT Legitimization Versus. Silence at the Center*

LEGITIMIZATION

- County level LGBT intentionality in planning and resource allocation to LGBT service provider
- Explicit LGBT inclusion in anti-discrimination policy
- Inclusive signage, occasional flyers for external LGBT activities, and outreach at LGBT community events
- LGBT Visibility
- Consideration of LGBT peers
- Receptivity to LGBT programs, inclusive language
- Direct responses to homophobic peers and LGBT identity disclosure

SILENCE

- Center staff uncertain of the Center’s role to initiate LGBT collaboration or programs
- Vague language in strategic plan programming and outreach goals
- Lack of consistent inclusion in intake, marketing, and programming practices
- LGBT Invisibility
- “No difference” between hetero & cisgender peers
- Perceived Resistance to LGBT programs, inclusive language
- Indirect responses to homophobic peers and LGBT identity disclosure

Legend:

- Obfuscation
- Habitus: Ambiguity
- Doxa (rules): Indirect silences

Access to social capital

Policy/Planning Discourse

Practice Discourse

Peer Discourse
In Figure 6, this tension is illustrated in the parallel boxes labeled “Legitimization” and “Silence” with arrows indicating how this is manifest in the rules of policy/planning, practice, and peer discourse, respectively. As I discussed in Chapter 4, in practice, there is tension between communications from the County’s planning and policy and that from the Center. Moreover, the Center’s own planning and policy documents display tensions as well. In its practices, as shown in Chapter 5, there are tensions between LGBT visibility and invisibility, as well as between the implementation of best practices for inclusion. Among peers, as I elaborated in Chapter 6, the tension between silence and legitimization manifests in participants’ consideration of and comfort levels interacting with LGBT peers, as well as their openness to hypothetically learning more about LGBT communities versus their resistance to actual education on the topic. The underlying tension between legitimization and silence at the Center is constructed by and reinforced within the doxa (indicated in the innermost layer of Figure 6), or “undisputed rules” (Bourdieu, 1977, p. 168)—those that are not only formally written on paper but are reflected in practice. These “undisputed rules” (doxa) simultaneously legitimize LGBT elders in some domains and silence in others.

**Legitimization**

As the left-hand box in Figure 6 reflects, my analyses point to how the Center is, in fact, an organization that implements rules that legitimize LGBT elders in policy, practice, and among peers. In policy, the County, and to a much lesser extent the State, includes LGBT older adults in planning documents and processes. The County explicitly prioritizes LGBT inclusion and legitimization by involving LGBT older adults as stakeholders (legitimization) in County needs assessments and funding an LGBT-specific
organization to provide services to LGBT older adults. The State is less explicit in its legitimization of LGBT older adults, who are vaguely referenced in the State Plan on Aging. The County seems to exert a greater influence than the State on the Center’s practices related to LGBT older adults, as I will discuss in more depth in this chapter. The Center’s internal policies directly affirm LGBT older adults through its anti-discrimination statement but lack any explicit inclusion of LGBT older adults in other policy and planning documents I had access to review. Additionally, the Center’s strategic plan does not explicitly name or include LGBT older adults.

Aside from legally mandated LGBT legal protections (i.e., anti-discrimination and human resources policies), LGBT inclusion efforts present at the Center appear to be internally motivated as opposed to the result of State or County mandates. In practice, the Center legitimizes LGBT older adults through visibly LGBT inclusive signage at both entrances to its facility, gender-neutral restrooms, periodic posting of flyers advertising events in the LGBT community, and the occasional engagement in outreach events in the LGBT community. At least one staff member attempts to affirm LGBT older adults in the program in which they work by conducting intake and assessment processes in a manner that encourages LGBT identity disclosure, while staff interviewed have all participated in some degree of LGBT cultural competence training, though not necessarily while employed at the Center. Center participants and volunteers who articulate an awareness of LGBT older adults are comfortable engaging with LGBT peers, using LGBT inclusive language, directly addressing homophobia when they encounter it; moreover, those who affirm peer LGBT identity disclosure also potentially legitimize LGBT older adults at the Center.
Indeed, my data demonstrate that the Center, as an institution, does not intend to silence or perceive itself as silencing LGBT older adults and believes LGBT participants generally feel welcome (legitimization). However, both staff and participants acknowledge some participants may be more conservative, judgmental, or otherwise resistant to changing heteronormative ways of thinking (i.e., “tough nuts to crack”). Additionally, staff, although not necessarily participants, acknowledge the Center could take more proactive steps to be LGBT inclusive. Generally, however, staff and participants largely ascribe any potential discomfort an LGBT older adult might feel at the Center to the historical marginalization of LGBT communities, not to the Center’s intentional actions or lack thereof as an institution. In fact, the two interviewees who identified as LGBT spoke favorably of their experiences at the Center, though one noted they required some time before feeling comfortable enough to disclose their identity and, even then, only did so among peers with whom they felt comfortable.

When considering the social environment as having a “habitus” or “system of dispositions,” broadly speaking, the Center’s environment is generally viewed by staff and participants as welcoming to all and therefore also legitimizing of LGBT older adults. As a reminder, Center staff and participants define a welcoming environment as one that feels comfortable, where members generally engage with each other and set guidance about ‘the rules’ for new participants. While Center staff and some participants acknowledge the Center could be more welcoming in some ways, staff and participants generally identify potential areas of improvement that are broad, rather than ones aimed specifically at welcoming LGBT older adults.
Silence

The perception of the Center as a generally friendly place welcoming to LGBT older adults is contradicted by the presence of silences. Silence can be imposed by others or chosen by oneself, either consciously or unconsciously—in other words: “Silence can be something one does, something that is done to someone, or something one experiences” (Glenn, 2004, p. 9). At the same time, while I uncovered multiple instances of legitimization in the Center’s rules, my study demonstrates how the practices of silencing—both direct and indirect—from the Center in addition to my other units of analysis (the State and the County) undermine efforts the Center makes to be LGBT inclusive. Dimitrov (2019) differentiates direct silence from indirect silence and explains that “silence is most strategic when it is not perceived as such” (p. 19). Direct silence, for example, might include a senior center participant using homophobic or derogatory language. The intent to silence is clear and explicit. While a few participants described witnessing isolated incidents of direct silencing among peers through homophobic remarks, the Center as an organization does not intentionally or directly silence LGBT older adults. The silences I detected at the Center can thus primarily be characterized as “indirect.”

In contrast to direct silence, the indirect silences present at the Center are often not viewed as silence at all (Dimitrov, 2019) and therefore are not recognized, acknowledged, or disputed. The Center’s rules (doxa) contain indirect silences that are a habitual part of the social environment (habitus). One of the most glaring examples of indirect silence is the exclusion of LGBT older adults by staff and participants when asked to describe the demographic characteristics of Center participants. Staff and
participants are not intentionally or consciously discounting LGBT participants and, in fact, when directly asked how LGBT older adults participate, staff and some participants generally provide anecdotal examples. Yet staff and participants possess conflicting views of the degree to which LGBT older adults participate, with some believing or knowing it happens with regularity, others thinking that “very few” LGBT older adults participate, and a final group claiming ignorance, reporting they “wouldn’t know” if LGBT older adults participate.

LGBT older adults are simply not a conscious or habitual part of the collective organizational discourse (habitus) or rules (doxa) around the demographics served by the Center. The Center perpetuates its silence around LGBT participation by failing to ask about sexual orientation and gender identity as part of its general registration processes, as discussed in Chapter 5. This silence is not deliberate, as the Center requires minimal demographic data collection in general for participation in activities. However, asking about sexual orientation and gender identity represents one of the defining features of a welcoming environment cited by LGBT older adults (Croghan et al., 2015).

As I noted in Chapter 4, State policy, which only vaguely includes LGBT older adults in its targeting language, appears of less consequence in the context of the Center than County policy. Reflective of the sociopolitical landscape in which it resides, the County Plan on Aging intentionally includes LGBT older adults in its targeting and resource allocation. While the Center’s staff do not consciously view the County Plan on Aging as directly influencing their work, they do cite the presence of the County-funded LGBT aging services provider as impacting the Center’s perception of its role in serving LGBT older adults. Contradicting the County’s intent to legitimize LGBT older adults,
the County Plan on Aging contributes to indirect silence at the Center as it in effect deters staff from feeling any urgency to prioritize or initiate intentionally LGBT inclusive programming and outreach because staff assumes LGBT older adults are served by the county-funded LGBT-specific provider. Thus, LGBT older adults are not reflected in the Center’s programs, although staff members do refer LGBT participants to the LGBT provider.

Importantly, the doxa represent the “undisputed rules” (Bourdieu, 1977, p. 73). Undisputed rules are not necessarily those that are explicitly written in formal policy, though they can be, but also those that occur habitually in day-to-day interactions, without being questioned. Bourdieu’s theory becomes instructive when contradictions appear between the larger sociopolitical landscape or policy versus the rules in practice and/or peer discourse. Bourdieu (1977) explains that “habitus” and “doxa” are not “mechanistic,” meaning that just because rules are explicitly stated, or “juridical,” does not guarantee their enactment in practice (p. 73). Even when the formal rules are seemingly direct and explicitly inclusive, informal, and often indirect, rules exist in practice that are tacitly agreed upon by peers.

For example, while a formal or direct rule states that the County funds an organization to specifically serve LGBT older adults, the implicit or indirect rule for the Center is that it is not their role to do so, despite the fact that Center staff and participants indicate that some LGBT older adults do participate at the Center. Similarly, LGBT older adults are protected and legitimized through explicit rules set up by state or organizational anti-discrimination laws or statements (policy). However, this explicit rule does not necessarily prevent someone at the individual level, such as a Center participant,
from engaging in microaggressions nor equip Center participants with the knowledge and skills to serve as effective allies when confronted with homophobic peers. Peers may remain silent or passive when they witness homophobia, transphobia, or even unconsciously heteronormative language because they either do not recognize it or they want to avoid being viewed as confrontational (as I described in Chapter 6). Nor do explicitly articulated rules account for the historical homophobia and heteronormativity in society, which persists despite recent LGBT-affirming Supreme Court cases and legislation.

Glenn describes silence as “existing in overlapping states,” including the environmental, locational, communal, and personal (Glenn, 2004, p. 13). Indeed, my findings suggest that at the Center, indirect silences exist in the spaces where the macro and the micro overlap—in other words, the occurrences within the Center are influenced by both the broader social context in which it resides and the individuals within it (Bourdieu, 1977). For example, some interviewees dismissed the idea that the Center is unwelcoming for LGBT older adults, citing the perceived progressive sociopolitical landscape of the community in which the Center is located. In this case, while it may seem contradictory that a senior center located in a progressive community with LGBT legal protections and an inclusive County Plan on Aging could silence LGBT older adults, the perception that such a community is immune to constructing silence fails to acknowledge that LGBT social acceptance is not guaranteed at the micro-level (Monk & Ogolsky, 2015). Though the Center is located in a state and county with legal protections for LGBT individuals, a geographic region with a visible LGBT community, and a city generally considered to be politically progressive, these recognitions do not necessarily
guarantee social acceptance (Monk & Ogolsky, 2015) for LGBT older adults within the Center, particularly among peers, who as I explored in Chapter 6, have varying comfort levels, awareness, and skills engaging with LGBT peers.

As a colleague who is an LGBT-aging advocate recently commented, “just because you have a gender-neutral bathroom sign doesn’t mean there aren’t problems when you go into the bathroom.” A member of the Center’s staff illustrated this disconnect when describing how the Center’s policy to clearly designate a gender-neutral restroom conflicts with the discomfort of some participants with the presence of peers who are non-binary, transgender, or gender non-conforming who may use it, leaving staff to manage such situations—if they are aware of the conflict. Both my colleague and the Center staff member perfectly articulated this tension between the explicitly stated rules and the social interactions that defy them by following the informal and tacitly agreed-upon rules that arise in routine social situations.

At the Center, there is not a coordinated effort proactively challenging or working to resolve the undisputed rules that give rise to the habitual tension between legitimization and silence. When there are conflicting undisputed rules, in this case reflecting both legitimization and silence, the habitus becomes one of ambiguity, with implications for who attains “legitimacy.”

**Obfuscation of LGBT Older Adults: The Perniciousness of Ambiguity**

Moving to my second theoretical proposition—those whose words and actions are reinforced by the organizational habitus have linguistic capital, meaning they are able “to speak,” and are viewed as having “legitimacy”—what can be surmised about the legitimacy of LGBT older adults at the Center? In the previous section, I described
how the Center’s legitimization of LGBT older adults is contradicted by its other actions. In a context with contradictory undisputed rules, the organizational habitus (indicated by the middle circular layer of Figure 6) contains an inherent ambiguity. Rather than experiencing legitimization or silence, LGBT older adults experience both and neither—in effect canceling out the effect of each on its own—and undergo obfuscation (indicated by the outer circle in Figure 6), which is constructed and reinforced by a habitus of ambiguity. Bourdieu (1977) describes the “absolute form” of legitimacy as occurring upon the adherence of individuals to the undisputed rules of the social world (p. 168). The undisputed rules at the Center contradict each other and thus perpetuate ambiguity resulting not in legitimization, but obfuscation.

Winkler (2015) outlines a matrix with two key questions for interpreting ambiguity. First, does the ambiguity happen in the production of the discourse (what is said) or in how it is perceived by the listener (what is heard)? Second, is the ambiguity deliberate—or not (Winkler, 2015)? In the case of the Center, ambiguity occurs in both the production of policy and planning language, practice discourse, and discussion between peers, as well as in the perception of this discourse. However, the ambiguity is not deliberate or intentional but rather a consequence of the tension between legitimization and silence in the Center’s rules that both constructs ambiguity in the habitus and is reinforced by it.

One of the most striking points of ambiguity was found in the relationship of the Center to its surroundings—a habitus within a habitus, with rules and norms that exist in tension. There is a prevailing perception of the area in which the Center is located as liberal and therefore inclusive. Indeed, as I describe in Chapter 6, some interviewees
explicitly acknowledged the reputation of the County and local community as liberal and assume the environment of the Center must be similar. However, at the same time, my data suggests that some Center participants are more conservative than the general population of the surrounding area and therefore less likely to be welcoming. My data thus demonstrates tensions between the surrounding community and the environment of the Center, in particular, reflected in participants’ descriptions of interactions with peers who report varying comfort levels interacting with LGBT peers, using inclusive language, and responding to peer homophobia and LGBT identity disclosure.

In policy and planning discourse, the County Plan on Aging creates ambiguity for the Center staff regarding whether they have an imperative to intentionally provide programming and outreach for LGBT older adults. Staff members are unsure if the Center should initiate LGBT-specific programs and activities, though the County does not deliberately intend to be ambiguous. In fact, the County’s planning process is unambiguous in its direct inclusion of the LGBT community as stakeholders in the planning process and its collection of LGBT demographic data during its planning process. Despite “what is said” in the County’s intentional legitimization of LGBT older adults in its planning language and intent to be inclusive by allocating resources to an LGBT service provider, the indirect message that LGBT older adults are being served by the LGBT service provider—and thus do not need specific services from the Center—is also “heard” by the Center. This message and its resulting ambiguity thus result in the Center failing to initiate collaborative relationships with LGBT service providers or offer programming explicitly targeted toward LGBT older adults. The ensuring gap in resources is not deliberate on the part of the well-intentioned staff, who are attempting to
navigating what they perceive as local territorial and political dynamics. Rather, the lack of initiative to implement programs that directly appeal to LGBT older adults makes up part of the habitus that runs through both planning and practice.

Ambiguity is also constructed by tensions in the Center’s internal policies. The Center’s strategic plan uses ambiguous language to define programming and outreach goals. LGBT older adults are not directly included or excluded. The Center’s practices are clear in some respects, including the presence of LGBT inclusive imagery in signage, flyers advertising events in LGBT communities, and occasional outreach at LGBT community events. However, the Center’s website and social media do not include explicitly inclusive imagery, such as a photo of a same-sex couple, that indicates LGBT older adults are welcome. Again, the Center does not intend to exclude LGBT older adults. It does not show deliberately anti-LGBT imagery. Rather, this ambiguity is constructed as the result of practices that are not consistently directly inclusive and are therefore indirectly silencing.

Ambiguity is evident in the accounts shared by participants about dialogue between peers with varying awareness and comfort levels related to interacting with LGBT peers, using inclusive language, responding to homophobia, and responding to peer LGBT identity disclosure. Tensions between those willing to try to be more inclusive and those resistant to having those dialogues, whether because they believe themselves to be superior in their level of cultural competence, simply do not see the need, or are more conservative, also contribute to a habitus of ambiguity. Finally, ambiguity is also present at the micro-level in perspectives among some staff and participants viewing LGBT older adults as “no different” than heterosexual peers,
echoing the prevailing “we don’t discriminate against anyone” mentality that often exists among aging service providers (Hughes et al., 2011).

Within the Center, a “don’t ask don’t tell” culture also seems to prevail among peers as well as a tension between LGBT visibility and invisibility, manifesting as ambiguity in whether LGBT older adults are seen or heard at the Center. LGBT older adults are not always considered (legitimization) at the Center because staff and participants are sometimes unsure of what “to say” or whether it is their role or place to do so in planning, practices, or discussion between peers—so nothing is said (silence). For a community such as LGBT older adults with a history of marginalization, ambiguity regarding whether or not one is legitimized, or able to be seen or heard without being subjected to symbolic violence in the form of stigmatization or microaggressions, comes with great consequence, as I will demonstrate, for if and how social capital and health-promoting pathways are accessed.

**Effects of Obfuscation on Access to Social Capital and Health-Promoting Pathways**

Having considered the tensions between silence and legitimization in the Center’s undisputed rules (doxa) build and are reinforced by an atmosphere (habitus) of ambiguity in which LGBT older adults are both legitimized and silenced— and ultimately obfuscated—I arrive at my third and final theoretical proposition—the implications of obfuscation for accessing social capital and health-promoting pathways. In Figure 6, the bracketed arrow between the main figure and the “Access to Social Capital” circle represents the consequences of obfuscation for access to social capital. The cumulative effect of indirect silences in the rules (doxa) and ambiguity reinforced within the Center’s routine consciousness (habitus) is to undermine the efforts the Center makes to be
welcoming (legitimizing) and create barriers for LGBT older adults seeking to participate in programs and activities (social capital) at the Center. Because LGBT older adults’ identities are obfuscated, the extent to which they can access social capital and ultimately potential health-promoting pathways remains unclear—unlike the transparent consequences of ambiguity that must be reconciled by an LGBT older adult to access social capital at the Center.

Mindful of the ways that legitimacy in one’s environments (habitus) enables the capacity to gain power and resources (social capital), the LGBT-HEPM frames the interactions that occur within social contexts as having implications for accessing health-promoting or health-adverse pathways through health-related resources and social connections, among other factors of less relevance to my study (Fredriksen-Goldsen et al., 2014). The Center, by providing access to forms of social capital such as social engagement, exercise, nutrition, and wellness programs with the potential to redress LGBT health disparities, serves as a gateway to accessing the health-promoting pathways afforded by these types of social capital (Fredriksen-Goldsen, Simoni, et al., 2014). Legitimization allows access to social capital in a way prevented by silencing. In order to access social capital at the Center, LGBT older adults must traverse both legitimization and silence at the Center. Thus, as people navigate the tension between legitimacy (which denotes access) and silence (which implies denial of access), they encounter unintended symbolic violence (Bourdieu, 1977), potentially triggering adverse pathways, even when unintentional, of psychological or emotional harm (Fredriksen-Goldsen, Simoni, et al., 2014). Importantly, silencing does not represent the only form of symbolic violence. The constant negotiation—a series of moves—
between legitimacy and silencing that LGBT older adults must participate in does as well. LGBT older adults enter the Center with lived experiences in the broader societal habitus that research suggests may include discrimination, stigmatization, and, in some cases, even violence (Fredriksen-Goldsen et al., 2011). Thus, an environment that fosters obfuscation forces LGBT older adults to assess the risk involved in walking in the door and when interacting with peers.

Bourdieu (1977) defines symbolic violence as “…the gentle, invisible form of violence, which is never recognized as such, and is not so much undergone as chosen” (p. 192). Symbolic violence represents an insidious form of domination in which those who are subordinate are in effect complicit in their own subordination by following the undisputed rules (doxa) without question, thus reinforcing the entire system of domination. Of course, accusing the Center of consciously intending to dominate anyone is more than a bit harsh. The Center is a wonderfully vibrant organization with a rich history in its community with staff who are committed to promoting positive aging and providing access to key resources. Within the Center, symbolic violence happens subtly when an LGBT older adult is forced to assess the extent to which their identity is affirmed within the environment (habitus) and thus when confronted with ambiguity, chooses silence—or to not participate in the habitus at all. The choice to remain silent, even if protective, reinforces the silences of heteronormativity and homophobia that arise from the OAA, are evident in the vagueness of the State Plan on Aging, result from the unintended messages the County sends to the Center, and exists within the tensions in the Center’s own rules.
Bourdieu describes a habitus as “a series of moves”— such as the events that unfurl upon the entrance of an LGBT participant into the Center— “which are objectively organized as strategies without being the product of a genuine strategic intention” (1977, p. 73). The Center does not strategically intend to impose silence or symbolic violence on LGBT older adults and impede access to social capital or lead LGBT older adults to adverse pathways. Yet, the encounters an LGBT older adult experiences when interacting with the Center’s discourse, whether it is rainbow signs and welcoming staff or homophobic peers, will impact how the LGBT older adult will “move” through the Center. In an ambiguous environment, in which legitimacy is precarious at best, LGBT older adults may choose or be forced, depending on one’s positionality, to adopt a strategy of silence to “play the game” and accumulate social capital.

Returning to Glenn (2004), silence is not inherently good or bad— its meaning is determined by the context in which it is used and the strategic reasons for its deployment. Specifically, Glenn (2004) posits that the critical question is whether the use of silence is a choice or someone else’s choice: “when silence is our choice, we can use it purposefully and effectively” (p. 19). The rhetorical act of an LGBT older adult choosing silence is more complicated than simply using it strategically and effectively. The “choice” is in part forced by the context of the environment and the people within it. When there is obfuscation, and it is unclear if LGBT older adults are legitimized or not, silence becomes a choice of coercion. The tensions in the Center’s rules may coerce LGBT older adults to choose silence as a necessary rhetorical act to safely access its programs and services. In this case, silence is not a choice of liberation or empowerment but rather one that “…seduces participants into spontaneous consent while concealing the
social relations that are the conditions of its existence” (Burawoy, 2019, p. 3). Given the historical marginalization of LGBT older adults across their lives, even when silence is a choice, it may be reflexive and even unconscious—a protective habitual silence influenced by a lifetime of confronting institutionalized homophobia within mainstream service providers, that the Center reinforces through an ambiguity that obfuscates. Obfuscation is thus a form of symbolic violence as LGBT older adults are potentially coerced into choosing silence due to their uncertainty about whether they are welcome.

The process of quickly assessing the extent to which the environment is welcoming and negotiating decisions related to identity disclosure represent some of the “moves” an LGBT older adult must make when seeking to access social capital. Negotiating whether to be silent or open about one’s LGBT identity when accessing programs and services or among peers, though distinct from Hine’s “culture of dissemblance theory,” which considers how Black women have used silence as a protective veil against violence from a historical perspective (Hine, 1989), repeats the same paradoxical relationship inherent in strategic silences. Using a silence strategically by not revealing one’s identity may safely grant an LGBT older adult access to social capital without external stigmatization, but it also may perpetuate internalized stress and LGBT invisibility within the Center, reinforcing institutional silences and bolstering obfuscation as its own form of symbolic violence.

**Legitimacy as LGBT Identity Affirmation**

LGBT participants seeking to access social capital through the Center are confronted with the task of determining the extent to which they are valued or affirmed (legitimized) by the Center as an institution and by the individuals within it. Recent
research engaging the LGBT-HEPM suggests that LGBT identity affirmation (legitimization) influences access to social capital, which then promotes physical and mental health benefits (Fredriksen-Goldsen et al., 2017). Fredriksen-Goldsen et al. (2017) refer to the evaluation of the perceived value of one’s LGBT identity as “identity appraisal” and the process of negotiating the series of moves an LGBT older adult must make as “identity management” (p. S73).

How would an LGBT older adult seeking to build social capital—to access the health-promoting pathways potentially afforded by the Center’s programs—appraise the value of their identity within the environmental context of the Center? Following the logic of the case study theoretical propositions, some assumptions can be made. For an LGBT older adult, deciding to participate at the Center involves understanding and negotiating the Center’s rules. Based on the rules, the LGBT older adult makes a series of decisions related to the extent to which the Center affirms their identity (legitimization), which in turn determine if and how they gain access to the social capital the Center provides—and whether or not they must employ silence to do so.

For example, an LGBT older adult reviewing the Center’s website or social media before deciding to participate may be uncertain about the rules of interaction because the images on the website are not directly inclusive or affirming LGBT images (indirect silence). The LGBT older adult may decide that despite the lack of LGBT-specific programs, they still need the health, nutrition, social, or other programs offered (social capital) and attend the Center anyway. Arriving at the Center for the first time, the LGBT older adult may see the rainbow flag signage (affirmation) as they enter the Center and feel welcomed. During a conversation with a volunteer at the front desk or
a peer at lunch, the LGBT individual again is confronted with appraising the extent to which their identity is affirmed (legitimized) and whether to disclose their identity or remain silent in those casual interactions.

The results of these appraisals of the rules at both the practice and peer-level have implications for if and how an LGBT participant accesses social capital at the Center and what they must compromise in the process. When considering the implications of LGBT identity disclosure, one must also be mindful of the prevalence of victimization and discrimination an LGBT older adult may have experienced in their lifetime that is being reinforced by the Center’s silencing. In a population-based study of 2,560 lesbian, gay, bisexual, and transgender adults aged 50 to 95, 82% reported being victimized at least once due to their perceived sexual orientation or gender identity, while 64% have been victimized three or more times (Fredriksen-Goldsen et al., 2011).

LGBT older adults face a compromise between risking social stigma or victimization by being open about their identity or experiencing internalized stress as they remain strategically silent to access social capital (Fredriksen-Goldsen et al., 2017). LGBT elders who choose to be open about their identity risk social stigma and stress if the environment is not affirming (Fredriksen-Goldsen et al., 2017). As demonstrated in Chapter 6, if an LGBT older adult does decide to be open about their identity, how their peers will respond to the disclosure is ambiguous. Some LGBT older adults may instead rely on an identity management style through which they choose to use silence strategically by not disclosing their identity so they can safely access social capital but potentially may experience internalized stress related to
concealing their identity (Fredriksen-Goldsen et al., 2017). Transgender or gender non-conforming older adults whose outward appearance may not align with stereotypical gender norms face an even greater risk of experiencing symbolic violence if the environment and their peers are not welcoming and affirming. Choosing silence may mean either presenting in a manner inconsistent with one’s gender identity or not participating at all.

I contend that if LGBT older adults do “choose” silence to participate in the programs and activities (social capital) at the Center—or decide not to participate at all (another form of silence)—that choice is forced in part by the Center’s discourse, which fosters an ambiguous environment (habitus) that obfuscates their identity and legitimacy at the Center. The tension between silence and legitimization at the Center reflects larger systems of domination perpetuated by institutionalized homophobia, transphobia, and heteronormativity. The ambiguity in the Center’s habitus, while certainly not intentional, may unintentionally impose symbolic violence on LGBT older adults by forcing them to determine whether they are welcome, rather than preemptively alleviating this burden through consistently inclusive practices and dialogue. LGBT older adults are consequently not necessarily “seen” at the Center because some are coerced into choosing silence—or not to participate at all. LGBT older adults who remain silent in their effort to access social capital become accomplices in adhering to the undisputed rules (doxa) by tacitly agreeing to maintain their positionality within them, thus reinforcing the institutionalized structures (Wiegmann, 2017) of homophobia, transphobia, and heteronormativity that historically persist in the OAA.
Summary

In this chapter, I considered my findings within the context of my conceptual model (*Figure 1*), theoretical propositions, and integrated theoretical frameworks with which I worked. Bourdieu’s theory of practice provided me with a scaffolding for understanding what happens in the context of the senior center, and how it is informed by both macro-level policy and micro-level interactions with staff and peers. In *Figure 6*, I presented a visualization of a reconfigured conceptual model illustrating how tensions between legitimization and silence in all levels of the Center’s discourse conspire to undermine the efforts towards inclusivity by the Center. Tensions in the rules both construct and are reinforced by a habitus of ambiguity that simultaneously legitimates and silences LGBT older adults, in effect canceling one another out, ultimately resulting in the obfuscation of LGBT older adults at the Center.

When LGBT older adults are obfuscated, there exist barriers to accessing social capital and the potential health-promoting pathways these afford. Most critically, LGBT older adults may be subjected to symbolic violence by rules that do not consistently affirm their identity. My findings indicate that the Center does not deliberately intend to impose silence on LGBT older adults. Rather, collective indirect silences generated by the Center’s undisputed rules construct ambiguity, not only for staff and participants, but potentially and most critically, for LGBT older adults who are seeking to access the programs and resources—the social capital—available at the Center.

The theoretical understanding of how obfuscation functions at the Center can be considered within the context of the LGBT-HEPM. In this context, the meso-level organizational environment (habitus) and the rules (doxa) inscribed in it may prove the
difference between effecting paths to resiliency or adverse effects impacting health outcomes for LGBT older adults. Of greater consequence is the potential for LGBT older adults seeking to access the Center’s programs and resources (social capital) to be exposed to adverse health pathways instead of health-promoting ones as a consequence of stigmatization due to unintended symbolic violence. When ambiguity exists regarding whether the center is affirming (welcoming), LGBT older adults experience an internal tension between legitimization and silence and must determine whether to disclose their identity and risk stigmatization or remain silent to access the programs available, risking internalized stress and reinforcing the silence inherent in the Center’s rules.

Further, I applied theories of silence articulated by scholars of feminist theory and Black women’s intellectual history allowing me to render more nuanced conceptualizations of silence as a rhetorical act capable of multiple meanings, providing a much richer understanding of the function and consequences of silence for LGBT older adults at the Center. For marginalized communities, discourse may function in a “double-voiced” manner, one that is simultaneously liberatory and oppressive. At the Center, the discourse about LGBT older adults is also doubled-voiced—one of legitimization and silence—and the ambiguity that resides within it functions deceptively for LGBT older adults who may be affirmed in policy, but not necessarily in practice or among peers. A cohesive counter-discourse across policy, practice, and among peers is necessary at the Center to disrupt the current undisputed rules and break the existing tension between silence and legitimacy.
There is presently a lack of coherence in how LGBT inclusion is practiced at the Center, but also more broadly, from the OAA through the County, which is in some ways almost as damaging as if the Center was blatantly exclusionary. The movement toward inclusion is disjointed and policy alone cannot accomplish the legitimization of LGBT older adults—rather it is daily practices that inscribe the rules about who has power and who does not. Practice is discourse. Interactions create dialogues—with the signs one sees, with the forms one fills out, with the person at the Front Desk, and with the peers one sits with at lunch. Practice holds the potential for counter-discourse that is direct in its affirmation of LGBT identities at both the organizational level and micro-interactions between peers. The Center and those within it have the potential to shift the habitus and work toward a more cohesive practice vision of LGBT allyship, not only among individuals but as an institution as well. In the next chapter, I discuss implications for practice, research limitations, and recommendations for future research.

**Chapter 8: Practice Implications, Study Limitations, & Research Recommendations**

I set out to answer the research question, how does the discourse of senior centers create a welcoming environment, or alternately construct silences, for LGBT older adults? My study illustrates how a well-intentioned senior center located in a politically progressive state with LGBT legal protections, a county with an LGBT-inclusive Area Plan on Aging, and an organization whose staff members have engaged in LGBT cultural competency training may unintentionally and indirectly silence LGBT participants through their policies and practices. In doing so, LGBT older adults may experience forms of silencing, such as feeling compelled to conceal their identity to access social capital and health-promoting pathways. My findings, however, do not reveal only
silencing. Rather, as I discussed in Chapter 7, the Center’s policy, practice, and peer discourse collectively construct an underlying tension between legitimization and silence. While this tension undermines the Center’s efforts to be welcoming by obfuscating LGBT elders, resulting in their not being clearly seen—or served—at the Center, it is also important to consider how the Center can build on its existing practices that do reflect some degree of legitimization for LGBT older adults. In this chapter, I turn to practices—some illuminated from my previous analysis—that help promote legitimacy, thereby potentially promoting well-being among LGBT older adults.

While there are no direct barriers to LGBT older adults participating at the Center, indirect silences coupled with an ambiguous habitus function in a tacitly oppressive manner that may unintentionally compel some LGBT older adults to either suppress their identity at the Center or simply not participate at all, which as I discussed in chapter 7, comes with great consequence and the potential to trigger adverse pathways. For example, an LGBT older adult who may need the daily meal program the Center provides could feel disincentivized to participate if they encounter microaggressions from peers, no matter how welcoming the Center’s signage and anti-discrimination policies may be. When LGBT older adults are obfuscated, they cannot fully access social capital at the Center.

If the process of creating a welcoming environment for LGBT elders in a senior center is thought of as a series of dialogues or conversations (discourse) occurring in policy, practice, and between peers, the potential for occurrences of indirect silencing can be identified. These moments of silencing prevent LGBT older adults from being consistently affirmed and the Center from realizing its potential to not only provide
access to social capital but also to become a fully realized ally. Within the Center exists
the potential to engage in counter-discourse that pushes back against historical silences
constructed by homophobia, transphobia, and heteronormativity. The Center can alleviate
the burdens confronting LGBT older adults by converting its indirect practices to direct
ones and by empowering staff and participants to do so as well. Building on where
Chapter 7 left off with the premise that a cohesive counter-discourse that centers LGBT
allyship in which LGBT older adults are affirmed can help to disrupt obfuscation at the
Center, I devote the first part of this chapter to discussing implications for practice and
situate these in recent literature related to creating welcoming environments for LGBT
older adults and LGBT institutional allyship. I then discuss specific lessons for the Center
and other organizations working toward LGBT inclusivity. Finally, I consider research
limitations and recommendations for future research.

**Practice Implications**

A recent quantitative study, published as I was finishing data collection, provides
preliminary empirical evidence supporting the premise that an LGBT-inclusive
welcoming organizational environment can help to mitigate social isolation for LGBT
older adults. Yang et al. (2018) surveyed 222 LGBT adults and older adults aged 45+ in
North Carolina recruited from a variety of service providers, including senior centers, to
understand whether a relationship exists between experiencing an LGBT inclusive
welcoming environment and perceived social isolation. They found that “having
experienced welcoming aging service providers was a protective factor against perceived
isolation” for LGBT older adults (Yang et al., 2018, p. 904).
My study provides a complementary perspective to Yang et al.’s quantitative exploration of LGBT older adults’ perceptions of service providers—that of the institutional dynamics of a senior center endeavoring to create a welcoming environment. While no standardized measurement criterion exists to define an LGBT-welcoming service provider (Yang et al., 2018), best practices for creating inclusive environments advocated by SAGE’s LGBT Aging Resource Center, as well as academic literature exploring how LGBT older adults define a welcoming environment, articulate a more complex definition of what it means to be “welcoming” (to legitimize) for LGBT elders (National Center on LGBT Aging, 2012; Croghan et al., 2015). A welcoming environment relies on a direct affirmation of LGBT identities at both the institutional and individual levels through policy, in practice, and among peers. As one Center staff person surmised, “it’s not just the rainbow.”

Creating a Welcoming Environment as Institutional Allyship

Creating an LGBT-welcoming environment (legitimization) in a meso-level context requires understanding how discourse functions in policy, practice, and between peers. How these forms of discourse collectively function—in this case leading to the obfuscation of LGBT older adults—reveals the extent to which an organization acts as an institutional ally. Importantly, institutional LGBT allyship must be differentiated from LGBT cultural competence. The latter implies the awareness and skills to work with LGBT communities, something the Center—particularly its staff members—possesses to a great extent. LGBT cultural competency training is a critical component and an initial step toward creating a welcoming environment, but less is known about whether training
leads to action or organizational change. LGBT allyship requires the application of knowledge and skill by taking action at the individual and/or collective level.

Until more recently, LGBT allyship research tended to be concentrated on the individual rather than the institution as the unit of analysis (Russell & Bohan, 2016). In a recent ethnographic study of a mainstream church that moved toward LGBT inclusion, Russell and Bohan (2016) explore the process of institutional allyship, describing two types of ally behavior and applying these to the organizational level. The first type of allyship is influenced by professional roles and personal relationships, or by obligation (one could say), rather than by belief in ideals of social justice or civil rights (Russell & Bohan, 2016). Several Center staff and participants described how professional, personal, or family experiences influence their understanding and awareness of LGBT communities. This personally motivated allyship is often associated with “first-order change” (Russell & Bohan, 2016, p. 341).

However, first-order change yields only superficial change within an organization rather than challenging dominant power structures and generally does not directly include the voice of the target population (Russell & Bohan, 2016). First-order change might include, for example, having a rainbow flag in the lobby but not actively involving LGBT communities in the planning of programs and activities. As a result, heterocentric and cisgender norms are reinforced and an organization risks tokenizing or marginalizing LGBT communities (Russell & Bohan, 2016, p. 350). The second type of allyship comprises the “active examination of privilege and intentional consideration of power dynamics” (Russell & Bohan, 2016, p. 336). This type of ally motivation is associated with “second-order change,” described as “foundational change,” which disrupts existing
power structures and centers the targeted group as equals (Russell & Bohan, 2016, p. 341; 345). At this stage, a mainstream organization works in tandem with LGBT communities toward a shared vision that counters the historic discourse of homophobia, transphobia, and heteronormativity.

The Center, during the period within which I conducted my study, fell into the category of the former—that of an institution engaged in first-order change, or what I would term indirect institutional allyship. Just as the Center’s rules contain indirect silences, the Center could also be described as an “indirect” ally. While some of the Center’s practices are legitimizing, and some of the individuals within the Center could be described as LGBT allies, the Center as an institution is not collectively engaged in direct allyship to effect structural change within the organization—thus resulting in the obfuscation of LGBT older adults. When indirect, institutional allyship places the burden of initiating change on LGBT organizations and individuals rather than partnering with them to effect that same change. This is demonstrated by the Center’s deference to the local LGBT provider, as well as in its practices and the behavior of participants who are uncertain how to respond to homophobia or affirm LGBT peer identity disclosure.

Russell and Bohan (2016) describe the potential of an institution to move from first-order to second-order change. We can therefore think of allyship as occurring along a spectrum. The Center has the potential to move from indirect allyship to direct allyship. By changing the conversation and communicating more directly with LGBT older adults and LGBT serving organizations, the Center can potentially work toward becoming a more fully realized and engaged LGBT ally. In doing so, the Center can begin to break and counter the existing tensions between legitimization and silence. The Center already
builds legitimacy through inclusive signage, occasional LGBT-specific community outreach, availability of staff training in cultural competency, and a willingness among staff to consider how the Center can be a more effective LGBT ally. All of these are consistent with best practices advocated by SAGE (National Center on LGBT Aging, 2012) and represent examples of first-order change (Russell & Bohan, 2016).

However, moving toward institutional allyship involves more than a checklist of best practices. Second-order change requires an institution to act as a direct ally that internally examines power relationships and heterosexual and cisgender privilege, as well as the intersection of these privileges with other forms of oppression (e.g., race, class), and works to challenge both explicit and implicit bias (Russell & Bohan, 2016, p. 345). In this way, allyship can function as a form of counter-discourse. Second-order change requires an allyship in which the mainstream institution and LGBT communities work in equitable collaboration toward mutually defined goals (Russell & Bohan, 2016), not one in which the burden of change is placed on the LGBT community. Such a vision for the Center might include consistently applying best practices articulated by LGBT aging advocates such as SAGE, engaging in conversations with staff and participants around heterosexual and cisgender privilege as well as implicit biases. It would require direct conversations with the County and local LGBT service providers to understand how the centers can most effectively collaborate and contribute their resources to strengthen the networks of support for LGBT older adults.

However, a shift to an organizational discourse of direct institutional allyship cannot happen when the Center’s habitus is indirect, ambiguous, and obfuscates, rather than illuminates, LGBT older adults. As I noted in Chapter 7, the Center’s efforts toward
LGBT older adults lack cohesion, and efforts toward inclusion tend to be reactive rather than proactive. One Center staff person described the tendency toward reactivity that became clear to them during the interview process: “It made me look at how we operate and that often you know we are um just kind of responding and we’re not really taking (pause)— we’re reactive.”

For example, the Center’s staff are not averse to partnering with the local LGBT provider but prefer to wait until the organization “comes to us,” placing the burden of initiating allyship on the LGBT provider. The Center desires to work more collaboratively with the local LGBT provider but hesitates in attempts to initiate allyship in a way that is respectful of both organizations’ roles in the community.

The Center’s staff and some participants recognize the Center’s potential to be a more proactive LGBT ally. When directly asked to identify ways in which the Center could be more welcoming for LGBT older adults, Center staff acknowledged they could do more, from reaching out to explore collaborative opportunities with the local LGBT provider to ensuring the website and newsletter contain LGBT-inclusive imagery and creating new programs. One staff member considered how the Center could adapt the gay-straight alliance model used in some school-based settings as a potential way in which the Center could serve as a more effective ally for LGBT older adults:

…but, why don’t we have something like that here at the senior center? What is like, that would be fantastic for us to have you know a group here that really that was the focus…what if it was like a gay-straight alliance group that was meeting and talking about policies and ways to be more inclusive. Because it can’t all be
on my shoulders. And so really let’s, and this is all coming to me in talking to you, I’m like this is a fabulous idea! It’s good, right?

The staff member’s comments reflect a willingness to move toward deeper allyship and address the reality that institutional change does not rest on one person’s shoulders but rather requires a collective and collaborative effort. Other changes involve engaging in practices that include consistently and confidentially asking about sexual orientation and gender identity following best practices in program areas in which demographic information is collected. Including these questions may not be feasible, as the Center’s practice is to require very minimal information to participate in most activities and services. Despite this constraint, the Center could review its practices for inclusive language use in the areas in which it does generally collect data about participants to ensure information is being asked consistently per best practices (National Center on LGBT Aging, 2012). Additionally, the Center in its next strategic planning process might consider explicitly including defined goals and objectives related to building institutional allyship to guide its vision for building LGBT capacity in the future.

*Toward a Cohesive Counter-Discourse: Lessons for Policy, Practice, and Peers*

My findings point to lessons that might be applied to create an organizational culture (habitus) of direct LGBT affirmation and institutional allyship that serves as a counter-discourse to that of obfuscation. These lessons, specifically instructive for the Center itself and the County, may also be applied to other senior centers and Area Agencies on Aging (AAAs) who are also working toward institutional allyship for LGBT older adults. Additionally, these lessons may prove more broadly applicable to social services providers who are building legitimacy for LGBT elders.
First, at the policy level, county level Area Agencies on Aging (AAAs) funding LGBT-specific organizations should consider the message planning decisions send to mainstream senior centers and/or providers. While navigating local political dynamics, Center staff do not wish to “step on the toes” of the local LGBT organization that also contracts with the County AAA. One Center staff person describes the consequence of this disconnect as follows:

But, what we find and I think this is something within the county. The county has designated specific, um, providers to serve specific populations…and LGBTQ falls within that. Where they have providers who are specifically serving those communities. So, then what happens is there’s like this focus on those particular agencies.

Though Center staff members tend to assume LGBT participants are attending programs offered by the LGBT-specific service provider, as I discussed in Chapter 4, research suggests this assumption may not prove the case. For example, a study in a Denver community found some LGBT older adults were resistant to attending LGBT-specific organizations due to their discomfort with being out, fear of retaliation from neighbors, and/or internalized homophobia (Boggs et al., 2017).

As more county-level AAAs begin to move toward LGBT inclusion through contracting with LGBT service providers (such as the County in my study), or by establishing LGBT-specific senior centers (such as in New York City and Chicago), scholars and stakeholders should consider the messages sent to mainstream senior centers and service providers. Certainly, such efforts represent a major step toward legitimizing LGBT older adults. However, the weight of creating welcoming environments in many
communities cannot and should not be borne by LGBT organizations alone. AAAs can potentially play a facilitative role to help broker organizational alliances, by, for example, providing networking or technical assistance opportunities to bring LGBT and mainstream providers together where both exist. By recognizing some LGBT older adults may prefer traditional senior centers or may be limited by geography and/or transportation, county-level AAAs can facilitate dialogue between LGBT-specific providers and senior centers that fosters collaboration rather than constructs ambiguity for LGBT older adults within the organizational habitus of mainstream centers.

Second, staff trained in LGBT cultural competence who are moving toward institutional allyship should confront barriers to consistently affirming LGBT older adults in practice. The Center illustrates the process of creating a welcoming environment is not a one-time conversation (or training) and requires ongoing dialogue. Center staff, all of whom interviewed have received varying degrees of LGBT cultural competency training, readily acknowledge that they can “do more” and cite specific areas for improvement, including better collaboration with local LGBT organizations, reviewing the website, social media, and newsletter to include inclusive imagery, and building allyship among senior center participants. Implementing these practices would represent a more explicit shift toward allyship. Another important part of moving toward allyship is collaborative work with the LGBT community. Staff members interviewed described how they might go about initiating collaboration with the local LGBT service provider in a way that is respectful of the role that organization plays in serving LGBT elders:
I could really reach out…and ask how we can collaborate in a way that is not threatening to them. Really coming from just a ‘I want to do more.’ So, um thinking about ways to build those bridges and make those connections in an authentic way...

A key barrier to implementing LGBT inclusive programs described by staff is an almost paralyzing uncertainty between whether to offer programs that integrate LGBT inclusivity into existing programs or provide ones specifically for LGBT elders, with the result that neither is implemented. Another major barrier cited by Center staff includes competing organizational priorities involved with managing a senior center, which prevents focus on LGBT-specific issues. Rather than a normalized part of the Center’s processes and programming, LGBT inclusivity becomes an additional item on the “to-do” list. Furthermore, despite staff awareness and LGBT cultural competence training, staff members are generally not the first point of contact for new Center participants due to competing priorities. At the Center, initial dialogue typically happens between new participants and the older adult volunteers who work at the “Front Desk.” Thus, the initial experience someone has at the Center does not remain consistent due to the rotation of volunteers with varying skill levels and comfort levels with LGBT peers, as reported in Chapter 6.

**Third, if equipped with the necessary awareness and skills, senior center participants and volunteers have the potential to become allies for and to work with LGBT peers.** Within the Center’s institutional structure, in addition to staff members, Center participants who volunteer with the Advisory Council, at the “Front Desk,” or as community outreach volunteers all have legitimacy within the Center and can potentially
be mobilized as allies for LGBT peers. As I explored in Chapter 6, Center participants described a range of levels of awareness and comfort regarding their LGBT peers. Senior center participants also demonstrated varying degrees of direct and indirect skills in responding to homophobic peers and affirming LGBT identity disclosure.

Several Center participants interviewed suggested they and/or their peers would benefit from LGBT cultural competency education as a starting point to become better equipped with the tools necessary to communicate more effectively with both LGBT older adults and Center participants who may not be welcoming. In this way, Center participants can also move toward allyship, as suggested by one center participant: “Maybe have an information class about how to, um, be more accepting when you are in the center and you hear somebody might have a partner. How to be more accepting and how to deal with negativity.”

Areas for development of future senior center participant/volunteer training potentially indicated by the findings in Chapter 6 include the use of LGBT inclusive language, understanding how to affirm LGBT identity without tokenizing LGBT peers (a potential mistake some participants feared), and handling homophobic or resistant peers.

Being welcoming, as I explored in Chapter 7, is not simply about being “nice” but rather affirming identities. Education around intersecting identities should also be considered to improve the practices of the Center. The silences, or what was not said, in my own data include a lack of recognition among senior center participants of how LGBT identities intersect with other sociodemographic factors such as race, ethnicity, and class. These intersecting factors also have implications for which people can access social capital, as those who are marginalized in multiple ways may be even less able to do so.
Finally, cultivating allyship, particularly one informed by intersectionality, among Center participants may also benefit those who become allies by increasing their knowledge and awareness, improving their individual relationships and sense of community belonging, providing them with the ability to educate others, and allowing them to be a role model and use their social privilege for the good of fellow participants (Rostosky et al., 2015).

**Research Limitations**

**Case Study Design and Selection Limitations**

The single case study design presents inherent limitations, both methodologically and geographically. First and foremost, my findings rest on data collected over an eight-month period at one senior center in one geographic community. While the findings cannot be generalized to other settings or communities, the theory constructed can inform efforts to create welcoming environments in other senior centers (and beyond). Though the findings of a single case study cannot be assumed to necessarily be the same as in another senior center, the theoretical results can hold true: when the legitimacy and silence of LGBT older adults are at odds in a senior center’s collective discourse, this creates an inherent ambiguity that imposes obfuscation on LGBT older adults with implications for their ability to access social capital. Further, the theory built through this case study could be applied to other organizations (e.g., other types of social services providers, senior housing and other residential settings, healthcare settings) that are working toward LGBT inclusion, although the dynamics would certainly vary by setting.

While I made an effort to identify a Center that represents a “typical” senior center as my primary unit of analysis, my definition of typical was informed by my own
potentially biased experience working in a senior center. Senior centers come in all
different shapes and sizes—rural, urban, suburban— with participant demographics
depending on the community. Senior centers tend to each have their own unique
organizational culture and demographics that are often specific to the neighborhood in
which they are located. What is “typical” about the Center is the type of programs and
access to social capital afforded to older adults. What was atypical based on my personal
experience, which did not become clear until the interview process, was the extent to
which the Center has implemented LGBT-inclusive practices and the awareness of staff
and participants of LGBT older adults.

Despite its drawbacks, the single case design was appropriate as my research
question focused on exploring “how” (Yin, 1994) discourse functions in a senior center,
involving the consideration of multiple concepts and how they interact in context
(Gilgun, 1994). The single case design enabled me to explore multiple types of discourse
(policy, practice, and peer perspectives) and how these intersect. As Cannon (2020) notes,
“single case studies enable [the] building of theory primarily at a meso-level, but also
draws in micro- and macro-levels” (p. 42). The use of multiple data collection methods
within the single case study also allowed me to triangulate data by method as well as
source, which would have quickly become unwieldy had I been working with multiple
sites.

Limitations in Data Collection & Analysis

My own inexperience in undertaking case study research with multiple data
collection strategies presented another limitation. The sheer volume of data coupled with
my intimate knowledge of senior centers at times led me on analytic tangents. Analytic
memos and visual mapping were essential to keeping my analysis focused on the research question and proved critical to my coding process (Saldana, 2013). Additionally, my use of an a priori conceptual model and theoretical propositions was essential in maintaining analytic focus (Lee et al., 2010; Yin, 2014).

Concerning document review data collection and analysis, I primarily reviewed planning documents, not necessarily the processes whereby they were created. As I was concerned primarily with the influence of policy on the Center, I did not consider how state and county policy is produced and instead focused on what was communicated via planning documents to the Center. While this allowed me to stay focused on my specific research question, I believe a full-scale local policy analysis should also include interviews with those involved in policy and planning at the county and state levels.

Data collection of observations in particular was challenging as the content of the workshops, activities, and so forth that I was observing often did not directly relate to my research question. Observations fairly quickly became redundant as I did not learn much new from any given one. Observations of the Center’s lobby and reception area in particular became those most relevant to the research question. These observations provided a more in-depth understanding of what happens when a participant walks into the Center, who they initially engage with, and how they negotiate the initial rules of the Center. One type of event that I did not observe that may have proven useful was staff or other organizational planning meetings (i.e., board meetings) to better understand what is communicated and discussed in those contexts.

Interviews proved perhaps the richest part of data collection and analysis but were not without their limitations. Most critically, the convenience sample of staff and
participants was comprised of mostly, though not exclusively, white, educated, cisgender women. The research literature indicates that white women with higher education levels are most likely to be LGBT allies, suggesting that my sample may have skewed toward greater open-mindedness than the average senior about LGBT communities (Fingerhut et al., 2011). Additional research is needed to better understand perspectives in senior centers serving different racial and ethnic communities including Black, Hispanic, Asian American, and Native American older adults, as racial, cultural, and religious differences may also play a role in how LGBT older adult participation is viewed. While my research question did not examine race, my observations made me keenly aware of the lack of racial diversity at the Center, despite its location in one of the more diverse areas of the city. Some staff and participants noted the Center’s lack of racial diversity and viewed welcoming African American participants as a more pressing concern than LGBT older adults, though they seemed to fail to consider how racial identity and sexual identity may also intersect.

As I sought to understand how senior center participants view creating welcoming environments for LGBT older adults, I did not recruit LGBT older adults specifically to participate in interviews. While my recruitment materials included LGBT-inclusive images designed to attract any senior center participants willing to talk about LGBT issues, potentially including LGBT participants themselves. I sought staff and senior center participants in general, and those included two individuals who identified as LGBT. In general, both viewed the Center as welcoming. In one case, the interviewee described a gradual process of participating in a specific class at the Center in which they felt welcomed by the group based on their shared interest in the class topic, over time
becoming comfortable enough to disclose their LGBT identity. Another LGBT person interviewed felt personally welcomed at the Center but acknowledged that they could do more to cultivate allyship to advocate for greater inclusivity in the Center. The exploration of LGBT perceptions of the Center in particular and senior centers more broadly warrants further research.

I also endeavored to have a mix of baby boomers and the Silent Generation in my interview sample to provide generational diversity in responses, which I achieved, but I did not discern any obvious trends based on generational affiliation in my data analysis. It would be worth revisiting interview data and comparing responses between the two generations more closely to see if any trends emerge that warrant further exploration, as research suggests the existence of generational differences, particularly on the topics of attitudes and openness towards LGBT identities.

Finally, my interview guide for senior center participants could have been consolidated. The guide framed several questions about senior center practices generally before diving into LGBT-specific practice questions in an effort to build rapport and to help participants feel comfortable before discussing more sensitive subject matter. However, some of those questions resulted in much general data about the Center not necessarily relevant to the research questions.

*External Limitations/Considerations*

One limitation that I could not possibly have anticipated when I embarked on data collection in 2018 was the way in which the COVID-19 pandemic would transform senior centers. I would be remiss if I did not address the impact COVID-19 may have on both practice and research related to creating welcoming environments for LGBT older
adults in senior centers. Many senior centers have temporarily suspended on-site programming due to the risk of COVID-19 to older adults and have had to pivot to online program delivery with a population whose levels of technology skill vary greatly and that is already at risk of social isolation. These transformations change the service delivery landscape while heightening the urgency to be inclusive.

According to the National Institute on Aging (NIA), social isolation and loneliness are associated with higher rates of a variety of physical and mental health conditions (NIA, 2019). The necessity of social distancing and health implications of social isolation are particularly alarming for LGBT older adults who may already experience social isolation, loneliness, and health and mental health concerns (Salerno et al., 2020). Consider the findings of a landmark LGBT aging population study, which found that 47% of LGBT older adults report disability, 31% experience depression, and 53% experience loneliness (Fredriksen-Goldsen et al., 2011). That national data coupled with the County needs assessment discussed in Chapter 3 in which LGBT older adults identified access to behavioral health services as one of their main concerns underlines the prevalence of mental health concerns for LGBT older adults nationally and locally.

COVID-19 potentially exacerbates existing health disparities for LGBT older adults who already experience social isolation at disproportionate rates as compared to heterosexual and cisgender peers, are twice as likely to live alone and four times less likely to have children (Espinoza, 2011), often relying on “families of choice.” Thus, it will be increasingly important in practice for senior centers to be inclusive in online program delivery and marketing. Given the challenges non-profit and senior center leadership may be dealing with during COVID-19, LGBT issues may not be at the forefront of their consciousness. However, opportunities for collaboration and alliance
have also arisen as both senior centers and LGBT service providers adapt to the post-
COVID service environment.

**Reflexivity: Research as Discourse**

I entered this study with significant experience working in a senior center and as a volunteer in LGBT aging organizations in two different cities, including the city in which my study was conducted, and as a member of the LGBT community myself. I conducted this study because I believe senior centers, as an OAA-funded program, have a responsibility to be inclusive for LGBT older adults and the potential to provide access to critical social capital. Based on my experience with other senior centers, I entered this study expecting to find only silencing of LGBT older adults. The degree to which the Center and the County work to be inclusive surprised me. In many ways, the Center’s inclusivity made it an ideal case because it immediately challenged some of my assumptions and compelled me to consider alternative explanations within my theoretical framework.

My study is based on the premise that the discourse of policy, practice, and staff intersects with participant dynamics and seeks to understand how these intersections silence or welcome LGBT older adults. Part of my approach was deductive and applied specific concepts (i.e., Bourdieu’s theory of practice) through my theoretical framework and propositions. This allowed me to remain focused on my data collection and analysis. I was less interested in testing the logic of the framework than I was understanding how the individual pieces of it (i.e., habitus, doxa, legitimacy, social capital) functioned in the Center’s primary modes of discourse (policy, practice, peer). Thus, I was interested in gaining a deeper understanding of the meaning of these concepts in a specific context and
their implications for LGBT older adults and therefore also remained open to what emerged inductively. My analysis allowed for the emergence of concepts I had not anticipated (Hsieh & Shannon, 2005), such as that of obfuscation. Thus, the back and forth between deductive and inductive analysis also proved a form of dialogue through which I engaged with my data. For example, I may have been looking for silence through the exclusion of LGBT older adults, but what I found was much more complex and nuanced.

My theoretical framework involved several moving parts with which I was engaged in constant dialogue. The integration of these resulted in a model in which I relied on theoretical propositions derived from Bourdieu’s theory of practice to understand what happens in the context of a senior center, a potential setting within which LGBT older adults can access resources that may redress health disparities. The LGBT-HEPM provided a meso-level framework for considering how the social context of a community-based senior center may provide access to health-promoting (or adverse) pathways. Scholars of feminist theory and Black women’s intellectual history provided invaluable nuance to my understanding of the functioning of silence. The process of creating welcoming environments for historically oppressed groups in mainstream settings cannot be understood without first examining how silence has historically functioned within marginalized communities. Scholars such as Darlene Clark Hine and Evelyn Higginbotham provided me with this perspective, and I am indebted to them for the depth their theories added to my analysis.

Research also serves as a form of dialogue bound by scientific rigor. As researchers, we too employ silence strategically by not inserting ourselves into the
interview process, by not disclosing personal information, or sometimes even using silence deceptively. I found myself very conscious of my own use of both silence and speech as I observed center activities and interviewed center staff and participants. During data analysis, I took care to code my own responses, particularly those that went beyond probing questions and affirmative active listening statements (i.e., “uh-huhs” and “mmm…hmms”) to understand how my own discourse contributed to the conversation. Affirmative listening aside, my dialogue fell mostly into two categories: “reassurance” and “clarification.”

I frequently reassured participants with statements like, “there are no right or wrong answers.” I encouraged participants like this when they seemed to hesitate in responding to questions, often related to LGBT-specific interview guide domains. In some instances, participants seemed either uncomfortable, reluctant, or afraid of saying the wrong thing. In most cases, these reassurances helped to move the interview forward, but I do not think it necessarily influenced the content of responses.

Clarifications were generally inconsequential and included general restatements of questions when a participant either misunderstood or did not understand a question. In a few cases, I responded to interview participants who asked me to clarify if they were using LGBT inclusive terminology correctly. In another important example, I provided a “clarification” to an interview participant that revealed a great deal about how LGBT older adults may be obfuscated at the Center but also served as an example where my own identity influenced my response (I am the “interviewer” in the dialogue below):

M10: ...have you talked to other gay people here?

Interviewer: Not here, no.
M10: Yeah.

Interviewer: I mean, it's open. I'm interested in senior center participants in general. So, I didn't specify, you know, um, anyone is welcome to be interviewed. But I, I have not ...

M10: Yeah. Um, that's why I volunteered -

Interviewer: Yeah.

M10: Cos I thought that probably nobody else who'd come forward -

Bourdieu (1977) notes that one can “observe the effects which the position of the observer produces on the observation” (p. 111). In retrospect, as a researcher, I should have responded that I am not able to say whether I had interviewed anyone else who identified as LGBT. The fact that the interviewee identified as LGBT earlier in the interview (and I also identify as LGBT) caused me to leave behind the objectivity I projected as a researcher for a moment and somewhat defensively clarify why I was not specifically interviewing LGBT older adults. At the time, I did not want the participant to think I did not want to interview LGBT older adults. The interview participant also implied LGBT center participants may not be comfortable participating in a research study being conducted at the Center. This interaction later caused me to consider how LGBT older adults are thus obfuscated by indirect silence in my own study recruitment.

As I noted in Chapter 3, I did not disclose my own LGBT identity unless I was specifically asked by interview participants. My approach to the role of researcher was similar to what Bourdieu (Lamaison, 1986) describes as “…a scholar whose work is to analyze the social world, to conceptualize it, and who must therefore withdraw from the game” (p. 111). I therefore tried to adopt the position of a spectator watching and
listening to the participants describe the rules of the game, rather than interjecting. However, as the above exchange illustrates and Bourdieu goes on to explain, I was inevitably also a part of the “game” of research, which has its own habitus and rules. My presence in asking Center staff and participants to think and talk about LGBT older adults pushed back against the tension between legitimization and silence and functioned as a form of counter-discourse to some extent.

**Recommendations for Future Research**

My study provides an important contribution to the context of recent research literature on LGBT identity affirmation and institutional allyship. It is the first study, to my knowledge, that specifically considers the social context of the senior center in relation to creating inclusive environments for LGBT older adults. More recently single case studies have emerged considering how mainstream institutions move toward LGBT allyship (Russell & Bohan, 2016) as well as how LGBTQ organizations attain legitimacy among other community service organizations. In addition to the Russell and Bohan study discussed in this chapter, researchers recently specifically used Bourdieu’s theories to study how an LGBT non-governmental organization in Ireland evolved to establish legitimacy among mainstream service providers (Cannon, 2020). Thus, there is a space for scholars to consider both the micro-level legitimacy individuals have within organizations and the more macro legitimacy of organizations themselves. The Center, for example, has legitimacy as a county-funded entity and a stakeholder in the County planning process. However, is the Center viewed as legitimate by the LGBTQ+ community? Future research could also consider the legitimacy of LGBT community organizations among mainstream service delivery systems.
Researchers note additional research is needed to understand the nuances of how LGBT identity management intersects with social contexts (Fredriksen-Goldsen et al., 2017). LGBT health equity research identifies LGBT affirmation as “a component of protective pathways” leading to positive health outcomes (Fredriksen-Goldsen et al., 2017, p. 79). Understanding what is happening at the institutional level is critical to understanding the micro-level implications of LGBT identity affirmation. Conceptually, my study provides a framework through which to explore the social context piece of the equation, and through which to build theory to consider the implications for individuals in those settings. I could have approached this study by simply considering how the Center measures up against best practices for LGBT inclusion outlined in existing research. However, I would not have reached such a nuanced understanding of silence versus legitimization—and the obfuscation this tension engenders—without the theoretical integration I engaged.

I entered this study with an interdisciplinary conceptual model integrating grand sociological theory (Bourdieu’s theory of practice), within an established LGBT health equity research framework (the LGBT-HEPM). Bourdieu’s theory allowed me to consider how the formal and informal rules of the senior center, and the concurrent organizational habitus, determine the social position of LGBT older adults within the senior center and the implications for accessing social capital. Without the LGBT-HEPM, however, I would have missed the developmental context the LGBT-HEPM provides in terms of how habitus, doxa, legitimacy, and social capital overlap with access to health-promoting pathways and health outcomes—and how symbolic violence can potentially trigger adverse pathways. Further, my study illustrates how the LGBT-HEPM can be applied to
advance research focused on the institutional level to understand organizational conditions and how these may influence access to health-promoting or adverse pathways.

Most critically, I would not have been able to understand the implications of silencing, on which my study ultimately hinges, without conceptualizations of silence found in Black women’s intellectual history and feminist theory. These conceptualizations functioned as the bridge between Bourdieu’s theory of practice and the LGBT-HEPM. Without the application of theories from scholars of Black women’s intellectual history and feminist theory, I would have been left with a discussion of habitus and the rules that failed to consider the complexity of how silence functions within them. It is critically important that social work researchers not only rely on theoretical models found in the behavioral and social sciences but also remain receptive to the depth that humanities scholars might also contribute to social work research. Humanities scholars, including those in the traditions of Black women’s intellectual history and feminist theory, provide us with useful conceptualizations that can be engaged to understand practice.

This case resulted in a theoretical model that can potentially be engaged by researchers endeavoring to understand intersecting institutional dynamics involved with creating welcoming environments and affirming marginalized populations. Bowleg (2012) asserts, “a central consideration of intersectionality is how multiple social identities at the individual level of experience intersect with multiple-level social inequalities at the macrostructural level” (p. 1284). Most directly, my model could be used to focus on LGBT older adults in other senior centers and geographic communities.
The model I constructed and the theoretical framework I used (a combination of several existing ones) could well be applied to many types of populations and many settings.

My analysis also points to the importance of policy and the relationships among policy and practices across multiple levels. Specifically, I learned that legitimizing LGBT older adults in one domain (i.e., planning) can unintentionally create silences in practice.

Future research should include more rigorous analysis of policy at state and county levels to understand how policy discourse legitimizes LGBT older adults in different geographic communities. As more states and counties move toward LGBT inclusivity, future research could consider comparative analyses and assess if and how state and county policies translate into effective practice at the local level.

At the senior center level, more research is needed to understand how senior centers in different geographic regions and communities view the creation of welcoming environments for LGBT older adults and barriers to doing so. Additionally, drawing on research related to LGBT institutional allyship and organizational theory to inform future research would address gaps in both LGBT aging research, which tends to be focused on individual health outcomes, and in senior center research, where studies tend to focus on the efficacy of specific programs and participant outcomes. Finally, as older adults are among those at greatest risk for COVID-19, many senior centers are adapting by offering programs online until it is safe to resume on-site programming, suggesting that future research on creating inclusive LGBT environments may also need to also focus on the dynamics involved in an online service delivery model.

Finally, this study is the first, to my knowledge, to preliminarily explore the perspectives of senior center participants and the role peer dynamics play in creating
welcoming environments in social settings such as senior centers. More research is critical to better understand the influence of peer dynamics on the process of creating welcoming environments for LGBT elders, particularly among senior center participants from diverse racial, ethnic, and spiritual backgrounds. Researchers could engage and/or adapt survey tools such as the Ally Identity Measure (Jones et al., 2014) to conduct a broader survey of senior center participants and assess the potential for allyship among participants. Additionally, further research is needed to understand how existing LGBT allyship training models can be adapted to provide education for senior center participants.

**Conclusion**

In a 2017 study based in Denver, CO, Boggs et al. described the components of an aging-in-place model identified by LGBT older adults (Boggs et al., 2017). LGBT elders described senior centers as one example of a “place to connect” where a “welcoming community” could potentially be established for LGBT elders (Boggs et al., 2017, p. 1552). However, there was also skepticism regarding whether LGBT elders would be welcomed in a mainstream senior center (Boggs et al., 2017). In Bourdiesian terms, there was doubt that the habitus and doxa of local senior centers would legitimize LGBT elders.

I entered my study operating under the premise that senior centers, if welcoming, have the potential to provide access to social capital and health-promoting pathways for LGBT older adults. I was and continue to be compelled by the urgency of a growing LGBT older adult population, the impact of discrimination across their lifespans, and health disparities that persist, despite the resiliency of LGBT communities. However, I am also empathetic to the challenges and barriers senior centers confront in working
toward creating inclusive environments. To task a senior center with taking on the torch of LGBT liberation when staff are concerned with the daily realities of operating a non-profit senior center, maintaining a facility, fundraising, and so forth, (especially amid the COVID-19 pandemic) would be unrealistic. What is more feasible is for the Center, and other senior centers working toward inclusion, to work toward a more cohesive practice vision of LGBT institutional allyship, as an institution and as individuals with the centers, and to advocate for a more coordinated response at the state and local levels.

Senior centers have the potential to alleviate the skepticism of LGBT older adults but cannot do so if institutional discourse remains enmeshed in historical silences that perpetuate symbolic violence, however unintended. At the Center, the discourse about LGBT older adults is doubled-voiced—one of legitimization and silence—and the ambiguity that resides within it and the obfuscation constructed functions deceptively for LGBT older adults who may be affirmed in policy, but not necessarily in practice or among peers. A cohesive counter-discourse across policy, practice, and among peers is necessary at the Center to disrupt the undisputed rules and break the existing tension between silence and legitimacy. Such a counter-discourse would involve actively engaging with LGBT serving organizations and LGBT older adults to work collaboratively as an institutional ally. Additionally, future LGBT organizational research would benefit from being conducted through an intentional community-participatory framework that engages mainstream providers and LGBT service providers as research partners. Future research must focus not only on the potential of senior centers to redress health disparities and social isolation or apply a band-aid to a history of systemic homophobia but to be mobilized and activated to become institutional allies.
As I conclude my study, I am drawn to one final conceptualization of silence found in Black feminist theory— that of the potentiality of silence to be transformed. In the essay “The Transformation of Silence into Language and Action,” the poet Audre Lorde (1977) writes, “In the transformation of silence into language and action, it is vitally necessary for each of us to establish or examine her function in that transformation and to recognize her role as vital within that transformation” (p. 43). Within the tension between legitimization and silence, there exists not only obfuscation but also the potential for transformation. Senior centers and their staff and participants must recognize their roles as vital to transforming organizational silence into the action of LGBT affirmation and institutional allyship. Transformation cannot happen unless we push back against the tensions that exist between legitimization and silence— until we develop a counter-discourse in practice.

Epilogue

My analysis is based on data I collected from June 2018-January 2019. Since then, I have become aware of several actions in which the Center engaged that represent a shift toward greater LGBT institutional allyship. These included hosting a screening of the documentary *Gen Silent* (Cornwell, et al., 2010)—which focuses on the experiences of LGBT elders navigating the aging services delivery system in Massachusetts—in collaboration with the local LGBT organization that contracts with the County. I was invited by the Center to participate in the event to speak briefly about LGBT health disparities and help with the Q&A session after the screening. The event was attended by about 20-25 senior center participants and a few Center staff.
Additionally, a few months later, I informally observed participants from the Center and staff from the County, among other groups, march alongside LGBT older adults as allies at the local Pride parade. Breaking some of the historical silences that exist for LGBT older adults within the broader LGBTQ+ community, which tends to be youth-focused, LGBT elders were featured prominently at the front of the parade to commemorate the 50th anniversary of the Stonewall Riot. Several months later, the Center hosted an LGBTQ and allies Valentine’s Day event at the Center in partnership with the local LGBT provider that I was also invited to attend; I would estimate at least 75 older adults participated. Though I was there as an invited guest, not a formal observer, I did notice that the majority of participants were older white women, underscoring the need for intersectional approaches to LGBT inclusion in future research.

Finally, some encouraging recent actions at the federal and state levels collectively counter the historical discourse of silence in the OAA. First, the 2020 re-authorization of the OAA now requires states to collect data on LGBT older adults receiving OAA-funded services and to include LGBT communities when assessing community needs, implying that counties will also be required to do so (Sage, 2020). These changes will be implemented pending a federal rulemaking process later this year and are viewed by LGBT aging advocates as a major step forward. In the meantime, through my volunteer involvement in local LGBT advocacy efforts, I am also aware that the state in which the Center is located is currently conducting a statewide LGBTQ older adult needs assessment survey expected to be finished later this year as part of its current state planning process for the next State Plan on Aging.
References


https://doi.org/10.1089/lgbt.2016.0171


https://doi.org/10.1300/j074v18n01_05

Administration for Community Living. (n.d.). *Older Americans Act.*

https://acl.gov/about-acl/authorizing-statutes/older-americans-act


https://acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2019ProfileOlderAmericans508.pdf


A qualitative investigation. *Journal of Homosexuality, 64*(11), 1539-1560.

https://doi.org/10.1080/00918369.2016.1247539


https://doi.org/10.2105/ajph.2012.300750


http://dx.doi.org/10.1525/srsp.2009.6.4.65


https://www.lgbtagingcenter.org/resources/pdfs/OutingAge2010.pdf


https://search.proquest.com/openview/2bec5dda13ae3c0e4b64e78efbb5afa9/1


Good Health Among LGBT Older Adults. *The Gerontologist, 57*(Suppl. 1), 72-83.
https://doi.org/10.1093/geront/gnw170


https://doi.org/10.1037/ort0000030

https://doi.org/10.1080/13691450701318010


Knochel, K. A., Croghan, C. F., Moone, R. P., & Quam, J. K. (2012). Training, geography, and provision of aging services to lesbian, gay, bisexual, and
http://dx.doi.org/10.1080/01634372.2012.665158

*Cultural Anthropology, 1*(1), 110-120.  
https://doi.org/10.1525/can.1986.1.1.02a00060


https://doi.org/10.2105/ajph.2017.303914


https://ntrl.ntis.gov/NTRL/dashboard/searchResults/titleDetail/PB2005104818.xhtml


Multnomah County (2016). 2016 area plan community listening session data. https://public.tableau.com/profile/advsdreporting#!/vizhome/AreaPlanSessionsPUBLIC/OverallHighLevel


Appendix A

Site Agreement

April 4, 2018

RE: Student Investigator: Megan C. McCoy, MSS, MLSP, Doctoral Candidate
Supervisor: Cindy Sousa, PhD, MSW, MPH

TITLE OF RESEARCH: Creating Welcoming Environments? Senior Center Discourse and LGBT Older Adults

To Megan C. McCoy:

This letter/email is to convey that I/we have reviewed the proposed research study being conducted by Megan C. McCoy intended to include review of organizational policy documents and outreach materials, recruitment of interview participants including the center director, staff, and center participants, and observation of activities at the Hollywood Senior Center and find "Creating Welcoming Environments? Senior Center Discourse and LGBT Older Adults" to be acceptable. Data collection will begin on June 1, 2018 and end on March 31, 2019. I/we give permission for the above investigator/s to conduct research at this site. If you have any questions regarding site permission, please contact:

Sincerely,
Appendix B

Memorandum of Understanding

Appendix B: Memorandum of Understanding with Field Site

“Creating Welcoming Environments: Senior Center Discourse and LGBT Older Adults”

If your center is willing to serve as a field site, I will complete the following activities over a 10-month time period:

1. Review organizational documents and policies including strategic plan, HR policies and procedures, any intake/programmatic policies, outreach materials, websites and social media.
2. Complete an interview approximately one hour in length with the Center Director.
3. Recruit 2-4 staff willing to participate in an interview that is approximately one hour in length.
4. Recruit 16 center members/participants who are willing to participate in an interview that is approximately one hour in length.
5. Observe routine center activities including intake and/or new member registration processes, lunch, classes and activities, and front desk/reception areas.

My Responsibilities include:

- Recruitment of all interview participants.
- Coordination of interviews and of observations with your staff to minimize any disruption.
- Obtain informed consent for all interviews and, to the extent possible, observations.
- Minimize risks to individual interview participants through an informed consent process.
- Minimize risks to individuals being observed in group settings by announcing that I will be observing and giving individuals the opportunity to opt out.
- Minimizing risk to the organization by protecting confidentiality of the organization’s documents and identity.

The Center will be asked to:

- Provide access to organizational policies and documents including strategic plan (if available), HR policies, center member policies, outreach materials (i.e. flyers, newsletters), intake forms, and I will also review the senior centers website and/or social media sites (i.e. Facebook).
- Allow me to recruit staff and center member interview participants.
- Allow me to observe routine center activities including intake or new member registration processes (with permission of individual), lunch, activities/classes (with permission of instructor), and the front desk/reception area.

Risks:

Risks to the organization are minimal and related to the potential for confidentiality and privacy to be breached. I will take every precaution to prevent any breaches. The senior center’s name will be redacted from any documents I collect and will not be used in any reports, publications or presentations. The center will only be referred to as “a senior center in a metropolitan area” and interviewees will only be referred to as “a staff person” or “a center participant.” Risks to the center also may include mild disruption in routine due to my presence. I will minimize this risk through communication and coordination with appropriate staff.

Benefits:

Benefits to the center may include increased insight into organizational practices and staff awareness involving LGBT older adults. If the center is interested, I will also make linkages to local providers of LGBT cultural competency training through the SAGE affiliate network. Additionally, your participation will contribute to what is currently a lack of research specifically focused on senior centers.

If after having read the activities, risks and benefits, you agree to participate, I will ask you to sign this memorandum of understanding that, along with the site agreement letter provided on April 4, 2018, indicates your agreement to participate.

Center Director Signature: ___________________________ Date: ___________________________
Principal Investigator Signature: ___________________________ Date: 6/22/18
Appendix C

Document Review Template

Date Document Retrieved:

Source:

Document Title:

Document Tracking #: _____

Document Review Questions:

1. *Describe the document (Who created it? When? For what purpose?)*

2. *Code the text of the document applying a descriptive, magnitude, and critical code.*

3. *Are LGBT older adults represented in the language of the document? Examples?*

4. *Are there visual cues or symbols (i.e. rainbow flag) that are considered LGBT inclusive? If so, describe.*

5. *If there are photographic images in the document, use a magnitude code (+/-/=) to indicate presence, absence, or neutrality of LGBT representation in the image.*
Appendix D

Observation Protocol & Consent

*My protocol included one-on-one observations. However, due to confidentiality concerns, I did not conduct any observations of one-on-one meetings between Center staff and participants, and only observed group situations.

1. **One-on-one situations to be observed:**
   - **New participant intake/registration**

   For observation of a one-on-one activity (i.e. a staff person registering a new center participant):

   Good morning/afternoon. My name is Megan McCoy and I am a doctoral candidate at Bryn Mawr College. I am completing a dissertation study focused on understanding how senior centers create welcoming environments. Are you comfortable with me observing [name of activity] and taking written notes? I will not include your name or any other identifying information about you in my notes. If you are not comfortable, I will leave the room. Your participation is voluntary.

   **If individual(s) verbally or otherwise indicates no:** I understand. Thank you for your consideration. [Leave the room].

   **If individual(s) verbally indicates yes:** Thank you for your willingness to allow me to observe. [Complete Informed Consent process]

2. **Group situations to be observed:**
   - Lunch room
   - Classes/Activities
   - Reception Area
An announcement will be made at the beginning of the activity giving individuals an opportunity to opt out: *Good morning/afternoon. My name is Megan McCoy and I am a doctoral candidate at Bryn Mawr College. I am completing a dissertation study focused on understanding how senior centers create welcoming environments. I have the permission of [name of Center Director and/or activity leader] to observe activities in the center. Today, I will be observing [name of activity] and taking written notes. I will not include anyone’s name or any other identifying information in my notes.* Additionally, a flyer will be placed in the reception areas indicating the dates that I will be conducting observation and the following statement: *My name is Megan McCoy and I am a doctoral candidate at Bryn Mawr College. I am completing a dissertation study focused on understanding how senior centers create welcoming environments for older adults. As part of my study, I will be observing activity in the reception area on [insert dates] and taking written notes. I will always be sitting somewhere where I am visible. I will not include anyone’s name or any other identifying information in my notes.*
Observation Consent Form for Senior Center Staff and Members

1) **Title of Study**: Creating Welcoming Environments? Senior Center Discourse and LGBT Older Adults

2) **Purpose and General Description of the Study**

This study is being conducted by Megan C. McCoy, MSS, MLSP, a Ph.D. candidate, under the supervision of Cindy Sousa, PhD, MSW, MPH at the Bryn Mawr College Graduate School of Social Work and Social Research. The purpose of the study is to understand how both the policies and practices in senior centers influence whether or not the center creates a welcoming environment for LGBT older adults.

3) **What does participation involve?**

Participation involves an observation of the intake and/or new member registration process. I am interested in observing how the process and interaction works and will take written notes.

4) **Confidentiality**

Notes will be anonymous with no names collected. Written notes will be entered and stored electronically in a password protected computer with hard copies shredded. I may know the names of the individuals in the observation but will not link and findings to specific individuals. All data will be destroyed at the end of the study.

5) **Risks of participating in the study**

Risks of participating are minimal and include potential breaches of privacy and confidentiality. Information I observe or that you share will not include any identifying information. In the unlikely event that you find the observation is upsetting, I will end the observation.
6) **Benefits to participants or others**

There are no direct benefits for participating. However, you may find it interesting to learn about the results of the research and it may be beneficial to those working in or attending senior centers.

7) **Compensation**

There is no compensation.

8) **Deception**

There is no deception in this study.

9) **Voluntary participation**

Your participation is completely voluntary. You can ask me to stop the observation at any time and I will leave the room. If you choose not to participate, there will be no penalty or loss of any benefits or services for not participating.

10) **Questions about the research and rights of research participants**

If you have any questions about the research, please feel free to call or email the Principal Investigator, Megan McCoy (520-205-1795; mcmccoy@brynmawr.edu), or the student’s supervisor, Cindy Sousa (610-526-2623; csousa@brynmawr.edu). If you have questions about your rights as a research participant, please be in touch with Leslie Alexander, Professor and Chair, Bryn Mawr College IRB ([lalexand@brynmawr.edu](mailto:lalexand@brynmawr.edu); 610-520-2635)

I am 18 or older:  Yes___ No_____  
I have read this consent form or it has been read to me:  Yes_____No____  
I have had all of my questions about the study answered to my satisfaction. Yes___No ___  
I have been given a copy of this consent form.  Yes_____No_____  
I agree to participate in this research.  Yes___No____
If applicable, I give permission to audiotape my interview. Yes ___ No ___

Name (please print): ________________________________________________

Signature: ____________________________ Date: ______________________

Observer Name (please print) ________________________________________

Signature: ____________________________ Date: ______________________
Appendix E

Observation Field Note Template

Date:

Time:

Setting:

Observation Tracking #: _____

Observation Questions:

1. Describe who is present generally (i.e. staff and senior center participant? Participants only? Do not use names or other identifying information.)

2. Describe the nature of the interaction occurring in the setting (i.e. is an intake process being completed? Are participants talking among themselves? Is a class/activity in progress?).

3. Describe the content of the interaction taking place.

4. Describe the physical space. Are there any indicators that the space is LGBT friendly? For example, are there signs or symbols (i.e. rainbow flag or others) that best practices suggest indicate a welcoming environment?
5. *If a group interaction, is anyone visibly excluded, alone, or appear disengaged? If so, describe without using any identifying information.*

6. *Did I (the researcher) engage in any conversation with the individuals present beyond obtaining consent? If so, what was the nature and content of the conversation?*
Appendix F

Recruitment Email Script

Recruitment: E-mail Script for Executive Directors (or designees) to send to Program Staff with Recruitment Flyer

SUBJECT: Staff Perspectives Needed! Dear Center Staff:
[Name of Center] has agreed to participate as a recruitment site for a dissertation study focused on understanding the dynamics involved when working with LGBT older adults in senior centers.

The research is being conducted by a student from the Bryn Mawr College Graduate School of Social Work and Social Research who has 17 years of experience working in a senior center. She is interested in interviewing senior center directors, program staff, and center members who are willing to share their views regarding creating welcoming environments for LGBT older adults in senior centers.

Please review the attached flyer. If you are interested in participating or have any questions, please contact the researcher directly via the contact information on the flyer. It is voluntary for you to participate. If you choose to participate in the study, your participation is confidential. I will not know the names of staff who choose to participate.

Sincerely,

[EXECUTIVE DIRECTOR OR DESIGNEE NAME]
Appendix G

Staff Recruitment Flyer

**Staff Perspectives Needed!**

If you are currently work at [NAME OF CENTER] you are eligible to participate in a dissertation study to understand perspectives on working with LGBT older adults. Study participants will:

- Complete a brief demographic survey.
- Participate in an interview lasting 45 minutes to an hour.
- Participants will receive a $5 gift card for completing the interview.

*If you are interested in participating or would like more information, please e-mail Megan McCoy at mcmccoy@brynmawr.edu or call 520-205-1795.*

*This study has been approved by Bryn Mawr College’s Institutional Review Board.*
YOU ARE INVITED TO SHARE YOUR THOUGHTS!

I am a PhD student doing a dissertation study to understand what senior center participants think about LGBT older adults attending senior centers.

All are welcome! You do NOT have to be LGBT to participate.

Participants will:

- Complete a brief demographic survey.
- Participate in an interview lasting 45 minutes to an hour.
- Receive a $5 gift card for completing the interview.

This study has been approved by Bryn Mawr College's Institutional Review Board.

For more information or to participate, please contact:
Megan McCoy
520-205-1795
mcmccoy@bryn.mawr.edu
Appendix I

Interview Screening Script for Center Director and Staff (to be used via phone or adapted for email)

Hello [NAME]:

Thank you for your interest in participating in the study: “Creating Welcoming Environments? Senior Center Discourse and LGBT Older Adults.” As you saw in the recruitment flyer, I am interested in understanding how senior center staff and members talk about working with LGBT older adults.

The study will involve participating in one interview that will last approximately 45 minutes to one hour. I will also ask you to complete a brief demographic survey. The interview can be scheduled at a time and location that is convenient for you. I am able to come to the center to meet, or if you prefer we can meet off-site. You will receive a $5 gift card for completing the interview.

Do you have any questions about what I’ve explained? [If yes, answer questions]

Based on what I’ve explained, are you interested in participating?

[If no]: I’m sorry to hear that. Are you willing to share any concerns you have about participating?

[Address concerns, if possible]

[If still not interested]:

I appreciate your concerns. Thank you for your time, if you have any additional questions you may reach me by email at mcmccoy@brynmawr.edu or by phone at 520-205-1795.

[If yes]: I am glad you would like to participate.

[ADMINISTER INFORMED CONSENT PROCEDURE] [IF AGREEMENT IS OBTAINED]:

Would you be available on [Date/Time of available appointment] at [name of center]? Or is there a day and/or location that is more convenient for you?
[Determine location]

**[After scheduling interview]**: I am looking forward to meeting you on [Date/Time/Location]. If you have any questions in the meantime, you may reach me by email at mcmccoy@brynmawr.edu or by phone at 520-205-1795.

Thank you for your time.
Appendix J

Senior Center Member Screening Script (to be used via phone or in person)

Hello [NAME]:
Thank you for your interest in participating in the study: “Creating Welcoming Environments? Senior Center Discourse and LGBT Older Adults” As you saw in the recruitment flyer, I am interested in understanding what senior center members think about LGBT older adults participating in senior centers.

The study will involve participating in one interview that will last approximately 45 minutes to one hour. I will also ask you to complete a brief demographic survey. The interview can be scheduled at a time and location that is convenient for you. I am able to come to the center to meet, or if you prefer we can meet off-site. You will receive a $5 gift card for completing the interview.

At the time of the interview, I will ask you to read and sign an Informed Consent Form. The Informed Consent will explain the benefits and risks of participating in the study. Participation is voluntary, and you may refuse to participate at any time.

Do you have any questions about what I’ve explained? [If yes, answer questions]

Based on what I’ve explained, are you interested in participating in a screening to see if you are eligible?

[If no]: I’m sorry to hear that. Are you willing to share any concerns you have about participating?

[Address concerns, if possible]

[If still not interested]:
I appreciate your concerns. Thank you for your time, if you have any additional questions you may reach me by email at mcmccoy@brynmawr.edu or by phone
at 520-205-1795.

[If yes]: I am glad you would like to participate. I would like to ask you a question to make sure you are meet the eligibility:

1. What year were you born in? [eligible regardless of year, unless quota has been met]

[IF QUOTA HAS BEEN MET]:
I’m sorry, but unfortunately you are not eligible to participate. I appreciate your time.

[IF ELIGIBLE]:
Based on your response, you are eligible to participate. I am looking forward to meeting with you for an interview. Would you be available on [Date/Time of available appointment] at [name of center]? Or is there a day and/or location that is more convenient for you? [Determine location]

[After scheduling interview]: I am looking forward to meeting you on [Date/Time/Location]. If you have any questions in the meantime, you may reach me by email at mcmccoy@brynmawr.edu or by phone at 520-205-1795.

Thank you for your time.
Appendix K

Interview Consent Form for Senior Center Director and Staff

1) **Title of Study**: Creating Welcoming Environments? Senior Center Discourse and LGBT Older Adults

2) **Purpose and General Description of the Study**
This study is being conducted by Megan C. McCoy, MSS, MLSP, a Ph.D. candidate, under the supervision of Cindy Sousa, PhD, at the Bryn Mawr College Graduate School of Social Work and Social Research. The purpose of the study is to understand how both the policies and practices in senior centers influence whether or not the center creates a welcoming environment for LGBT older adults.

3) **What does participation involve?**
Participation involves an in-person interview lasting approximately one hour, and completion of a brief demographic survey. Interviews will be conducted in a private office space on site at the senior center or at a mutually agreeable offsite location. You will be asked for your perspectives on creating welcoming environments, experiences with center participants, working with LGBT elders, and organizational policies and procedures. Interviews will be audio recorded and transcribed.

4) **Confidentiality**
While confidentiality cannot be guaranteed, every precaution to protect your confidentiality will be taken. No names or identifying information will be collected. In the case of the center director and staff being interviewed, their position title will be known to the researcher, but no responses will be revealed that could be linked to specific individuals. Data from hard copy demographic forms will be entered and stored electronically in a password protected computer with hard copies shredded. Audio interviews will be stored on a password protected laptop while data is being collected and transcribed. Transcriptions will be uploaded and analyzed using Nvivo. All data will be destroyed at the end of the study.

5) **Risks of participating in the study**
Risks of participating are minimal and include potential breaches of privacy and confidentiality. Information shared by respondents will be kept strictly confidential. I and a person hired and trained for the purpose of completing transcription (if funding is available) are the only individuals who will see transcripts having removed anything that might identify you, including geographic locations, names of particular individuals, or places mentioned. While every effort will be made to protect confidentiality, local anonymity cannot be guaranteed and it is possible that other staff or senior center participants within the organization may recognize those who are interviewed. In the unlikely event that you find the interview is upsetting, I will provide referral to entities that can provide further assistance.

6) **Benefits to participants or others**
There are no direct benefits for participating. However, you may find it interesting to talk about the issues addressed in the research and it may be beneficial to the field and to those working in and attending senior centers.

7) Compensation
Participants will receive a $5 gift card for participating.

8) Deception
There is no deception in this study.

9) Voluntary participation
Your participation is completely voluntary. You can withdraw from the study at any time. You do not have to answer any questions that you don't want to answer. If you choose not to participate, there will be no penalty or loss of any benefits for not participating.

10) Questions about the research and rights of research participants
If you have any questions about the research, please feel free to call or email the Principal Investigator, Megan McCoy (520-205-1795; mcmccoy@brynmawr.edu), or the student’s supervisor, Cindy Sousa (610-526-2623; csousa@brynmawr.edu). If you have questions about your rights as a research participant, please be in touch with with Gary McDonogh, Professor and Chair, Bryn Mawr College IRB (gmcdonog@brynmawr.edu; 610-520-5051)

I am 18 or older: Yes _____No_______

I have read this consent form or it has been read to me: Yes_____No_______

I have had all of my questions about the study answered to my satisfaction. Yes ___No_____

I have been given a copy of this consent form. Yes_____No_______

I agree to participate in this research. Yes_____No_______

If applicable, I give permission to audiotape my interview. Yes_____No_______

Name (please print): ____________________________

Signature: ____________________________ Date: __________________

Interviewer Name (please print) ____________________________

Signature ____________________________ Date: __________________
Appendix L

Interview Consent Form for Senior Center Members/Participants

1) Title of Study: Creating Welcoming Environments: Senior Center Discourse & LGBT Older Adults

2) Purpose and General Description of the Study
This study is being conducted by Megan C. McCoy, MSS, MLSP, a Ph.D. candidate, under the supervision of Cindy Sousa, PhD, MSW, MPH at the Bryn Mawr College Graduate School of Social Work and Social Research. The purpose of the study is to understand how both the policies and practices in senior centers influence whether or not the center creates a welcoming environment for LGBT older adults.

3) What does participation involve?
Participation involves an in-person interview lasting approximately one hour, and completion of a brief demographic survey. Interviews will be conducted in a private office space on site at the senior center or at a mutually agreeable offsite location. You will be asked for your perspectives on creating welcoming environments, experiences with other center members and staff, and thoughts regarding LGBT individuals participating at the center. Interviews will be audio recorded and transcribed.

4) Confidentiality
While confidentiality cannot be guaranteed, every precaution will be taken to protect your identity. Data will be anonymous with no names collected. Data from hard copy demographic forms will be entered and stored electronically in a password protected computer with hard copies shredded. Audio interviews will be stored on a password protected laptop while data is being collected and transcribed. Transcriptions will be uploaded and analyzed using Nvivo. All data will be destroyed at the end of the study.

5) Risks of participating in the study
Risks of participating are minimal and include potential breaches of privacy and confidentiality. Information you share will be kept strictly confidential to the extent possible. I and a person hired and trained for the purpose of completing transcription (if funding is available) are the only people who will see transcripts having removed anything that might identify you, including geographic locations, names of particular individuals, or places mentioned. While every effort will be made to protect confidentiality, local anonymity cannot be guaranteed and it is possible that other staff or senior center participants within the organization may recognize those who are interviewed. In the unlikely event that you find the interview is upsetting, I will provide referral to people that can provide further assistance.

6) Benefits to participants or others
There are no direct benefits for participating. However, you may find it interesting to talk about the issues addressed in the research and it may be beneficial to those working in or
attending senior centers.

7) Compensation
Participants will receive a $5 gift card for participating.

8) Deception
There is no deception in this study.

9) Voluntary participation
Your participation is completely voluntary. You can withdraw from the study at any time. You do not have to answer any questions that you don't want to answer. If you choose not to participate, there will be no penalty or loss of any benefits for not participating.

10) Questions about the research and rights of research participants
If you have any questions about the research, please feel free to call or email the Principal Investigator, Megan McCoy (520-205-1795; mcmccoy@brynmawr.edu), or the student's supervisor, Cindy Sousa (610-526-2623; csousa@brynmawr.edu). If you have questions about your rights as a research participant, please be in touch with Gary McDonogh, Professor and Chair, Bryn Mawr College IRB (gmcodonog@brynmawr.edu; 610-520-5051)

I am 18 or older: Yes_____ No_____

I have read this consent form or it has been read to me: Yes_____ No_____

I have had all of my questions about the study answered to my satisfaction. Yes_____ No_____

I have been given a copy of this consent form. Yes_____ No_____

I agree to participate in this research. Yes_____ No_____

If applicable, I give permission to audiotape my interview. Yes_____ No_____

Name (please print): __________________________________________

Signature: __________________________ Date: ______________________

Interviewer Name (please print): ________________________________

Signature: __________________________ Date: ______________________
Appendix M

Interview Guide & Demographic Survey: Senior Center Director

Participant #: D-___

Interview Questions:

I. Agency Setting/Context
   How would you describe your current job responsibilities?
   -How much direct contact with participants do you have?

   a. How would you describe the characteristics of participants at your center?
      -Probes: Demographics, race, gender, sexual orientation etc.
      -How have these changed or shifted over the past few years, or, how have they stayed the same?

   b. How familiar are you with your state and area plans on aging?
      How do these influence policy and practices at your center?

   c. In general, how would you describe a “welcoming environment?”

   d. How does your center create a welcoming environment for new participants?
      -How do staff contribute to the environment for new members?
      -How do members contribute to the environment for other members?
      -What are the challenges new members face?
      -How do some members feel welcome than others? Who is most/least likely to feel welcome?

   e. Tell me about how your organization’s human resources policies address equal opportunity? PROBE: How do they include sexual orientation and/or gender identity?

   f. Tell me about your organization’s main goals?

   g. If you have a Board of Directors, how do they contribute to shaping the environment at the center?

   h. Tell me how the intake process works at your organization.
      -How would you describe the questions asked on intake or registration forms? How do your intake (or registration; or assessment) forms ask about sexual orientation? If so, how are
these questions asked?
  -What options are included for identifying gender?

i. How would you describe you and your staff’s comfort level with asking participants about sexual orientation on an intake or assessment form?
  -What would make you more comfortable?
  -How might staff become more comfortable?

II. Creating Welcoming Environments for LGBT Older Adults

a. How do LGBT older adults participate at the center?
   -Probes: number/proportion of LGBT participants, levels of involvement?
   -If LGBT older adults are not participating, why do you think this is the case?

b. If there is resistance to training, why do you think this is the case?

c. How from your perspective could staff become more open/receptive to training?

d. What from your perspective are barriers to serving LGBT older adults in your center?

III. Conclusion/Debriefing

a. How would you like to see your organization change in the next 1-3 years?

b. Did participating in this interview make you think about issues that you had not previously considered? If so, how?

c. As a result of participating in this interview, how has your perspective on creating welcoming environments for LGBT older adults changed?

d. Are there any questions that I asked that were unclear or confusing? If so, which ones?

e. Do you have any suggestions for improving this interview content or format?

f. Is there anything additional you would like to share that would help me better understand your experience/your agency’s experience with working with LGBT older adults?
g. If there is resistance to training, why do you think this is the case?

h. How from your perspective could staff become more open/receptive to training?

i. What from your perspective are barriers to serving LGBT older adults in your center?

IV. Conclusion/Debriefing

a. How would you like to see your organization change in the next 1-3 years?

b. Did participating in this interview make you think about issues that you had not previously considered? If so, how?

c. As a result of participating in this interview, how has your perspective on creating welcoming environments for LGBT older adults changed?

d. Are there any questions that I asked that were unclear or confusing? If so, which ones?

e. Do you have any suggestions for improving this interview content or format?

f. Is there anything additional you would like to share that would help me better understand your experience/your agency’s experience with working with LGBT older adults?
Demographic Survey: Senior Center Director

Participant #: D-

Current position: ____________________________________________________________

Please list any other employment or volunteer experiences you have had that involved working with older adults and/or the LGBT community:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Number of completed years at organization: □ Less than 1  Age: □ Under 30
   □ 1-2        □ 30-39
   □ 3-5        □ 40-49
   □ 6-10       □ 50-59
   □ More than 10 □ 60-69
   □ 70+

Highest Educational Level: □ High School Grad
   □ Some College
   □ Bachelor’s Degree
   □ Master’s Degree or higher

Gender: □ Female
   □ Male
   □ FTM
   □ MTF
   □ Other:

Sexual Orientation: □ Heterosexual
   □ Gay
   □ Lesbian
   □ Bisexual
   □ Queer
   □ Other: __________________________________

Race/Ethnicity: □ Asian
   □ Black or African-American
   □ Hispanic or Latino/a
   □ Native American
   □ White
   □ Multi-cultural
   □ Other: ____________________________
Appendix N

Interview Guide & Demographic Survey: Senior Center Staff

Participant #: S-

Interview Questions:

I. Agency Setting/Context
   a. How would you describe your current job responsibilities?
      - How much direct contact with participants do you have?

   b. How would you describe the characteristics of participants at your center?
      - Probes: Demographics, race, gender, sexual orientation etc.
      - Have there been changes or shifts in these over the past few years?

   c. How does the area plan on aging influence the work you do at the center?

   d. How does the center’s strategic plan and/or other organizational goals influence the way you interact with participants?

   e. In general, how would you describe a “welcoming environment?”

   f. How does your center create a welcoming environment for new participants?
      - How do staff contribute to the environment for new members?
      - How do participants contribute to the environment for new members?
      - What are the challenges new members face?
      - Do you think some members are more likely to feel welcome than others? Who is most/least likely to feel welcome?

   g. Tell me about how the intake process works at your organization.
      - How do your intake (or registration; or assessment) forms ask about sexual orientation?
      - What options are included for identifying gender?

   h. How would you describe your comfort level with asking participants about sexual orientation on an
intake or assessment form?
   - How could you become more comfortable?

II.  Creating Welcoming Environments for LGBT Older Adults

a.  How do LGBT older adults participate at the center?
   - Probes: number/proportion of LGBT participants, types of activities, levels of involvement?
   - If LGBT older adults are not participating, why do you think this is the case?

b.  How would you know if someone at your center identifies as LGBT?

c.  How is your center a place where LGBT older adults would feel welcome? Or, why do you think LGBT older adults might not feel welcome attending the center?

d.  How do your agency’s (and/or your specific program’s) outreach plan and materials (e.g., flyers and brochures) attract LGBT participants? Or, how could they better do so?

e.  How do you work with other organizations that serve LGBT individuals?

f.  How does staff at your organization interact with LGBT participants? Can you give me some examples, positive and/or negative?

g.  How does the Director or other management interact with LGBT participants? Can you give me some examples, positive and/or negative?

h.  How are LGBT older adults treated by center participants?
   - Can you give me some examples, positive and/or negative?

i.  How do you think center participants’ attitudes toward LGBT older adults might change as more Baby Boomers attend senior centers? Or, if you don’t think they will change, how will they stay the same?

j.  How has the management (i.e. Director, Board) at your center taken steps to create a welcoming environment for LGBT older adults?
   - If the center management hasn’t done so, what from your perspective prevents your center from doing so?
k. How could your agency/center take steps to be more welcoming?
   - What could you do?
   - What could organizational management do?
   - What could center members/participants do?
   - Or, why do you think it isn’t necessary to take steps to be more welcoming?

III. Experience With LGBT Cultural Competency Training

   a. What experiences have you had with attending trainings related to working with LGBT older adults?

      Probes:
      IF TRAINING HAS BEEN ATTENDED:
      - How have you made changes in practice as a result of attending these trainings?
      - If you haven’t made any changes or taken any action, why not?

      IF NO TRAINING:
      - How do you view opportunities to attend training related to working with LGBT older adults?
      - How do these trainings have potential value for your organization? Or, if you feel they do not, why not?

   b. How do you think other staff at your center view attending training to better serve LGBT older adults?
      - If there is resistance to training, why do you think this is the case?
      - What from your perspective would make staff more open/receptive to training?

IV. Conclusion/Debriefing

   a. How would you like to see your organization change in the next 1-3 years?

   b. How has participating in this interview caused you to think about issues that you had not previously considered?

   c. As a result of participating in this interview, has your perspective on creating welcoming environments for LGBT older adults changed at all? If so, how?

   d. Are there any questions that I asked that were unclear or confusing? If so, which ones?

   e. Do you have any suggestions for improving this interview
content or format?

f. Is there anything additional you would like to share that would help to better understand your experience/your agency’s experience with working with LGBT older adults?

Demographic Survey: Senior Center Staff

Participant #: S-____

Current position: ____________________________

Please list any other employment or volunteer experiences you have had that involved working with older adults and/or the LGBT community:

________________________________________

________________________________________

Number of completed years at organization: □ Less than 1 □ 1-2 □ 3-5 □ 6-10 □ More than 10 Age: □ Under 30 □ 30-39 □ 40-49 □ 50-59 □ 60-69 □ 70+

Highest Educational Level: □ High School Grad
□ Some College □ Bachelor’s Degree □ Master’s Degree or higher

Gender: □ Female □ Male □ FTM □ MTF □ Other: ____________________________

Sexual Orientation: □ Heterosexual □ Gay □ Lesbian □ Bisexual □ Queer □ Other: ____________________________

Race/Ethnicity: □ Asian □ Black or African-American □ Hispanic or Latino/a □ Native American □ White □ Multi-cultural
Appendix O

Interview Guide & Demographic Survey: Senior Center Members/Participants

Member/Participant #: M-____

Interview Questions:

I. Agency Setting/Context
   a. How often do you come to the center?
      Probe: number of times per week or per month
   b. Why do you come to the center?
   c. How do you decide which activities and programs to participate in?
   d. How much interaction with staff do you have?
      Probes: how often do you talk with staff? For about how long? In what contexts? What do you talk about?
   e. How would you describe the characteristics of participants at your center?
      -Probes: Demographics, race, gender, sexual orientation etc.
      -Have you noticed any changes or shifts in who comes to the center since you started coming to the center?
   f. In general, how would you describe a “welcoming environment?”
   g. How does your center create a welcoming environment for new participants?
      - Can you give me some examples, positive and negative?
      - How do staff welcome new members?
      - How do members welcome new members?
      - What are some of the challenges new members face?
   h. Tell me about how the process worked when you joined the center.
      -Did the intake (or registration; or assessment) forms ask about your sexual orientation? If so, what questions did they ask?
      -Did the intake ask you to identify your gender?
   i. How would you feel about answering questions about your sexual orientation as part of the intake process?
j. How would you describe your comfort level if you knew another member at the center identified as LGBT?
   -If not comfortable, how does this make you uncomfortable?

II. Creating Welcoming Environments for LGBT Older Adults

a. How did the Center staff make you feel welcome when you first attended the Center?
b. How did the participants make you feel welcome the first time you participated at the Center?

c. How do you think others experience their first time at the Center? Can you provide some examples that you have observed?

d. How do you think LGBT older adults would feel attending the center for the first time?

e. How do LGBT older adults participate at the center?
   -Probes: Number/proportion of LGBT adults? activities participating in?
   -If LGBT older adults are not participating, why do you think this is the case?

f. How would you know if someone at your Center identifies as LGBT?

g. How do the flyers and newsletters that the center uses to advertise its programs appeal to you? How are they inviting?
   -If they don’t appeal to you, why not? How could they be improved?

h. How do Center members talk about LGBT older adults coming to the center?

i. How have you observed or experienced program staff interact with LGBT older adults at the center?
   -Can you give me some examples, positive and negative?

j. How have you observed or experienced the executive director or other center directors interacting with LGBT older adults?
   -Can you give me some examples, positive and negative?

k. How have you seen openly LGBT older adults treated by other
members at your center?
-Can you give me some examples, positive and negative?

l. Imagine this scenario: You are getting ready to have lunch at the center and notice a new participant sitting by themselves in the lunchroom. How would you respond?

m. Continuing with the scenario we just discussed: You then point out the new participant to the others at your table and suggest inviting the person to join your table. Before you get up to do so, one of the people at your table makes a comment in a negative tone that they “heard he is gay.” How would you respond?

n. Imagine this scenario: You are in your favorite class at the center and notice there is a new member in the class, who sits down next to you and introduces herself. You begin chatting as you wait for the class to begin. During the conversation, the new member mentions that she has a wife. How do you respond?

o. How could your agency/center take steps to be welcoming in general? For LGBT older adults?
-What could you do?
-What could organizational management do?
-What could direct program staff do?
-Or, why do you think it isn’t necessary to take steps to be more welcoming?

III. Experiences With LGBT Educational Programming

a. In general, what have your experiences been with attending workshops or programs to better understand LGBT communities?

b. How would you feel about attending a workshop or program at the center related to learning about LGBT communities?

c. How do you think other members at your center would view attending programs to learn about LGBT communities?

d. If there is resistance, why do you think this is the case?

e. What from your perspective would make members more open/receptive to workshops or programs to learn about LGBT older adults?
IV. Conclusion/Debriefing

a. Did participating in this interview make you to think about issues that you had not previously considered? If so, how?

b. As a result of participating in this interview, has your perspective on creating welcoming environments for LGBT older adults changed? If so, how?

c. Are there any questions that I asked that were unclear or confusing? If so, which ones?

d. Do you have any suggestions for improving this interview content or format?

e. Is there anything additional you would like to share that would help to better understand your experience with LGBT older adults?
Demographic Survey: Senior Center Members

1. How long have you been coming to the senior center?
   □ Less than a year
   □ 1 to 3 years
   □ more than 3 years

2. When were you born?
   □ 1945 or earlier
   □ 1946 or later

3. Highest Educational Level:
   □ Some High School
   □ High School Grad
   □ Some College
   □ Bachelor’s Degree
   □ Master’s Degree or higher

4. Gender:
   □ Female
   □ Male
   □ FTM
   □ MTF
   □ Other: ______________________

5. Sexual Orientation:
   □ Heterosexual
   □ Gay
   □ Lesbian
   □ Bisexual
   □ Other: ______________________

6. Race/Ethnicity:
   □ Asian
   □ Black or African-American
   □ Hispanic or Latino/a
   □ Native American
   □ White
   □ Multi-cultural
   □ Other: ______________________
Appendix P

Outline of Coding Strategy and Codebook

A priori initial coding strategy was derived from my theoretical model and best practices for LGBT inclusion in research literature related to policy and practice. A priori codes influenced by my theoretical model are indicated with an asterisk (*). A priori codes influenced by best practices literature for policy or practice are indicated by a double asterisk (**).

I. Outline of Initial Coding Strategy
   a. Critical/theoretical codes (used across all data sources)
      i. Habitus*
      ii. Doxa*
         1. Formal rules*
         2. Informal rules*
      iii. Legitimacy*
      iv. Rhetorical silence*
      v. Access to social capital*
   b. Magnitude codes (used to code documents, and in observations at the Center)
      i. Presence of LGBT inclusive language/images**
      ii. Absence of LGBT inclusive language/images**
   c. Descriptive Codes (used across data sources where applicable)
      i. Definition of greatest social need**
      ii. Targeting & resource allocation**
      iii. Data collection**
      iv. Experience with LGBT communities**
      v. Intake & registration
         1. Asking or answering questions about sexual orientation &
            gender identity **
      vi. Outreach & marketing**
      vii. Staff LGBT training**
      viii. Participant LGBT education**
      ix. Responding to isolated peers**
      x. Responding to peer homophobia**
      xi. Responding to LGBT peer identity disclosure**
      xii. Perspectives on LGBT older adults **
      xiii. Perspectives on LGBT programs**
      xiv. Awareness of LGBT participation**
II. Outline of Final Coding Strategy
   a. Axial codes (theoretical codes intersecting with and linking to categories within Policy & Planning, Practice Discourse, and Peer Discourse)
      i. Silence*
      ii. Legitimacy*
      iii. Access to social capital*
      iv. Ambiguity
   b. Policy & planning discourse (formal rules)*
      i. Presence vs. Absence of LGBT Inclusive Language**
         1. Intentionality (Legitimacy)
         2. Universality (Ambiguity)
         3. Neutral
         4. Absence (Silence)
      ii. Definitions of greatest social need**
      iii. Targeting & resource allocation**
      iv. Data collection & community engagement**
      v. Mission, vision, and values**
      vi. Program goals and priorities
      vii. Collaboration
         1. Territorial dynamics
   c. Practice discourse (formal and informal Rules)
      i. Welcoming vs. unwelcoming
         1. Feeling comfortable
         2. Being spoken to
         3. Understanding the rules
      ii. How center is welcoming for LGBT participants?
         1. Presumption of inclusivity
         2. Consideration of discomfort
         3. Uncertainty
      iii. Practices: “Signing up”
         1. Asking about sexual orientation & gender identity**
      iv. Practices: Signage, marketing, & outreach**
         1. Presence vs. absence of LGBT inclusive language & imagery**
            a. Signage
            b. Marketing
            c. Flyers
            d. Newsletter
            e. Website & social media
      v. Practices: Volunteers
         1. The Front Desk
d. Peer discourse (informal rules)
   i. Awareness of LGBT peers**
   ii. Comfort levels:
      1. Interacting with LGBT Peers**
         a. Comfortable
         b. Uncomfortable
         c. Ambivalent
      2. Responding to questions about sexual orientation & gender identity**
         a. “No problem” (Comfortable)
         b. “Turned off” (Uncomfortable)
         c. “Doesn’t matter” (Ambiguous)
   iii. Responding to isolated peers
      1. Peer engagement
         a. Take initiative
         b. Extend invitation
         c. Ask permission
   iv. Direct vs. Indirect Responses to Peer Homophobia
      a. Direct: Confrontational
      b. Direct: Rational
      c. Indirect: Dismissive
      d. Indirect: Passive
   v. Direct vs. indirect responses to LGBT peer identity disclosure
      a. Direct: Affirmation
      b. Indirect: Hetero-normalize
      c. Indirect: Acceptance
   vi. Receptivity vs. Resistance
      1. Using LGBT inclusive language**
      2. Programs to learn more about LGBT communities**

e. Additional Factors Contributing to the Center’s environment (habits)
   i. Who participates at the center
   ii. Geographical attitudes
   iii. Liberal vs. conservative
   iv. Additional barriers to being welcoming for LGBT older adults**
      1. Integration vs. separation
      2. Competing priorities
   v. Staff/participant changes in perspective as a result of participating in interview

f. Reflexivity Codes
   i. Interviewer: Affirmation
   ii. Interviewer: Clarification
   iii. Interviewer: Probing
   iv. Interviewer: Reassuring
v. Interviewer: Self-disclosure

III. Codebook

- A priori theoretical/critical codes related to theoretical framework indicated by (*).
- A priori codes influenced by best practices for LGBT inclusion indicated by (**).
- All other codes derived inductively.

<table>
<thead>
<tr>
<th>Axial codes (intersecting with discourse strands and across data sources)</th>
<th>Description</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rhetorical silence *</td>
<td>Applied to instances in which LGBT older adults are not explicitly included in language, imagery, or dialogue (both explicit and implicit) in policy and planning, practice, or peer discourse.</td>
<td>I haven’t seen anything come out that’s specific to the LGBTQ population (Staff interview)</td>
</tr>
<tr>
<td>Legitimacy*</td>
<td>Applied to instances in which LGBT older adults are explicitly or intentionally included in policy documents, practices, and peer discourse. Also applied generally in instances in which a person (i.e. Volunteers) or organization (i.e. The Center) is recognized as having a voice in policy or practice.</td>
<td>Stigma and discrimination towards the LGBT community Was indicated as a barrier to feeling safe, particularly as it related to housing and neighborhoods. (County planning document)</td>
</tr>
<tr>
<td>Access to social capital*</td>
<td>Used to describe data segments which discuss programs, resources, social networks, and/or how someone goes about participating at the Center.</td>
<td>A lot of the people who come in are looking for some type of social contact. So, um you know typically i’ve seen ways to do that are through some of the games, like different card games or crafting that we have, or meeting people in classes or pizza Fridays… (Staff Interview)</td>
</tr>
</tbody>
</table>
Ambiguity

Initially used in instances in which vague or universal language is used which neither explicitly includes nor excludes LGBT older adults. Evolved as a theme across discourse strands capturing instances not only of vagueness in language, but mixed messages in practices, and uncertainty and ambivalence in peer discourse, and ultimately became a term used to describe the center’s habitus or consciousness with regard to LGBT older adults.

Enhance access to services for minority elders through partnering with other organizations and offering programs that are culturally relevant. (Center strategic plan)

<table>
<thead>
<tr>
<th>Discourse strand: Policy &amp; planning (formal rules)</th>
<th>Description</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presence vs. Absence of LGBT Inclusive Language and Imagery**</td>
<td>Global code to consider whether LGBT older adults are represented in state, county, and center policy, planning, and organizational documents. Also used to consider presence vs. Absence of LGBT inclusive language and imagery in practice discourse including marketing and outreach materials.</td>
<td>LGBT peoples’ most common response was about community resources, housing and neighborhoods, and education. (County Plan on Aging)</td>
</tr>
<tr>
<td>SUB-CODES:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Intentionality</td>
<td>Instances in which LGBT inclusive language or imagery is explicitly present in documents or other visual materials.</td>
<td></td>
</tr>
<tr>
<td>• Universality</td>
<td>Used in instances which refer to older adults broadly and therefore does not directly or explicitly include LGBT older adults; also, in instances where cultural responsiveness is discussed broadly without the mention of any particular group.</td>
<td>Develop and implement advocacy strategies to raise awareness of the organization in all demographics. (Center Strategic Plan)</td>
</tr>
<tr>
<td>Definitions of greatest social need**</td>
<td>Applied in instances in which state and county planning documents define populations of older adults in greatest need.</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Neutral</th>
<th>Used when the content of language or an image does not indicate inclusion or exclusion of any particular group.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Absence</th>
<th>Used in instances in which LGBT older adults are not explicitly included in document language but could have been.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Targeting &amp; resource allocation**</th>
<th>Applied in instances in state and county planning documents in which populations to whom services will be focused and to whom resources (i.e. Funding) will be allocated are described.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>LGBT data collection &amp; community engagement**</th>
<th>Applied in instances in which state and county planning documents describe data collection and the community stakeholders.</th>
</tr>
</thead>
</table>

|  | The goals of the plan will be stated in ways that are measurable and that reflect a policy using evidence-based approach for maintaining and developing all programs and activities. |
|  | There is also a coffee table with local newspapers, info on upcoming elections, and other community information- none of the materials were LGBT specific. (Observation field note) |

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. (State Plan on Aging)

...and target six underserved populations—Asian; African American; Hispanic; Native American; Immigrant and Refugee; and Lesbian, Gay, Bisexual, and Transgender elders. (County Plan on Aging)

The listening sessions drew 474 people and solicited 2,348 comments. Some 68 percent of attendees were non-English speakers and 89 percent were from non-mainstream groups, including the LGBT community. (County Plan on Aging)
Mission, Vision, & Values | Includes descriptions of mission statements, organizational vision and/or values in state, county, and center planning documents. | …committed to enriching the lives of adults 50 and older by creating opportunities for social connection, health and wellness, independence and life-long learning. (Center Strategic Plan)

Program Goals & Priorities | Descriptions of goals and organizational priorities in the Center’s organizational documents. | Utilize various and targeted media to deliver key messages that resonate with communities of older adults (Center Strategic Plan)

Collaboration | Applied in instances in which documents or interviews discuss the ways in which organizations work with one another, with a specific emphasis on discourse related to collaborating with LGBT organizations. | We have at times hosted, some like we’ve partnered With [name of local LGBT organization] and we’ve hosted a couple of different events through the years. (Staff interview)

- Territorial dynamics | Related to collaboration, this code was applied to data segments in which staff described specific challenges involved with working with other organizations in the community based on perceptions of the Center’s role in the community. | But, we’re not going to them and saying hey what do you think about bringing something over here. (Staff Interview)

<table>
<thead>
<tr>
<th>Discourse strand: Practice discourse (formal &amp; informal rules)</th>
<th>Description</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcoming vs. unwelcoming</td>
<td>Global code related to staff and participant descriptions of how they define a welcoming environment versus one that is not welcoming, in general.</td>
<td>…it’s more easy to describe an unwelcoming environment you know where pretty much you come in and you feel like you already have to be part of the</td>
</tr>
</tbody>
</table>

SUBCODES:
- Feeling comfortable | Applied in instances in which staff and participants describe welcoming vs. Unwelcoming in terms of a feeling of ease from the outset. |
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being spoken to</td>
<td>Applied in instances in which staff and participants describe being directly engaged through speech as a determining factor in whether an environment is welcoming.</td>
<td>With, uh, whereas the opposite of that of course would be no, uh, no contact at all. (Center participant)</td>
</tr>
<tr>
<td>Understanding the rules</td>
<td>Applied in instance in which staff or participants describe being aware of how things are done or where to go or what to do as determining is an environment is welcoming.</td>
<td>I’ve just seen people you know, what’s going on or what’s this all about? (Center participant)</td>
</tr>
<tr>
<td>How participants think LGBT older adults would feel attending for first time</td>
<td>Global descriptor for senior center staff and participant perspectives on how an LGBT older adult might experience participating at the Center for the first time.</td>
<td></td>
</tr>
<tr>
<td>SUBCODES:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uncertainty</td>
<td>Applied in instances in which interview participants either were reluctant to try to consider how an LGBT participant would view the certain or was simply unsure.</td>
<td>I don’t know if they would or not. (Center participant)</td>
</tr>
<tr>
<td>Presumption of comfort</td>
<td>Applied in instance in which interview participants assumed an LGBT older adult would feel welcome based on a belief that the Center is welcoming in general, and/or that LGBT older adults’ experiences would be no different than that of heterosexual or cisgender peers.</td>
<td>I think they would feel fine. (Center participant)</td>
</tr>
<tr>
<td>Consideration</td>
<td>Applied in instances in which interviewees recognized that LGBT older adults may have some reluctance due to past experiences with marginalization.</td>
<td>I think they’ll feel marginalized in some cases. (Center participant)</td>
</tr>
<tr>
<td>LGBT visibility versus invisibility</td>
<td>Global code to describe tension in how Center staff and participants describe the presence of LGBT older adults at the Center and how cliques in order to belong.</td>
<td></td>
</tr>
<tr>
<td>SUBCODES:</td>
<td>they would know if LGBT older adults are participating.</td>
<td></td>
</tr>
<tr>
<td>----------</td>
<td>---------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Self-disclosure</strong></td>
<td>Applied in instances in which interviewees indicate they would not know if someone identified as LGBT unless the person self-disclosed their identity.</td>
<td></td>
</tr>
<tr>
<td><strong>Perceptions of appearance or attire</strong></td>
<td>Applied in instances in which interviewees reported they would make assumptions about someone’s LGBT identity based on how the person looked or the clothes they wear.</td>
<td></td>
</tr>
<tr>
<td><strong>Invisibility</strong></td>
<td>Applied in instance in which either interviewees were unaware of LGBT older adults or said they would not know if someone identified as LGBT.</td>
<td></td>
</tr>
</tbody>
</table>

**Practices: “Signing up”**

In vivo code applied to staff and participant descriptions of the Center’s practices related to intake and registration for the Center’s programs.

- **Asking about sexual orientation & gender identity**

Related to “signing up” this descriptive code is applied specifically to staff and participant responses to whether sexual orientation and gender identity are included in the Center’s intake and registration processes.

**Practices: Signage, marketing, & outreach**

Global code to describe the center’s practices related to visual discourse including signs and marketing and outreach materials, as well as presence vs. Absence of LGBT inclusive language and
### Signage
Applied to descriptions of signage appearing at the Center’s entrances and in its facility.

On the window there are 3 signs indicating the space is LGBT friendlying including a rainbow flag, pink triangle, and statement of inclusivity of different cultures, religions, genders, and sexual orientations. (Observation field note)

### Marketing
Applied to descriptions by staff and participants of key marketing materials including flyers, newsletters, website, and social media, and my own review and observations of these.

I observed that there were some new flyers on the bulletin board advertising upcoming events. One of these events was a book launch party being held at the local LGBTQ Center. (Observation field note)

### Community Outreach
Applied to descriptions of how the Center engages with older adults in the community and gets the word out about programs and activities.

I have presented and we have had tables at [local LGBT community event] which is put together by [local organization], so I’ve spoken before on housing and some other…(Staff Interview)

### Practices: Volunteers
Applied to instances in which staff and participants referred to the role of volunteers at the Center.

Yeah, I mean some are really welcoming and I think are um some of our participants especially ones who are involved maybe on our advisory committee or volunteering in some other way, I think they can be really, they’re good about new people coming and just um chatting. (Staff Interview)

### The Front Desk
In vivo code related to volunteers applied to instances in which staff

Some days that front desk when I’m on it on Monday
and participants described the role the volunteers in the Center’s reception area play in influencing whether the Center is welcoming or not.

afternoons is just a hub of activity. (Center participant)

<table>
<thead>
<tr>
<th>Discourse strand: Peer discourse (informal rules)</th>
<th>Description</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness of LGBT communities</td>
<td>Applied to instances in which senior center participants reported experience with LGBT individuals or an awareness of LGBT individuals either at the Center or through experiences with family, friends, or others in their community.</td>
<td>My nephew’s gay he has his partner, his boyfriend. They live together. (Center participant)</td>
</tr>
<tr>
<td>Comfort level: Interacting with LGBT peers</td>
<td>Applied to instances in which participants described how they felt about participating in programs with peers who identify as LGBT or how they think they would feel.</td>
<td></td>
</tr>
<tr>
<td><strong>SUBCODES:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• I’d be fine</td>
<td>In vivo code applied to instances in which participants reported being comfortable with LGBT peers.</td>
<td>I have no problem with it. (Center participant)</td>
</tr>
<tr>
<td>• No difference</td>
<td>In vivo code applied in instances where participants expressed ambivalence.</td>
<td>But it doesn't matter to me. (Center participant)</td>
</tr>
<tr>
<td>• Discomfort</td>
<td>Applied to instances in which participant expresses a lack of comfort.</td>
<td>Well, to be perfectly honest, um, it makes me slightly uncomfortable. (Center participant)</td>
</tr>
<tr>
<td>Comfort level: Responding to questions about sexual orientation &amp; gender identity (SOGI)</td>
<td>Applied to participant responses describing perspectives on being asked SOGI questions.</td>
<td></td>
</tr>
</tbody>
</table>
SUBCODES:
- No problem
  In vivo code applied in instances in which participants expressed comfort with answering SOGI questions.
  I feel fine about it. (Center participant)
- Turned off
  In vivo code applied in instances in which participants indicated they would not be comfortable answering SOGI questions.
  I would resent it. (Center participant)
- Doesn’t matter
  In vivo code applied in instances in which participants expressed ambivalence or uncertainty about answering SOGI questions.
  I mean, I don't really care. (Center participant)

Responding to isolated peers (Peer Engagement)
Global code describing responses to a scenario asking participants what they would do if they saw a peer sitting alone at lunch.

SUBCODES:
- Extend invitation
  Applied to instances in which participants indicated they would engage the peer and invite the person to sit with them.
  Oh, definitely go up and either ask if they wanted to sit with me...(Center participant)
- Take initiative
  Applied to instances in which the participants indicated they would take it upon themselves to sit down next to the peer sitting alone.
  I would probably go over and sit next to them, i've done that in the past. (Center participant)
- Ask permission
  Applied in instances in which the participant indicated they would ask the peer if they could join them before imposing on them.
  I don't want to sit by myself, and if I see somebody sitting by themselves, I will... Ask if I may sit with them. (Center participant)

Direct vs. indirect responses to peer homophobia
Versus code to describe participant responses to a scenario in which a peer makes a homophobic comment.

SUBCODES:
- Direct: Confrontational
  Applied to responses in which the participant says they would reply directly to the peer in a style in which they make clear that the homophobic comment is unacceptable.
  I might be more confrontational with the person who said that meaning saying something like you mean they can’t sit
### Direct vs. indirect responses to LGBT peer identity disclosure

<table>
<thead>
<tr>
<th>SUBCODES:</th>
<th>Versus code to describe participant responses to a scenario in which a peer discloses LGBT identity.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct: Rational</td>
<td>Applied to responses in which the participants indicates they would try to reason with the peer while conveying that the comment is unacceptable.</td>
</tr>
<tr>
<td>Indirect: Dismissive</td>
<td>Applied to response in which the participant indicates they would walk away or express disapproval through body language but does not indicate directly addressing the person who made the homophobic comment.</td>
</tr>
<tr>
<td>Indirect: Passive</td>
<td>Applied to responses in which the participant indicates the homophobic comment would make them uncomfortable, but they would not express this outwardly.</td>
</tr>
</tbody>
</table>

I would correct him. (Center participant)

I might just get up and move over to the other table. (Center participant)

...that's the only thing I can do is direct it to myself, saying “I'm not comfortable with that.” (Center participant)

I'd say, I wish I had a wife too. (Center participant)

No different than if, if she said she had a husband. (Center participant)

That's nice. You know. (Center participant)
would not externally acknowledge it.

Receptivity vs. Resistance

Versus code used to describe the tension between receptivity to learning to be more inclusive of LGBT peers and resistance to learning more about LGBT communities. Includes senior center participants’ own perspectives and perspectives of peers.

SUBCODE:

- Learning to use LGBT inclusive language
  
  Applied in instances in which participants describe a willingness or resistance to using LGBT inclusive language.
  
  I would be very open to that because like I say I have all kinds of questions. (Center participant)

- Participating in programs to learn about LGBT communities
  
  Applied in instances in which participants describe willingness or resistance themselves or among peers who are resistant to learning to be inclusive of LGBT peers
  
  Wow ... I'm thinking of people that I know that probably would say, "I'm not going." (Center participant)

<table>
<thead>
<tr>
<th>Additional Codes: Factors contributing to the Center’s habitus</th>
<th>Description</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sociopolitical Dynamics</td>
<td>Global code applied to additional factors contributing to the environmental context of the senior center as described by staff and participants.</td>
<td>I think that the center reflects the community that we’re in for the most part um in terms of looking at diversity and the breakdown. (Staff interview).</td>
</tr>
<tr>
<td>SUBCODES:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Who Participates at the Center</td>
<td>Descriptive code applied to descriptions provided by Center staff and participants regarding who participates at the Center in terms of demographics.</td>
<td>I don’t think it’s a big deal in [name of city]. As you may have heard, but I think that we have the largest lesbian constituency in the nation per capita in this</td>
</tr>
<tr>
<td>• Geographical attitudes</td>
<td>Descriptive code applied in instances in which staff and participants discuss how geographical attitudes contribute to their perception of how the</td>
<td></td>
</tr>
</tbody>
</table>
community views LGBT individuals.

neighborhood, you know so that I think it’s kind of a given in our city that people are all sorts of different orientations. (Center participant)

• Liberal vs. Conservative

Descriptive code applied in instances in which staff or participants discuss political dynamics related to the Center and its participants and/or related to LGBT older adults.

We have a very liberal population. It seems like um they’re not down with current administration. (Center staff interview)

Additional Barriers to Being More Welcoming for LGBT Older Adults

Descriptive global code reflecting barriers to being inclusive described by staff, not already indicated in policy, practice, or peer discourse sections.

You know, is it to invite, have a welcoming environment so that individuals are integrated into existing program or should we be focused on creating specific programming. (Staff Interview)

SUBCODE:
• Integration vs. Separation

Applied to instances in which staff or participants described tension between whether the Center should provide LGBT specific programs, or work toward integrating inclusion in existing programs.

I hadn’t thought of what it might be like for people who lived for a very long time without being able to acknowledge who they were for their sexual orientation.

Changes in perspective as a result of interview

Descriptive code applied when participants described changes in perspectives as a result of participating in the interview.

I hadn’t thought of what it might be like for people who lived for a very long time without being able to acknowledge who they were for their sexual orientation.

<table>
<thead>
<tr>
<th>Reflexivity Codes</th>
<th>Description</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviewer- Affirmation</td>
<td>Applied when my language was used to affirm what an interviewee stated.</td>
<td>That is great.</td>
</tr>
<tr>
<td>Interviewer-Clarification</td>
<td>Applied when either I answered a question posed by the interviewee or when I asked a clarifying</td>
<td>I guess my terminology might be off. So, I guess like</td>
</tr>
<tr>
<td>Interviewer-Probing</td>
<td>Applied in instances in which I continued to ask questions to elicit a more in depth response from the interviewee.</td>
<td>any registration or sign-up processes for programs here?</td>
</tr>
<tr>
<td>---------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td>Interviewer- Reassuring</td>
<td>Applied in instances in which I reassured interviewees who had either expressed or appeared hesitant or uncertain of how to answer a question.</td>
<td>Sounds good. There's no right or wrong responses.</td>
</tr>
<tr>
<td>Interviewer- Self-Disclosure</td>
<td>Applied in instances in which I either disclosed my own LGBT identity during the course of the interview.</td>
<td>Yes, I am.</td>
</tr>
</tbody>
</table>
Appendix Q

Example Analytic Memo

9/10/2018
Analytic Memo
RE: Document Coding Strategy

Documents are coded using a three-pronged strategy:
1. Descriptive Code
2. Magnitude Code
3. Critical Code (where applicable)

Magnitude codes are being used to identify the presence or absence of references that include LGBT older adults. During the coding of the first document, it became apparent that additional codes beyond "presence" and "absence" were necessary. Therefore, the following strategy is being currently being used:

1. Explicit Presence: Used in instances in which LGBT older adults are intentionally and explicitly included in language.11
2. Implied Presence: Used in instances which refer to older adults broadly and therefore may imply inclusion; also in instances where cultural responsiveness is discussed broadly without the mention of any particular group.
3. Neutral: used when coding data that in which absence/presence is not applicable or relevant- or the data is not related to the research question.
4. Absence: used in instances in which LGBT older adults are not explicitly included but could have been.

This method became necessary as there are sections of documents that are neutral and discuss issues unrelated to the inclusion of LGBT older adults.

There are also instances in which older adults are referred to broadly and in which a universality is implied. These segments make generalized statements regarding older adults that imply presence of LGBT older adults, but do not explicitly include them.

There are also instances in which things such as "cultural competence," "equity," and "inclusion" are discussed in general terms without defining any specific groups. In these cases there is an implication that LGBT older adults would fall under these umbrellas if they were more fully defined. However, this is an assumption, not a guarantee of inclusion.

---

11 These codes further evolved during the analysis process to become 1) intentionality 2) universality 3) neutral 4) absence.