Portuguese LGB people 55+ coming out experience – A pilot study

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Introduction

The Coming Out (CO) process of the Lesbian, Gay and Bisexual (LGB) community is an uncommon research topic in the literature regard to the elderly (55+) experience, and particularly in the Portuguese reality (Barbosa, Cerqueira & Pereira, 2020). The CO experience is a complicated and complex process and can be a difficult time in peoples' lives.

Objectives

This pilot study aimed to (i) gauge the comprehensibility and identify any misunderstanding or incongruity in one online protocol's questions about CO process narratives and the LGB opinion about successful aging, to (ii) test the website usability through which this study was carried out and to (iii) characterize those CO process narratives and LGB opinion about successful aging.

Methods

This study had a qualitative approach. The sampling process was performed with a random, non probabilistic and of convenience approach. The sample consisted of seven participants (men, 57.1%; women 42,9%): bisexual women (n=2; BW), bisexual men (n=2; BM), lesbian (n=1; L) and gays (n=2; G) residing in Portugal, aged 55 years of older (M=56.29, SD=1.113).

Participants were accepted according to the following criteria: (i) have assumed their sexual orientation as lesbian, gay or bisexual; (ii) have carried out the CO process at any time in their life; (iii) have 55 years or older; (iv) have Portuguese citizenship; (v) reside in Portugal. All participants have signed an informed consent.

An online protocol was applied: (i) Sociodemographic questionnaire; (ii) CO process questionnaire; and (iii) Successful Aging Inventory (Monteiro, Pereira & Esgalhado, 2020). Data collection was carried out between January and February 2020 in the districts of Viseu, Aveiro and Castelo Branco.

Data analysis was performed using WebQDA software, used to categorize and subcategorize the dialogue elements and identify response patterns.

Results

With regard to the sample sociodemographic characterization: (a) formal education: 9th grade (28.6%; 1BF, 1G), 12th grade (42.9%; 1BF, 1BM, 1G), bachelor/degree (14.3%; 1L), Master/PhD (14.3%; 1BM); (b) marital status: single (28.6%; 1BF, 1L), nonmarital partners (42.9%; 1BM, 2G), being on a significant relationship (28.6%; 1BF, 1BM); (c) perceived health status: as reasonable (14.3%, 1L), as good (42.9%, 2G, 1 BM) and as very good (28.6%, 2BF). Concerning the professed religion, 42.9% identify themselves as a Catholic (2G) and as a Protestant (1BM) person. The sample can still be characterized as to the importance given to religion and the frequency in its rituals (see Table).

Do you identify with any religion?		If so, how often do you attend religious rituals?		If so, what importance do you attach to religion?	
Yes	42,9%	Little frequency	14,3%	Some importance	28,6%
No	57,1%	Frequently	28,6%	A Lot of importance	14,3%

In relation to which health professionals did they tell their sexual orientation: did not communicate to any professional (42.9%; 1L, 1BF, 1G), to their physician (28.6%, 1BF, 1G), to a nurse (14.3, 1BM%), and lastly, to their psychologist (14.3%, 1G).

In order to gauge the comprehensibility and identify any misunderstanding or incongruity in the online protocol's questions, in the 1st question 'How do you describe your coming out process?' the sample stated that this question was very vague, having been modified into two questions ('How long ago was your coming out process?' and 'Why did you carry out your coming out process at that time?'.

In the question 'When the situation demands it, which health professional do reveal your sexual orientation?' the sample suggested to include 'others' in answer hypotheses. Lastly, in the question 'Do you identify yourself with any religion?', it was suggested to leave it with an open answer since there are more than the most professed religions. The participants still suggested changing to a larger font and modify the design of the instrument's presentation.

Regarding the website usability, it was created a QR Code with the website protocol in order to test if it worked out and was delivered to three participants (42,9%; 1G, 1L, 1BM). The average time taken by the sample to respond to the protocol instruments was 24 minutes [min. 15'; max. 35'), using without problems all operating systems: iOS (1; 14.3%), macOS (2; 28.6%), windows (2; 28.6%) and android (2; 28.6%).

Regarding the CO process narratives, the sample pointed out that the reaction of family members at that time generated own feelings of loneliness, confusion, sadness, shame, anger, fear and vulnerability and felt rejection by the family and co-workers, which meets the studies of Caceres and Frank (2016) and McParland and Camic (2016). The reported biggest obstacles/difficulties in the CO process were the (i) negative family and friends' behavior towards them (42.9%; 1L, 1G, 1BF), the (ii) homophobic comments (28.6%; 1G, 2BM), and the (iii) loss of relationships they had at the time (28.6%; 2G). Participants also mentioned that they experienced situations of social isolation once they were unable to marry or publicly their loving partners. As for CO positive aspects, participants stated their (i) happiness and fulfilments of living a transparence life (42.9%; 2G, 1L), (ii) feeling free and true to themselves (42.9%; 1BM, 1G, 1BM), as well as (iii) becoming proud of their own sexual orientation (28.6%; 1G, 1L).

The Successful Aging Inventory instrument's data analysis did not show any difference between the sample subgroups. The 1st dimension, 'Psychosocial, economic and physical well-being', consisted in seven items: (i) being independent (71.4% said that it was totally independent,); (ii) having friends (85.7% said that friendship could allow them to have a psychosocial, economic and physical well-being); (iii) having good economic conditions (71.4% responded neutrally); (iv) having an active social life (28.6% disagreed, 28.6% considered it as neutral, 28.6% agreed and 14.3% totally agreed); (v) living with a partner (57.1% agreed, 42.9% fully agreed); (vi) being able to care for family members (42.9% considered that this factor makes no difference, 57.1% considered it totally important); and (vii) being happy (42.9% considered as important). The 2nd dimension, 'Physical well-being', consisted in three items: (i) having physical mobility (100% fully agreed); (ii) not having chronic diseases (42.9% considered it as neutral); and (iii) being able to work (57.1% agreed).

Conclusions

The online protocol's questions has undergone almost no change and it was realized that it was understandable. The few changes suggested have been made in order to facilitate the reading and understanding of the instrument (having been made for a later master's dissertation). The website usability through which this study was carried out revealed no problem in its use.

Most of the participants reported to have been fearful through their CO process, having taken many years to accept themselves and 'come out'. The main CO difficulties reported was the acceptance of family and friends and the the major obstacle was closely related to the conservative values of Portuguese society as well as the lack of openness for the CO process. Those who attended religion's rituals had more difficulty in doing the CO process, representing a limiting factor. Concerning their views on aging process, the participants considered the friends as a facilitating factor, that having good economic conditions has no influence and being happy was seen heterogeneously.

This study was approved by the Ethics Committee of University of Aveiro (n.º 43-CED/2019)

References

Barbosa, M., Cerqueira, M., & Pereira, H. (2020). *Coming Out* em Pessoas LGB Com 55+ Anos: Uma Revisão Sistemática De Literatura. *Psicologia, Saúde & Doenças, 21* (Sup), 190-191.

Monteiro, S., Pereira, H., & Esgalhado, G. (2020). Envelhecimento Bem Sucedido (em Minorias Sexuais): Contributos para a Validação Psicométrica de um Instrumento. In H. Pereira, S. Monteiro, G. Esgalhado, & A. Cunha (Eds), *Livro de Atas do 13º Congresso Nacional de Psicologia da Saúde* (pp. 381-390). Lisboa: ISPA.

Caceres, B. A. & Frank, M. O. (2016). Successful ageing in lesbian, gay and bisexual older people: A concept analysis. *International Journal of Older People Nursing,* 11(3), 1–10.

McParland, J. & Camic, P. M. (2016). Psychosocial factors and ageing in older lesbian, gay and bisexual people: A systematic review of the literature*. Journal of Clinical Nursing,* 25(23–24), 1–23.