

Historical Accounts of Adversity and Hope: A Basic Qualitative Study on Prominent Members
of the LGBTQ+ Community

by

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Abstract

Sexual minority individuals, on average, still experience higher rates of mental health and health concerns, as well as higher rates of discrimination and violent victimization than heterosexual counterparts. Furthermore, sexual minority individuals are more likely than heterosexuals to access counselling, but many experience barriers towards receiving the adequate care. A growing body of literature suggests that older sexual minority individuals develop resiliency through a lifetime of overcoming adversity. The purpose of the present study is to explore how events can be meaningful and what these events mean for fostering hope for the LGBTQ+ community. I used Merriam and Tisdell's (2016) Basic Interpretive Qualitative Research to complete a secondary analysis on interview data originally used for the creation of The Edmonton Queer History App. I analyzed interview data from seven prominent members of the sexual minority community to answer the following research questions: 1) How did significant local (Edmonton) and national (Canada) historical events impact the local and national LGBTQ+ community? 2) What did these events mean for the LGBTQ+ local (Edmonton) and national (Canada) community at the time? and 3) What did these events mean for fostering hope for the LGBTQ+ local (Edmonton) and national (Canada) community? Three categories emerged from the data: 1) internalization of societal views, 2) fostering safety and a sense of community, and 3) sources of inspiration for initiating change. This research helps to understand the complex interaction of social influences and resiliency during times of societal reformation, focusing on the interpretations of LGBTQ+ older adults and the meaning of significant historical events for the LGBTQ+ community.

Preface

This thesis is an original work by Chayse Marie Haldane. This research project received research ethics approval from the University of Alberta Research Ethics Board, Project Name: “Fostering Historical Reasoning, Hope, Empathy, Emotional Engagement and Queer History Awareness with a Mobile Augmented Reality App”,

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**Glossary of Terms developed by Dr. Harley and Dr. Grace from the Edmonton Queer
History App and elaborated to for this thesis**

Bisexual -- See sexual orientation.

Cisgender – “An adjective used to describe a person whose gender identity and gender expression align with sex assigned at birth” (APA, 2015b, p. 1)

Gay -- See sexual orientation.

Gender – “The condition of being male, female, or non-binary. In a human context, the distinction between gender and sex reflects the usage of these terms: Sex usually refers to the biological aspects of maleness or femaleness, whereas gender implies the psychological, behavioral, social, and cultural aspects of being male or female (i.e., masculinity or femininity)” (APA, 2015a, p. 1).

Gender identity -- one's sense of oneself as male, female or something else (APA, 2015a)

Heteronormative -- “the enforced compliance with culturally determined heterosexual roles and assumptions about heterosexuality as ‘natural’ or ‘normal’” (Habarth, 2015, p. 166)

Heterosexism – “an underlying belief that heterosexuality is the natural/normal/acceptable or superior form of sexuality” (Williamson, 2000, p. 98)

Lesbian -- See sexual orientation.

LGBTQ+ -- Acronym for “lesbian, gay, bisexual, transgender, queer/questioning”. Sometimes “*” or “+” is used at the end to represent the many diverse sexual orientations and gender identities that are part of this community (Alberta Health Services (AHS) -- Terms to Know)

Queer – A reclaimed term used by some people who identify as sexual and/or gender diverse and also used as a positive, inclusive term to describe communities and social movements (APA, 2015a)

Sex (natal/biological) – “Sex refers to a person's biological status and is typically categorized as male, female or intersex. There are a number of indicators of biological sex, including sex chromosomes, gonads, internal reproductive organs and external genitalia” (APA, 2015c, p. 5)

Sexual orientation – “One’s enduring sexual attraction to male partners, female partners, or both.

Sexual orientation may be heterosexual, same sex (gay or lesbian), or bisexual” (APA, 2015a, p. 6).

Transgender (Trans, Trans-identified) – An umbrella term for people whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth (APA, 2015b)

Chapter One: Introduction

Background

According to the American Psychological Association (2015a), sexual orientation refers to one's enduring sexual attraction to partners of their same sex, the opposite sex, or both. Sexual orientation may be heterosexual, where an individual is attracted to members of the opposite sex. If a person is attracted to members of the same sex they are classified as being gay if they are male, or lesbian, if they are female. Bisexual individuals are attracted to members of the same or opposite sex (American Psychological Association, 2015a). Throughout this study, the term "sexual minorities" will be used in relation to claims that include lesbians, gay men and bisexual people. There are differences in outcomes and experiences of people who identify as bisexual, gay or lesbian and whenever possible throughout this thesis, the distinction will be made between research and claims that are intended to be made for sexual minorities, gay men, lesbians, or studies including more diverse samples that include gender identity minorities. Participants were comprised of sexual minority individuals, but they were asked to discuss the meaning of events impacting the entire LGBTQ+ (lesbian, gay, bisexual, transgender, and queer) community. The literature reviewed in this thesis focuses on sexual minority individuals to focus on the perspectives of the people included in the sample.

Existing literature typically demonstrates higher rates of mental health concerns (Cochran & Mays, 2007; Diamant & Wold, 2003; McCabe, Bostwick, Hughes, West & Boyd, 2010; Gilman, Cochran, Mays, Hughes, Ostrow & Kessler, 2001; Roberts, Austin, Corliss, Vendermorris & Koenen, 2010), substance abuse problems (Drabble, Korcha, Klinger, Veldhuis & Hughes, 2018; McCabe et al., 2010), and increased suicidal ideation and attempts amongst sexual minority individuals (Gilman et al., 2001; Cochran & Mays, 2000). Much of the existing

literature on sexual minority individuals focuses on youth (Fredriksen-Goldsen, Kim, Barkan, Muraco, & Hoy-Ellis, 2013) and demonstrates that sexual minority youth have especially high rates of psychological distress, suicidal ideation, and suicide attempts (Marshall et al., 2011) relative to non-sexuality minority youth. There is some research suggesting that disparities between sexual minority individuals and heterosexuals decrease over the lifespan where older sexual minority individuals have more comparable rates of health concerns to heterosexual counterparts (Fredriksen-Goldsen et al., 2013; Wallace et al., 2010).

It is difficult to draw a clear comparison between sexual minority individuals and heterosexuals because of the vastly different life experiences that impact members of each group. Sexual minority individuals are disproportionately impacted by discrimination (Simpson, 2018), violent victimization (Gaudet, 2018; Simpson, 2018), hate crimes (Gaudet, 2018), familial alienation (Cochran, Mays & Sullivan, 2003), and are less likely to have children or be married (Fredriksen-Goldsen & Muraco, 2010; Wallace et al., 2011). These social factors can influence the amount of social or financial support available to an individual and are risk factors for mental health and health problems (Fredriksen-Goldsen et al., 2013; Wallace et al., 2011). Some studies have attempted to address the relationship between social stigmatization and mental health disparities (Meyer, 2013; Mereish, O'Leirigh & Bradford, 2014) but, it is not currently possible to determine the causation between these variables. Despite the challenges faced by sexual minority individuals regarding interactions with mainstream society, they demonstrate resiliency and most sexual minority individuals do not have a mental health disorder (McCabe, Bostwick, Hughes, West & Boyd, 2010).

Literature that compares older sexual minority individuals (50 years of age and older) compared to heterosexual counterparts, shows inconsistent results on health and mental health

disparities (Fredriksen-Goldsen & Muraco, 2010; Wallace et al., 2011). Related to certain health outcomes, older sexual minority individuals have comparable rates of illness to heterosexual individuals (Fredriksen-Goldsen & Muraco, 2010; Wallace et al., 2011). Health disparities between older sexual minority individuals and heterosexual individuals are less drastic than younger sexual minority individuals and heterosexuals (Fredriksen-Goldsen & Muraco, 2010). Theoretical explanations suggest that over time being exposed to adversity has facilitated older sexual minority individuals to develop coping and resiliency into their old age (Fredriksen-Goldsen & Muraco, 2010). Highlighting the apparent resiliency in older sexual minority adults, the present study focuses on the experiences of older sexual minority individuals to help understand the complex interaction between sexual minority individuals, social stressors, and what this interaction of factors can mean in instilling hope for the community.

Social theories help to explain the interaction between societal factors and wellness. Meyer's (2003) minority stress theory explains the complex interaction between stress minority groups face and group coping strategies or resources. Another related theory, group-based emotion regulation theory, provides further insight into how people can be affected by events that happen to other members of their group (Goldenberg, Halperin, Martijn, van Zomeren & Gross, 2015). Goldenberg and colleagues (2015) created a theoretical framework to show how a person's identification as belonging to a group can impact their emotional experience. These theories help conceptualize social factors and the processes individuals use to manage the emotions they feel as a result of events happening to their identified group. Related to sexual minority individuals, these theories can provide a foundation for the understanding of their unique experiences.

Statement of Purpose

The resiliency of older sexual minority individuals is evident through the mental health and health outcomes observed in older groups, despite living through periods of time where acting on their sexual orientation may have been illegal and where they had no legal protection against discrimination (Fredriksen-Goldsen & Muraco, 2010). The purpose of the present study is to deepen the understanding of how sexual minority individuals interpreted the meaning of significant events and how these events contributed to hope for the LGBTQ+ community. The study focuses on the perceptions of older sexual minority individuals who were involved in rights development or advocacy. The older sexual minority individuals who participated in this study helped to challenge the heteronormative status quo, meaning they challenged the pre-existing dominant culture's views that the being heterosexual was normal or "right" (Habarth, 2015). Because these individuals have demonstrated resiliency, while challenging these assumptions, their insights can provide more understanding about how people can deal with adversity. This exploration focuses on strengths, hope, and resiliency in older sexual minority individuals, contributing to the growing body of literature that highlights the strengths of the LGBTQ+ community. The study uses a basic qualitative approach (Merriam & Tisdell, 2016), which allows for an in-depth exploration around interpretations of meaning. Because the interviews were originally conducted for the purpose of answering multiple research questions, the basic qualitative approach was particularly appropriate because it is flexible and inductive, allowing for themes to emerge from the existing data (Merriam & Tisdell, 2016).

Relevance to Counselling Psychology

Sexual minority individuals are more likely than heterosexual counterparts to seek the support of a psychologist (Statistics Canada, 2015) and are more likely to report experiencing unsatisfactory care for their health concerns (Veltman & Chaimowitz, 2014). Among the

difficulties in accessing help, many sexual minority individuals report discomfort discussing their sexual orientation with a service provider, and are more likely to be distrustful of health care providers (Cochran, Mays & Sullivan, 2003; Veltman & Chaimowitz, 2014). This distrust of helping professions workers is especially pertinent in older sexual minority populations, who may have directly experienced discrimination in health care settings or have been forced to hide their sexual orientation out of a necessity to protect themselves prior to having legal protection against discrimination (Brotman et al., 2015). Sexual minority individuals also report feeling as though health care providers do not understand their unique needs (Veltman & Chaimowitz, 2014). The higher instances of mental health concerns and the general dissatisfaction with services, urges more research in finding sensitive treatment opportunities to help sexual minority individuals.

Given the evidence suggesting that social factors influence well-being, it is pertinent for counsellors to develop awareness on how social factors influence our clients. More specifically, from a cross-cultural counselling perspective, psychologists should continue to seek understanding of the experiences of people from diverse backgrounds to find more effective treatment options (Sue, Arrendondo & McDavis, 1992). Researchers have started to explore how hope can be used within the context of therapy when working with LGBTQ+ clients (Lytle, Vaughan, Rodriguez & Shmerler, 2014). For the present study, participants reflected on their experiences during times of significant legal and social change. By exploring the unique experiences of these individuals, and specifically focusing on interpretations of hope, we can increase our understanding of how to foster hope and resiliency in our clients from diverse backgrounds.

Research Questions

To explore how participants interpreted the meaning and significance of significant events, the main research question was: 1) How did significant local (Edmonton) and national (Canada) historical events impact the local and national LGBTQ+ community? Other supplemental questions were included to focus the exploration around hope. The secondary research questions were: 2) What did these events mean for the LGBTQ+ local (Edmonton) and national (Canada) community at the time? and 3) What did these events mean for fostering hope for the LGBTQ+ local (Edmonton) and national (Canada) community?

Overview of Thesis

The following four chapters in this thesis are comprised of the literature review, methods, findings, and discussion. The literature review provides an overview of the trends in the outcome studies examining health and mental health disparities within the sexual minority or LGBTQ+ community. This review also includes theoretical explanations for how the social environment can influence these outcomes. In the methods chapter, I will discuss how my worldview contributed to the theoretical underpinnings guiding research decisions as well as the steps taken to analyze data, ethical considerations, and the establishment of research quality. The results chapter includes the themes evident across interviews using quotes from participants. Lastly, the discussion chapter will include an integration of the themes with existing literature, the limitations of the present study, and implications for future research.

Chapter Two: Literature Review

Background Information

There has been significant rights development in Canada for sexual minority individuals in the past 50 years. Although consensual same-sex sexual acts were decriminalized in Canada in 1969, people were not protected against discrimination based on their sexual orientation (Simpson, 2018). As a result, when Delwin Vriend was fired from his teaching position for being gay, the Alberta government refused to acknowledge the firing of Vriend as discriminatory (*Vriend v. Alberta*, 1998). In response to the Alberta government's decision, Vriend, with the support of other advocates, challenged Alberta's decision in the Supreme Court. The resulting case, *Vriend v. Alberta* (1998), ultimately ended with the Supreme Court ruling in favor of Vriend and the Canadian Human Rights Act was amended to protect sexual orientation from discrimination (*Vriend v. Alberta*, 1998). Rights development continued and more recently, in 2005 Canada enacted the Civil Marriage Act which allowed same-sex couples to marry (Statistics Canada, 2015).

The first Statistics Canada survey to inquire into sexual orientation was the 2003 Canadian Community Health Survey (Statistics Canada, 2015). The Canadian Community Health Survey asked people to state their identified sexual orientation, as opposed to basing the information on sexual behaviour, as seen in other surveys (Statistics Canada, 2015). Asking for self-identified sexual orientation may lead to an underrepresentation of sexual minority individuals compared to other measures which ask participants about their history of same-sex intercourse (Statistics Canada, 2015). The most recent available census data suggests that within the Canadian population between the ages of 18 to 59, 1.7% of people identify as being gay or lesbian and 1.3% identify as being bisexual (Statistics Canada, 2015). Worldwide estimates of

LGBTQ+ people range from 2 – 14% of the population (Veltman & Chaimowitz, 2014). Sexual minority individuals are found in all communities regardless of language, religion, ethnicity or geographical location (International Psychology Network for Lesbian, Gay, Bisexual, Transgender and Intersex Issues, 2018). The LGBTQ+ population is diverse, and individuals within the community have very different experiences based on “intersectional factors, including ability, age, sex, ethno-racial group, nationality, religion, socioeconomic status, geographical location” and other individual (gender identity) and regional differences (Veltman & Chaimowitz, 2014, p. 2).

Victimization and Discrimination

Even after controlling for factors that contribute to victimization risk such as, age, homelessness, marital status, and abuse, sexual minority individuals reported experiencing victimization two times more than heterosexual individuals (Simpson, 2018). Sexual minority Canadians were more likely to report experiencing violent victimization compared to heterosexual counterparts, according to the 2014 General Social Survey on Canadian’s Safety: Victimization (Simpson, 2018). In the general population, 13% of people reported experiencing discrimination in the past five years, where 31% lesbian and gay individuals and 39% of bisexual individuals reported experiencing discrimination (Simpson, 2018).

Based on the sample of people reporting experiencing discrimination, gay and lesbian respondents were significantly more likely to report the discrimination was based on their sexual orientation (79%) compared to bisexual (35%) and heterosexual (2%) respondents (Simpson, 2018). The results from the 2016 Incident-Based Uniform Crime Reporting Survey (UCR) indicate that hate crimes related to sexual orientation rose 25% from the previous year. Out of all reported hate crimes, 13% were targeting sexual orientation (Gaudet, 2018). Reported hate

crimes related to sexual orientation were more likely to be violent and were more likely to result in injury, compared to other violent incidents targeting other minority populations (Gaudet, 2018).

Health Disparities

Sexual minority individuals are more likely to experience psychological disorders such as depression, anxiety, obsessive compulsive disorder, phobic disorders, and post-traumatic stress disorder (Cochran & Mays, 2007; Diamant & Wold, 2003; Gilman, Cochran, Mays, Hughes, Ostrow & Kessler, 2001; McCabe, Bostwick, Hughes, West & Boyd, 2010; Roberts, Austin, Corliss, Vendermorris & Koenen, 2010). Additionally, the literature suggests sexual minority individuals have higher rates of substance abuse (Drabble, Korcha, Klinger, Veldhuis & Hughes, 2018; McCabe, Bostwick, Hughes, West & Boyd, 2010), suicidal ideation, suicide attempts, and completed suicide (Gilman et al., 2001; Cochran & Mays, 2007). Suicidal ideation and attempts are shown to be especially high for sexual minority youth (Marshall et al., 2011).

Older Sexual Minority Individuals

Trends of health and mental health disparities are seen across age demographics for sexual minority individuals but there has been recent literature to address the lack of research focusing on older sexual minority individuals. As Fredriksen-Goldsen and Muraco (2010) state, by the year 2030, 20% of the United States population will be over 65 years of age. Based on these numbers, at least two to six million sexual minority individuals will be over 65 years of age (Fredriksen-Goldsen & Muraco, 2010). The population in Canada is also aging due to the large number of people born between 1946 and 1965, known as the “baby boomers”, in combination with the low birth rate, and increased life expectancy rates (Statistics Canada, 2017). Given the

large portion of the population that will be seniors and sexual minorities, this is an area warranting further exploration.

According to Wallace, Cochran, Durazo and Ford's (2011) analysis of the California Health Interview Survey, sexual minority individuals between the ages of 50 to 70 years old are more likely to report experiencing mental distress, having physical limitations and report their overall health to be poorer than the heterosexual individuals included in the sample. Similarly, Fredriksen-Goldsen and colleagues (2013) analyzed survey data from the 2003–2010 Washington State Behavioral Risk Factor Surveillance System, which examined health disparities in sexual minority individuals 50 years of age and older. Both studies found sexual minority older adults had higher rates of employment and higher levels of education than heterosexual individuals included in the survey (Fredriksen-Goldsen et al., 2013; Wallace et al., 2011). Older sexual minority adults in both samples had lower rates of marriage (Fredriksen-Goldsen et al., 2013; Wallace et al., 2011). Wallace and colleagues (2011) found that older sexual minority adults were more likely to live alone, but Fredriksen-Goldsen and colleagues (2013) found they were more likely to be partnered than heterosexual counterparts. Lower rates of marriage and having children may mean fewer sources of support contribute to their caregiving and may reduce the potential for financial resources from kin (Fredriksen-Goldsen et al., 2013; Wallace et al., 2011).

Both studies showed sexual minority adults had significantly more likelihood to have poor physical and mental health on some, but not all, health measures (Fredriksen-Goldsen et al., 2013; Wallace et al., 2011). Furthermore, after controlling for demographic differences, a study by Wallace and colleagues (2011) found that gay and bisexual men had comparable rates of heart disease to heterosexual counterparts and lesbian and bisexual women were comparable to

heterosexual women in rates of heart disease, hypertension, and diabetes. These findings illustrate the importance of considering the role of social mechanisms that may influence the health disparities of sexual minority individuals.

Resiliency

Contemporary research on sexual minority individuals is focusing more on the resiliency developed through coping with adverse life events. There are multiple definitions and conceptualizations of resiliency, but for the purposes of this study, I conceptualized resiliency using Rutter's (2012) definition, as it has been applied to sexual minority populations (see – Grace, 2015). Rutter (2012) defines resiliency as a “reduced vulnerability to environmental risk experiences, the overcoming of a stress or adversity, or a relatively good outcome despite risk experiences” (p. 336). Examining trends in older individuals shows that even though sexual minority individuals are exposed to difficult life experiences, in many cases, these events do not lead to pathology (Dentato, Orwat, Spira & Walker, 2014). Fredriksen-Goldsen and Muraco (2010) reviewed 58 articles published between 1984 and 2008 on sexual minority elders. They use a life course perspective and state the importance of understanding the historical social context sexual minority elders lived through (Fredriksen-Goldsen & Muraco, 2010). This perspective considers the interplay of factors such as social context, cultural meaning, geographical location and how cohort differences affect the aging process (Fredriksen-Goldsen & Muraco, 2010, p. 373). Present-day, older sexual minority individuals lived through periods of time where acting on same-sex sexual attraction was illegal and many of them had to hide their sexual orientations for most of their lives (Fredriksen-Goldsen & Muraco, 2010). Fredriksen-Goldsen and Muraco articulate how research helps to dispel stereotypes that assume older sexual minority individuals are more prone to negative outcomes associated with mental health and

aging. Furthermore, the authors describe how an initial wave of research suggests older sexual minority adults are not alone, isolated or depressed, and potentially, their resilience to thrive through adversity may contribute to their ability to manage the difficulties of aging (Fredriksen-Goldsen & Muraco, 2010). They emphasize the significance of factors that contribute to LGBTQ+ wellness into aging such as discrimination, living alone, having low self-esteem, being exposed to heterosexism, and being victimized by their sexual orientation or gender identity/expression (Fredriksen-Goldsen & Muraco, 2010). Difficult life experiences can lead to problems for sexual minority individuals, but through overcoming these difficulties, it is possible that aging sexual minority individuals are able to manage the difficulties associated with the aging process by their development of generalizable coping skills and self-sufficiency from earlier challenges (Hash & Rogers, 2013, p. 249).

To address the lack of longitudinal data assessing how depression develops and changes over the lifespan, Beam and Collins (2018) compared sexual minority older adults to heterosexual counterparts on depression and loneliness. They used population-based survey data collected in three waves from the National Social Life, Health, and Aging Project (NSHAP) (Beam & Collins, 2018). Individuals who were born between 1920 and 1947 were surveyed on three different occasions (2005-2006; 2010-2011; and 2015-2016; Beam & Collins, 2018). The survey data collected between 2015 and 2016 also included an age cohort of individuals born between 1948 and 1965 (Beam & Collins, 2018). Beam and Collins found that there were no significant differences between sexual minorities and heterosexual adults in their sample for depression and loneliness trajectories but that other factors like household income and family support were more of an intervening factor than in heterosexual people (Beam & Collins, 2018). They described how, in old age, sexual minority individuals may have developed strategies and

resiliency to have similar outcomes to heterosexual individuals (Beam & Collins, 2018).

Consistent with these results, Greene, Britton and Shepherd (2016) found that sexual minority elders' health was influenced by factors such as financial anxiety, physical health, self-compassion, and self-transcendence (Greene, Britton & Shepherd, 2016).

Social Stigmatization

Although there is a trend illustrating the health disparity of sexual minority individuals, not all studies find the same results. Given that sexual minority individuals are also more likely to experience discrimination and victimization, which can lead to mental health disturbances, it is important to not oversimplify the interpretation of these differences (Meyer, 2013). Mental health disparities taken together with higher rates of discrimination suggest that it is not sexual orientation that is pathological but how sexual orientation can influence a person's interactions with a heteronormative society (Meyer, 2013). As Friedman (1999) explains, the preferred explanation according to researchers is that environmental stress related to stigma, prejudice and discrimination can contribute to the higher rates of mental health problems seen in individuals from stigmatized minority groups. In an attempt to understand the complex interaction of these factors, there are a number of theories to explain how social factors, such as increased discrimination and heterosexism may impact mental health disparities.

The argument that social stigma and victimization can lead to psychological distress is compelling. Mereish, O'Cleirigh and Bradford (2014) examined the relationship between substance abuse, suicidality and victimization based on sexual orientation or gender identity in a sample of LGBT (lesbian, gay, bisexual and transgender identity) individuals accessing a community health center. Using regression analyses, they found that participants who reported experiencing victimization were more likely to report having a substance abuse problem, suicidal

ideation, and suicide attempts at some point in their lives compared to those LGBT individuals who did not report experiencing victimization (Mereish, O’Cleirigh & Bradford, 2014). The authors emphasize the role substance abuse and victimization has in suicidality and reiterate the importance of having culturally sensitive interventions to help LGBT individuals who may be managing the complex interactions of these factors (Mereish, O’Cleirigh & Bradford, 2014).

McCabe, Bostwick, Hughes, West & Boyd (2010) also examined the relationship between discrimination and substance use disorders but in this study, they differentiated between whether discrimination was based on sexual orientation, race/ethnicity, or gender. The researchers used a nationally representative sample of Americans based on data from the 2004-2005 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). Participants self-identified their sexual orientation as being either heterosexual, gay/lesbian, bisexual or unsure (McCabe et al., 2010). In the study, Sexual minority individuals reported higher rates of discrimination compared to heterosexual participants (McCabe et al., 2010). McCabe and colleagues also showed how sexual minority participants who reported experiencing all three kinds of discrimination had greater odds of meeting the criteria for a substance use disorder in the past year compared to participants who did not report experiencing discrimination. Sexual minority participants who did not report experiencing any discrimination had similar odds of having a substance use disorder to the heterosexual sample. The higher rates of discrimination, as well as the influence discrimination had on predicting substance use disorders provides further evidence on the significance of the social stressors and stigma faced by sexual minority individuals (McCabe et al., 2010).

Internalized Homophobia

Internalized homophobia is defined as “the negative and distressing thoughts and feelings experienced by lesbians and gay men about their sexuality, and which are attributed to experiences of cultural heterosexism and victimization” (Williamson, 2000, p. 105). The term *homophobia* however, is problematic according to many sexual minority academics, because it implies that stigmatizing actions are related to a fear response and detracts emphasis from the structural and systemic oppression (Williamson, 2000). A preferred term in the literature is *heterosexism*, which is the assumption that heterosexual ways of life are preferred, normal and superior to non-heterosexual ways of living (Williamson, 2000). Despite the contested nature of the term homophobia, internalized homophobia is still used largely in the literature (Williamson, 2000). The general consensus among researchers is that the internalizing societal views do not suggest individual deficiencies but that internalization is a normal reaction to stigma from majority culture (Williamson, 2000). Despite these being normal reactions, internalized homophobia can have negative impacts on individuals and is seen as the most significant barrier towards adjusting to positive identity formation (Allen & Oleson, 1999; Williamson, 2000). Internalized homophobia can lead to higher instances of shame and lower self-esteem (Allen & Oleson, 1999) and can be associated with relationship difficulties and mental health concerns (Williamson, 2000).

Coming Out

Internalizing negative views about homosexuality may lead to individuals refusing to accept their sexuality (Allen & Oleson, 1999). *Coming out*, meaning being open about one’s sexual orientation to others, is an important component of sexual minority identity development (Vaughan & Waehler, 2010). Being open about one’s sexual orientation can be a daunting task given the risk of coming out into a stigmatizing society or given the fear of rejection from family

and friends (Kosciw, Palmer & Kull, 2015). Coming out can be challenging in different settings and at different points in life. There has been a trend in older sexual minority individuals of going back to concealing their sexual orientation to avoid discrimination in senior care facilities. Indeed, approximately 21% of older LGBTQ+ adults are not open about their sexual orientation (Fredriksen-Goldsen & Muraco, 2010). Despite these difficulties, research suggests that coming out can be a positive experience for sexual minority individuals, and Vaughan and Waehler (2010) discuss the idea of “coming out growth” as being part of a process of developing resiliency and coping strategies. The existing literature suggests that coming out can have positive mental health outcomes (Jordan & Deluty, 1998) and improved quality of life (Halpin & Allen, 2004).

Being open about one’s sexual orientation does, however, have some inherent risks and can expose people to discrimination. Kosciw, Palmer and Kull (2015) examined victimization and “outness” in LGBTQ+ adolescents. They defined “outness” by the number of people the participants told about their sexual orientation (Kosciw, Palmer & Kull, 2015). In this study, they found that being open to more people about their sexual orientation was related to higher rates of victimization but also to higher self-esteem and lower rates of depression (Kosciw, Palmer & Kull, 2015).

Social Theories

Minority Stress Theory. Meyer (2013) provides a conceptual framework of minority stress theory to explain how social factors can influence an individual’s psychological well-being. He uses the psychological and stress theories, as well as research on the health of sexual minority individuals, to conceptualize a minority stress theory specific to sexual minority stress. Meyer (2013) cites the existing assumptions of minority stress as follows:

“Minority stress is (a) unique—that is, minority stress is additive to general stressors that are experienced by all people, and therefore, stigmatized people are required an adaptation effort above that required of similar others who are not stigmatized; (b) chronic—that is, minority stress is related to relatively stable underlying social and cultural structures; and (c) socially based—that is, it stems from social processes, institutions, and structures beyond the individual rather than individual events or conditions that characterize general stressors or biological, genetic, or other non-social characteristics of the person or the group” (pp. 5).

In relation to sexual minorities, Meyer (2013) discusses how these stressors can be objective and external to the individual or more subjective and based on the individual’s perception of the events. He describes the characteristics of minority stress related to sexual minorities as being: “(a) external, objective stressful events and conditions, (b) expectations of such events and the vigilance this expectation requires, and (c) the internalization of negative societal attitudes.... [and] “concealment of one’s sexual orientation” (Meyer, 2013, p. 5). While objective stressors are independent of a person’s self-identity, and may be related to how other people perceive that person, some minority stressors are dependent on the individual’s self-identity (Meyer, 2013). Meyer (2013) explained how if a person identifies as being part of the minority group, independent of how people perceive them, the identification can be related to stress processes such as being hypervigilant when interacting with others to protect themselves, hiding their identity, and even internalizing stigmatizing societal views (Meyer, 2013, p. 6).

Meyer (2013) also notes how minority status can have protective qualities like group solidarity and cohesiveness. These qualities can be resources that promote resilience in its members (Meyer, 2013). An important factor associated with coping through the adverse effects

of minority stress for sexual orientation is “coming out” (Morris, Waldo & Rothblum, 2001). By being open about one’s sexual orientation, one can learn how to manage the difficulties associated with navigating this identity in relation to the reactions of others (Morris, Waldo & Rothblum, 2001). Being open about sexual orientation can also lead to an individual being able to benefit from the group membership and potentially gain support from other members of the group (Meyer, 2013). Meyer describes minority coping as a resource that contributes to the group counteracting stigma and enhancing its members. Meyer’s minority stress theory is one conceptualization that can help to understand how the relationship between social stressors and associated group resources can interact with sexual minority status and group membership.

Group-Based Emotion Regulation and Self-Categorization. Extending Gross’ (1998) process model of emotion regulation, Goldenberg, Halperin, van Zomeren and Gross (2015) created a theoretical framework explaining how self-categorization can influence emotion regulation and how these processes can contribute to an individual’s actions. Goldenberg and colleagues (2015) explain how group-based emotions depend on a person’s self-categorization, where they view themselves as a member of a group, as opposed to solely viewing themselves as an individual. Because people identify as belonging to the group, they can be emotionally impacted by events happening to the group. They define emotion regulation as “the ways in which an individual intervenes to shape the emotion-generative process” (Goldenberg et al., 2015, p. 6). An underlying assumption of this theory is that people are active regulators of their emotions, and this premise helps explain how an individual may regulate their group-based emotions (Goldenberg et al., 2015). Goldenberg et al.’s theory may be applied to sexual minority individuals to understand how people are impacted by events happening towards their group as well as what motivates people to act based on these emotional reactions (Goldenberg et

al., 2015). From Goldenberg and colleagues' (2015) perspective, self-categorization parallels Meyer's (2013) concept of group membership. Both theories help to highlight the complexities of how an individual may self-categorize as belonging to a group, even on an internal level (Goldenberg et al., 2015) and how emotional reactions can motivate individuals to regulate emotions or support other group members (Meyer, 2013).

Goldenberg and colleagues (2015) differentiate between emotion regulation goals. They argue that the reasons, or goals, people have to regulate individual emotions are used in relation to group-based emotions as well. They describe the differences between the kinds of goals related to emotion regulation using Tamir's (2009) conceptualization of hedonistic, instrumental, or mixed goals (Goldenberg et al., 2015). *Hedonistic goals* are considered short-term and aimed at increasing positive feelings or reducing negative feelings. *Instrumental goals* may not immediately reduce negative feelings but the motivation is focused on long-term advantages. *Mixed goals* are a combination of both hedonistic and instrumental. Because people can experience positive and negative emotion simultaneously, it can be difficult to determine whether the motivation is hedonist, instrumental or mixed (Goldenberg et al., 2015).

There are two main distinguishing factors of group emotion regulation goals compared to individual emotion regulation goals (Goldenberg et al., 2015). The first is how a group-based emotion regulation goal can be motivated by the intent to benefit the group, not necessarily the individual (Goldenberg et al., 2015). The second factor is how the motivation for group-based goals may be related to strengthening the individual's relationship with the group (Goldenberg et al., 2015). These factors help explain how group members may be motivated to help the group achieve collective happiness or may endure a negative emotion if it will help reinforce an individual's relationship to other group members (Goldenberg et al., 2015). As an example,

feeling the same emotions as other group members may help communicate loyalty or conformity (Goldenberg et al., 2015). Another example related to shared emotional experience relates to group solidarity, namely how it is critical that group members feel strong positive emotions towards their group and negative emotions towards the outgroup (Goldenberg et al., 2015).

Goldenberg et al. (2015) describe similarities between individual and group-based emotion regulation strategies. A defining characteristic of group-based emotion regulation is how group members will help regulate each other's emotions to help serve the group's motives (Goldenberg et al., 2015). Goldenberg and colleagues (2015) also discuss how self-categorization can be used as a strategy and an individual may change their self-categorization to regulate their emotions. This conceptualization of group-based emotion regulation and self-categorization can provide a framework to understand the processes minority group members undergo when responding to events impacting their self-identified group.

Counselling Sexual Minority Individuals

Treatment Barriers. In the Canadian Community Health Survey (2014), sexual minority individuals were more likely to report having a consultation with a psychologist in the previous year and were more likely to endorse the idea they needed health care that they did not receive (Statistics Canada, 2015). A trend commonly seen in the literature is that sexual minority individuals are more likely to access support for their mental health (Cochran, Mays & Sullivan, 2003; Liddle, 1997). Furthermore, Liddle (1997) explains how sexual minority individuals see more therapists and are more likely to screen therapists for the presence of gay-affirming attitudes. Older sexual minority adults report having a general distrust of health care systems and may delay getting care for their health needs (Brotman et al., 2015). Wallace and colleagues (2011) did not yield statistically significant differences in accessing health care support between

older sexual minority individuals and heterosexual counterparts after controlling for demographic differences between the samples. For those older adults who do access support, many still report experiences of discrimination within these systems (Brotman et al., 2015).

A number of factors contribute to the barriers that sexual minority individuals experience in accessing help. Factors such as race, socioeconomic status and HIV status may further complicate access to health and mental health support (Dentato et al., 2014). Marginalization and discrimination can impair sexual minority individuals from accessing health care and support and they may avoid health care settings for risk of being exposed to heterosexist reactions and having health care providers not adapt to their needs (Dentato et al., 2014; Veltman & Chaimowitz, 2014). The impact of these barriers is compounded by health care providers lacking an understanding of the unique health needs of LGBTQ+ people (Veltman & Chaimowitz, 2014). Historically, systemic barriers to seeking help for sexual minorities were limited financial resources and issues surrounding not having the same benefits for partners as same-sex married couples (Fredriksen-Goldsen & Muraco, 2010). In Canada, as of 2000, same-sex couples were granted the same legal rights as common-law heterosexual couples, allowing for partners to use the benefits of their spouse (Government of Canada, 2018). Although, particularly in Canada, there have been legal advances towards equality for sexual minority individuals, stories of aging for older sexual minority individuals still manifest themes of invisibility and discrimination within the helping professions (Brotman et al., 2015).

Older sexual minority adults would have lived through periods of time where psychologists were responsible for deeming someone mentally ill for being gay (Brotman et al., 2015). Prior to the removal of homosexuality from the *Diagnostic and Statistical Manual of Mental Disorders* in 1980, being gay or lesbian was considered pathological (Kort, 2018).

Conversion therapy was created to change a person's sexual orientation to heterosexual (Kort, 2018). These interventions have been shown to be harmful and The Canadian Psychological Association (CPA) has banned the use of these treatments (CPA, 2006). Although there have been changes in psychology to support gay-affirming practices, older sexual minority individuals may have firsthand experience with the effects of pathologizing homosexuality and even younger LGBTQ+ individuals are aware of the history in psychology and the views about homosexuality historically promoted by psychotherapists (Kort, 2018; Fredriksen-Goldsen & Muraco, 2010). Counselling may also be interpreted as a reflection of mainstream societal views, which can contribute to sexual minority clients being wary of attending counselling (Sue, Arredondo, and McDavis, 1992). From this perspective, counsellors are thought of as agents of maintaining the status quo and may perpetuate the values of mainstream culture (Sue, Arrendondo, & McDavis, 1992).

One potential outcome of distrust of counsellors is that sexual minority individuals may have negative appraisals of help seeking and may not disclose their sexual orientation to protect themselves from expected discrimination (Cochran, Mays & Sullivan, 2003). This is particularly relevant for older sexual minority adults where many of them do not identify as belonging to the LGBTQ+ community (Brotman et al., 2015). Being an invisible minority and concealing their sexual orientation contributes to the difficulties in assessing individuals' unique needs within the mental health and health care systems (Brotman et al., 2015).

Acknowledging the difficulties faced by sexual minority individuals accessing counselling, the American Psychological Association (APA, 2012) has created a list of guidelines for counsellors working with sexual minority clients. There are 21 guidelines that encourage psychologist awareness and education around sexual minority issues (APA, 2012).

The guidelines include recommendations for counselling, assessment, and research (APA, 2012). These guidelines recommend that psychologists understand the impact of stigma and discrimination, as well as emphasize that same-sex sexual attraction is not indicative of a mental disorder (APA, 2012). The guidelines urge psychologists to gain awareness into the needs of sexual minority individuals and to disseminate research results that help dispel harmful stereotypes about sexual minority individuals (APA, 2012). The present study adheres to these guidelines and seeks to promote the understanding of sexual minority individuals and the impact of discrimination and stigma. The APA (2012) guidelines also emphasize the importance of understanding cohort and age differences in sexual minority individuals, as discussed in this study. Lastly, this research focuses on sexual minority strengths and resilience, as promoted in the APA (2012) guidelines.

Cross-cultural counselling. From a multicultural counselling perspective, Cheatham and colleagues (2002) explain how counselling interventions are more effective when they are consistent with the experiences and values of the client and that no single technique is equally helpful to all people from different backgrounds. The main goal for a multicultural counsellor is to develop best practices that suit the needs of clients from diverse backgrounds, without assuming that interventions will work the same for all individuals even within the same cultural background (Cheatham et al., 2002). A main tenet of multicultural counselling is that an understanding of an individual's culture and how it will influence the relationship should be included throughout the therapeutic process (Cheatham et al., 2002).

The term *culture* has various definitions but when taken more broadly, Matsumoto (2000) defines culture as “a dynamic system of rules, explicit and implicit, established by groups in order to ensure their survival, involving attitudes, values, beliefs, norms, and behaviours, shared

by a group but harbored differently by each specific unit within the group, communicated across generations, relatively stable but with potential to change across time” (p. 24). Based on this definition, sexual orientation can be considered “an underlying culture—that unique set of shared attributes that influence members’ psychologies” (Matsumoto, 2000, p. 34). From this perspective, sexual orientation is considered a possible cultural influence on an individual, but it is not the sole influence (Matsumoto, 2000). Being aware of potential cultural influences does not discount the importance of other individual differences like environmental context or biological factors (Matsumoto, 2000).

In a call for more professional training, Sue, Arredondo and McDavis (1992) explain the importance of multicultural counselling by articulating how counselling is impacted by both the client’s and therapist’s cultural biases and can be impacted by events happening in the larger society. Sue and colleagues (1992) state that for a therapist to be culturally competent, they need to understand their own biases and assumptions, those of their clients, as well as the ways that culture and societal norms contribute to help seeking for an individual. Truscott and Crook (2013) explain how ethically, psychologists must reconcile any heteronormative personal values to be affirming of LGBTQ+ experiences when working with LGBTQ+ clients in order to provide helpful care to clients.

Fredriksen-Goldsen, Hoy-Ellis, Goldsen, Emler and Hooyman (2014) outline key competencies based on previous research findings and offer specific strategies to support culturally competent practice for working with sexual minority older adults. They suggest professionals assess their own biases and assumptions to be aware of how these can influence the forming of a positive helping relationship (Fredriksen-Goldsen et al., 2014). They also underscore the importance of understanding a person from within social constraints and life

experience (Fredriksen-Goldsen et al., 2014). In working with older clients, they emphasize the importance of using a life-course perspective that includes theories of aging and acknowledging how life experiences may be different for cohorts of people who lived through significant events (Fredriksen-Goldsen et al., 2014). Fredriksen-Goldsen and colleagues (2014) also articulate the responsibility of professionals to determine how agencies or policies may further disadvantage sexual minorities and to then respond to and remedy these injustices. Lastly, to address the needs of diverse populations, the authors suggest that outreach programs be developed to help sexual minority older adults access services (Fredriksen-Goldsen et al., 2014).

Positive Psychology and Hope. Generally, positive psychology seeks to de-pathologize individuals by focusing on inherent strengths (Lytle, Vaughan, Rodriguez & Shmerler, 2014; Seligman & Csikszentmihalyi, 2000). Based on the idea that many counselling approaches are based on heteronormative assumptions and further pathologize the plight of sexual minority individuals, Lytle and colleagues (2014) argue that tenets of positive psychology can help improve counselling for sexual minority clients by focusing on the resilience demonstrated by this community. They use concepts from Meyer's (2003) minority stress theory to make recommendations for how clinicians can use positive psychology, specifically, with LGBTQ+ clients (Lytle et al., 2014).

Hope is mentioned as a significant concept across disciplines such as psychology, nursing, philosophy and theology (Scioli, Ricci, Nyugen & Scioli, 2011). For the purposes of this study, I will define hope using Stephenson's (1991) model. Stephenson (1991) consulted definitions across disciplines to uncover consistent themes across definitions and identified four attributes of hope. Based on these four attributes, Stephenson (1991) defines hope as being "a process of anticipation that involves the interaction of thinking, acting, feeling and relating, and

is directed toward a future that is personally meaningful” (p. 1459). While Stephenson’s (1991) definition of hope is advantageous because it combines definitions across disciplines, another significant conceptualization of hope informing this study is Snyder’s (2002) definition of hope. This definition focuses on a motivational aspect of hope, making it significant for counselling psychology and for understanding how participants were able to maintain hope during times of adversity. Snyder (2002) discusses how hope is both a trait and a state and that there are high-hope people and low-hope people. A person’s immediate feeling of hope (state hope) influences their anticipation of future events and motivation but their propensity for hope (trait hope) is also significant in their appraisal of a future situation (Snyder, 2002). Given the influence of hope on future appraisals and agency, hope is a significant component of psychotherapy (Snyder, 2002).

Feelings of hope have been associated with positive outcomes related to health, adjustment, and the ability to persevere through obstacles (Snyder, Michael & Cheavens, 1999). Hirsch, Cohn, Rowe and Rimmer (2017) explored the relationship of LGBTQ status with suicidal behaviour, hope, hopelessness and depressive symptoms. In their sample of college students, they found being LGBTQ was associated with higher rates of hopelessness, depressive symptoms, and lower rates of overall hope compared to heterosexual participants. LGBTQ status was also related to higher levels of depressive symptoms and suicidal behaviour (Hirsch et al., 2017). Although hope has been associated as a significant component to therapy (Snyder, 2002), it is important to consider different applications of hope with diverse populations, such as sexual minority individuals.

Kwon and Hugelshofer (2010) explain how hope can be used within the context of therapy to help older LGBTQ+ clients experience positive emotions and can help in developing resiliency (Kwon & Hugelshofer, 2010). Budge (2014) describes a model for using hope with

sexual minority individuals within counselling. In this model, Budge (2014) explains how therapists can use hope without invalidating the challenges faced by LGBTQ+ people. She explains how using therapist self-disclosure or by providing examples of other LGBTQ+ people who have been successful, may help encourage hope in LGBTQ+ clients (Budge, 2014).

Research Limitations

Much of the existing literature on sexual minority individuals uses American samples and therefore has limitations with regard to its generalizability to Canadians. While American research is likely thematically similar to Canadian sexual minority experiences, it is important to note the differences between the legal rights development in Canada compared to the United States (Brotman, Ferrer, Sussman, Ryan & Richard, 2015). Canada has been historically ahead of the United States in granting legal protection for sexual minority individuals (Brotman et al., 2015). Despite legal changes, sexual minority individuals still experience high rates of discrimination and victimization (Simpson, 2018), a contributing factor influencing the health and wellness of sexual minority individuals (McCabe et al., 2010; Mereish, O’Cleirigh & Bradford, 2014). These findings support the notion that experiences for individuals from both the United States and Canada would be similar, but more research should be done exploring the experiences of Canadian sexual minority adults.

Most commonly, studies on sexual minority individuals are either population-based surveys or use purposeful convenience samples. Survey data that samples the general population leads to small numbers of sexual minority individuals compared to the heterosexual individuals because of the low incidence of sexual orientation minorities in the general population (approximately 3%; Statistics Canada, 2017). This limits the statistical power of analyses that

incorporate sexual orientation minorities and makes comparisons with the larger heterosexual population challenging (Drabble et al., 2018; Meyer, 2013).

Another limitation of small sample sizes is that it is difficult to measure differences within the group. Fredriksen-Goldsen and Muraco (2010) state that the existing research on older sexual minority adults uses homogeneous samples and suggest there should be more research with careful attention to intersectionality of gender, ethnicity/race, cohort, and culture to explore the diversity within the LGBTQ+ population (Fredriksen-Goldsen & Muraco, 2010). As mentioned, even in large surveys, small numbers of sexual minority representation make it difficult to have large enough sample sizes to do within-group comparisons. For example, in McCabe and colleagues' (2010) national survey, the initial sample included 34 653 adults. The sexual minority proportion of that sample was reduced to 577 people (McCabe et al., 2010). The sample is then reduced further by dividing the sexual minority group by sexual orientation (gay or lesbian, or bisexual), making each sexual orientation group's sample size too small to interpret differences related to other demographic differences such as ethnicity or race (McCabe et al., 2010). Statistics Canada (2015) offers some insight into the sexual minority population in Canada. Yet, while the Statistics Canada (2015) survey includes information about the proportion of same-sex married and common law couples, health care statistics, and stress levels, it does not include the breakdown of other demographic information such as, age, ethnicity, race, or socioeconomic status. Though more research should attend to these differences within the sexual minority population, it is difficult to collect more diverse samples given the current limitations related to the size of the population and sampling.

The other sampling strategy commonly used in sexual minority research is convenience sampling which tends to recruit participants from sites like mental health facilities, pride parades,

or gay and lesbian organizations (Fredriksen-Goldsen & Muraco, 2010). Although recruitment through these sites may not be representative of the sexual minority population, it is possible that LGBTQ+ individuals would be apprehensive about disclosing their sexual orientation in research when recruited through other sources (Fredriksen-Goldsen & Muraco, 2010; McCabe et al., 2010). Fredriksen-Goldsen and colleagues (2013) explain how in their survey, only 2% of individuals over 50 years of age were from the sexual minority population, which is less than the 3.5% of sexual minority individuals sampled in population-based surveys including adults aged 18 years and older. Relatedly, it is also possible that willingness to report belonging to a sexual minority group may also influence the willingness to report mental health concerns (Roberts, Austin, Corliss, Vendermorris & Koenen, 2010). Apprehension about being out in research studies and therefore recruiting members of the LGBTQ+ who are out in agencies contributes to the difficulties in completely capturing the experiences of the entire population of sexual minority individuals.

Another limitation related to sampling procedures is differences in how sexual orientation is defined. For population-based surveys, sexual orientation is typically defined based on previous sexual behaviour (Gilman et al., 2001). If the survey assesses sexual orientation based on behaviour, it may include individuals who do not identify their sexual orientation as being gay, lesbian or bisexual or miss individuals who do identify as being a sexual minority but have not engaged in same-sex intercourse. Basing results on disclosures of same-sex intercourse would not account for the protective or risk factors associated with a person's sexual identity (Gilman et al., 2001). When examining older individuals, Beam and Collins (2018) state that basing sexual orientation on life-time sexual behaviour may include more people in the sample

due to sexual experimentation over a lifespan. Using samples based on self-identified sexual orientation may not include all sexual minority individuals (Statistics Canada, 2015).

Many studies are cross-sectional (Fredriksen-Goldsen et al., 2013; McCabe, Bostwick, Hughes, West & Boyd, 2010; Rhoades et al., 2018) and therefore do not account for individual differences across time and are subject to cohort bias between age groups. Considering the influence of the social context people live in, people born at different times will live through different life experiences, making it difficult to compare cohorts of people (Fredriksen-Goldsen & Muraco, 2010). Dentato, Orwat, Spira and Walker (2014) explored the differences between the perspectives of different cohorts of older LGBTQ+ adults and emphasize the importance of how social events can contribute to changing values in different age groups of individuals. They also describe how individuals within the same cohort may also have different perceptions of events due to the intersectionality of other factors like race, socioeconomic status, and geographical location (Dentato et al., 2014). As Fredriksen-Goldsen and colleagues (2013) explain, it is impossible to differentiate age and cohort differences between groups when using cross-sectional designs. They highlight the importance of understanding the social environment of individuals at different points in time (Fredriksen-Goldsen et al., 2013). From this perspective, older sexual minority adults would have lived in a time with different legal rights and social stressors than young sexual minority adults now. They explain how it may be important to continue to research the relationship between resiliency and life stressors for aging sexual minority individuals over their lifetime. Fredriksen-Goldsen and Muraco (2010) echo the need for longitudinal studies to understand how sexual minorities construct their lives.

Many of these limitations are common across psychological studies, especially those examining minority groups. Sexual minorities, however, represent a particularly small subset of

the population (approximately 3%; Statistics Canada, 2017). Sexual minority individuals are also an invisible minority with very recent historical gains in rights. These unique characteristics may contribute to a motivation for sexual minority individuals to remain invisible to researchers. These and other LGBTQ+ factors make studying the sexual minority population particularly challenging, but also critical for counsellors, other caring professions, and policy makers.

Summary

Psychologists are ethically mandated to help disadvantaged groups and should find treatment and outreach options that help make counselling accessible and beneficial to disadvantaged groups (Truscott & Crook, 2013). Sexual minority individuals experience high rates of discrimination and have higher rates of many mental health disorders, suggesting psychologists should find treatment options that address these concerns for individual clients and should address the systemic issues that lead to this discrimination. Later in life, sexual minority older adults have comparable rates of mental health and health outcomes to heterosexual counterparts (Fredriksen-Goldsen et al., 2013; Wallace et al., 2011) but there is still limited research studying older LGBTQ+ adults. Although there are differences between age cohorts of people, given that they have different life experiences depending on the social climate they lived through, the better outcomes in older LGBTQ+ adults suggest that they may develop resiliency and coping over a lifetime of overcoming adversity (Fredriksen-Goldsen et al., 2013). The present study uses a basic qualitative approach to explore how events impacted the community and contributed to hope from the perspective of older LGBTQ+ adults who lived through major events of rights development.

Chapter Three: Method

In the following section, I will begin by discussing my theoretical orientation and the inherent philosophical assumptions related to the methodology of my study. Next, I will describe my role as a researcher and how my position contributed to the design and findings. I will then outline the data collection and analysis methods used in the study. Lastly, I will describe the relevant ethical considerations and steps to assess the quality and rigor of the study.

Philosophical Assumptions and Theoretical Perspective

There are multiple frameworks of philosophical assumptions with varying terminology and definitions of concepts. I will use Crotty's (1998) framework to explain my theoretical perspective and the underlying philosophical assumptions of my methodology. These assumptions are consistent with my worldview and help to inform my research decisions. Starting with philosophical assumptions, two areas that inform the conceptualization of my research decisions are epistemological and ontological. Epistemology is concerned with assumptions about the kinds of knowledge it is possible to obtain (Crotty, 1998, p. 8). For the present study, I used a constructionist epistemological approach which assumes that knowledge or "meaningful reality...is contingent upon human practices being constructed in and out of interaction between human beings and their world, and developed and transmitted within an essentially social context" (Crotty, 1998, p. 42). The constructionist view is different from an objectivist view which assumes that an objective reality could be discovered given appropriate measurement strategies (Crotty, 1998, p. 8). Another area of philosophical assumptions, ontology is "the study of being" and is concerned with the nature of reality (Crotty, 1998, p. 10). The present study adheres to a relativist ontological perspective claiming there is no objective "truth" that can be discovered (Guba & Lincoln, 1994). Instead, people construct meaning out of their

interactions with their environment, and these meanings will be individual and varied (Crotty, 1998). These assumptions provide the foundation that informs my theoretical perspective.

Based on ontological and epistemological assumptions, Crotty (1998) defines a theoretical perspective as a "statement of the assumptions brought to the research task and reflected in the methodology" (p. 7). Two contrasting theoretical perspectives are positivism, more commonly seen in quantitative studies, and interpretivism, which is more common in qualitative studies (Crotty, 1998). The "positivist orientation assumes that reality exists 'out there' and that it is observable, stable and measurable" (Merriam & Tisdell, 2016, p. 9). In contrast, the interpretivist perspective "assumes that reality is socially constructed; that is, there is no single, observable reality" (Merriam & Tisdell, 2016, p. 9). Based on this perspective, there can be multiple interpretations of an event and therefore, various realities (Merriam & Tisdell, 2016, p. 9). The theoretical perspective used in this study is comprised of interpretivism and queer theory (Grace, 2005; Grace, 2008; see below).

The theoretical perspective used in this study adheres to the interpretivist assumptions of symbolic interactionism and hermeneutics (Crotty, 1998). Symbolic interactionism assumes that people react to their environments and experiences based on their interpretation and the meaning they ascribe to these experiences (Crotty, 1998). The interpretations are based on symbols, such as language, that allows humans to communicate and become aware of the "perceptions, feelings and attitudes of others" (Crotty, 1998, p. 76). From the interpretation of symbols, the meaning the person attaches to experience is done through an interpretive process as they take in information, which influences how the person will act (Crotty, 1998)

Hermeneutics, another branch of interpretivism, also informs my theoretical perspective. Given that people construct meaning out of their interpretations of objects, hermeneutics posits

that all human expressions are expressions of meaning (Crotty, 1998). In the hermeneutic tradition, the interpreter seeks to uncover the underlying meaning of the information while considering the historical and social context of the interpreter, as well as the person producing the information (Crotty, 1998). Based on these assumptions, I attempted to situate myself within the social context of the participants while bringing awareness of my social circumstances, to help maintain a degree of objectivity in the interpretation of the deeper, underlying meaning expressed by the participants.

Because the study is also aimed at understanding the LGBTQ+ community, tenets of queer theory contribute to the theoretical perspective used in this study. The main goal of queer theory is to reduce ignorance and challenge heterosexism (Grace, 2005). For the present study, I attempted to challenge the heteronormative status quo by exploring the historical accounts of the LGBTQ+ community. This exploration allows for queer history to be told in a way that is consistent with the experiences of the LGBTQ+ community, as opposed to the perspectives of the majority culture. This study specifically explored the participants' experiences of change and, in most cases, conflict with heteronormative structures. Queer theory assumes that research has cultural and political implications and therefore the researcher needs to consider their position within the research and how the position relates to the production and dissemination of the results (Grace, 2008). I acknowledge that I cannot speak for an entire community, especially given the privilege afforded to me by living in a modern society where there are more rights and protections against heterosexism. Through the dissemination of the results of the study, I intend to contribute to the retelling of these historical events with an emphasis on presenting the results from the perspectives of participants.

Research Methodology

The present study uses the basic qualitative methodology, as described by Merriam and Tisdell (2016). Some general assumptions of basic qualitative research are that “meaning is mediated through the researcher as instrument, the strategy is inductive, and the outcome is descriptive” (Merriam, 2002, p. 6). These guiding assumptions underlie methods used to answer the research questions: 1) How did significant local (Edmonton) and national (Canada) historical events impact the local and national LGBTQ+ community? The secondary research questions included a further exploration around meaning and hope. These questions were: 2) What did these events mean for the LGBTQ+ local (Edmonton) and national (Canada) community at the time? and 3) What did these events mean for fostering hope for the LGBTQ+ local (Edmonton) and national (Canada) community?

The basic qualitative approach is considered a “generic” qualitative approach, meaning it does not have consistent predetermined philosophical assumptions as seen in methodologies such as phenomenology, grounded theory, or ethnography (Kahlke, 2014). Instead, the researcher uses the theoretical framework consistent with their worldview to influence research decisions and methods (Merriam & Tisdell, 2016). Though the purpose of a basic qualitative study is to interpret meaning from participants, the methods employed by researchers can vary depending on the research questions and theoretical framework (Merriam & Tisdell, 2016). The afforded flexibility in this methodology allows for the theoretical framework and research questions to guide research decisions and dovetails well with the philosophical assumptions of symbolic interactionism, hermeneutics, and queer theory. Because this project is based on a secondary analysis of existing data, a basic qualitative methodology allows for flexibility in methods and analysis. My supervisor and I discussed the research methodology process throughout to help ensure fit between the data, research questions and the analysis process.

The Key Role of the Researcher

From the perspective that reality is individually constructed and subjective, my interpretation of the participants' accounts will be shaped by my biases, perceptions, and values (Braun & Clarke, 2013). An important component in recognizing my influence on the qualitative analyses this thesis reports on is through reflexivity, the process of critically examining my impact on the knowledge I produce through my analysis (Braun & Clarke, 2013). In the following section, I will describe the biases and assumptions that may have influenced my study design and interpretation.

Introduction to the researcher. My initial involvement with this study was through my graduate research assistantship with my supervisor which primarily consisted of historical research and helping to assemble historical materials for the Edmonton Queer History App. The Edmonton Queer History App (Harley, 2018; Harley et al., under review) was created to tell the stories of significant events of LGBTQ+ rights development that occurred in Edmonton. The App used interview data from prominent members of the LGBTQ+ community, as well as archival data to describe and illustrate significant events with videos, pictures, text, and audio recordings (see <https://sites.google.com/ualberta.ca/chitea-lab/eqh-app>). I also assisted with the preparation of the ethics application for the Edmonton Queer History App Study, including providing feedback on the interview questions. The primary purpose of the interviews was to identify and gather information about Edmonton locations of historical significance to the LGBTQ+ community and to understand how these locations may have influenced hope, resiliency, and empathy. My attendance at a subset of the interviews and increasing familiarity with the content of the interviews and historical context led me to believe that there were significant insights in the transcripts beyond the primary study's core research questions (related

to the development and evaluation of the Edmonton Queer History App). I was particularly interested in what the events meant for the participants, specifically for fostering hope and resiliency in the LGBTQ+ community. While reviewing the interviews for the Edmonton Queer History App study, I was struck by participants' stories and particularly their descriptions of how events contributed to hope and resiliency for the community. I felt as though this topic warranted further exploration and decided to complete a separate analysis on these research questions with the guidance of my supervisor.

I acknowledge that my sexual orientation, gender identity, beliefs, and values would influence my recognition of the significance of the participants' experiences as well as my interpretation of their responses. I believe in the equal treatment of people regardless of their sexual orientation or gender identity and feel as though it is my responsibility as a professional and a citizen to advocate for vulnerable persons and reduce discrimination. As I was reviewing interviews and archival evidence, I experienced emotional reactions of sadness, fear, and anger at the way the LGBTQ+ community was unfairly treated. These emotional reactions were undoubtedly influenced by my own experiences. I have had many close friends who are part of the LGBTQ+ community, and I also identify as belonging to this community. I reflected throughout the research process in an attempt to reduce producing information that would be overly characteristic of my experiences. My reflection and awareness of biases were facilitated through consultation with my supervisor throughout the research process. Because my supervisor, who is also part of the LGBTQ+ community, was familiar with the data and the interviewees (having conducted the interviews and as primary investigator of the research project), we were able to discuss potential themes and reach a consensus based on what we both believed to be true of the data presented.

I believe that privilege and characteristics outside of a person's control will advantage or disadvantage them in society. Relatedly, I believe that there are intersectionalities of privilege and how individual characteristics, outside a person's control can provide an individual with both advantages and disadvantages. To position myself within my research study I needed to evaluate my privilege and how that may influence my interpretation of the responses. I am privileged due to my ethnicity belonging to the majority culture in Canada and from being from a middle-class family. These sources of privilege contribute to my being fortunate enough to continue my education. I feel as though my educational attainment affords me agency and perspective of social problems from an academic standpoint. These privileges contribute to the influence I can have to support social change, and I believe in using the skills I have developed through my education to initiate social change and advocate for vulnerable persons.

My worldview on the nature of reality and how knowledge is produced assumes that reality exists based on the meaning people construct out of their interaction with each other and events. Further, I believe that power, privilege, and social context provide a lens that influences an individual's interpretation. Given these assumptions, I acknowledge that even with an empathetic understanding of what the experiences may have been like for participants, I cannot fully understand the impact given our differing levels of privilege, the unique hardships participants faced, and my belief that each individual will construct different meaning from events. The historical nature of the participants' stories required that I continually reflect on and challenge my assumptions based on the generational difference between myself and the participants. Most of the events the participants described happened before I was born. My interpretation of their accounts would be influenced by the social climate of the current time period. Although I believe there is still much work to be done for equality for the LGBTQ+

community, I am fortunate to live in a time period and in a country where I can appreciate and benefit from the activism done by the participants in this study and other LGBTQ+ advocates. The experiences described by the participants were drastically different from my experiences living in a more tolerant society and in an urban setting after significant legal and social change have occurred. Participants described being the targets of discrimination and hate crimes. I can relate to some of these experiences, specifically the felt sense of not feeling accepted by individuals or society. Fortunately, there are now laws to protect against discrimination and hate crimes, and people generally seem to be more accepting in my generation.

One specific generational difference the participants described was the evolution of technology and social media. Participants discussed how not having access to the internet inhibited their ways of communicating with each other. In my lifetime, cell phones and the internet have allowed for easier ways of communicating and finding likeminded people. It is difficult for me to imagine some of the isolation the participants felt from not being able to connect with other LGBTQ+ people. Although I cannot completely remove my bias and influence on my interpretation, the rich descriptions provided by participants and my immersion in archival evidence helped me to situate myself within the time period to better understand the participants' experiences given the social context surrounding their experiences.

Participants

Recruitment and inclusion criteria. Purposeful snowball sampling was used to recruit recognized LGBTQ+ advocates who were able to provide information on significant events of LGBTQ+ rights development in the 1980s and 1990s (Merriam & Tisdell, 2016). Participants were members of the LGBTQ+ community and deemed to be recognized advocates by other participants and through their known contributions, recognition, media presence, and awards.

One of the co-principal investigators from the initial app study, Dr. Andre Grace, knew many of the LGBTQ+ advocates through his work with The Institute for Sexual Minority Studies and Services (iSMSS), allowing us to recruit our first two participants. Dr. Grace also provided feedback on the semi-structured interview protocol used. After the initial two interviews, participants were asked to suggest people they felt were able to provide credible information about the time period. If participants had suggestions of other people to contact, we asked the participant to contact the individuals and give the potential participant the research team's contact information. Willing participants contacted the research team, were provided more information on the study, and if interested, scheduled an interview.

Throughout the interview process, participant suggestions for other people to contact reached a point of saturation, where participants were suggesting many of the same people and people were referring to common historical locations of significance to queer history in Edmonton. In an attempt to get a diverse sample, we asked participants to recommend people who could provide insight into the experiences of women, transgender people, and ethnic minorities. Given the historical nature of the research topic, participants mentioned that many knowledgeable and influential people may have relocated or are deceased.

Demographic information. A total of seven participants (five gay men and two lesbian women) completed semi-structured interviews. Participants permitted their full names and affiliations to be used in scholarly materials. Participants are all established professionals and prominent members of the LGBTQ+ community in Edmonton. All participants were involved in LGBTQ+ rights development professionally or through their activism. Participant involvement in advocacy varied to include perspectives relating to legal, political and social change. Contributors of interview data for this study are Murray Billett, Darrin Hagen, Elizabeth

Massiah, the Honorable Judge Julie Lloyd, Michael Phair, Dr. Lorne Warneke, and Brad Fraser. Detailed biographies of the participants and their contributions to the LGBTQ+ community can be found in appendix A.

Data Collection

My supervisor conducted the interviews, and I attended two of the meetings. One interview was done over the phone due to the participant living out of province. The remaining six interviews were conducted face-to-face. At the onset of the interviews, participants were provided with a description of the study and a consent form (see appendix B). At this time, participants were given the option to have their names used in scholarly materials. All participants agreed to have their names and affiliations known. Participation was voluntary, and participants were able to withdraw their consent to participate prior to approving their transcripts.

During the semi-structured interview process, the interviewer followed an interview protocol (see appendix C) with guiding questions and prompts to explore the research questions. The interview questions were designed to provide content for an app to educate users about events of LGBTQ+ rights development while exploring hope, resiliency, and empathy. The interviews began with participants describing their contributions to LGBTQ+ rights development. They were then asked to describe locations where significant events occurred, and the impact these events had on the participants themselves as well as the greater LGBTQ+ community. Focusing on elements of strength within the LGBTQ+ community, the interviewer asked participants to describe how the events may have contributed to feelings of hope, resiliency, and empathy for both LGBTQ+ and non-LGBTQ+ individuals. The open-ended nature of the questions allowed the participants to decide which events would be most meaningful based on their experiences.

Data Analysis

To analyze the interview data, I used Merriam and Tisdell's (2016) method for data analysis which borrows from the constant comparative method originally proposed by Glaser and Strauss (1967). Following Merriam and Tisdell's (2016) recommendations, I began data analysis simultaneously during data collection as I became familiar with the interview data by attending interviews, listening to the interview audio recordings, and reading transcripts as interviews were completed. During analysis, I reviewed archival evidence either supplied by the participants or discovered through my research of the events the participants described. Archival evidence included ephemera such as pictures, newspaper clippings, letters and magazines as well as video clips and articles. The archival review helped me to gain contextually relevant insight into the period of time the participants described. During this ongoing review of interview data and other archival evidence, I kept notes of potential hunches of themes as they developed. I consulted the existing literature as I reviewed the data to contribute to deepening my understanding of the developing themes based on what was already presented in the literature.

After gaining familiarity with the interview data and archival evidence, I started with segmenting and coding the first interview. Segmenting involved breaking down the interview data into smaller units of data, or segments, that contributed to answering the research questions (Merriam & Tisdell, 2016). To begin coding, the segments were labelled to describe what the participant said with the least amount of information required while maintaining the meaning of the original statement (Merriam & Tisdell, 2016). The initial coding process, also called *open coding*, involved labelling all potentially meaningful segments that could help to answer the research questions (Merriam & Tisdell, 2016). The next step, or *analytical coding*, required I

organize the codes from the first interview into tentative categories by looking for and interpreting recurring themes in the codes (Merriam & Tisdell, 2016).

I repeated the process of segmenting and coding for the second interview and compared the potential categories from the first interview to determine if the categories were present in the second interview. Categories were revised with information and codes from the second interview. This process was repeated across all interviews, testing the categories from the previous interviews against each following interview. Categories were revised and codes reorganized until I was able to identify categories present across all interviews. This method is primarily inductive by allowing themes to emerge from the interviews, but it is also comparative, and deductive by comparing categories and themes across interviews and to existing literature (Merriam & Tisdell, 2016).

Throughout the process of data analysis, the original research questions were revised through consultation with my supervisor as categories emerged from the data. Research questions originally focused on hope, resiliency and empathy. Although the stories the participants described were stories of resiliency, the focus of their responses were more relevant to the impact of the events and how hope was fostered for the community. To be congruent with the focus of the participants and the categories that emerged, the main research question was refined to 1) How did significant local (Edmonton) and national (Canada) historical events impact the local and national LGBTQ+ community? The supplementary research questions were finalized as: 2) What did these events mean for the LGBTQ+ local (Edmonton) and national (Canada) community at the time? and 3) What did these events mean for fostering hope for the LGBTQ+ local (Edmonton) and national (Canada) community?

Ethical Considerations

Ethical approval for this study was obtained through the University of Alberta ethics board (Pro00068243). Participants were informed of the study objectives and signed a consent form prior to participating in the study. During the consent process, participants were informed that they would be able to provide feedback on their transcripts and that they could withdraw their consent to participate before approving their transcript. After reading the consent form, participants were encouraged to ask questions at any point during the study. To reduce the likeliness of participants feeling coerced into participating, they were not offered compensation for participating.

During the consent process, participants could decide whether they wanted their names used in the study's findings, or if they would prefer to remain anonymous. All participants agreed to have their names used in scholarly findings. Participant names were included to provide credibility of their responses and to highlight the participants' substantial contributions to LGBTQ+ advocacy. Interview quotes containing identifying information about people other than the participants were not included in the results to protect the confidentiality of the named persons.

Participants were asked to describe events that may have been emotionally difficult to reflect on. The risks of harm to the participants were mitigated in a number of ways. Participation in the study was voluntary, and participants were informed of the nature of the study before agreeing to participate. During the consent process, participants were informed they could refuse to answer questions if they felt uncomfortable. The semi-structured and informal nature of the interview allowed for participant accounts to be guided by the information the participant provided. Being established professionals and advocates of LGBTQ+ rights, it is unlikely the requested information would be unduly difficult for them to discuss.

Establishment of Quality

Terminology related to establishing quality in qualitative research is often different than traditional positivist terminology referring to reliability and validity (Merriam & Tisdell, 2016, p. 242). From this perspective, it is more consistent with a constructionist paradigm to discuss the rigor of a qualitative study (Merriam & Tisdell, 2016). Rigor, by this definition, focuses on concerns related to “internal validity, reliability, and external validity—or what Lincoln and Guba (1985) call credibility, consistency/ dependability, and transferability” (Merriam & Tisdell, 2016, p. 242). The traditional definitions of reliability and validity may be problematic given the assumptions of qualitative research that the researcher influences findings and based on a social world that is “in flux, multifaceted, and highly contextual” (Merriam & Tisdell, 2016, p. 251).

Credibility & Consistency. Internal validity is often described in quantitative research as answering “the question of how research findings match reality” (Merriam & Tisdell, 2016, p. 242). Similarly, the term *reliability* is typically used in quantitative studies that assume “there is a single reality and that studying it repeatedly will yield the same results” (Merriam & Tisdell, 2016, p. 250). Given the constructionist assumption that reality is individually constructed and variable, Merriam and Tisdell (2016) explain how credibility may be a more appropriate term to describe internal validity, meaning, “are the findings credible given the data presented?” (Merriam & Tisdell, 2016, p. 242). As opposed to using the traditional definition for reliability, which is also inconsistent with the philosophical assumptions of the constructionist approach, the term *consistency* is used to describe “whether the results are consistent with the data collected” (Merriam & Tisdell, 2016, p. 251).

Based on these definitions, both credibility and consistency are dependent on the quality of the data collected. To help ensure the data accurately represented what the participants

intended to say, participants were given an opportunity to review and provide feedback on their transcripts. Participant feedback helped ensure the accuracy of the transcription and gave participants an opportunity to redact information they did not want to be used in the study. All seven participants were given the opportunity to review their transcripts, and six participants sent feedback and corrections.

Triangulation was used to support the credibility and consistency of the findings. Triangulation involves using multiple data sources, methods, or multiple investigators to corroborate evidence from different sources (Creswell, 2013). Triangulation for the present study relied on various data sources and the input of multiple investigators on theme development. Through consultation of archival evidence and photos, I was able to use these additional data sources to provide context and deepen my understanding of the participants' experiences. Categories were also corroborated with existing literature to see how the findings compared to existing theories on LGBTQ+ individuals (see Meyer, 2013), group-based emotions (see Goldenberg et al., 2015), and minority stress theory (Meyer, 2013). In addition to corroborating different data sources, I regularly discussed emerging themes with my supervisor to bring awareness to potential biases and to compare our individual interpretations of the data.

Another strategy to promote credibility is ensuring collection of enough data to provide rich descriptions of the phenomenon in question (Merriam & Tisdell, 2016). Saturation (i.e., hearing repeated information across sources) suggests that no new information would significantly change the findings and may indicate that there has been adequate data collection (Merriam & Tisdell, 2016). Saturation was reached thematically, as participants mentioned many of the same events and experiences, and also in terms of sampling, as participants recommended contacting the same potential participants.

Further supporting the credibility of my findings, I was reflexive by attending to my influence on the research process as well as how the research process affected me (Merriam & Tisdell, 2016). The statement of my biases and experiences that may have informed my interpretation are made clear and were documented throughout the research process by keeping a research journal. Recording my thoughts, emotional reactions and reflections throughout the research process allowed me to be cognizant of how these factors may have influenced my interpretation.

Replicability is traditionally associated with reliability in positivistic research (Merriam & Tisdell, 2016). Maintaining the perspective that interpretations are varied and influenced by the interpreter's unique perspective, it is unlikely that the exact results would be replicated if there were a different interpreter. Focusing on consistency, I maintained a detailed audit trail of decisions made throughout the research process. Along with my research journal, the audit trail helps to explain how I arrived at the results.

Transferability. The term *external validity* is commonly used in positivistic research to describe how research findings can be generalized to other situations (Merriam & Tisdell, 2016, p. 253). As opposed to attempting to discover what is true of many, qualitative research specifically uses "a small, nonrandom, purposeful sample" to help understand the phenomenon in depth (Merriam & Tisdell, 2016, p. 254). Therefore, a more appropriate term to describe how results can be applied beyond the research study is transferability (Merriam & Tisdell, 2016). From this perspective, the researcher's role is to provide a rich enough description of the findings for the reader to determine if the results are applicable to their situation (Merriam & Tisdell, 2016, p. 254). Providing a rich description of the findings is facilitated through quotes from participants, including descriptions of the context from which their experiences are derived.

Including variation in the sample during participant recruitment can help to increase transferability by increasing the range of potential applications to other situations (Merriam & Tisdell, 2016, p. 257). To increase the heterogeneity of the sample, participants were asked to recommend female and transgender participants, as well as participants from ethnic minority groups that met the criteria for being interviewed. Participants were varied based on their sexual orientation, sex, and professions, and in the kinds of contributions they made through their advocacy. As data collection continued, participants were prioritized for recruitment based on their ability to provide a description from different perspectives.

Chapter Four: Findings

Three main categories emerged from the data across all participants. Although all the categories were related to the meaning of the significant historical events they described, the first two categories answer the research questions: How did significant local (Edmonton) and national (Canada) historical events impact the local and national LGBTQ+ community? And what did these events mean for the LGBTQ+ local (Edmonton) and national (Canada) community at the time? These categories were *internalization of societal views* and *fostering safety and acceptance by creating a sense of community*. The third category answers the research question: What did these events mean for fostering hope for the LGBTQ+ local (Edmonton) and national (Canada) community? This category, *sources of inspiration for initiating change*, describes how observations of change increased feelings of hope. Each of the categories includes codes from each interview. See Table 1 below for a list of categories and subcategories. Participant quotes were edited to remove grammatical errors and to make the statements more concise while maintaining the original meaning of their statements.

Table 1

List of Categories and Subcategories

Categories	Subcategories
Internalization of Societal Views	Media and Language Hiding and Secrecy
Fostering Safety and Acceptance by Creating a Sense of Community	Finding Each Other Creating Safe Places Community Support
Sources of Inspiration for Initiating Change	Responding to Injustice Observing Change Inspiration from Role Models

Category One: Internalization of Societal Views

A common theme across participants was how events contributed to the broadcasting of negative societal views about the LGBTQ+ population. Further describing the impact of societal views, the first subcategory, *media and language*, illustrates how heteronormative views uniquely impacted all participants through the portrayal of these views through media, language, and direct acts of discrimination. The second subcategory, *hiding and secrecy*, represents the impact of living in secrecy and how societal views contributed to people feeling like they needed to hide. This category also describes how participants were still impacted by events, even if they were secretive about their sexual orientation. Some participants provided stories of being “in the closet” or “closeted,” which refers to not being open about their sexual orientation to others. Other participants’ stories did not include this same perspective, as some of them started their narratives at a time that they were already open about their sexual orientation. Emotional reactions to societal views were independent of whether participants were openly gay or lesbian at the time of the events.

Generally, this category can be understood based on a quote by Julie where she stated:

That in and of itself to me is a fascinating journey of our own internalized homophobia and how that is created, magnified and perpetuated by the opinions of the larger society. It was a majoritarian view then, and now it's much less so, but my own journey is not disconnected from society's journey (Julie Lloyd,).

Media and language. In addition to direct attacks, societal views of the LGBTQ+ were perpetuated in the media through news articles and magazines. All participants described the prevalence of these views and how they were impacted by them. Darrin explains how he learnt about the LGBTQ+ community from heterosexist media sources, as they were more readily available than the emerging LGBTQ+ media sources. Related to how the LGBTQ+ community

was presented in the media, participants discussed the significance of the language used to describe the LGBTQ+ community.

For example, Darrin explained how language:

affects our version of how we see ourselves, and in addition to affecting how straight people look at us, it affects how we look at ourselves.... And so when the language is 'pervert', right away, there, we're at a loss. We've lost that battle. Because...they're having the editor's projection voiced upon us, for instance, the *New York Times* refusing to stop using the word 'homosexual' kept us, kept it about being about our sex lives that entire time. When in reality, we're talking about AIDS through that decade, we're talking about human rights (Darrin).

Participants described how in the past the views of the LGBTQ+ endorsed by the general public were “dark” (Darrin, p. 48) and “people believed that being a homosexual was such a vile, horrible thing” (Lorne, p. 18). A particular event mentioned by six participants was the *Vriend v. Alberta* (1998) trial which led to an influx of media coverage of LGBTQ+ rights development. The *Vriend v. Alberta* case began in Alberta when Delwin Vriend was fired from his teaching position for being gay. The Alberta government refused to acknowledge his firing as discriminatory, and with the help of Edmonton community members, Vriend challenged Alberta's decision at the Supreme Court. The Supreme Court voted in favor of Vriend. Following this decision, there was a surge of discriminatory views of LGBTQ+ people broadcasted in the media, and three participants, Michael, Murry, and Liz all described receiving hate mail.

Murray Billett described his experience:

It was more than unhappy... people were angry. Michael Phair and I both had hate mail, Michael received death threats. It was a very troubling time. It was a very difficult time. I was a single parent and I would scoot home quickly after work because I didn't want my kids to find the mail because I wasn't sure what was gonna show up in the mailbox and my kids were teenagers at that time, and they knew well they got raised by their two dads, so the gay thing wasn't a big deal to them. But, as a parent nobody wants to have their children impacted by that level of vitriol and that level of hate (Murray).

Hiding and secrecy. In some cases, societal views of LGBTQ+ people made participants feel the need to hide their sexual orientation. As Brad described, “Coming out in Edmonton Alberta in 1977 even going to a gay bar was an act of extreme defiance at the time” (Brad). Liz was surprised that even an organization intended for lesbians was “closeted” to the general population at the time. Lorne explained how few people he knew were openly gay “for fear of what repercussions would be,” and he thought he could potentially lose his job if people knew (Lorne).

Murray’s fears were directly linked to societal views as he described:

I was afraid for my career, I was afraid for my marriage, I was afraid for my children. I didn’t want to be ‘one of those’ because of all the social condemnation and *those* people and *that* fag and all of the rhetoric that went with it... I saw what was going on in our world and how gay people were treated. HIV AIDS was breaking out and the media, the church, and our world was saying, ‘this is your disease, this is your fault, you’re dying because you deserve it’ (Murray).

Participants who were openly gay or lesbian were often targets of discrimination, but participants who were not open about their sexual orientation were not completely protected

from the impact of this discrimination. Lorne explains how even though he was not openly gay, he was still impacted by instances of heterosexism and how he “kept thinking that was insult to the people who were like [him]” (Lorne). For those participants who discussed hiding their sexual orientation, they described the personal cost of this decision.

Julie described the personal cost of not being openly lesbian at the onset of her legal career. She recounted:

The thing that I didn't see coming was how corrosive that seemingly benign decision would turn out... I had this non-disclosure turned into a misidentification then that became a misrepresentation then quite quickly became a lie and became a secret. The tumble down from that simple little decision, 'that's not relevant, I'll just live my life and practice my career,' just became this rather colossal... problem. Once it's a lie, I have something to hide. Then I feel like I'm some kind of criminal and I'm afraid someone is going to find out. That became unsustainable (Julie).

Darrin describes how he felt like he had no choice but to be openly gay due to the personal cost associated with having to hide his sexual orientation. He explained:

I had it lucky in so many ways because I was foolhardy enough, arrogant enough, or brash enough to just dive in without any thought of my future. 'Cause frankly, I didn't care if I had a future. If I couldn't be free, I didn't want a future. So, for me, there was only one way to go, which was into the freedom of it (Darrin).

Murray described the significance of being able to be openly gay and how doing so can impact others. He stated:

I default to what I've said and will always say: discrimination hinders coming out and coming out hinders discrimination. I watched it happen before my very eyes because I

made a conscious decision when I moved to Edmonton that I'm not going to be in the closet any longer. It is the other person's problem, not mine (Murray).

Category Two: Fostering Safety and Acceptance by Creating a Sense of Community

Participants described how they were able to create spaces and groups that helped them feel safe in a society where it was unlikely they could feel safe in other settings. The first subcategory, *finding each other*, describes how despite the generally hostile environment, community members found ways of secretly communicating and meeting each other. The second subcategory, *creating safe spaces*, includes varied descriptions of safe places that offered reprieve from the predominant discrimination and heterosexism. These places were sometimes physical locations like bars, coffee shops, medical clinics, or bookstores but other times the safe places may have been a safe person to consult with within the legal system. The third subcategory, *community support*, illustrates how LGBTQ+ individuals and allies came together to support the LGBTQ+ community during difficult times.

Finding each other. Participants explained how LGBTQ+ individuals found codified ways of communicating with each other to find safe places to meet. Darrin and Liz both described the difficult process of finding other community members before the internet, as well as maintaining secrecy and safety. Darrin said, "It was interesting because downtown Edmonton was like this treasure hunt, this map of clues. How do you find the gay bar? There's no internet, it's not in the phone book, how do you find that stuff out?" (Darrin). Liz explained the "underground" nature of finding people before the internet, "If you wanted to meet women before Google you asked around and hinted and eventually you'd find the name of a lesbian organization. Somehow, you'd find out the meeting, and then it would go from there" (Liz).

There were no legitimate gay bars before the decriminalization of homosexuality in 1969, but the LGBTQ+ community still found ways of meeting each other. As Murray described, “People would kind of organize themselves and, by virtue of [their] presence, would make a bar gay one night” (Murray).

Other community meetings occurred in hotels but notably, these gathering places:

were places you had to discover, they were places you had to ferret out through various clues and things around town because nobody was talking about them out in the open but every queer person or person who wanted to have queer sex knew about them and you had to negotiate getting into them, and it was a very scary thing to do (Brad).

Eluding to the process of being able to find other gay men, Darrin explained:

I learned how to find gay men really fast, and one of the things that you would always do is go into a big hotel and check for graffiti in the bathroom....The presence of the graffiti would let you know whether or not there were actually guys hanging out there on occasion and then you’d have to learn to just kind of make eye contact to find them (Darrin).

These hotel gatherings were places “where the gay community, quietly and discreetly checked each other out and were able to gather” (Darrin).

Brad described these hotel gathering places as:

there was sort of one corner where the gay guys hung out. No one ever talked about it but it was assumed that people knew who these guys were. They weren’t dancing together or necking or anything. They might be dancing on the edge of the dance floor almost like they were together (Brad).

These clubs and gathering places were not advertised or obvious, even after the legitimate gay bars opened. As Lorne explained, “I mean, again, everything was done a little bit illicitly, you know, bathhouses where the entrance was down a back alley, and the gay clubs were all not advertised as such” (Lorne).

Creating safe places. There were many attempts to create a sense of community and safe places. Participants mentioned cafes and bars that would allow for people to safely meet. These locations were significant for a couple reasons. First, they provided a stark contrast to the pervasive heterosexism prevalent in the majority culture at the time, and second, they helped reduce isolation. As Darrin described, “those moments were pivotal in terms of just realizing that [he] wasn’t the only one” (Darrin).

A specific example of a safe place mentioned by participants was “a feminist bookstore ... that carried a lot of books of interest around social action and political action which was one of the few places in town that actually had a gay and lesbian section” (Liz). This bookstore offered a place where people could ask for literature without judgment. As a psychiatrist, Lorne created a clinic and a group to help create a safe and accepting environment for transgender people seeking medical support. He explained how due to the stigmatization transgender people experienced in other clinics, “they would come to the clinic expecting that [staff] were gonna be rude or standoffish, but word got around that it was a comfortable place” due to the open and accepting nature of the staff at the clinic (Lorne). As part of his work through this clinic, Lorne explained how he created a support group for transgender people to “enhance a sense of community of trans people in Edmonton because before it was very scattered” (Lorne). Brad discussed the impact of attending a gay bar and illustrates the significance and exceptionality of a gay bar at the time. He stated:

I think almost every gay person who walked into Flashback would say something to the effect of: ‘before I got there I never knew how many of us there were’, ‘before I got there I never felt like I had a place where I fit in’, ‘before I got there I felt like I would never meet anyone like me’. I mean, we all felt that immediate thing. It wasn't like there were GSAs in schools, gay youth events or anything going on, there was nothing. If you wanted something, basically people would kill you. So, the idea of having a place like this where you would be welcome and you would be safe was transformative, I think, for most of these people” (Brad).

Darrin also described the impact of these safe places, relating to how these places provided a unique experience from what he felt in other places. He said:

As scary as it is to walk into those places for the first time, once you walk into those places for the first time you're changed forever. Because once you feel safe, you know what that feels like for the first time. And there's no way of, you know, for me walking into a gay bar for the first time—that's the first time that I was literally making a proclamation just by stepping into a building (Darrin).

Community support. Another meaningful experience relating to fostering a sense of community was how LGBTQ+ community members and allies banded together to support the LGBTQ+ community. Liz described how when members of a gay and lesbian organization learnt about the wrongful firing of Delwin Vriend, they said to Vriend, “Well, we won't abandon you, and we don't know what's gonna be needed, but we'll just do whatever's needed to look after this” (Liz). Rallies to support Vriend led to the first Pride parades in Edmonton and both Liz and Michael recall their experiences of seeing people showing up to the parade grounds. The events helped bring people together to support each other. Michael Phair and Elizabeth Massiah both

described their reactions to seeing actual support during the initial Pride parade. Liz explained, “I remember being at the parade ground and saying to Michael, ‘God, I sure hope somebody comes, after all this work.’ And looked up and there were probably a couple hundred people there in 1983. That was pretty amazing” (Liz,).

The community support expanded beyond the LGBTQ+ community and participants described what it meant to see other people standing up for the LGBTQ+ community. Julie recalled the impact of seeing other minority groups standing up for the LGBTQ+ community during the Vriend decision:

But actually watching one after another, after another of these interveners coming up and saying we’re standing shoulder to shoulder with the GLBT community. And it was there...a lot of gay people in the room, it was so moving to see that this little motley crew, this historically reviled [group] were finally being brought into the room (Julie).

Murray remembered the diversity of the people providing support during the Vriend decision: “It wasn’t just queer people, it was our supporters, our allies, our families, and those were really... important salient times where people realized... we’re not the only gay in the village here” (Murray).

Category Three: Sources of Inspiration for Initiating Change

The last category is related to what events meant for hope for community members. When participants were asked about hope, a commonality across their responses were descriptions of their inspirations for change and their experiences of witnessing change. Participants mentioned different events as being catalysts for change but there were patterns across participants’ responses. The first subcategory, *responding to injustice*, describes how the community had a felt sense of injustice which motivated people initiate change for the

community. This first component can be understood as how during the ongoing heterosexism and discrimination particular events lead to a feeling that “a line had been crossed” which led to the community fighting back (Darrin). The second subcategory, *observing change*, shows how witnessing change occurring increased hope and motivated people to contribute to the change. The final subcategory, *inspiration from role models*, explains how LGBTQ+ role models gave people permission to be themselves and, in some cases, led to people being inspired to get involved. Overall, this category highlights motifs of “light rising out of darkness” and illustrates how “hope spreads” (Liz).

Responding to injustice. A significant event described by participants was the Pisces Health Spa police raid. At this time, homosexuality was decriminalized but gay men were still meeting each other in discrete places, as many of them were still hiding the fact that they were gay. In Edmonton one of these places was a bathhouse, the Pisces Health Spa. In 1981, police officers raided the bathhouse and published the names of the men found in attendance in the media. Participants mentioned this event as being “a supreme injustice” (Lorne).

Brad described what made the Bathhouse raid so devastating. He stated:

Part of the absolute devastation that came with the Bathhouse raids was that it would have been the same as if someone had raided Flashback (a gay-friendly club) and had rounded everybody up, that this space that we had been led to believe was private and was safe and was ours and we would not be judged or not be hurt while we were there...that all exploded when the cops raided the Bathhouse (Brad).

The bathhouse raid was discriminatory because, as Murray explained:

During that same time frame if you were a straight man and you got picked up by the police for paying a prostitute on the street for sex, your name wouldn't be in the paper.

When they did this sting operation in the park, they published the name of every man that was arrested and we still don't know today but I do believe it to be true that one of the guys killed himself (Murray).

Participants also mentioned how it made people realize that hiding was no longer safe and they needed to work towards tolerance and acceptance. As Michael described, "It eventually led to a number of organizations in the city being much more open about being a gay and lesbian organization. The notion of hiding started to fade with that because that didn't seem to work" (Michael).

The bathhouse raid, along with the *Vriend v. Alberta* case are two specific examples that provided motivation for activism. Liz described this push towards activism: "We saw the need and then and responded to it" (Liz). An example of the community responding to discrimination and injustice was the initiation of the pride parades. Michael explained the purpose of the initial parades: "The first parades were in Whyte Avenue....They were rallies about achieving human rights and changing the Alberta Human Rights Act to include sexual orientation.... The notion was to attract attention to the fact that gays and lesbians were discriminated against" (Michael).

Responding to injustice was not always done on a political level and were also observed on a social level.

In one such example, Brad explained the progression towards gay men dressing as hypermasculine:

I understand why it happened because gay men were tired of being treated as something less than men and there were a whole contingent of us who went 'okay, I can be a man on your terms and I can be a *better* man on your terms and *still* be a gay man' and so the whole obsession was muscles and masculinity and that whole thing happened, which was

a mixed blessing but was, I think, an important part of our development in seeing ourselves as warriors, rather than victims (Brad).

This quote helps illustrate another important component of this category, which involves a perspective shift. In many cases this observed shift was notable after people recognized they could no longer tolerate the discriminatory ways they were being treated.

Participants described how it was not only the LGBTQ+ community who responded to the discrimination. During the Delwin Vriend case, people started calling Michael's office in response to the hate mail to show support by saying, "Good, somebody needs to stand up" (Michael). Julie described how even the Premier, who was originally opposed to the Supreme Court ruling in favor of Vriend, said something to the effect of, "'You guys are scaring me. I'm not going to use this notwithstanding clause because what I've been hearing has convinced me that gay and lesbians do need to be protected under human rights laws, because you guys are nuts!'" (Julie).

Observing change. After the recognition of the need for change, participants described how there were observable changes in society's perspectives. These perspective changes inspired people that change would be possible. As views changed, people felt like they could fight back which gave them more hope. A specific example articulating how societal views changed is Murray describing the national impact following the Vriend decision. Murray stated, "So that really changed the complexion of not just Alberta, but it changed the landscape in Canada because now the rest of the country is on board and that's as a result of one gay teacher getting fired" (Murray). Julie explains how prior to the Vriend decision there were discussions "about whether gay and lesbian people ought to be able to participate in society on an on an equal basis at all. Whether you can fire them or kick them out of a place because they were gay" (Julie).

Julie then described how perspectives were changing. She explained, “By the time I came along that discussion was well under way, but I could tell that it was shifting” (Julie).

Participants described the personal impact of “watching the world change” (Julie). Liz described her reaction during a mandatory work training when she saw the Canadian Forces acknowledging the new legal protection for sexual minority individuals.

She said:

I got tears in my eyes, cause up on the screen flashed, ‘the Canadian Forces does not discriminate’ and then and there was sexual orientation. People couldn’t understand why I had tears running down my face. You have no idea how many potato salads and potluck suppers or the stuff that that took (Liz).

Julie recounted her experience being in the courtroom during the Vriend decision: “I was witness to an absolutely magnificent thing that that happened in this country and so I’ve just been sort of grooving off that for like my whole life” (Julie). Darrin echoed this sentiment when discussing observing change and advocacy: “You know just watching it happen, I didn’t even have to be a part of it and I was a part of it” (Darrin).

Participants described a trend showing how when change started happening, changes increased in momentum. This increase in momentum gave people more hope and inspired them to get involved. Murray described how he saw political involvement moving from provincial to federal and provinces started changing their legislation, “and then the dominos slowly started to fall” (Murray). He said, “When I saw that, I made a commitment to myself that you have to start to get more and more involved” (Murray).

Julie also explained this “domino effect”:

It was a complete surprise to me how quickly things started to change once they started to change a little bit, I mean once we got Vriend—okay you can't discriminate against people on the basis of sexual orientation. As things moved forward, well if you can't discriminate against an individual you can't really discriminate against couples either. Even though it might seem self-evident now, it wasn't then. We weren't sure what it would look like. Once the laws started to change to include same-sex couples, then and then only then was same-sex marriage obvious (Julie).

Liz articulated how witnessing change gave people more hope. She said, "I think that every time something changes there's more hope. Every time somebody speaks, there's more hope" (Liz). She further demonstrated this point by quoting, "Adrienne Rich, the radical feminist" who said, "whenever a woman tells the truth about herself, she creates more space for truth around her" (Liz). Liz's statement leads into the next component of this category which relates to how seeing LGBTQ+ role models inspired others and made people more hopeful.

Inspiration from role models. Contributing to the significance of role models, Murray explained:

You don't know the difference you're making by virtue of the fact that you're an out gay guy and you're front of the class or I'm at the front of the class as an out gay person.

There might be that person in your classroom going, 'well if that old guy can do it or if that young guy can do it, maybe someday I can.' ... I think hope is important so they can see role models, and that's an integral part of what our society continues to do (Murray).

Julie provided another example of how having openly LGBTQ+ individuals in appointed positions provides evidence for the change in society's views and how this can inspire others. She explained:

Now when we have openly gay and lesbian people in appointed positions, it reflects that society is getting to a place where it truly doesn't matter. It's more than just the talk and it's more than just the grudging, 'Oh I guess I don't have a problem with gay people.' Younger people can look around and say, 'Oh yeah, well there's judges.' You get to a point where the delegitimization of those discriminatory attitudes is so complete you have out gay and lesbian people *all over the place*, including some of the more rarified positions that are appointed by the Crown. It just seems like you can't go back from here at this point (Julie).

Participants provided examples of how significant it was for others to see people being openly gay or lesbian. Liz described an incident at an event where many of the women were still "closeted" and she was an "out lesbian" (Liz). She said a woman came up to her "and whispered, 'Keep up the good work, Liz. It matters.' But, nobody knew [this woman] was a lesbian" (Liz). Darrin told a similar story demonstrating the impact people being openly gay or lesbian had on others. Darrin described how an old man came up to him and said, "I just wanted to thank you" (Darrin).

After confirming that Darrin and this man had never met, the man said:

'No. We've never met but I know exactly who you are and I've always taken note when I see your name in the paper and everything. I just wanted you to know that I was at the entrance to the alley to Flashback almost every weekend for my whole life and I never had the courage to step inside' (Darrin).

Darrin's example provides support for the idea mentioned throughout the interviews that it is impossible to know how people are impacted because some people may not openly admit their belonging to the LGBTQ+ community.

Murray explained the uncertainty of the true impact of these events:

I think it had tremendous impact in ways that we will never understand. When that closeted father read the headlines, saw the cartoons, saw a letter to the editor, then a mother knew her son or daughter was gay and saw other people standing up for them, that had a tremendous impact (Murray).

Summary

Overall, all categories demonstrate how the LGBTQ+ community was able to demonstrate resiliency, foster hope and contribute to activism to support LGBTQ+ rights development. The categories illustrate how, despite facing adversity, people were able to support each other and initiate change against injustice. A significant component across themes was how people were impacted by events even if they were not directly involved in the events. Relatedly, even when participants were not openly gay or lesbian, they were still impacted by these events. These categories highlight the importance of media portrayals of a community, the significance of community support, and the impact of creating safe places.

Chapter Five: Discussion

The findings from this basic qualitative study fit within the current research on older sexual minority individuals, group-based emotions, and minority stress theory. Through exploring the perspectives of a unique sample of participants, this study offers new insight into these areas. In the following chapter, I will first discuss how the themes in this study relate to the literature, describe the study limitations, discuss the implications for clinicians, and then make suggestions for future research directions.

Internalization of Societal Views

Participants described how their views about themselves were influenced by the views portrayed about their group in the media and through language. Other studies have found sexual minority individuals receive heterosexist information from media sources (Calzo & Ward, 2009), and microaggression research articulates the importance of using inclusive language (Shelton & Delgado-Romero, 2011). Some participants explicitly described their experiences of “internalized homophobia.” The participant descriptions fit components of Plummer’s (1995) definition of internalized homophobia, including feelings of shame and feeling different. This theme speaks to the existing research on internalized homophobia, secrecy, and shame, while directly relating these experiences to media coverage and societal views.

Participants also described how societal views prevented them from feeling as though they could be open about their sexual orientation. Participants described the costs associated with concealment of their sexual orientation, which is consistent with other findings in the literature on coming out (Allen & Oleson, 1999; Jordan & Deluty, 1998; Halpin & Allen, 2004). In the present study’s findings, participants directly related how societal views impacted their unwillingness to be open about their sexual orientation. More specifically, the participant

descriptions speak to the secrecy that participants required to protect themselves and how difficult it was to maintain their secret identities. Research on concealment of one's sexual identity consistently shows the negative impacts associated with hiding one's sexual orientation (Allen & Oleson, 1999; Jordan & Deluty, 1998; Vaughan & Waehler, 2010). The present study shows the negative impact of concealment of sexual orientation, as well as connects the feelings of needing to hide with societal views of sexual orientation.

Studying the LGBTQ+ population demonstrates a complex interaction between concealment of one's sexual orientation and self-categorization. According to Goldenberg and colleagues' (2015) group-based emotion regulation conceptualization, individuals can change their self-categorization to help regulate their emotions. This strategy can be complex with sexual minority individuals when the strategy of attempting to change self-categorization can also involve concealment of one's sexual orientation.

It is important to note the distinction between self-categorizing internally and outwardly identifying. A person may internally identify as belonging to a group, or in this case, being gay or lesbian, but may not outwardly identify this to others. Meyer (2013) distinguishes stressors as being either distal or proximal. This distinction explains how not being open about one's sexual orientation may protect the individual from some, but not all stressors. Meyer (2013) describes *distal stressors* as being objective and independent of a person's perceptions. Distal stressors are related to how other people treat someone based on how others perceive them (Meyer, 2013). A distal stressor could be a person being treated differently by coworkers based on their coworkers assuming their sexual orientation (Meyer, 2013). For example, if a person treats a woman poorly because they assumed a woman was lesbian, the woman would experience a distal stressor, which is independent of her actual sexual orientation (Meyer, 2013). Conversely, Meyer (2013)

defines *proximal stressors* as more subjective and related to an individual's perception of events and their self-identity. Proximal stressors are stressors that are dependent on the individual's self-identification as being a sexual minority (Meyer, 2013). Examples of proximal stressors include individuals feeling like they need to conceal their sexual orientation from others, being hypervigilant in their reactions to others, or internalizing societal stigma (Meyer, 2013). Proximal stressors are more closely related to Goldenberg and colleagues' (2015) conceptualization of how self-identified belonging to a group (openly or concealed) impacts a person's emotional reactions to events related to their group.

Consistent with Meyer's (2013) theory, concealment of sexual orientation may protect people from distal stressors by protecting them from having other people treat them differently. Concealing sexual orientation, however, is a proximal stressor related to interpretations of stressors and self-categorization. Meyer describes concealment of one's sexual orientation as being a proximal stressor due to the impact it can have on a person, internally (Meyer, 2013). Similar to these theories, in the present study, participants described being impacted by events involving their self-identified group but by not being open about their sexual orientation, they were not able to benefit from group resources. Participants described feeling shame about hiding who they were, illustrating the impact of the proximal stressor due to the concealment of their sexual orientation (Meyer, 2013). The findings in this study show how for these participants, attempts to conceal their orientation had negative outcomes and they were still impacted by events happening to the LGBTQ+ community.

Fostering Safety and Acceptance by Creating a Sense of Community

Meyer (2013) describes how having safe places can help sexual minority individuals get support and learn coping skills to help face minority stressors. This is consistent with how the

participants described the significance of having safe spaces. In Meyer's (2013) theory, these spaces may contribute to positive emotions and acceptance and may also help people develop strengths (Meyer, 2013). Given the positive impact of these spaces, they may help to reduce the risk of psychological stress (Meyer, 2013). From Goldenberg and colleagues' (2015) theory, safe spaces could be thought of as avenues through which people could instill positive emotions in other group members. The positive emotions associated with being in these spaces may contribute to individuals selecting these spaces as an emotion regulation strategy to foster positive emotions in themselves (Goldenberg et al., 2015). These spaces and events like the pride parade described by participants can also be seen as opportunities for group-based emotion regulation where these events help to instill positive emotions in group members to help motivate people towards the group's goals (Goldenberg et al., 2015). The participants discussed how safe spaces helped to reduce isolation and lead to people feeling accepted by others. Since all the participants mentioned safe spaces and have demonstrated resiliency at being able to cope with stressors, it is possible that these safe spaces contributed to their success. In times where people felt unsafe or discriminated against, safe places helped them to feel more accepted by being around supportive people and other community members.

For the present study, participants described actively creating and finding these safe spaces. They discussed how these places were significant for feeling accepted and reducing isolation. These accounts provide a unique perspective on how people were able to find each other, despite being forced to hide and during a time where they could not connect with others through the internet or social media. They described codified ways of communicating that allowed for community members to find each other while still remaining secret from the majority culture. How community members supported each other is similar to Meyer's (2013)

conceptualization of group-based resources and speaks to the benefit of being involved with other group members. Furthermore, individuals can access group resources to deal with stigma by having a strong identification with their group (Ussher, 2009).

Sources of Inspiration for Initiating Change

Participants discussed how following a negative event like the Pisces Health Spa raid, they were motivated to initiate change. In the present study, participants described how as a result of the feelings, people were motivated to reduce these negative emotions. The reaction to initiate change following an event causing negative emotional reactions can potentially be explained by Goldenberg and colleagues' (2015) framework claiming negative emotional responses felt by the group can lead to collective action.

A significant source of hope for participants was seeing social change and being inspired by role models. This finding of feeling more hopeful based on seeing other group members succeed is consistent with group-based emotion regulation theory by demonstrating the impact of the shared positive emotion experience (Goldenberg et al., 2015). As society's views and laws were changing, people felt more hopeful and inspired. From the description of the participants, these positive emotions helped to motivate them to work towards change themselves, even if it meant having to manage negative emotions first, an example of an instrumental emotion regulation goal (Goldenberg et al., 2015).

Limitations

The initial interview protocol sought to answer a number of research questions. The interviews focused on the participants describing events that occurred for the purposes of being able to provide rich descriptions of these events for the original study. Participants were also asked to discuss the impact of the events and what the events meant for hope and resiliency, but

the multiple foci lead to parts of the interview data being relevant to one research question over the other. The analysis and methodology used for the present study involved finding a methodology that fit the existing data, which is not recommended from most qualitative perspectives as it can lead to difficulties with the research questions fitting the data and can compromise the richness of the analysis. To help ensure the method, data, and research questions were coherent, the research questions were modified throughout the research process.

The participants were recruited based on their significant presence as people involved in the rights development and time period. The purpose of the study was to provide a rich description of the accounts of a small and specific sample, not to generalize to the entire sexual minority population. Because the sample was specifically prominent members of the LGBTQ+ community and established professionals, the experiences of these individuals may be unique compared to the LGBTQ+ population at large. Although we sought to find participants who were influential towards the LGBTQ+ rights movement, some of the prominent people who fought for rights development are deceased, which further contributes to the specificity of the sample.

Participants were not asked about demographic information in their initial interviews. Although I did attempt to obtain demographic information after the original interviews, only two participants replied with their demographic information. Knowing participants' ages, self-identified ethnicities, and gender identities would have enabled more specific claims about the heterogeneity of the sample. The original intent of the research questions was to explore how events impacted the LGBTQ+ community. Based on the sample and known sample characteristics, the focus of this secondary analysis is on the sexual minority population rather than both sexual orientation and gender identity minority members of the LGBTQ+ community. Historically, the gay rights movement was the first to emerge for the LGBTQ+ community and

the rights movement for gender minority individuals has been more recent. Therefore, given the time period explored in the present study, the focus is predominately related to sexual minority rights development.

The credibility of these results may have benefited from a member check through follow-up interviews with participants (Merriam & Tisdell, 2016). A member check is one of the most substantial ways to promote credibility and would consist of enlisting participant feedback during the preliminary stages of theme development (Merriam & Tisdell, 2016). Completing a member check of themes could help to ensure the themes are presented in a way that is true to how the participants described their experiences (Merriam & Tisdell, 2016). With the low response rate in attempts to get demographic information from participants after their interviews, it is not feasible to expect the further commitment from the participants to provide feedback. One of the contributing factors to the low response rate may have been that a year had elapsed from the time the interviews were conducted by Dr. Harley and my follow up questions.

Implications for Counsellors

Safe spaces and language. As a profession, counselling psychology should help to promote counselling as gay-affirming, and counsellors should be aware of how the historical pathologizing of LGBTQ+ clients may make it difficult for people to access support (Kort, 2018). Although there have been significant legal changes in Canada, health care settings and institutions may still hold discriminatory beliefs and biases (Brotman et al., 2015). Furthermore, older sexual minority individuals would have lived through periods of time where these health and social systems openly reinforced heteronormative values and oppression (Brotman et al., 2015). These experiences forced many people to conceal their sexual orientation from mainstream society in order to survive (Brotman et al., 2015).

The participants described the significance of having safe spaces within a non-accepting culture, as well as how language and media negatively impacted them. The importance of safe spaces for LGBTQ+ clients reaffirms the significance of creating safe places in the counselling setting. Given that older sexual minority adults may be hesitant in coming out to counsellors or may not even seek help (Brotman et al., 2015, Cochran, Mays & Sullivan, 2003), it is especially important to try to dispel the negative assumptions about psychology for work with this population. Consistent with guidelines for multi-cultural counselling, Lytle and colleagues (2014) discuss the importance of having physical markers displaying LGBTQ+-affirming symbols such as rainbows and safe space markers. The participants described the impact of the language people use and this finding can also be applied to counselling: practitioners should be mindful of the language they use with LGBTQ+ clients. Some examples are that psychologists should be aware of current definitions of sexual orientation and gender identity, and be open to word or pronoun preferences of their clients (Fredriksen-Goldsen et al., 2014). Heteronormative assumptions, such as female clients being in relationships with men (and vice versa) should also be avoided, and gender-neutral pronouns used when the sex of romantic partners has not been disclosed by clients. Moreover, psychologists can make forms more inclusive by providing open-ended questions to allow clients to identify the preferred terms they would like to use to describe their sexual orientation or gender identity (Lytle et al., 2014). Lytle and colleagues (2014) explain how using inclusive language can help to support LGBTQ+ clients' strengths, including hope, and help to encourage the helping relationship is positive.

Cultural competency. Psychologists are mandated to practice from a culturally competent perspective (Truscott & Crook, 2013). To practice from a culturally competent perspective, psychologists should acknowledge their own biases and assumptions and recognize

how majority culture can impact the therapeutic relationship (Truscott & Crook, 2013). The present study emphasizes the importance of understanding the life experiences of unique members of a minority culture and provides insight on how the social context impacted individuals and how they were able to be resilient despite these challenges. Under the fourth principle in the *Canadian Code of Ethics for Psychologists*, psychologists should help to dispel harmful assumptions about a group that may impair the group members' functioning (Canadian Psychological Association, 2017). The present study helps to reinforce the idea more commonly seen in literature now that many older LGBTQ+ adults are resilient, despite the challenges they have faced.

The cultural competencies described by Fredriksen-Goldsen and colleagues (2014) emphasize the importance of the professional critically examining their own personal and professional attitudes related to sexual orientation, gender, and age while seeking to understand influences that may impair their ability to make ethical decisions. This involves analyzing how heteronormative assumptions may influence the therapeutic process (Fredriksen-Goldsen et al., 2014). The present study helps to reiterate the significance of the language used in majority culture and how it influences minority group members. They also emphasize the importance of professionals understanding and articulating the difficulties older LGBTQ+ adults, in particular, faced in their interactions with societies. Consistent with the core competency suggestions provided by Fredriksen-Goldsen and colleagues (2014), the present study provides more insight into the life experiences of older sexual minority individuals to help understand their struggles, as well as their resiliency.

Consistent with the APA guidelines (2012) for psychologists working with LGBTQ+ clients, these findings are also significant for developing understanding of sexual minority

individuals and their responses to experiences of stigma. The guidelines suggest exploring cohort differences for LGBTQ+ individuals by understanding the historical context of the individual's age cohort (APA, 2012). The findings provide insight into how older sexual minority individuals were able to manage these difficulties and maintain hope during their lifespan. By focusing on historical events, the results show the impact of these events on people that are old enough to have lived through them, events that would have not been directly experienced by younger sexual minority individuals. This study provides an opportunity to further understand the unique life experiences of this unique cohort of sexual minority individuals and particularly those who have managed to maintain their resiliency and participate in advocacy.

Instilling hope. In addition to exploring the resiliency of older sexual minority individuals, the present study explores how these individuals experienced hope in times of adversity. Instilling hope can be a positive factor within the counselling relationship (Snyder, Miichael, & Cheavens, 1999), but in maintaining culturally competent practice, it is likely that different people and groups would experience hope differently. The present study includes an exploration of hope in the context of social events to help understand how hope was maintained during challenging times. By understanding how hope fits within a social context for this unique group, we can seek to further understand how to bring conceptualizations of hope into the counselling relationship for diverse populations.

Budge (2014) describes the importance of using hope with LGBTQ+ clients and how an initial step can be acknowledging internalized shame as arising from external forces in society rather than being an inherent part of the individual. In the present study, participants directly related their internalization of negative views to societal views. Budge (2014) also recommends being careful to not invalidate the challenges of LGBTQ+ clients when trying to instill hope. The

results from the present study suggest that participants were able to experience hope by seeing other community members overcoming adversity and seeing role models. Related to how to foster hope in LGBTQ+ clients, Budge (2014) describes an intervention by providing examples of positive coming out stories of other LGBTQ+ people. Based on the accounts of the participants in the present study, this intervention may help show how other people with similar experiences had positive experiences. Participants also explain how by acknowledging the social changes that were happening, they began to feel more hopeful. It may be helpful to continue exploring social sources of hope and how these can be utilized in therapy when working with older LGBTQ+ clients who have likely witnessed significant social and legal changes.

Future Directions

Goldenberg and colleagues (2015) recommended more research be conducted examining the group emotion regulation processes across cultures. Although the present study provides some insight into group emotion regulation processes for the sexual minority population, more research could be done to apply this theory to sexual minority individuals. Continuing to explore group based emotion regulation with the LGBTQ+ community may help to provide insight into collective action and how advocates have been motivated to initiate change.

As opposed to focusing exclusively on challenges and negative outcomes for the sexual minority population, more research should explore how group members have been able to demonstrate resiliency. The present study explored how participants were able to infer meaning and hope from past events. From a life-course perspective, longitudinal research could be done with similar participants to explore how cohorts of the LGBTQ+ community were able to maintain hope while aging.

The present study sampled exceptional individuals who were prominent in initiating change for the LGBTQ+ community. The intent was exploratory and centered on the impact of events and what they meant for hope. With trends in the literature focusing more on resiliency in the LGBTQ+ community, more research could be done examining resiliency and hope from a qualitative perspective to get detailed accounts of what contributed to the resiliency, as opposed to looking solely at different outcomes. A qualitative approach focusing specifically on how community members were able to prevail during times of adversity could help to combine minority stress theories with positive psychology theories.

More research could be done on how these events impacted other community members and on the complex interaction of intersectional minority status. Fredriksen-Goldsen and colleagues (2014) explain how cultural competency requires clinicians to develop interventions and strategies that are tailored to their clients' unique needs given the influence of different life experiences and the intersectionality of different cultural factors. Additional studies including diverse samples could provide more insight into how other factors like gender identity/expression, ethnicity, and disability/ability status can influence hope in sexual minority individuals.

Conclusion

The current literature on older sexual minority individuals suggests there should be more research focusing on the resiliency demonstrated by LGBTQ+ individuals that enables them to cope with negative life experiences. Examining resiliency and hope in older sexual minority individuals may be especially relevant for positive psychology and cross-cultural counselling. The exploration from this study highlights the complex interaction of minority status, societal views, and hope. The study also shows how group-based emotional reactions can impact and

motivate individuals. This study focuses on prominent members of the LGBTQ+ community who helped initiate change and demonstrated resiliency through adversity. In further understanding how people are able to be resilient, we can learn how to foster resiliency in clients from diverse backgrounds while acknowledging their specific experiences in navigating a potentially stigmatizing society.

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Appendix A

Edmonton Queer History Project Biographies

The following biographies were assembled by Kayla Lucas, Brea McLaughlin and myself. Tony Ahn designed and formatted the biographies. All participants were given the opportunity to approve the content of their biographies, which were used for the Edmonton Queer History App.

EDMONTON QUEER HISTORY PROJECT

BIOGRAPHIES



Murray Billett



Murray Billett is a distinguished human rights activist, educator and advocate for the LGBTQ community [1]. He was a former director for GALA (Gay and Lesbian Awareness) and the former media spokesperson and advisor for the Delwin Vriend case [1,2,3]. His equality rights work really began in the mid 80s when he was Campaign Manager for Winnipeg's first gay councillor Glen Murray, who went on to become Mayor [2]. He also became involved as a national board member of Canadians for Equal Marriage and EGALE (Equality for gay and lesbians everywhere) [1,2]. Murray has also assisted with HIV/AIDS prevention and awareness through his work at the Village Clinic in Winnipeg, and as a board member and director for the Aids Network of Edmonton [2,3]. Additionally, Murray was heavily involved in the consecutive elections of Mr. Michael Phair for Edmonton's first gay City councillor [2]. He is a former member of the Edmonton Police Commission having served as Chair, Vice-Chair on Governance and Professional Standard committees, and has held the position of chair for the AAPG (Alberta Association of Police Governance) [1,2,4]. He has combined this passion of law enforcement with advocating within the LGBTQ community by leading the Edmonton Police Service Sexual and Gender Minority Liaison Committee, as the cofounder, in which he helped build trust with the city's LGBTQ community in the face of rising issues of trust and hate crimes [1,5].

Murray has also received numerous awards for his community involvement including the Queen's Diamond Jubilee Medal, the Alberta Centennial Gold Medal, and the Edmonton Pride Award, and has been honoured as a member of the Gay Edmonton Hall of Fame [1]. Murray affirms that his drive in the LGBTQ community comes from his

passion to bring a voice to those who are still coming out, the voice he denied himself until he was in his late 20s [2].

“...it was very important to me to bring the voice that other people didn't have. I was so very afraid to come out, the consequences I felt were insurmountable. Helping others understand that discrimination hinders coming out, yet coming out hinders discrimination is something we have to help others understand.

Living a life of deceit, denial, risk, regret, and obligation is really not necessary, living a fully honest, open and out life is a healthier choice.

We must continue to keep that kind of person in mind, by being tough on the problem and easy on the people with each other and within our diverse communities. After all the majority of us are in one or more minority group.”

Michael Phair



Michael Phair is a prominent community leader, educator, and human rights activist [1]. For over 30 years, Michael has been active within the Edmonton and Alberta LGBTQ community through involvement in organizations such as the Edmonton Pride Center, formally known as GATE (Gay Alliance Toward Equality), and GALA (Gay and Lesbian Awareness) [2]. GATE helped to start the first gay pride parades in Edmonton, where the first events took place in the 1980s [2]. GALA politically advocated for LGBTQ rights, and also started the first gay pride parades in 1990 and 1991. This work launched Michael into political advocacy. Notably, after the 1981 Edmonton Pisces Bathhouse raid, he was the Chair of the Privacy Defence Committee supporting those people charged in the raid [2]. Driven to help the marginalized, Michael founded the organization now called HIV Edmonton [1].

In 1992, Michael was elected an Edmonton city councillor, was the first openly gay politician in Alberta, and was one of the earliest openly gay elected officials in all of Canada [3,4]. Throughout his political career, he spearheaded initiatives on homelessness, housing and social policy, and developed a reputation as a hard-working councillor who put people first [5,6]. After five terms, he retired from the Edmonton City Council, and the University of Alberta launched a scholarship in his name for LGBTQ students [6,7].

Michael has had considerable influence on the Edmonton community, through elected office as well as acts of volunteerism and leadership [1]. In 2016, he was appointed as the new Chair of the University of Alberta Board of Governors [8]. In recognition of Michael's hard work and commitment

to advocacy, an Edmonton junior high school and downtown park were recently named in his honour [6].

“ Being treated like every other Albertan is something important for all of us.”

Brad Fraser



Brad Fraser is one of Canada's most renowned playwrights, having produced plays both in Canada and internationally [1]. Among his many talents, he is a director, actor, screenwriter, and talk show host [1,2]. Brad has developed an international reputation as being one of the first openly gay Canadian artists [2]. In Brad's fearlessness, he established this reputation during a time when going to a gay bar in Edmonton was seen as an act of defiance [2].

Often called the "bad boy" of Canadian theatre, Brad's plays notably include queer content, depictions of drug use, and violent scenes [3,4]. One of his most illustrious plays, *Unidentified Human Remains and the True Nature of Love*, had numerous productions around the world, featured gay characters, and acknowledged the AIDS epidemic [2,5]. Another play, *Poor Super Man*, featured a trans-character and portrayed the effect of the AIDS epidemic on the community [2]. For his work in theatre, Brad is a five-time winner of the Alberta Culture Playwriting Competition, two-time winner of the prestigious Chalmers Award, and recipient of many local and international awards [5].

A writer beyond the stage, Brad authored the very first feature cover story about gay material in comics for *The Body Politic*, one of Canada's first gay publications [2,6]. He also contributed to various international gay publications, and wrote/produced for Show Time's *Queer as Folk* [2,5]. Brad has used his artistic abilities to fearlessly convey important messages through art and media, raising awareness and impacting the community far beyond Edmonton, Alberta [2].

“ I really feel like I wanted, as a writer, to write about the people I wasn't seeing on the stage.”

Julie Lloyd



Julie Lloyd is a Provincial Court judge, who has strived to protect and advance the legal rights of Alberta's LGBTQ community [1]. As a lawyer, she spent her career working for equal rights for same-sex couples in family law, spousal support, and pension legislation [2,3,4,5].

Early in Julie's career, she self-edited details about her sexual orientation and experienced the discrimination brought on by inequalities within Alberta laws [2,3]. These experiences motivated her to give a legal voice to those who have been denied one [3,5]. During the early 1990s, the LGBTQ Edmonton community was not well-supported, and she realized the legislature was not inclusive for same-sex couples [2,3]. Julie has worked tirelessly as an advocate through her role as a lawyer and has challenged Alberta laws to be inclusive of LGBTQ community members [2,3].

Moreover, in 1996, she played a role in the trailblazing Charter challenge involving Delwin Vriend [3,5]. While pushing for inclusion of sexual orientation as a human right, she also started a local gay and lesbian section of the Canadian Bar Association [3,5]. Through the support she provided during the Vriend case, she was able to bring a unique perspective to the Supreme Court of Canada as an openly lesbian lawyer [3,5].

Julie's enduring commitment to advocacy is evident in her involvement as legal counsel for Legal Aid, as a member of the Canadian Human Rights Tribunal, and as a board member for HIV Edmonton [3,4]. She also had a part in the creation of the Canada Bar Association's Sexual Orientation and Gender Identity Conference, a conference that aims to address the needs of LGBTQ people involved with the Canadian Bar Association [3,6].

“ I played a tiny little part in Vriend but I was witness to an absolutely magnificent thing that that happened in this country and so I've just been sort of grooving off that for my whole life.”

Liz Massiah



Liz Massiah is a registered psychologist and clinical social worker who has played a significant role in the development of LGBTQ activism in Edmonton [1,2]. Liz has strived for social justice in numerous ways [2]. She was the public relations representative for Womonspace and was involved in the formation of GALA (Gay and Lesbian Awareness), an organization that planned the first Gay Pride parade in 1984 [1].

Liz's determination to fight for equality was also demonstrated in her decision to create a civil rights branch of GALA [1]. By way of this civil rights group, she rallied to change provincial legislature to be more inclusive of the LGBTQ community [1]. Despite immense opposition, she worked to have sexual orientation included in the Individual Rights Protection Act [1]. Her determination was evident through her continued meetings with members of parliament and contributed to the rise of opposition in support of Vriend [1].

Her perseverance was also evident in her involvement in the AIDS epidemic, particularly as one of the founders of HIV Edmonton, formerly known as the AIDS network [1,3]. HIV Edmonton is an organization that endeavours to eliminate HIV transmission and AIDS-related deaths, while also working to erase the stigma and discrimination experienced by people living with HIV and AIDS [4].

Liz currently provides counselling services in her private practice, E. Massiah Consulting [2,5]. Her work extends to other community members, namely those who have experienced trauma and veterans with post-traumatic stress disorder [2]. She has since founded Old Boots Veterans Association, a community-based resiliency and support group for military and RCMP veterans [2,5].

“I think that every time something changes there's more hope. And every time somebody speaks, there's more hope.”

Darrin Hagen



Darrin Hagen is a playwright, composer, performer, director, photographer, and TV host [1,2].

Darrin's numerous artistic contributions and appearances on national television as an openly gay man, help to challenge the status quo and bring recognition to the LGBTQ community [3]. He became a drag queen at Flashback, and held the title, *Queen of Edmonton*, for 10 years running [2,3]. In 1995, Darrin produced the first drag show at the Edmonton Fringe Festival [3]. Darrin has since written more than 20 plays, some of which have been produced internationally [2,3,4]. These plays and performances have profound underlying motifs. One example, *Edmonton Queen*, highlights the AIDS epidemic and Edmonton's queer history [3]. He was subsequently awarded the Elizabeth Sterling Haynes Award and published a novel, *The Edmonton Queen: The Final Voyage* [4,5].

As the first openly gay man on Edmonton television, Darrin hosted *Help!TV* for 10 years [3]. Once *Help!TV* was broadcast nationally, Darrin became the first openly gay man to host a national series [3]. Similarly, through his performance on *Who's on Top*, Darrin became the first drag queen to host a national television series [3].

Darrin has received a number of awards including six more Sterling Awards, forty nominations for his theatre work, and an Alberta Media Production Industries Award [1]. Darrin was also named one of the twenty-five Most Influential Alberta Artists, one of the 100 Edmontonians of the Century, and inducted into the Canadian Q Hall of Fame [1].

Currently, Darrin is the artistic director of the award-winning independent theatre company, *Guys in Disguise* [4,6,7]. He also hosts the annual *Loud & Queer Cabaret*, which is the first and largest queer performance festival in Western Canada [4].

“ I had it lucky in so many ways because I was foolhardy enough or arrogant enough or you know, brash enough to just dive in without any thought of my future, because frankly I didn't care if I had a future. If I couldn't be free I didn't want a future.”

Lorne Warneke



Dr. Warneke is a distinguished psychiatrist, clinician, teacher, and prominent LGBTQ advocate [1,2,3,4,5]. Through his clinical work, he was one of the first psychiatrists in Edmonton openly support transgendered people [4]. Recognizing the needs of this particular group within the LGBTQ community, in 1996 he began an outpatient program for transgendered clients at the Grey Nuns Hospital [1,4,5]. A longstanding member of the Canadian Professional Association for Transgender Health (CPATH), Dr. Warneke has served as a key communicator between CPATH and the World Professional Association for Transgender Health and has worked to support the health, wellbeing, and dignity of trans and gender diverse people [3,6].

With his considerable knowledge and experience, Dr. Warneke lent his expertise to several causes that contributed to the realization of change toward equality for the LGBTQ community [4,5,7]. In many cases, he was a lobbyist, advocating for legislative changes connected but not limited to: the Vriend decision, provincial funding coverage for gender reassignment surgery, and regulations specific to the gender markers on government issued documentation (e.g., birth certificates, Alberta driver's licenses) [4,5,7]. Dr. Warneke also played an integral role in lobbying for students' right to organize gay-straight alliances in their schools [3].

Along with his significant community advocacy work, Dr. Warneke also works as a Clinical Professor of Psychiatry at the University of Alberta, where he received the Distinguished Alumni Award for his contributions to sexual minority rights [2,5].

“We've been fighting for transgender rights for many years... and we've made all kinds of progress and things have changed very rapidly--a long ways to go yet but it's changed rapidly.”

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Appendix B

Consent Form developed by Dr. Harley with feedback from Dr. Grace and Ms. Haldane
Fostering Historical Reasoning, Hope, Empathy, Emotional Engagement and Queer
History Awareness with a Mobile Augmented Reality App

Attention: _____

[Research Participant's Name]

You are invited to participate in this study for which support has been obtained through a Social Sciences & Humanities Research Council of Canada Insight Development Grant. Information relevant to Queer history in Edmonton and Alberta will be compiled and used to create a mobile augmented-reality app. Upon completion, the app will be used (in a second phase of the study) to share location-based historical information regarding LGBTQ rights development with LGBTQ and non-LGBTQ individuals with the goal of fostering historical reasoning, hope, empathy and emotional engagement. Your involvement in this research would involve participation in an open-ended interview. It would be carried out as stated, and there is no deception involved. It is possible that while sharing information about LGBTQ history you may have an emotional reaction, but you are not expected to answer questions that make you feel uncomfortable. Information gathered from these interviews will be used to raise awareness, instill hope in LGBTQ individuals, and empathy in non-LGBTQ people, which could help to reduce negative attitudes towards LGBTQ rights development. It is anticipated that the interview used to collect data will take up to one-hour.

You are invited to sign this consent letter in the space provided below once you read the following guidelines for participation:

- As a research participant, you are asked to provide signed informed consent in order to take part in this research.
- You have the right to refrain from answering any particular interview questions that make you uncomfortable.
- You will be able to review research material as part of an iterative process. You will be provided with drafts for your correction, amendment, and editing. Your changes will be taken into account in rewriting and editing processes.
- Your participation in this study is voluntary. You will have the right to opt out of the research at any time without penalty, and you can withdraw your research data up to the point that you sign off on the edited transcript.
- Processes to provide accuracy of data, security, confidentiality, and anonymity are implemented in the design of the study. A technical recording device will be used to ensure accuracy of data collected from the interviews. Security and confidentiality measures will be implemented, including the back up of data, secure storage of tapes, and a plan for deleting electronic and taped data. Full security and confidentiality measures cannot be guaranteed in focus group sessions where more than one individual is being interviewed. Focus group sessions are not scheduled without prior participant consent.
- Only Dr. Harley as the principal investigator (University of Alberta) and his collaborators, Dr. Andre Grace (University of Alberta), Dr. Susanne Lajoie (McGill University), and Dr. Eric Poitras (University of Utah), and their research assistants and transcribers, all of whom are required to sign confidentiality agreements, will have access to data and information. For the purpose of app

creation and publication, we request to use your full name below in order to provide recognition and citation as to whom provided the information and insight. None of your contact information will be used or available to others than the principal investigator, Dr. Grace, and graduate research assistants at the University of Alberta.

- You agree that my team and I can use information in secondary writing beyond the research report, which includes such writing as conference papers, book chapters, or journal articles. The same ethical considerations and safeguards will apply to secondary uses of data.
- You will be provided with a copy of the research report culminating from this study.

If you have questions, please email Dr. Jason M. Harley at jharley1@ualberta.ca.

The plan for this study has been reviewed for its adherence to ethical guidelines and approved by Research Ethics Board 1 at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Research Ethics Office at [\(780\) 492-2615](tel:7804922615).

I have read this form and the research study has been explained to me. I have been given the opportunity to ask questions and my questions have been answered. If I have additional questions, I have been told whom to contact. I agree to participate in the research study described above and I will receive a copy of this consent form after I sign it. I provide my own independent consent to participate in this research:

Participant's Print Name: _____

Signature: _____

Date: _____

Additional (optional) consent: I also agree to having my: (1) full name [] and
(2) relevant affiliation(s) [] used in the app itself as well as scholarly and public products (e.g.,
journal/ conference presentations) resulting from this research. Please initial inside any brackets that
apply and sign below.

Participant's Print Name: _____

Signature: _____

Date: _____

Researcher's Print Name: ***Dr. Jason M. Harley***

Signature: _____

Researcher's Assistant: _____

Signature: _____

Date: _____

Appendix C

Interview Protocol developed by Dr. Harley with feedback from Dr. Grace and Ms.

Haldane

Setting:

Observer:

Time:

Length:

The below questions are meant to serve as a guideline for questioning but will not be asked verbatim to participants. Interviews will be semi-structured, aimed at gathering information in the following areas but questions will be asked in response to how the participants respond. Interview respondents will be asked to expand on answers and encouraged to provide more depth. Follow-up questioning and prompts will be used to tell a story about the specific location and event.

1. Provide a brief overview of your professional contribution to LGBTQ rights awareness and advocacy.

2. What is an example of an Edmonton location that holds historical relevance for the development of LGBTQ rights? *Explore the event itself:*
 - a. When did it happen?
 - b. What happened?
 - c. Who was involved?
 - d. How did it impact LGBTQ individuals at the time?

- e. What was the social environment for LGBTQ individuals at this time?
3. Why is this event important?
 4. Would you say this event could contribute to the development of empathy toward LGBTQ individuals? If so, how?
 5. Did this event convey a sense of hope? If so, how? Or, how might it convey a sense of hope, especially to LGBTQ individuals, to look back upon it?
 6. What makes this a significant event to the current rights of LGBTQ individuals?
 7. Do you have any suggestions for how technology could be used to share this information with individuals? What are some important considerations for using technology to share historical information concerning LGBTQ rights? Are any considerations specific to LGBTQ individuals? Any for cis-gender, heterosexual individuals?
 8. Who else would be appropriate to speak to about this event?
 9. Is there anyone else whom is also knowledgeable about LGBTQ history in Edmonton?
 10. Are there well-documented pieces of history related to this or other events?