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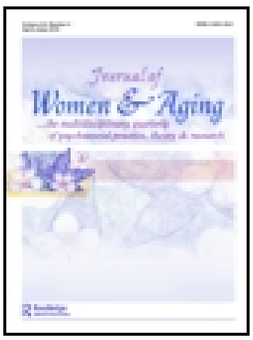

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Physical and mental well-being, risk and protective factors among older lesbians /gay women in the United Kingdom during the initial COVID-19 2020 lockdown

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ABSTRACT

This article reports on a subset of findings from a recent UK survey of the impact of COVID-19 on older LGBT+ people in the UK. It considers the responses of 149 lesbian/gay women (137 cisgender, 12 trans) to questions relating to physical and mental health and wellbeing. Findings indicate that those women – in couples and singles – who were happy with their living circumstances pre-COVID showed stoicism, adaptability, and determined positivity in response to the pandemic and associated lockdown. Some even reported an improved quality of life, better personal relationships and increased neighborly support. By contrast, those women who were very unhappy with their circumstances prior to COVID-19 – generally women who lived alone and experienced a mismatch between their actual and desired social network – either remained unhappy or became more unhappy, due to its impact on fragile support systems. For trans women, formal support from trans/LGBT+ specific networks – online during COVID lockdown – were central to their well-being. Having access to, and being able to use, online technologies were essential to good mental health during lockdown. These findings reaffirm the diversity among older lesbians/gay women as well as highlighting how COVID-19 has acted as a magnifier to their preexisting circumstances. The narratives of those doing well – generally better-networked, intentionally positive and engaged in practices which promote their well-being – may offer insights for supporting those who find their lives more challenging, both during a public health crisis and more generally.

KEYWORDS

Older lesbians; older gay women; older trans lesbians; older cis lesbians; COVID-19

Introduction

The COVID-19 pandemic has exacerbated health inequalities, not least of all among older people (Richardson et al., 2020). In the global north, deaths from COVID have been primarily among older people, and this is gendered, with more older men than women dying from COVID (Mallapaty, 2020), and more older women than men being affected by 'Long COVID'[1] (Sudre et al., 2020). The crisis, and associated lockdowns, are also having a profound broader effect on the mental and physical wellbeing of older people, associated with disruptions to social connections and support (Pentaris et al., 2020). Given that older people are the predominant users of costly health and social care resources, it is vital that we understand what promotes good health

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and mitigates poor health risks among all older people, including during a pandemic. This is especially in relation to older women, as they live longer than men, but with higher levels of disability (Dixon, 2021).

It is also important to understand how gender intersects with other social locations to inform health and wellbeing in later life, again, particularly during a public health crisis. Intersectionality is the framework through which multiple social inequalities are understood to operate in inextricable interwoven ways (Taylor et al., 2010). One key intersection with gender is that of sexuality, with older lesbians/gay women[1] located at the nexus of aging, gender, and sexuality (Traies, 2016).

While there is growing interest in feminist gerontology (Ray, 2004) and in how a minoritised sexuality inform older lesbians'/gay women's[2] experiences of aging (Averett & Jenkins, 2012; Traies, 2016), very little has been written so far about their experiences during public health crises, and none differentiating between cis[3] and trans[4] lesbians/gay women. Potter et al. (2021), writing in the USA, have recently suggested that cis lesbian and bisexual women perceive COVID-19 as a greater threat to their health than heterosexual women. However, the authors linked this in part to employment patterns. Their study's participants were aged 18 to 59, meaning that older cis lesbians and bisexual women were not included and trans women were wholly excluded. This paper addressed this knowledge gap by exploring the experiences of UK older lesbians - cis and trans - during the early phases of COVID-19 and the first UK lockdown. It reports on their physical and mental well-being, and associated risk and protective factors, drawing on a subset of data taken from the findings of a recent large-scale United Kingdom (UK) study on the impact of COVID-19 lockdown on lesbian, gay, bisexual, and trans (LGBT+) people aged 60 and over (Westwood et al., 2020a). Specifically, this article aims to explore and explain what factors positively or negatively impacted older lesbians'/gay women's wellbeing during the first COVID-19 lockdown in the UK. Our findings indicate that the key overarching themes, which are significant for respondents' physical and mental wellbeing, relate to adaptability, positivity, and connectedness.

Background

The literature on older lesbians/ gay women

Previously under-researched, there has been a slow but steady increase in the literature on older lesbians. This includes the work of Paige Averett and her colleagues in the US (Averett et al., 2020, 2014, 2011; Stacey et al., 2018; Yang & Averett, 2019); the work of Jane Traies in the UK (Traies, 2012, 2015, 2017, 2018, 2019); papers by Robson and Sumara (2015), writing in Canada; work by Helen Waite (2015), writing in Australia; Tarryn Witten's US authorship on trans older lesbians (Witten, 2015); and Seelman et al.'s (2017) US-based work on older Black lesbians. These studies have shown that older lesbians/gay women are extremely diverse, their experiences of aging informed by intersecting social locations that include race/ethnicity, socioeconomic status, disability, gender identity, relationship status, and their personal life histories.

In terms of their health and wellbeing, cis older lesbians/gay women generally experience poorer health when compared with cis older heterosexual women, which is attributed to minority stress and exclusionary heteronormative healthcare experiences (Fredriksen-Goldsen et al., 2010; Colledge et al., 2015; Yang & Averett, 2019). They face a wide range of unmet healthcare needs (Westwood & Lowe, 2017), including delayed diagnosis and treatment of gender-related cancers, that is, breast, ovarian, and endometrial cancer (Zaritsky & Dibble, 2010). Cis lesbians are also more likely to be affected by dementia than cis gay men (Westwood, 2015), primarily because dementia is age-related and cis women live longer than cis men.

Among trans older lesbians/gay women, there are concerns in relation to both long-term minority-stress-related mental health issues (and their impact on physical health) and mental health services that are ill-equipped to meet their needs. Additionally, among those trans-lesbians/gay women who are taking gender-affirming hormones there are associated increased risks for "breast cancer, deep vein

thrombosis, pulmonary embolism, and osteoporosis" (Persson, 2009, p. 637). Some authors have also suggested that, trans lesbians/gay women are also at increased risk of dementia due to associated psychosocial factors (Baril & Silverman, 2019).

Writing in relation to all LGBT+ people, Fredriksen-Goldsen et al. (2017) have suggested that a wide range of factors impact wellbeing, with positive identity affirmation and social connectedness promoting health and wellbeing, and negative identification and social marginalization being associated with poorer physical and mental health. In terms of older lesbians' health and well-being, Averett et al. (2011, p. 230) have observed many older lesbians are "strong and engaged" women. They have suggested that a range of factors promotes strength and resilience, including strong support networks, access to good material resources and enjoying "relatively good health" (230). They have also suggested that older lesbians face particular ongoing challenges in relation to anti-lesbian discrimination at the personal, social, and wider levels. Research also indicates that older women's and/or older lesbian communities have particular significance for their well-being in later life, notably acting as buffers to the effects of wider society exclusions (Bradford et al., 2016; Eliason, 2015; Traies, 2015; Wilkens, 2015, 2016).

Witten (2015) has suggested that the lives of older trans lesbians are nuanced by access to material resources, and that those who "have come out later in life" (81) may have greater access to those resources than those who openly identified as trans earlier in life, and may have suffered career and financial penalties as a consequence. Witten has suggested that loneliness (not aloneness) and quality of relationships are key factors affecting, trans older lesbians'/gay women's wellbeing in later life.

All of these factors are, of course, further complicated by their intersection with other social locations. Older lesbians/gay women from Black, Asian and/or minority ethnic backgrounds will find their experiences at the "Bermuda Triangle" (Traies, 2016) of ageism, sexism, and heterosexism, further nuanced by racism/ethnicism (Seelman et al., 2017; Woody, 2015). Disability will differentiate and inform older lesbian/gay women's experiences of aging and this may also intersect with race/ethnicity and other social locations (Reygan et al., 2020). Socioeconomic status and relationship status also add further dimensions to older lesbians'/gay women's experiences of aging, as well as whether they are living in rural or urban areas (Heaphy, 2009; Traies, 2016; Willis et al., 2018). Thus, the lives of older lesbians/gay women are complex and made more complicated by sites of privilege and disadvantage across their lives and particularly in older age.

The initial COVID-19 lockdown in the United Kingdom

Following the emergence of COVID-19 in early 2020, and its subsequent international spread, the UK entered a national "lockdown" on 23 March 2020. This initial lockdown lasted for several months with many people isolating at home, especially those who were "shielding," that is, at increased clinical risk and advised to stay at home full-time.[5] It is now well recognized that COVID-19 and national lockdowns have had a significant and often detrimental impact on older people (Pentaris et al., 2020). This article addresses their impact on the physical and mental wellbeing of older lesbians/gay women in the UK.

Methodology

The survey findings reported here form part of a large mixed-methods UK research project with LGBT + older people (Westwood et al., 2020a), which was approved by the University of York's Economics, Law, Management, Politics, and Sociology (ELMPS) ethics committee. It comprised a large survey and a small number of interviews with a sample of survey respondents and professionals working for agencies, which support LGBT+ older people. The latter are reported elsewhere (Hafford-Letchfield, Toze, & Westwood, 2021). The study aimed to take a temperature check of how older LGBT+ people in the UK were impacted by mandatory social isolation during the Spring-Summer 2020 lockdown, and to understand what coping strategies they were using to manage their situations. Given

preexisting inequalities faced by LGBT+ older people (Almack & King, 2019; Westwood et al., 2020) and evidence that the pandemic has exacerbated preexisting inequalities among many disadvantaged groups (Blundell et al., 2020), we wanted to understand how this applied in relation to LGBT+ older people and their sub-populations.

The survey is based on a non-validated questionnaire (Westwood et al., 2020b) designed by the project team. The questionnaire comprised 19 meta-questions that asked respondents about a range of issues relating to their concerns about the COVID-19 lockdown and its impact on their lives. These included the following questions and response types:

1. What are your top three concerns about how you are currently affected by COVID-19?

[Multiple line free-text answer]

2. How are you getting essential food, household supplies, and medication?

[Multiple line free-text answer]

3. What are your usual support networks?

[Multiple line free-text answer]

4. How are your support networks affected by mandatory isolation?

[Multiple line free-text answer]

5. How are you maintaining connections with your support networks?

[Multiple line free-text answer]

6. What challenges if any, are you experiencing in maintaining connections with your support networks?

[Multiple line free-text answer]

7. Have your support networks changed due to COVID-19 regulations (e.g., are people who are not normally supportive, such as estranged biological family members/ alienated ex-partners, now providing support)? If so, in what way?

[Multiple line free-text answer]

8.What do you think about your PHYSICAL health and wellbeing during mandatory social isolation? [5-point scale – a lot better; slightly better; no difference; slightly worse; a lot worse].
9. What do you think about your MENTAL health and wellbeing during mandatory social isolation? [5-point scale – a lot better; slightly better; no difference; slightly worse; a lot worse].
10. What strategies are you using to cope with social isolation due to COVID-19?

[Multiple line free-text answer]

11. Do you think you have any unmet needs due to COVID-19? [Y/N]
11.1. If Yes
11.1.1. If yes, what are those unmet needs?

[Multiple line free-text answer]

12. Is there anything else you would like us to know and/or think we should address in relation to older LGBT+ people and COVID-19

[Multiple line free-text answer]

The survey was shared via the research team's professional networks, organizations representing older LGBT+ people and social media. Due to an initially low response rate from older lesbians/gay women, further survey promotion was conducted via direct invitation to older lesbian networks, targeted invitations via social media (Twitter) and researchers' personal and professional networks.

The survey data were collected via Qualtrics©. Due to inviting participants to self-define gender, sexuality, and ethnicity the data comprised a multitude of self-definitions. For example, there were 34 unique responses to the open-ended question about gender. The majority made direct reference to the categories Female/Woman or Male/Man, or used a term closely associated with one of these categories, such as "lesbian." These responses were classified as man or woman. Respondents who did not make any reference to the terms Female/Woman or Male/Man, or who actively indicated that their gender was fluid, non-binary or otherwise not falling in such categories, were classified as "Gender Other."

These complexities made it impossible to use Qualtrics© for data analysis. Instead, all data were collated manually by the lead researcher, and then subsequently analyzed in three main ways. The demographic data were collated by primary self-definition and then, where non-generalizable self-definitions were used, these were collected into sub-categories. Each allocation was tabulated, and then these collated tabulations were shared with the two co-researchers. Each one was discussed, considered, and agreed in turn. Only after these classifications had been agreed were the rest of the data analyzed.

The quantitative data were analyzed using simple descriptive statistics, that is, mean averages and total sample/sub-population percentages.[6] These data were then checked and cross-validated by a postgraduate research assistant, sponsored by York Law School, University of York, and recruited specifically for this purpose.

The qualitative data were coded (SUR followed by participant number) and anonymized (i.e., names, locations, identifying group membership and other features removed). They were then subject to an initial analysis by the lead researcher. This involved, for each question, collating each response and then clustering them manually, using an Excel spreadsheet, for initial themes. Themes were identified by topic, significance, salience, commonality, and difference. Braun and Clarke (2006) thematic analysis procedures were used in broad terms, and identification of initial themes ceased when no new themes were identified. This initial thematic analysis was then shared with the two co-researchers. Overarching meta-themes and patterns of meaning were then identified from the consequent research team discussions. The key focus was on identifying areas of commonality and difference, that is, how the responses and narratives raised similar issues and concerns, and how they raised different ones, often based on intersecting social locations. This initial thematic analysis was then subject to further sub-population-specific themed analysis, led by the team member with the greatest expertise in that sub-population. This has informed subsequent sub-population-specific reports and articles, this one being on older lesbians.

Sample profile

Out of a total of n = 375 survey respondents, 168 (45%) were women. Of these, n = 149 (89%) identified as lesbian/gay. Of these, 137 (92%) stated that their gender was the same as was assigned at birth (cis) and 12 (8%) said that it was different (trans). As can be seen from Table 1, just over a third of the lesbian/gay women were in the 60–64 age band; just under a quarter in the 65–69 age band; just under another quarter were in the 70–74 age band; and a fifth were aged over 75. The trans lesbians/gaywomen were in the younger age ranges, with 7 out of 12 (59%) being in the 60–64 age band.

In terms of ethnicity, the respondents were asked to self-define using a free-text box. As can be seen from Table 2, the respondents identified in highly variable ways and only one woman identified as being Black.

Findings

We first describe the qualitative data in relation to self-reported health status, living alone/with others and support networks. We then describe self-reported changes in physical and mental health and mitigating factors. Many of the survey questions had two parts: a) a simple response section (amenable to quantitative analysis) and b) the opportunity for a supplementary free-text answer (more suitable for qualitative analysis). The findings are reported, for each theme in turn, in a way which reflects this: first, the quantitative data are described and explained, and then second, the additional qualitative data are considered. The findings, and their intersections, are then analyzed in the subsequent Discussion section. Key overarching themes, which we consider in the discussion as being significant for both physical and mental wellbeing, relate to adaptability, positivity, and connectedness.

Table 1. Older lesbians/gay women respondents by age range.

	Cis	Trans	Total
60–64	46	7	53(36%)
65–69	35	1	36(24)
70–74	34	3	37(25%)
75–79	19	1	20(13%)
80–84	2	0	2(neg%)
85–89	0	0	0
90–94	1	0	1(neg%)
	137	12	149

Table 2. Free-text self-defined ethnicity by older lesbians/gay women respondents.

White/White British/White UK/British Caucasian	103
White Mixed Heritage	12
British	7
White English	5
Caucasian	4
Jewish	4
White European	3
White Other	3
White Scottish	2
White Irish	2
White Welsh	2
Mixed Heritage (not specified)	1
Black	1
Total	149

Table 3. Self-reported disability and/or serious health condition(s) according to older lesbians/gay women respondents.

	Cis	Trans	Total
Disability	29/137(21%)	6/12(50%)	35/149(23%)
Serious health condition	64/137(47%)	7/12(58%)	71/149(48%)

Health status

As can be seen from Table 3, of the 149 lesbians/gay women, just under a quarter said they considered themselves to have a disability/disabilities and almost half said they considered themselves to have a serious health condition. A greater proportion of trans women than cis women reported having a disability (half of the trans women, compared with a fifth of cis women) and having a serious health condition (almost three-fifths of the trans women, compared with a just under half of cis women).

The cis lesbian/gay women respondents reported sensory disabilities (deafness/hearing impairment; visual impairments, including those associated with glaucoma/macular degeneration); restricted mobility associated with other age-related conditions; chronic fatigue syndrome ("ME"); chronic mental health issues (anxiety; depression); and/or serious physical health conditions, including arthritis/osteoarthritis, asthma and other respiratory disorders (including COPD), "blood cancer" (living with), cancer survival, cardio-vascular diseases (including post-heart attack survival), diabetes, epilepsy, endometriosis, fibroids, fibromyalgia, hypothyroidism, kidney disease, lymphoma, Multiple Sclerosis (MS), myeloma, neuropathy, osteoporosis, sleep apnea, and ulcerative colitis.

The trans lesbian/gay women respondents reported cognitive disabilities (dyslexia; dyspraxia); sensory disabilities (severe visual impairment); chronic mental health issues (depression); and/or chronic physical health conditions including asthma and other respiratory disorders (including COPD), cardio-vascular diseases (including post-stroke survival), epilepsy and other neurological disorders and diabetes. Two trans women described living with rare long-term health conditions.

Living alone/ with others

As can be seen from Table 4, half older lesbians/gay women (69 cis and 6 trans) respondents lived alone and half (68 cis and 6 trans) respondents lived with others. Among the six trans women who lived with others, five lived with their partners/spouses and one lived with her mother. Among the 68 cis women who lived with others, 63 lived with their spouse/partner, one lived with their spouse/partner and their adult children, two lived with their sisters, one lived with their adult son, and one lived with housemates.

Support networks

Respondents described support networks of varying composition. As can be seen from Tables 5, 10 women (7%), 9 cis and 1 trans, said that they had no support networks. Forty-four women (30%) said their support network comprised one type of person (i.e., spouse *or* friend(s) *or* family[7] members *or* group members *or* neighbors). Fifty-two women (35%) said their networks

Table 4. Older lesbians/gay women respondents who lived alone/with others.

	Cis lesbians/ gay women (n = 137)	Trans lesbians/ gay women (n = 12)	All lesbians/ gay women (n = 149)
Alone	69(50%)	6(50%)	75(50%)
With others	68(50%)	6(50%)	74(50%)
Total	137(100%)	12(100%)	149(100%)

Table 5. Summary of the number of different types of contacts in older lesbians'/gay women's descriptions of their support network composition. (NB Two, trans women apparently answered a different question, so only 10, trans respondents to this question).

	Cis lesbians/ gay women (n = 137)	Trans lesbians/ gay women (n = 10)	All lesbians/ gay women (n = 147)
None	9(7%)	1(10%)	10(7%)
1	41(30%)	3(30%)	44(30%)
2	52(38%)	0(0%)	52(35%)
3	26(19%)	4(40%)	30(20%)
4+	7(5%)	1(10%)	8(5%)
Non-specific	2(1%)	1(10%)	3(2%)
Total	137(100%)	10(100%)	147(100%)

comprised[8] two types of people (e.g., friends and family; friends and neighbors; family and neighbors; group members and neighbors, etc.). Thirty women (20%) described three types of people in their networks (e.g., friends, neighbors, family; partner, friends family; friends, neighbors and family, etc.) and 8 (5%) described four or more people in their networks (e.g., partner, family, friends and neighbors; partner, friends, neighbors, LGBT+ groups, etc.).

In terms of intergenerational support, 14 cis women (but no, trans women) made specific reference to daughters (5), nieces (3), sons (2), nephews (1) and "my children" (3) as being part of their support network.[2] Some cis women described having a number of significant people in their networks, but being geographically separated from them, meaning the potential for immediate hands-on support was limited. However, other cis women described support, which was more local and immediately available in practical, as well as emotional terms.

As can be seen in Table 6, friends were included in 79% of the cis respondent's networks, compared with family that were included in only 42% of the cis respondents' networks. By contrast, informal friendships and/or family connections figured far less among the trans women's networks. Only four out of the ten trans women specifically named personal friends/family members as comprising their support network, with friends being mentioned by 3 (30%) women. Six out of ten trans women said they had no-one, or their contacts were online, or work/group related-only, or comprised professional/formally organized support.

In terms of the effects of lockdown on support networks, over two-fifths of cis lesbians/gay women and a third of trans lesbians/gay women reported a change in their networks. Among the cis women who reported changes to their networks, a number were surprisingly positive, reporting an increase in reciprocal support between friends, family, and local communities. By contrast, a smaller number of cis women were finding the COVID-19 lockdown was having a negative impact on their support networks. Eight of the twelve trans women (67%) who responded to this section reported that there had been no change in their support networks, other than "going online." This included both women with comparatively stronger and weaker

Table 6. Numbers of older lesbians/gay women who included friends/family of choice, family of origin/adult children, ex-partners, and lesbian/LGBT+ support organizations in their support networks.

	Cis lesbians/ gay women who answered question (n = 135)	Trans lesbians/ gay women who answered question (n = 10)	All lesbians/ gay women who answered question (n = 145)
Number of women including friends in their network composition	107(79%)	3(30%)	110(76%)
Number of women including family of origin/adult children in their network composition	57(42%)	3(30%)	60(41%)
Number of women including LGBT +/Lesbian/, Trans support groups in their network composition	9(10%)	2(20%)	11(8%)
Number of women including ex-partners in their network composition	4(3%)	0(0%)	4(3%)

networks. Four trans women (33%) reported changes to their networks. For two the changes were, in part, positive, as a support group was meeting more frequently, albeit online. However, for some in-person contact would have been preferable. Two other trans women reported a deterioration in their support networks, including a woman whose partner had left her and whose groups were no longer running.

Impact on health and wellbeing

Physical health

Respondents were asked to rate their subjective physical and mental health during mandatory social isolation on a Likert scale. As can be seen from Table 7, just over two-fifths (43%) of the lesbians/gay women's sample reported no change to their physical health during lockdown. Thirty-two respondents (21%) reported an improvement, which was slightly better or a lot better. Fifty-five respondents (37%) reported a worsening of their physical health, which was slightly worse or a lot worse.

Cis lesbians/gay women

Of the 29 cis lesbians/gay women who reported an improvement in their physical health, 10 (34%) had a preexisting disability and/or chronic health condition. Thirteen (45%) lived alone and 16 (55%) lived with others. The majority commented on being physically separated from friends and/or family members, missing physical touch, missing socializing and that their loss had a detrimental effect on their overall wellbeing. Nevertheless, they reported an improvement in their physical health. This was attributed to being more active, that is, doing more gardening; walking more; cycling more; running more; doing daily fitness routines and/or online exercise classes; doing more jobs around the house and/or home improvements; and valuing a more relaxed lifestyle, e.g., "enjoying slowing down and doing hobbies and just appreciating a less stressful lifestyle" (SUR037, 70–74, cis lesbian/gay woman).

Of the 49 cis lesbians/gay women who reported a deterioration in their physical health, 32 (65%) had a preexisting disability and/or chronic health condition, compared with only a third of the women who reported an improvement in their physical health, 27 (55%) lived alone and 22 (45%) lived with others. These percentages were reversed among women who reported an improvement in their physical health. In other words, women who lived alone were more likely to report a deterioration in their physical health than women who lived with others.

Several women reported having had COVID-19 and three said they were experiencing "Long COVID" symptoms. Other women reported delays in routine treatments that were impacting their health. One woman said she was having falls and the diagnosis for what was causing them was taking longer due to restrictions on non-emergency NHS (National Health Service, the UK nationwide free health-care provider) provision during the pandemic. Other women reported restrictions on their usual care packages. A woman with Multiple Sclerosis said that the arrangements for her care and community support services had been cut by two-thirds, with a detrimental impact on her physical health.,

Trans lesbians/gay women

Table 7. Older lesbians/gay women's responses to question which asked about changes to their physical health during lockdown.

	Cis lesbians/ gay women (n = 137)	Trans lesbians/ gay women (n = 12)	All lesbians/ gay women (n = 149)
A lot better	7(5%)	1 (8%)	8(5%)
Slightly better	22(16%)	2 (16%)	24(16%)
Neither better nor worse	59(43%)	3 (25%)	62 (42%)
Slightly worse	40(29%)	4(33%)	44(30%)
A lot worse	9(7%)	2 (16%)	11(7%)
Total	137(100%)	12(100%)	149(100%)

Just one trans woman reported an improvement in her physical health ("a lot better"). She had no preexisting disability or chronic health condition, lived alone and described herself as "very lonely" (SUR359, 65–69, trans lesbian/gay woman). She nevertheless attributed the improvement in her physical health to "exercising more" (SUR359, 65–69, trans lesbian/gay woman) during lockdown.

Among the six trans women who reported a deterioration in their physical health, all had preexisting disabilities/chronic health conditions, three lived alone and three lived with others. One woman had had her gender affirmation surgeries canceled due to COVID-19 and wrote about the "disappointment" this had caused her and that this in turn was compounding the challenges she faced in terms of

> Coping alone with the lockdown, which is a magnification of pre-existing social isolation from both health constraints and, trans status. (SUR298, 60-64, trans lesbian/gay woman)

One, trans lesbian/gay woman who reported a deterioration in her physical health had asthma and said that wearing a mask was increasing her breathlessness and anxiety. Another, trans woman attributed her physical deterioration to being unable to engage in her usual sporting activities, noting that she and her partner

> . . . stay in our small 3rd floor one-bed flat ALL the time with the one exception of a half hour food shop once a week (which is terrifying). (SUR298, 60–64, trans lesbian/gay woman)

Mental health

As can be seen from Table 8, just over a third (37%) of the lesbians/bisexual women sample reported no change to their mental health during lockdown. A small number of women (13, 9%) reported that their mental health was slightly or a lot better. Notably, these were all cis women. Eighty-one women (54%) reported a worsening of their mental health (slightly worse or a lot worse). Fifty-four percentage of the cis women and 58% of the trans women reported a worsening of their mental health (slightly worse or a lot worse).

Of the 13 cis lesbians/gay women who reported an improvement in their mental health, 6 (46%) had a preexisting physical disability and/or chronic physical health condition. None reported pre-existing mental health issues. Five (38%) lived alone and 8 (62%) lived with others. One woman who lives with her wife and reported an improvement in her mental health attributed this to enjoying increased social isolation:

> I don't find social isolation at all problematic. It has advantages for me. I'm not a sociable person. (SUR320, 60–64, cis lesbian/gay woman).

Other women in couples commented on successfully adapting to not being able to have physical contact with their friends and/or family, primarily by using online communications. For example,

> We have to find creative ways of keeping in touch with friends, SKYPE and Zoom, having cocktail hours, playing cards online with friends. In some ways our networks have expanded as we have made extra efforts to 'meet up' with friends and doing classes online . . . We are doing it in a different way and we are people who always reach

Table 8. Older lesbians/gay women's responses to question which asked about changes to their mental health during lockdown.

	Cis lesbians/ gay women (n = 137)	Trans lesbians/ gay women (n = 12)	All lesbians/ gay women (n = 149)
A lot better	2(1%)	0	2(1%)
Slightly better	11(8%)	0	11(7%)
Neither better nor worse	50(37%)	5(42%)	55 (37%)
Slightly worse	64(47%)	3(25%)	67(45%)
A lot worse	10(7%)	4(33%)	14(9%)
Total	137(100%)	12(100%)	149(100%)

> out to others and keep the connections going. In some ways reaching out to friends living alone has given us new opportunities to deepen friendships and to get to know others in a knew way (SUR251, 70–74, cis lesbian/gay woman).

Being in a particularly stressful situation did not necessarily result in poorer mental health. A cis woman, who lives with her sister who has dementia and who was receiving no carer support during lockdown, wrote

> Being in isolation and her only support is exhausting and draining. (SUR032, 70-74, cis lesbian/gay woman).

She uses online communications and social media even though "I hate [Zoom]" and "Relying on social media and technology just isn't the same" (SUR032, 70–74, cis lesbian/gay woman). Despite this, she thought her mental health had improved, again demonstrating adaptability,

> Social media and phone calls are lifelines. Walking my dog in wooded areas is a peaceful and relaxing occupation. I'm sleeping a lot too. (SUR032, 70–74, cis lesbian/gay woman).

Two of the five cis women who lived alone and reported an improvement in their mental health attributed this to enjoying aspects of social isolation:

> I can't see people face to face so I stay in touch in other ways. but I find that life is strangely peaceful! (SUR014, 60–64, cis lesbian/gay woman).

These women, and the others who lived alone, also reported an increase in leisure activities and hobbies, which they were enjoying. One woman who lived alone commented on improved communications with others through increased use of social media and online technologies:

> I have had more communication at home, without having to go out to meet others. It has been better than usual in some ways. (SUR080, 70–74, cis lesbian/gay woman).

Of the 74 cis lesbians/gay women who reported a deterioration in their mental health, 37 (50%) had a preexisting disability and/or chronic health condition. Nine reported a previous history of mental health problems, not specified by one woman, described as depression by six women and anxiety and depression by a further two. Among these 74 women, 43 (58%) lived alone and 31 (42%) lived with others. As with physical health, women who lived alone were more likely to report a deterioration in their mental health and less likely to report an improvement than women who lived with others.

Those women with a history of mental health concerns attributed the deterioration in their mental health to increased social isolation and reduced activities during lockdown. One woman wrote that she "totally can't do" any of her normal social activities (sports, volunteering, seeing friends). Another wrote "unable to meet anyone in our minority group" (SUR050, 75–79, cis lesbian/gay woman). One women wrote,

> Zoom has been OK, but a poor substitute for in-real-life contact . . . have felt excluded, and that some groups of friends were keeping touch without me, which made me feel desperately abandoned. I took care to show more vulnerability after that as I don't think that people realised how low and isolated I was feeling. (SUR343, 60–64, cis lesbian/gay woman)

One woman implied that her alcohol consumption was problematic

> Trying to keep on going and doing anything and going anywhere. I have a dog so walk her often and in many different parks. Sometimes I just stay in bed though and sleep. Especially if I have a hangover. (SUR376, 60–64, cis lesbian/gay woman)

Another woman commented on difficulties accessing GP support:

> Not being able to discuss my physical and mental health with my GP - last time I tried to get an appointment I was held in a queue with 27 people in front of me and eventually gave up (SUR106, 65–69, cis lesbian/gay woman)

Among those women who reported a deterioration in their mental health but who had no previous history of mental health problems, those who lived alone also attributed this to the stresses of social isolation and the lack of physical contact with friends and/or family. One woman who lived alone wrote,

> I live in a predominant heterosexual community. Miss my LGBT culture and not having to explain everything can feel very lonely. It reminds me of the early wounds received when younger. That isolation. (SUR276, 75–79, cis lesbian/gay woman)

Many described the same coping strategies as the women who said their mental health had improved (online communications, hobbies, exercise) and reported that they were helping, but not as much as the women who felt their mental health had improved. Notably, for many of these women, online communications were not satisfying for them, and were not experienced as satisfactory alternatives to in-person contact: "[it's] not the same as face to face – more distant" (SUR111, 75–79, cis lesbian/gay woman).

In terms of age banding, 47 (64%) of the women reporting a deterioration in their mental health were aged 70 and over, compared with 26% of the overall sample being aged 70 and over. It may be that women in the upper age ranges are less familiar with online technologies and/or less comfortable adapting to using them as a substitute for in-person contact. This may in turn constrain the positive mitigating effects of online contact reported by the women who did not report a deterioration in their mental health, who were more often in the younger age bands. As those over 70 were also "shielding" this would have compounded their sense of isolation.

Having a sensory disability an also compound social isolation during lockdown. A deaf cis lesbian/gay woman observed,

> [I use[email, messenger, text and [the] occasional Skype call but although there are subtitles they are inadequate and it's very tiring trying to lipread. I decided not to even attempt Zoom. (SUR017, 70–74, cis lesbian/gay woman)

Trans lesbians/gay women

None of the trans lesbians/gay women reported an improvement in their mental health, whereas 7 (58%) reported a deterioration in their mental health. Of these, six had a long-term physical disability and/or chronic health condition. Only one of the trans women reported a preexisting mental health condition (depression). Four lived alone and three lived with others.

One of the seven women was the trans woman whose canceled gender affirmation surgeries were a source of considerable distress. All of the women who lived along attributed their deteriorating mental health to social isolation, one observing that she was "feeling very cut out of society" (SUR359, 65–69, trans lesbian/gay woman) and another that she was

> Missing physical contact with friends. I really need that warm feeling. (SUR096, 70–74, trans lesbian/gay woman)

One trans woman, living with her partner, responded to the question about what coping strategies she was using to deal with lockdown with "I don't have any" (SUR315, 60–64). Another trans lesbian/gay woman, also living with her partner, reported that her mental health was "a lot worse." She attributed this to their being isolated at home, unable to get out and about and do their usual activities.

Mitigating factors

The factors impacting well-being are complex and nuanced and closely related to each woman's particular set of circumstances. Facing greater adversity during COVID did not necessarily result in a woman reporting a deterioration in her physical and/or mental health. Indeed, many women facing particular challenges during lockdown reported no change, or even an improvement in their overall wellbeing, their reasons for doing so being varied and overlapping.

Cis lesbians/gay women

Six of the cis women reported that both their physical and mental health had improved either slightly or a lot. One lived alone, one with her sister and four with their partners/spouses. Two had preexisting chronic physical health conditions. They each attributed the improvements in their well-being to a better quality of life during lockdown:

> Taking each day as it comes; developing new hobbies; taking more exercise; appreciating home and garden. Feeling lucky that I live in a rural situation and counting my blessings that I don't have a challenging home set up. [SUR114. 60–64, cis lesbian/gay woman]

> Having a routine, keeping in regular contact with friends and family - using different media platforms, reading, doing [type of yoga] everyday, creating a better garden space and using it, cooking new recipes, taking the opportunity to lose weight through a special way of eating, trying new things, playing scrabble on line against the computer and with friends, tuning into many cultural events on line. [SUR251, 70–74, cis lesbian/gay woman]

Twenty-eight cis lesbians/gay women reported no change in their physical/mental health. Twelve lived alone and 16 lived with others, primarily their partners/spouse. The majority of women in couples who reported no change in their physical or mental health emphasized the importance of living with their partner, e.g.,

> Since we are both at home all the time and not out working, volunteering, at meetings etc etc etc we are together all the time, doing more together, talking more, relaxing more, able to eat together etc. so much strengthening our relationship . . . In general though I imagine it can polarise relationships spending so much time together [SUR036, 65-69, cis lesbian/gay woman]

Interestingly, none of the cohabiting respondents made any reference to relationship difficulties, although one cis woman's partner had left her during lockdown and another cohabiting woman wrote "Partner isolating – gets needy and depressed" (SUR036, 65–69, cis lesbian/gay woman). Some women with non-cohabiting cis partners spoke of the added strains lockdown had placed on their relationship.

> My partner is shielded and has been for last 12 weeks . . . . and occasionally she looses the plot . . . but I do my best to provide phone support . . . (SUR028, 60–64, cis lesbian/gay woman).

Apart from missing their partners, however, most cis women with non-cohabiting partners were faring well. One woman reported that she was finding video/Skype calls better than her usual phone calls with friends, "which is great," that "more neighbours are checking in regularly" and that "I have a dog – she is a great companion" (SUR041, 70–74, cis lesbian/gay women).

Several respondents, both those in cohabiting couples and those who lived alone, expressed concern for other lesbian/gay/'LGBT+' individuals who lived alone who they imagined to be lonely and isolated, and whose mental health they thought might have been negatively affected by lock-down. However, many cis women who lived alone reported that they were coping well with lockdown and that it had not had a detrimental effect on their wellbeing. Some described preferring being by themselves,

> I am accustomed to living alone and am very happy with my own company. I am normally fairly socially independent. In day-to-day terms, my life is very much the same as it always is. I have a fairly organised daily routine, which involves getting up at about the same time each day, dealing with routine admin online before settling down to one or more current research projects. I go out for a walk (alone) about every two days . . . I cook an evening meal for myself, watch TV or read, and go to bed! (SUR041, 70–74, cis lesbian/gay women).

Other single cis women who lived alone also said they enjoyed doing so, albeit alongside strong social networks, and that they had, like the women in couples, adapted, primarily through increasing their virtual connections:

> Using Facebook, Twitter, Instagram to connect with people who are not necessarily my closest friends. I've joined a few more Facebook groups. I've distance-attended performances, including My Virtual Bookfest, Shakespeare's Globe, Penguin's At Home with Bernardine Evaristo. (SUR061, 65–69, cis lesbian/gay women).

Several respondents described a stoical approach to lockdown. One cis woman who lived alone and whose support network comprises "local friends who are shielding" and "other friends who are too busy to see at present" reported trying "to keep busy" as her primary coping strategy (SUR092, 70–74, cis lesbian/gay women). Other single women who lived alone reported,

> Seeing it as being 'On Retreat', plus 'if you can't change a situation then change the way you look at it'. (SUR181, 60–64, cis lesbian/gay women).

> Trying to be optimistic and taking every day as it comes. (SUR330, 70–74, cis lesbian/gay women).

> [Doing] meditation, staying connected, working, ultimately seeing the pandemic as a shifting phenomenon. It will pass. (SUR234, 60–64, cis lesbian/gay women).

Single cis women who lived alone who reported a decline in their mental health appeared to do so for several key reasons. Two cis women's partners had died and they described having to bear their respective losses alone:

> My partner died last week. It is very difficult organising the funeral and dealing with administrative matters in the current situation. Also no one can hug me. (SUR019, 70–74, cis lesbian/gay woman)

> I am alone because my partner of 34 years died not three months ago so I am suddenly alone in this . . . No consoling hugs, or going to stay with friends. (SUR064, 70–74, cis lesbian/gay woman)

Other cis lesbians/gay women living along had been feeling lonely and isolated before COVID and they remained lonely and isolated to the same degree during COVID. Unlike the women who valued living alone including those with few social contacts, these women did not like living alone and/or wanted more social contact and this mis-match between their actual and their ideal circumstances was the source of their discontent.

Other single women who thought their mental health had declined had small social networks pre-COVID and so a shrinking of contacts during lockdown had for some changed their networks from comprising a small number of people to none. Many felt this loss keenly. It seemed that they may have been "borderline" coping before, and the lockdown and change in contact tipped them from "just enough" to "not enough."

> Being gay can be a very lonely situation and can lead to a feeling that your life is over because of your age. C19 has exacerbated that situation. (SUR365, 65–69, cis lesbian/gay woman)

Trans lesbians/gay women

Two trans women reported that their physical health was slightly better, while their mental health remained the same. One was in the older age range, had a chronic health condition, and lived with her wife. Her support network comprised "family" who she was staying in touch with by phone and online. She reported that she was managing lockdown by "following hobbies both at home and in the countryside" (SUR098, 75–79, trans lesbian/gay women).

The other trans woman was also in the older age range, had no prior health condition, and also lived with her wife. She described her usual support network as

> Our local Transgender [support network] and our older persons' support network. Also, there is a Volunteer responder network run by the county council and the NHS. (SUR098, 75–79, trans lesbian/gay women).

She reported that her support networks were maintaining contact by Zoom, and that her trans support group had increased frequency from monthly to weekly meetings. She observed that it was now "wider-reaching" and included more people who could not physically attend meetings. However, she also noted that,

> Many of our friends are not confident in using the internet or do not have the resources to attend virtual meetings. (SUR084, 70–74, trans lesbian/gay women).

This woman reported being very heavily involved in providing support to others, which was also her main coping strategy, which she described as.

> Providing support, friendship and information sharing by our Zoom meetings, our website and social media and individual support by telephone and e-mail. (SUR084, 70–74, trans lesbian/gay women).

On trans woman, with no prior disabilities or health conditions, and who lived alone, reported that her physical health was slightly better, while her mental health was slightly worse. She was exercising more, however, that was the only coping strategy she identified. In terms of her social networks, she wrote that COVID had had a detrimental impact on them and they were "all gone, so no support," adding that she was "very lonely" and "feeling very cut out of society" (SUR359, 65–69, trans lesbian/gay woman).

Six trans women reported that both their physical and mental health were slight/a lot worse. Of these, three lived alone and three lived with others (spouse/partner). All but one had a chronic/serious health condition and all but one reported a disability. The two trans women who reported that both their physical and mental health were "a lot worse," one who lived alone, one with her spouse, attributed this to a lack of socialization: "I feel isolated" (SUR337, 60–64, trans lesbian/gay women); "not able to socialise" (SUR342, 60–64, trans lesbian/gay women). One of them also observed,

> People with a T background are significantly more likely to be isolated as having this background is still highly stigmatized, even within the LGB communities. The self-isolation brought on by COVID-19 must be having a big impact for our group. (SUR342, 60–64, trans lesbian/gay women).

Of the remaining four trans women who reported that their mental and physical health was slightly/a lot worse, two attributed this to diminished social/connections:

> My best friends are only available on phone not in person, which makes talking much harder. (SUR049, 60–64, trans lesbian/gay women).

> [Missing] physical contact with family and friends. (SUR096, 70–74, trans lesbian/gay women).

A third trans woman, living with her partner, said her only source of support was "sexual health [clinic] at local hospital" and in response to the question about coping strategies wrote "I don't have any" (SUR096, 70–74, trans lesbian/gay women).

A fourth trans woman, who was single and lived alone, said that she was coping by keeping busy with a range of home-based activities. She attributed her poorer mental health to the disappointment of her gender affirmation surgeries being postponed as well as,

> Coping alone with the lockdown, which is a magnification of pre-existing social isolation from both health constraints and trans status. (SUR298, 60–64, trans lesbian/gay women).

The three single trans women who reported that there had been no change in their physical or mental health, all noted that although they were having less in-person contact and were, in particular, missing physical touch ("cuddles" as one woman wrote), there had been a significant increase in their virtual connections with others, e.g.,

> [I now do] a lot of socialising over video media, Zoom, FaceTime, Facebook Messenger, Skype (SUR137, 60–64, trans lesbian/gay women).

She also wrote,

My advice to everyone is: for goodness sakes, get yourself online. (SUR137, 60–64, trans lesbian/gay women).

Discussion

This article is the first to report on older lesbians'/gay women's experiences of the initial COVID-19 lockdown, and the impact upon their physical and mental health. It adds nuance to previous studies in relation to factors which inform older lesbians'/gay women's wellbeing, and in particular their own adaptive responses to those factors, which can mitigate/exacerbate their impact.

Factors which promote wellbeing include being in a happy cohabiting couple, or enjoying living alone. All of the women in couples described positive relationships. However not all same-sex relationships are happy ones, especially in later life (Barnes, 2011; Westwood, 2019). Why there was so little disclosure of this aspect of life as a couple is open to question, although if couples were completing the online questionnaire at the same time (e.g., on separate tablets/laptops) and then sharing their responses with one another, there may have been little room for such disclosures.

Factors which increase the risk of diminished wellbeing include being unhappy with living alone and/or a gap among single women who live alone between their actual and their ideal social networks (Victor et al., 2005). There was a stereotype of the lonely older single lesbian/gay women living alone which both respondents in couples and single women who were happily living alone mobilized in alluding to an unfortunate "Other." However, it seemed that the extent to which older single lesbian/gay women living alone were unhappy with that state of affairs was mediated by whether they liked living alone, chose to live alone and how well they navigated living alone.

While some older lesbians/gay women who lived alone did report greater feelings of loneliness and social isolation (closely correlated with both physical and mental health) not all did, either because they had strong social connections or because they did not feel the need for them. This echoes research by Hafford-Letchfield et al. (2017) who concluded that "singlist" attitudes toward solo women who are aging without a partner and without children can obscure the fact that while some may be lonely, others are living fulfilled independent lives.

Similarly, there was a general perception among respondents in this study that lesbians with children had greater access to instrumental support, but this was not true for all lesbian respondents with adult children, especially for those whose children were living a long distance away, including overseas. While friendship networks mitigated having distanced/no children to some extent, many respondents observed that their friendship networks comprised women of similar ages, and, with them all needing to self-isolate, they were limited in the everyday support they were able to provide one another. That lack of support negatively impacted some women more than others, notably those with greater disabilities and/or poorer health, who were in greatest need of instrumental support.

Several of the lesbians/gay women in couples were reliant on one another for their primary, or sole, means of support, meaning that when one partner dies the surviving partner will have very diminished/no remaining support networks (Jenkins et al., 2014; Millette & Bourgeois-Guerin, 2020) which is a cause for concern. Women bereaved during/shortly before COVID spoke of their grief being compounded by their physical separation from close friends. However, were they to have no such networks – as some lesbians in couples do not – then their plights would be even worse.

Clearly, the state also has a key part to play in the extent to which a woman feels she has sufficient support, as evidenced by the withdrawal of support services for the woman with MS, who was struggling with basic activities of daily living, which in turn was impacting her overall wellbeing. This also aligns with previous research, which has suggested that living with a disability and/or chronic health condition is itself a mediator to lesbians' overall wellbeing in later life (Fredriksen-Goldsen et al., 2017).

In terms of how the women responded to their particular circumstances during the initial COVID-19 lockdown, there were three overarching themes: adaptability; positivity; and connectedness. A positive mental attitude appeared to play a key role in the respondent's wellbeing. For some this

seemed to simply involve a "glass half-full" approach to life. For others, there appeared to be more conscious effort, whether through mindfulness, meditation, prayer, affirmations, making particular lifestyle choices (e.g., having a routine, staying busy, choosing to limit alcohol consumption) or a combination of all of these things. Several women indicated that living with preexisting social marginalization and exclusion has equipped them well for adapting to increased social isolation during the COVID-19 lockdown, and their discourse was full of stoicism and taking a flexible approach to life's challenges. For many women maintaining social connections was central to their wellbeing and many emphasized the importance of being able to use the internet and social media as means of doing so. However, *just how much* social connectedness was needed/wanted, and *with whom*, varied widely between respondents, reflecting wider diversity among older lesbians/gay women.

Interestingly, many of the women spoke of advantages to lockdown, in terms of reconnecting with friends and/or family members, making new connections, deepening old ones, and strengthened community ties, particularly with neighbors. Significantly, very few respondents spoke of experiences of prejudice and discrimination, while many more women spoke of reciprocal care practices not only between close friends and family members but also beyond, in relation to wider social, personal, and community connections. For trans women in particular, trans/LGBT+ specific groups, networks and community supports were an essential part of their social connectedness and wellbeing, highlighting the vital services such organized groups provide. However, for cis women it was personal friendships, rather than organized support, which were the mainstay of their support networks and associated wellbeing.

Trans status appeared to be a significant factor in relation to wellbeing in general and to lockdown in particular. The trans respondents' wellbeing during lockdown was generally contingent on whether their formally organized support had continued. Where it had, or had even increased during lockdown (albeit online/by telephone) many of the trans women reported coping well. However, for others, where that support was reduced or canceled and/or for whom online networking was unsatisfying, this significantly negatively impacted their wellbeing. This highlights the important of formal services provision for, trans older lesbians, especially during a pandemic and/or other public health crisis.

Being able to adapt, and wholeheartedly engage with online/virtual social networks and activities appeared to be an essential feature for many older lesbians/gay women, both cis and, trans. However, for some, especially those in the higher age bands, this was no substitute for in-person contact. This highlights the significance of age differences within and among older lesbians, and in particular the need again for policymakers and service providers to target those in the upper age bands for greater help and support in developing and practicing building connections online.

Conclusion

This study has provided a snapshot of the impact of the COVID-19 lockdown on the lives of older lesbians/gay women living in the UK. This was set in the context of a wider examination of LGBT+ older people's experiences, given that some studies have identified that the pandemic had potential to compound preexisting challenges and health inequalities as well as to capitalize on strategies, strengths, and resilience's of the LGBT+ aging population (Goldbach et al., 2020; Reid & Ritholtz, 2020).

These findings reaffirm the diversity among older lesbians/gay women, as in the wider older LGBT+ population (Westwood, 2020), as well as highlighting how COVID-19 has acted as a magnifier to their preexisting circumstances. The narratives of those doing well – generally better-networked, intentionally positive and engaged in practices which promote their well-being – may offer insights for supporting those who find their lives more challenging, both during a public health crisis and more generally. It is important to recognize and include the voices and experiences of older lesbians/gay women to ensure that any policies and practice responses are holistic and can be tailored toward their needs, current and future concerns, which

are so often invisibilized in public services. Also, identifying diversity within public health narratives is key in developing gender-sensitive policies and practices that cater for the needs of older lesbians/gay women within health and social care.

In this study, relationality was a significant feature in older lesbians' wellbeing during lockdown. Those who were doing well were most likely to be in couple relationships and/or have strong social/personal networks. Being single and living alone is a potential source of loneliness and isolation. However, not all older lesbians/gay women who are single and living alone feel lonely and isolated. For those who did, it was not being single and living along per se that was the issue but the gap between desired and actual social/personal connectedness, as reflected in general loneliness research, and in relation to older women in particular (Beal, 2006). This is an important issue to highlight, to avoid overly privileging couple status and devaluing single or solo status. Neither are inherently "good" or "bad": it is their contexts and personal meanings, which make them so.

Although some older lesbians were finding life difficult before and during lockdown, what is striking is the ways in which many were not only coping well, but thriving, both before and during lockdown. This is also important to note, because very often the narratives about older lesbians and older LGBT+ people more broadly involve "tragedy" narratives of loneliness, isolation, and unhappiness. For most women in our sample, this was not the case. Notably, our findings contradict those of a smaller study conducted by Opening Doors London (2020), the largest charity supporting older LGBT+ people in the UK, which reported increased loneliness, isolation, and mental distress among its members during lockdown. The difference in the respective findings is possibly partly attributable to most Opening Doors London members being gay men who the literature suggests are more susceptible to loneliness and isolation due to gendered social networking styles and ageism on the commercial gay scene (Knocker et al., 2012).

This study offers important insights in relation to ways to promote well-being among older lesbians/gay women, to support a much-needed strategic commitment to LGBT+ community provision both generally and specifically during public health crises. The "happy singles" described a range of strategies, which enabled them to successfully navigate living alone. Positive mental attitudes underpinned the wellbeing of the older lesbians/gay women who were happily living alone. For some this was "accidental," a feature of their personalities, while for others this seemed to be much more intentional. Supporting older women who live alone to "stay positive" could be of great benefit to them. This might involve teaching mindfulness, developing helpful lifestyle choices (having a routine, engaging in a range of activities, taking exercise, eating well, limiting alcohol consumption) and supporting more positive self-talk. Promoting social connectivity might also promote improved well-being. This does not simply mean providing social groups, although they may help, but also encouraging the rebuilding of relationships where there may have been fractures in the past. For some trans women, those fractures may have been more recent, particularly for those who have transitioned in older age. Formal support networks take on even greater significance for these women, who may also benefit from trans-affirmative counseling to help them come to terms with these losses.

The study demonstrates the resilience and adaptability of many older lesbians/gay women. This has been honed across lives informed by developing coping strategies to respond to stigma and social exclusion. For many older lesbians/gay women, such strategies have been very strongly informed by the development and maintenance of informal social support networks with other women, many of whom are also lesbians/gay women. Very often these networks have been invisible, below the radar, and concealed (Traies, 2016, 2018). As older lesbians/gay women age, they may develop age-related cognitive and/or physical disabilities, making it harder to see one another. There is, then a need to ensure that older lesbians/gay women can maintain their vitally important friendships. This may involve ensuring they have access to, and can use, technologies to maintain virtual connections. However, it also involves planning with them ways to facilitate directing contact with the people who matter most to them, who may very often be other older lesbians. For older trans lesbians/gay women there is a need to support their connections with trans communities, that is, with other transgender and gender non-conforming individuals.

Further research is indicated in relation to the "unhappy couples" not identified in this project, and to evaluate interventions to promote wellbeing among "unhappy singles." Understanding the diversity among and between older lesbians contributes to broader understandings in relation to the LGBT+ community during both generally and during public health crises. More comparative research is needed to better understand points of similarity between and among LGBT+ older people, as well as compared with the majority population. Understanding the place of gender in these similarities/differences is essential. Greater research involving older lesbian, bisexual, and heterosexual women would afford more opportunities to better understand this gender differentiation.

Notes

1. "Long COVID" is a term to describe the effects of COVID-19 that continue for weeks or months beyond the initial illness. The UK National Institute for Clinical Excellence (NICE) (https://www.nice.org.uk/guidance/ng188) defines long COVID as lasting for 12 or more weeks, although others consider it to comprise symptoms lasting more than eight weeks.
2. Women with solely same-sex attractions/identities, including the respondents in this study, describe themselves variably as lesbian or gay woman. Rather than appropriate their self-definition and refer to them as either "lesbian" or "gay" we are using the term "lesbian/gay woman" to reflect the different ways they identify.
3. Cis is short for cisgender, i.e. individuals who identify with the gender they were assigned at birth.
4. Trans is an umbrella term, encompassing transgender individuals (who identify with the gender binary but not the gender they were assigned at birth) and gender non-conforming individuals (gender plural, gender fluid, gender non-binary, agender, etc.).
5. People deemed most at risk of becoming seriously ill from coronavirus were advised to shield by the government, meaning they should not leave their homes and should minimize all face-to-face contact and to only go outside in certain situations and is aimed to decrease risk for people who are deemed to be extremely clinically vulnerable due to preexisting conditions and age.
6. Some of the data are now being analyzed by a second research team at different university, with skills in complex quantitative data analysis, in collaboration with the current authors. This will be reported elsewhere.
7. "Family" encompasses family of origin, children, and grandchildren as well those individuals/groups of individuals participants described as "family" without specifying further.
8. During the UK lockdown, the social distancing rules permitted people who live alone or are lone parents to children under 18 years and who are not shielding to have a support bubble. A bubble means that they are able to visit or have exclusive physical contact with someone from another household.

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