

OUR HOMES, OUR STORIES: AGING IN PLACE FOR LGBTQ COMMUNITIES IN
THE SAN FRANCISCO BAY AREA

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Simon Dean Jarrar

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by

Simon Dean Jarrar

APPROVED FOR THE DEPARTMENT OF ANTHROPOLOGY

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A.J. Faas, Ph.D.

Department of Anthropology

Jan English-Lueck, Ph.D.

Department of Anthropology

John Marlovits, Ph.D.

Department of Anthropology

Maribel Martinez, M.A.

Director of the Santa Clara County
Office for LGBTQ Affairs

ABSTRACT

The objective of this research was to investigate the impact of gentrification on the social networks and communities of LGBTQ (lesbian, gay, bisexual, transgender, queer) elderly people living in the San Francisco Bay Area. The expectation was that, due to the rising cost of living, people in elderly LGBTQ communities would be relocating; this would result in the fragmentation of support networks and community spaces. I used a two-part interviewing process. In the first interview, I asked participants to tell me about themselves and their lives, as well as what they consider to be important aspects of their lives in the Bay Area. The second interview was the co-creation of a life history calendar, a visual timeline of a person's life history. I found that the lasting effects of the HIV/AIDS crisis of the 1980s and 1990s have negatively impacted the LGBTQ elderly community. While participants acknowledge gentrification as a concern in the Bay Area, they do not consider it to be a salient issue for their communities specifically. Participants reported adapting to the changes in their communities resulting from HIV/AIDS by utilizing phone lines, newspapers, online chat rooms, and online networking sites to meet one another. They also expressed desires to see more community involvement from youth, who appear less involved and more transient to the Bay Area than participants remember being in their own youth. The majority of academic literature on LGBTQ aging focuses on the medical aspects of aging and discrimination in healthcare facilities, but not as much on LGBTQ aging in place. This research begins to address the interaction between LGBTQ aging, aging in place, and community trauma.

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TABLE OF CONTENTS

List of Figures.....	viii
List of Abbreviations	ix
Chapter One: Introduction	1
Situating the Setting.....	2
Gentrification and Aging in Place	4
Chapter Two: Theoretical Approaches and Literature Review	7
Historical Background.....	8
Place Attachment and Gentrification.....	13
Aging and Connectedness	17
LGBTQ Aging.....	20
Life History and Visual Anthropology	23
Chapter Three: Methodology	30
Explanation of Method	30
Sampling Strategies	35
Recruitment	36
Data Analysis.....	38
Reactions to the Method	40
Chapter 4: The Storytellers.....	44
San Francisco.....	44
Summer.....	45
Joshua	47
Larry	48
Paul	50
East Bay	52
Jim and Zolani	52
Jim	53
Zolani.....	54
Walter	55
South Bay	57
Carmel and Doris.....	57
Cathy.....	60
Amelia	61

Duane.....	63
Keith	65
Chapter Five: Choices and Strategies	68
Motivations for Locations	69
Relocations within the Bay Area	74
Hopefully Never to Roam?	76
Political Factors	78
Histories of HIV/AIDS	79
Death in Social Networks	83
Adaptations and Networking	84
Community Involvement and Aging	85
Intergenerational Communication	87
Chapter Six: Discussion	91
People, Places, and Rituals	91
LGBTQ Aging	97
Visualizing Narratives	102
Conclusion	107
Chapter Seven: Conclusions	109
Key Discoveries.....	109
Limitations.....	113
Directions for Future Research.....	116
Works Cited.....	120
Appendices	125
Appendix A: Calendars	125
Appendix B: Interview Instruments	132
Interview I Script	132
Interview II Script: Life History Calendar.....	133
Appendix C: Recruitment Flier	135
Appendix D: Consent Form.....	136

LIST OF FIGURES

Figure 1.	Life History Calendar by Keith.....	34
Figure 2.	Portion of Amelia's life history calendar in which she uses police code to describe cause of death.....	42
Figure 3A.	Summer's calendar.....	125
Figure 4A.	Larry's calendar.....	126
Figure 5A.	Paul's calendar.....	127
Figure 6A.	Jim's calendar.....	127
Figure 7A.	Zolani's calendar.....	128
Figure 8A.	Carmel's calendar.....	128
Figure 9A.	Doris's calendar.....	129
Figure 10A.	Cathy's calendar.....	129
Figure 11A.	Amelia's calendar.....	130
Figure 12A.	Duane's calendar.....	130
Figure 13A.	Keith's calendar.....	131

LIST OF ABBREVIATIONS

CLD - Center for Living with Dying

LGBTQ - lesbian, gay, bisexual, transgender, queer

LHC - Life history calendar

MCC - Metropolitan Community Church

Chapter One: Introduction

In the past ten years, the San Francisco Bay Area has gentrified enough that housing is too expensive for the majority of residents. From 2000 to 2013, the Bay Area lost 50 percent of its affordable housing (UC Berkeley 2013). Twenty-five percent of the seven million people living in the Bay Area are considered severely housing burdened, meaning that housing costs more than half of their monthly income (UC Berkeley 2013, 4). The Castro District, a historic area of San Francisco for LGBTQ communities, lost 211 affordable housing units as of 2013 (UC Berkeley 2013). Rising costs are attributed to a rising demand for housing as people from all over the United States move in to join the technology industry, seats of counterculture, or both. Scarce housing combined with the historically high cost of living have driven up cost of living beyond that of New York City (Stone 2014). If people are relocating away from the Bay Area as a result of increased costs, then they may potentially be separated from their local social networks and heritage communities. Low-income populations, including people who are on fixed incomes such as social security, are especially vulnerable to the economic impacts of the rising cost of living. In what follows, I situate gentrification in the context of the Bay Area's historic reputation as a seat of counterculture, introduce the intersectional experience of being an LGBTQ (lesbian, gay, bisexual, transgender, queer) older adult, posit the research questions that guided this research, and summarize the key concepts that appear throughout the rest of the paper. The research described herein explores the impact of gentrification on elderly LGBTQ communities and their strategies for aging in place.

Situating the Setting

One attractive feature of the San Francisco Bay Area for people who identify as LGBTQ is its reputation for a left-leaning political atmosphere. The city of San Francisco has been a historic site for hard-won pro-LGBTQ policies. It is also where much of LGBTQ history has been made, such as the earliest advocacy organizations, LGBTQ newspapers and magazines, and the first gay bar in the United States that had windows through which people could see from the outside (the latter is relevant because other gay bars at the time were designed to hide its patrons, so that they would be safe from homophobic violence). Gay ex-soldiers sought each other in the aftermath of World War II and found each other in San Francisco; this set a precedent for people from all over the United States to relocate to San Francisco and the surrounding area, seeking an accepting atmosphere in which they could be open about their sexual orientations and gender identities (Carlsson 1995; Moskowitz 2017, 33). As a result, their arrival and participation in pro-LGBTQ activism has been a key element in the city's progressive reputation, which attracts more LGBTQ people to the area.

San Francisco and the surrounding area have a history of being the forefront of LGBTQ activism, including the Compton Cafeteria riots, which predate the famous New York City Stonewall Riots of 1969 by two years. The first gay pride parade was in San Francisco in June of 1970. The first openly gay government official, Harvey Milk, was also elected in the city. HIV/AIDS and its legal and political responses, led by LGBTQ people, also appeared first in San Francisco. The elderly LGBTQ population that currently lives or has lived in the San Francisco Bay Area is part of a generational cohort

that was involved in these historical periods; they lived through them and most likely contributed to social and political activism that resulted in surviving them. In brief, the elderly LGBTQ cohort has both caused and experienced rapid, radical progressive social change for the benefit of LGBTQ people, which planted the seeds for a lasting reputation of a left-leaning culture in this region. Individuals and communities within this cohort continue to experience the aforementioned changes as they reach old age.

None of the above would have been possible without strong chosen family networks and community centers; they mobilize people, keep them united, and provide support systems that families of origin--often estranged--frequently cannot. Chosen families are systems of fictive kin upon which LGBTQ people may rely for social and emotional support; often, they assume the roles of families of origin, which may reject LGBTQ people after they come out of the closet. These chosen family networks and community centers have provided the paths by which LGBTQ people navigate institutions such as healthcare, housing services, and social security. As people congregate at community centers, as well as in other areas of LGBTQ rendezvous such as bars, bathhouses, and women's coffee shops, the areas in question become known for their LGBTQ inhabitants. Two examples of such areas are the Castro and Mission districts of San Francisco; the former has been and continues to be home to many gay bars, and the latter the home of the Center for Sex and Culture, a community center that provides sex-positive sex education for diverse groups, hosts educational events, and maintains publicly accessible libraries. People who create the identity of a place come to identify *with* it, and the current LGBTQ elderly population frequented these areas, among others, in their

socializing and social activism. In order for them to maintain their identities with these places, then, they may want to have access to them.

Gentrification and Aging in Place

Successful aging is a recurring concept in gerontology. One criterion for successful aging is that the older person maintains a degree of social connectedness; having people around is an overall benefit to one's health while aging (Croghan et al. 2014; Fredriksen-Goldsen and Muraco 2010; Gabrielson 2011; Muraco and Fredriksen-Goldsen 2011; Ouchida and Lachs 2015; Phelan 2010). The normative life course, however, is based on a heterosexual experience -- by the time people are considered elderly, they would have children or relatives to care for them, or assisted living facilities that would meet their needs (Muraco and Fredriksen-Goldsen 2011, 1074). Whether LGBTQ people have children varies. According to several studies, LGBTQ people rely on chosen family, romantic partners, and friends to care for them, if they need it, as they age (Croghan et al. 2014; Fredriksen-Goldsen and Muraco 2010; Gabrielson 2011; Muraco and Fredriksen-Goldsen 2011). The prospects of finding assisted living that does not require LGBTQ people to return to the closet in order to avoid discrimination are rather grim (Johnson et al. 2005). When they do find such an arrangement, however, they feel safe to remain out of the closet and connect with fellow residents (Sullivan 2014).

Aging in place is defined as the ability to maintain independence in one's chosen environment, even as one's needs change (Kaup 2009, 102). This concept ties in closely with the reliance on the social environment, of which physical places are a part, for one's own well-being. Maintaining physical attachment to important places constitutes

maintaining one's own sense of self; the places people call home are reflective of and incorporated into their identities (Cristoforetti et al. 2011, 226). Gerontological literature addresses aging in place within the context of one's physical and social functioning at the individual level, but there is little research about the intersection of aging in place and civil rights movements. If a community's past involves civil rights action and activism, then those movements would give meaning to physical spaces, which in turn would foster a sense of meaning and purpose in that community.

In the San Francisco Bay Area, gentrification has resulted in relocation due to rent based displacement (UC Berkeley 2013). This may reduce access to key historical places and community spaces and, in turn, compromise older LGBTQ adults' senses of identity and personal history. In addition, the decomposition of social connections among history makers of LGBTQ liberation movements may result in the disappearance of lesser known stories. Those stories would not be passed down to LGBTQ posterity if there were not enough intergenerational communing with the non-elderly LGBTQ populations that currently reside, or plan to reside, in the Bay Area. This could result in loss of perspective of the progression of the LGBTQ liberation movement in the Bay Area as the narratives of the elder generation's pro-LGBTQ social and political mobilization are lost to the ever-changing spaces of the San Francisco Bay Area. Since history is partly what guides present and future social activism and policymaking, its loss could be detrimental to aforementioned institutions for current and future LGBTQ residents of the Bay Area.

Within the context of the aforementioned issues of non-normative life courses, placemaking, and intergenerational community, I asked the following questions for this

study: How has the gentrification of the Bay Area impacted older LGBTQ individuals and their long-standing social networks--chosen families, community centers, and social justice organizations? What are the strategies that they employ in order to age in place in the Bay Area? I expected that the effort of relocating to more affordable places to live has caused geographic distance between individuals and their social networks, which, in turn, has caused emotional distance. Alternatively, the opposite outcome is also conceivable for some, in which the rising costs of living in the Bay Area has strengthened social networks as a byproduct of the creation of new cohabitation, resource-sharing, and survival strategies.

In sum, I have investigated the impact of gentrification on elderly LGBTQ individuals who have remained in the Bay Area in order to determine how the increase in cost of living has influenced residence in and access to historic neighborhoods, meeting places, community centers, and chosen family networks. I specifically chose the LGBTQ population because research on their life courses, as distinct from heterosexual life courses, is relatively new and scant in the anthropological literature. Gerontological literature about successful aging for LGBTQ people primarily focuses on the biomedical context of access to healthcare and the importance of social connections for continued wellness. I ask my research questions from a place-making perspective, investigating degrees of access -- or importance of access -- to historic spaces in LGBTQ history and their implications for LGBTQ posterity and policymaking.

Chapter Two: Theoretical Approaches and Literature Review

In what follows, I present a literature review that includes theoretical foundations and methodological approaches for investigating the impact of gentrification on LGBTQ (lesbian, gay, bisexual, transgender, queer) elderly people who have lived in the Bay Area since 1980 or earlier. I begin with a short exposition of the Bay Area as a foundational place for the LGBTQ rights movement, including some key historical events. Following that, I review literature about place attachment and gentrification in urban spaces. Next, I discuss literature on successful aging and aging in place and present gerontological literature that specifically study successful aging for LGBTQ elderly populations. Lastly, I present literature about visual anthropology, which inspired the life history method for this project, and how it relates to the individual as a unit of analysis. I situate each section of this literature review within the context of the Bay Area as a historic place for LGBTQ history and resistance and I also consider the implications of being unable to age in place in such a historic place.

It is important to note that the acronym LGBTQ signifies a spectrum of gender and sexual identity minorities. Many people who identify within this spectrum share common experiences of marginalization and may share similar beliefs about their own identities. Within the LGBTQ spectrum, however, there are many identities; additionally, LGBTQ identities intersect with other social identities such as race, ethnicity, class, and ability. Therefore, even with the commonalities between the experiences of different LGBTQ identified people, there are many different experiences. For example, gay men and lesbian women have different experiences and histories as a result of differently

constructed gender experiences. Bisexual people of any gender do not have the same experiences as gay men and women, as they do not conform to the binary of being exclusively gay or exclusively straight, leading to marginalization and mistrust from people who identify as either. A transgender person, regardless of their sexual orientation, has a different experience of identity and marginalization than a cisgender person who is lesbian, gay, or bisexual. Also, a white transgender person has a different experience from a transgender person of color. Transgender men, transgender women, and nonbinary people of many races, classes, and abilities have different experiences by virtue of their intersectional oppressions. The acronym “LGBTQ” signifies a common understanding of an experience that is not cisgender-heterosexual; the use of the acronym, rather than “the gay community” or other oversimplifications, represents the understanding that identities that are not cisgender-heterosexual are varied (Valentine 2003).

Historical Background

Many of San Francisco’s well-known “firsts” for the LGBTQ liberation movement occurred between 1950 and 1980. These years are also within living memory for the target population of this study. For these reasons, this is the time period on which this section will focus. I also describe key historical events of the LGBTQ liberation movement in the East Bay, followed by the South Bay.

In 1955, the Daughters of Bilitis, a lesbian rights organization, was founded in the city of San Francisco by Del Martin and Phyllis Lyon in order to create a safe space for lesbians to socialize that did not carry the risks of police raids that bars did. As the

organization grew, it became a force of activism when its members participated in efforts to challenge the pathologization of their identity. They published the first issue of their magazine, *The Ladder*, in 1956, which served as a newsletter for the Daughters of Bilitis, spreading awareness of their political efforts, gatherings, and events (Sonnenberg 2015). They were considered the lesbian counterpart to the Mattachine Society, a gay men's organization with similar efforts that was founded in Los Angeles and spread to San Francisco in 1953 (Sonnenberg 2015).

In 1960, the Daughters of Bilitis held the first lesbian women's conference, which yielded a turnout of around 200 women (Sonnenberg 2015). By the 1960s, the Tenderloin district of San Francisco became known through word of mouth as the place gay people went to find others like themselves (Broverman 2016). The Tavern Guild was founded in 1961 after a system of police blackmail against gay bar owners was exposed and halted (Carlson n.d.); the Guild provided support for activist efforts to humanize homosexuals (this was a commonly used identifier at the time, though it has gained a clinical connotation over time and has fallen out of favor). That same year, Jose Sarria was the first openly gay person -- and drag queen -- to run for public office in his campaign for San Francisco city supervisor (Cook-Daniels 2007, 6). In 1964, the Council on Religion and Homosexuality was founded on the advice of Congressman Philip Burton. By denouncing police raids and harassment against gay residents and gathering places, the Council popularized an anti-police sentiment in the region (Carlson n.d.).

The city became the home of the first gay community center in 1966, run by the

Society for Individual Rights (Cook-Daniels 2007, 6). It was also in 1966 that the Compton Cafeteria riot occurred. Predating the famous Stonewall Riot of New York City by two years, the Compton Cafeteria riot occurred when drag queens and transgender women at the restaurant fought police who had attempted to arrest one of the patrons for violating crossdressing ordinances (Broverman 2016). Anyone perceived to be a “transvestite” was then banned from the restaurant, which sparked a picket protest by gay community members (SF Gay History 2015). This event was San Francisco’s turning point in LGBTQ advocacy for which the next decade is more commonly known.

The 1970s was a decade of organized political movement. In 1972, San Francisco, along with Ann Arbor, Michigan, became the first city to pass an anti-discrimination ordinance for homosexuals. At this point, the city police ended routine raids of gay bars. In 1973, San Francisco State University was the first in the nation to grant a tenure track position to an openly lesbian professor, Sally Miller Gearhart (SF Gay History 2015). Later in 1973, Harvey Milk launched his first campaign for the city’s Board of Supervisors, though it was after this second campaign in 1975 that he was appointed to the Board of Permit Appeals; this made him the first openly gay city officer in the United States. Unfortunately, he was fired five weeks later upon announcing that he intended to run against the Mayor’s candidate for state assembly. Then, he lost the Democratic Party nomination for the position (SF Gay History 2015). Harvey Milk ran again in 1977 for the Board of Supervisors and won the seat for the Castro district.

The State of California officially repealed its sodomy ban in 1975 by passing AB 489, the Consenting Adult Sex Bill (SF Gay History 2015). The rainbow flag, now

known as an international symbol of gay rights, was created and debuted for the city's Gay Freedom Day Parade in 1978. In November of that year, a ballot initiative that would have prohibited gay men and lesbians from being school teachers lost by more than 75 percent of San Francisco voters. Just twenty days later, Harvey Milk was assassinated in City Hall. The next year, the assailant was convicted of voluntary manslaughter, rather than first degree murder, which prompted the riots in front of city hall that are now referred to as the White Night Riots.

Earlier that year, Mayor Dianne Feinstein appointed Harry Britt, a gay man, to assume Harvey Milk's supervisor position; this set the precedent for the city having at least one openly LGBTQ supervisor (SF Gay history 2015). On April 24, 1980, Ken Horne was the first person to be officially diagnosed with AIDS. This is the point at which the city became known for its AIDS activism and relief efforts, including memorials, needle exchange programs, Project Open Hand, and ACT UP (now known as Survive AIDS).

The East Bay Area also had many LGBTQ liberation "firsts," particularly with regard to the defense and founding of community gathering spaces. Two lesbian bars in Oakland are famous for being prosecuted by the Department of Alcoholic Beverage Control: Pearl's and First and Last Chance. The Business and Professions code, effective in 1955, mandated that individuals managing a "resort for . . . sexual perverts" (Howarth 1995, 157) would have their liquor license revoked. Since Pearl's was patronized by lesbians, and lesbians were deemed "sexual perverts" by the court, the establishment was shut down (Howarth 1995, 159). First and Last Chance would have faced a similar fate in

Vallerga v. Department of Alcoholic Beverage Control if not for a court appeal stating that having lesbians patronize a bar did not justify revoking a liquor license (Howarth 1995, 167). In addition to this, the bar had no evidence of illegal activity, especially since two female police officers frequented the bar on an almost daily basis. First and Last Chance succeeded in maintaining their liquor license and was not shut down (Flanagan 2015). In this court decision, gays and lesbians were recognized as human beings, rather than “sexual perverts,” which allowed them to continue patronizing and meeting at gay and lesbian bars. These bars in Oakland set precedents for the maintenance of LGBTQ spaces that served alcohol. In Berkeley Pacific Center for Human Growth was founded in 1973. At the time of this writing, it is the oldest LGBTQ center in the Bay Area and the third oldest LGBTQ center in the United States (Pacific Center for Human Growth 2018).

The South Bay Area faced similar legal concerns as the East Bay in terms of maintaining their meeting spaces. The Department of Alcohol and Beverage Control closed the Midway Café in 1956 for serving alcohol to gays and lesbians; it had only been in business for a year (Flanagan 2017). In 1978, the San José City Council approved a Gay Rights Week; however, as a result of pressure from Christian organizations, the Council rescinded the approval (Flanagan 2017). Two years later, the city voted to overturn an ordinance that prevented discrimination on the basis of sexual preference; this began a pattern of police harassment in gay bars that lasted throughout the 1980s.

As a result of this loss, the LGBTQ community in San José came together to found the Billy DeFrank Center, a resource center and meeting place for LGBTQ people in the

South Bay (Flanagan 2017). The Billy DeFrank Center continues to operate at the time of this writing. In addition, bathhouses continue to operate in San José, even though many were shut down in San Francisco. Renegade's Bar has remained open from 1983 to the time of this writing. Although many gay bars had difficulty staying open, these three establishments lasted throughout the era of police harassment and anti-LGBTQ campaigning.

Another LGBTQ meeting space was Metropolitan Community Church, a gay affirming religious organization. In 1971, it began to advertise gay bars in its newsletter. They also announced the first gay marriage performed by the church (Flanagan 2017). Although it was not a legal marriage, it set a precedent for other LGBTQ couples to seek what they termed "holy unions" at Metropolitan Community Church.

With these historical events of the LGBTQ liberation movement of San Francisco, the East Bay, and the South Bay in mind, I present academic literature about place attachment and how it relates to LGBTQ elderly communities in the Bay Area.

Place Attachment and Gentrification

Place attachment is the bond that people form with their environments through personal involvement (Low 2002, 398); this involvement includes such things as living in the place, buying a home in that place, telling stories about the place, and learning about the history or cultural significance of the place. This attachment is related to the experiences of the individual, as well as the individual's predecessors, both of whom produce and reproduce narratives of the physical environment and interaction with it

(Faas et al. *in press*). Individuals' lives are linked to their relationships with other people and with their physical environment (Faas et al. *in press*).

Hoey (2010, 243) theorizes place attachment in terms of "town character" and "place identity." Town character is the community's perception of their own place, as distinct from another. Place-identity is the aspect of constructing the narrative of the self within the space in which a person lives. In an ethnographic study about people who relocate voluntarily from urban to rural areas, Hoey found that urban-to-rural migrants seek a unique local character in their new locales in order to maintain their own uniqueness -- by moving away from the homogenizing forces of suburban sprawl, migrants and their families hope to construct meaningful accounts of individual and collective identity (Hoey 2010, 248). Although the majority of the Bay Area is urban, it maintains its place as a site of formative LGBTQ history. Elderly LGBTQ individuals would wish to remain in an area with which they identify their own identities and collective history, a wish that may be hampered by gentrification.

Gentrification is the process in which higher income groups move into a historically low-income neighborhood and invest in real estate, resulting in a higher cost of living. This process involves changes in the neighborhood that appeal to newcomers but may result in long-term residents being displaced to suburban or exurban areas. Such changes may include improvements in public transit and parks, which increase the desirability of a location and, therefore, its monetary value. The presence of police may rise in efforts to make new residents feel safer, and local businesses may be replaced by establishments that cater to the needs of new residents. As cost of living increases, long term residents

who cannot keep up with the increase may find themselves displaced; they are far from their jobs, long-time service providers, and nonprofit organizations. This dispersal of former residents of the area increases isolation, as they spend longer times commuting and less time with their former social connections who have either remained in the gentrifying area or have moved to different suburban or exurban areas. This process has and continues to occur in most of the Bay Area, including San Francisco, Daly City, Oakland, Alameda, Berkeley, San Pablo, Fremont, Union City, Milpitas, East Palo Alto, Mountain View, Sunnyvale, and San José (Urban Displacement Project 2015).

Neil Smith (2005) argues that gentrification is not a result of market forces determined by consumer preference; although these are factors in the process, gentrification is the result of capital returning to city centers (Smith 2005, 67). He refutes the argument that gentrification is purely the result of consumer choice. Consumer choice implies individual choice. If choices change unanimously and on a national or international scale, however, then they are no longer individual choices. Instead, they are the result of economic and market forces that incentivize moving into revitalized properties (Smith 2005, 53-55).

Capital flows into city centers, which are often “rundown” neighborhoods, due to the creation of a rent gap. The rent gap is the difference in value between a property and the land on which it lies (Smith 2005, 65). Landlords create rent gaps when they under maintain a property in a declining housing market, creating a sort of “urban frontier” (Smith 2005, 62); this is because the capital would be better utilized in areas with better housing markets. This process is further compounded by blockbusting (Smith 2005, 63) and redlining (Smith 2005, 64). Blockbusting occurs when real estate developers take

advantage of racist sentiments of white occupants of declining neighborhoods; they do this by selling the homes at a markup to African-American and Latino families who are struggling to buy a home. After this, the value of the property declines both due to the inherent racism of the housing market and the lack of resources available to the occupying family for property maintenance and mortgage payments (Smith 2005, 63). When investors and financial institutions avoid mortgage lending in declining areas in order to avoid risk of foreclosure, they effectively redline the area, which furthers decline (Smith 2005, 64).

Once the rent gap is wide enough, developers can purchase the properties and revitalize them in order to make a profit more substantial than they would in a suburban area (Smith 2005, 50, 65-67). As developers and real estate investors do this throughout a neighborhood, property values rise, resulting in the pricing out of low-income and working class residents as described earlier. This process also accounts for the changing character of the neighborhood to reflect the demographic that moves in-- local residents who are priced out would also be unable to maintain rents on business fronts as market rate rents rise. Those businesses close, and new residents who are able to afford the market rates open their own businesses in their place.

Residents of urban areas maintain everyday practices that give meaning to their spaces (Barrios 2011, 119). As an area gentrifies, new residents may introduce practices and expectations that conflict with the local culture. If residents who have established a city's practices are relocating as cost of living rises, then they cannot maintain the meanings and narratives of their city, nor can they reinvent them if they have been

separated by geography. Additionally, ritualized spaces (Barrios 2011, 122) such as bars, community centers, theatres, bowling alleys, and other centers of LGBTQ culture and resistance, may not survive increases in property rent or competition with new business and spaces that are designed to appeal to the new, incoming population (Moskowitz 2017).

I approach the question of the impact of gentrification on LGBTQ elderly in the Bay Area from the possibility that individuals may be dispersed and ritualized spaces may be compromised as cost of living increases. The LGBTQ elderly population that has lived in the Bay Area since 1980 or earlier has contributed to the history and cultural significance of the area, particularly in San Francisco. It would make sense, by Low's (2002) definition of place attachment, that the current generational cohort of LGBTQ elders would feel a degree of place attachment to San Francisco or, if they have lived in other parts of the Bay Area, their current locales. If their places of residence and neighborhoods are being gentrified, then they may feel a sense of disidentification with their locales as demographics and ritualized spaces change, reflecting the incoming population more than it reflects themselves.

Aging and Connectedness

Like gender, age is a socially constructed concept by which people draw conclusions about attributes of individuals and how to act toward them. Essentializing age as a fact of chronology also sharpens the constructed binary between age and youth as somehow irreconcilable (Laz 1995, 97). Stereotypes about the elderly are validated by the ways in which old age is socially constructed (Phelan 2010, 896-897). Phelan (2010, 898) argues

that the creation of distinct categories based on age associates old age with physical decline; therefore, it is associated with pathology and biomedical dependence. Since aging is also associated with retirement, it can also be construed as economic dependence through pensions and welfare (2010, 899). These discourses have the effect of focusing policy on the unique “difficulties” of age, which further essentializes the elderly as distinctly more vulnerable and disempowered than people of younger ages (Phelan 2010, 898-899).

Within the discourses of aging as uniquely difficult is the idea that the elderly are inherently lonely. Gerontologists have worked to mitigate this phenomenon by studying successful aging and incorporating this concept into their practices. Aging is deemed “successful” when one maintains quality of life, health, and social networks in the context of illness, disability, or other age-induced physical limitation (Fredriksen-Goldsen et al. 2015, 155). The alternative is an experience of old age in which physical and lifestyle changes lead to isolation and chronic illness in the older person. One who has followed the rather conventional American, middle-class life course of marriage, property ownership, children, and grandchildren would be expected to maintain a social network of family of origin and descendants, the community at large, or an assisted living facility.

Another concept within successful aging is “aging in place.” Aging in place is defined as the ability to maintain independence in one’s chosen environment, even as one’s needs change (Kaup 2009, 102). In order to remain in place, the elderly must be able to navigate to and within the physical environment; this is how they access

healthcare and social networks. Additionally, the places people call home are reflective of and incorporated into their identities (Cristoforetti et al. 2011, 226); home is where people have cultivated and, ideally, continue to cultivate memories. It is also where people have access to those with whom they are close. The maintenance of a sense of self and personal identity, to which place attachment contributes, is a factor in successful aging because it solidifies a sense of purpose. That, in turn, improves a person's self-esteem, which improves health.

Elderly LGBTQ people who have lived in the Bay Area since 1980 or earlier have a unique historical perspective and place attachment to the region. They have lived through -- and mobilized for -- many policy changes that made the Bay Area a safe home for LGBTQ people. This age cohort, then, has a shared history of place attachment to the Bay Area and advocacy for their right to be there. Therefore, aging in place for this population is also a matter of maintaining a connection with historical space.

Much of the culture of the Bay Area, and especially of San Francisco, has been influenced and formed by this age cohort. Examples of such cultural aspects include the practice of organizing programs to solve social problems, sex positivity, appreciation and circulation of art, and an overall precedent of counterculture. As the Bay Area gentrifies, people of many different backgrounds -- LGBTQ accepting or not -- impact the culture and landscape as well. In addition, the rising cost of living in the San Francisco Bay Area may result in LGBTQ elderly people, or people close to them, being priced out of their historical home. Not aging in place in the Bay Area, for this population, may have the

unexpected consequence of the loss of historical context for the Bay Area's cultural practices.

LGBTQ Aging

For LGBTQ elderly, the presence of family of origin and descendants, as well as acceptance by the community at large or by an assisted living facility, is not necessarily guaranteed; LGBTQ people have historically faced structural discrimination and stigmatization for their identities and lifestyles. Additionally, the idea of the elderly LGBTQ person existing is relatively new since, up until the late 1980s, the conventional narrative of the LGBTQ person is one of a sexual deviant; heterosexuality was -- and in most of the world, still is -- the norm by which people are to enact their genders, and doing otherwise was considered perverse. Furthermore, the elderly are not often considered to be sexually active (Ouchida and Lachs 2015, 48); so, connecting age with LGBTQ identity would be easily overlooked.

Successful aging for elderly LGBTQ people relies on the maintenance of chosen families and social networks because it is in these communities where they have traditionally found support. A literature review conducted by Fredriksen-Goldsen and Muraco (2010) identifies an overall trend of older gay men and lesbians applying their skills of navigating a marginalized identity from their sexual identities to their age, which mitigates isolation; due to these skills, they consider their mental health and self-esteem to be good. Older African American gay men experience more ageism than do older white gay men (Fredriksen-Goldsen and Muraco 2010, 398), which points to differences in experiences as a result of intersectional oppressions. The researchers found that many

LGB (not including transgender) people prefer to rely on their social networks rather than on formal institutions, due to fear of both pathologization and ageism in community centers (Fredriksen-Goldsen and Muraco 2010, 398); other factors include financial instability and lack of formal protection of their partners. The fear also applies to transgender people; they choose to remain with those who affirm their identities in order to avoid the risks of discrimination and disrespect of their final wishes (Witten 2014, 27).

Maintenance of chosen families is one way in which older LGBTQ people stay connected; since often LGBTQ people of many ages are estranged from their families of origin (Gabrielson 2011) they commonly form families of choice -- a network of people whom they consider a family that accepts them. Frequently, friends provide care for each other as an effort to maintain solidarity with and solidify community identity (Muraco and Fredriksen-Goldsen 2011, 1076). These kinship constructs result in older LGBTQ adults having primary caregivers who are not from their families of origin and therefore have little to no legal standing in decision making (Croghan et al. 2014). LGBTQ people will choose friends as caregivers over elder care arrangements due to fear of stigma and loneliness in heterosexually-dominated facilities.

Sometimes, community-based caregiving is insufficient, and formal eldercare is required. Same-sex couples have a higher likelihood of requiring assistive care than do heterosexual couples (Hiedemann and Brodoff 2013). If LGBTQ people avoid eldercare out of fear of needing to go back into the closet to avoid discrimination (Johnson et al. 2005), then an LGBTQ-centered community may be beneficial. Sullivan (2014) found that residents were at ease in such an environment because they felt a sense of

belongingness (Sullivan 2014, 241). Fredriksen-Goldsen and Muraco (2010, 402) also found that LGBTQ older adults fare best with community-based support, access to healthcare, and positive identity. All of those would be present in such an environment as Sullivan studied.

Another way in which elderly LGBTQ experiences are atypical is their association with the HIV epidemic of the 1980s. Since illness and methods of coping with illness are factored into the determination of successful aging, the impact of HIV on one's life becomes part of these criteria. The experiences of elderly people living with HIV are lacking in the literature. HIV is a concern that disproportionately affects LGBTQ populations because they were the first ones in the United States to be impacted by the virus; this history with the virus also associates them with it, perpetuating the stigma related to HIV. To be an elderly LGBTQ person who has aged with HIV, then, proposes unique challenges. Since HIV/AIDS is a relatively recent illness, medical professionals cannot provide empirical evidence of the prognosis of the elderly HIV-positive person (Solomon et al. 2014, 242). The uncertainty that comes with aging as an HIV-positive person not only concerns prognosis, but also financial futures -- life with HIV is costly at all ages -- and transitions to retirement. The stigma associated with HIV-positive people may complicate the search for adequate retirement plans and housing facilities (Solomon et al. 2014, 243). For HIV-positive people, however, risks of isolation increase as a result of multiple stigmas, as well as past deaths from HIV in their social circles (Wagenen, Driskell, and Bradford 2013, 3). Those stigmas may also result in alienation from family,

friends, and communities, all of whom may have misconceptions about the nature and transmission of HIV.

I ask in this research how LGBTQ elderly people are aging in place in the Bay Area. I seek to investigate how this population is maintaining its chosen families and how those networks have been impacted if people are relocating or losing access to ritualized spaces; additionally, I want to know to what degree these social networks impact their choices in services, whether or not they employ the community-based caregiving described by Croghan and colleagues, and how their experiences compare with those described by the aforementioned literature. Based on the literature I have presented, and the historical context of the Bay Area, I would hypothesize that LGBTQ elderly people in the Bay Area would continue their past practices of mobilization for the betterment of their social networks and communities. This would include the creation of new resource centers and the maintenance of extant ones, the creation of LGBTQ services and ritualized spaces that are specific to the elderly, and group housing situations to lower the costs of living near historic and ritualized spaces.

Life History and Visual Anthropology

Although I explain my data collection and analysis methods in the next chapter, I precede that section here in order to explain how I integrated visualization of data into the person-centered life history narratives that comprise this fieldwork. I did this in order to create a collaborative storytelling environment led by participants, so that they may take charge of their own stories. In what follows, I define life history and how it relates to the sample population. I review visual anthropological literature on ethics of its use, as

well as its use in applied anthropology. Although much of the literature about visual anthropology concerns the use of photography and film, these discourses can be applied to other forms of visual media, since those forms are also constructed within a social context and designed to represent a certain group of people.

In the fieldwork for this thesis, I focused on life histories of individuals in social networks that are situated in the context of LGBTQ liberation history. A life history is an individual's account of their life, guided by questions from an anthropologist (Linde 1993, 47). The structure of the story is informed by pivotal points in life such as career changes, marriage, divorce, and ideological changes; these are "culturally defined landmark events" (Linde 1993, 23). Generational cohorts may also share certain historical events (Linde 1993, 23), such as the ones in the brief overview of LGBTQ liberation history in San Francisco, presented at the beginning of this chapter. I used literature on visual anthropology as inspiration for the construction and execution of the life history calendar method, which is described in the following chapter.

Visual anthropology studies visible aspects of culture, as well as the use of visual ethnographic methods by anthropologists (Morphy and Banks 1999, 1-2). Visual media is often considered to be film and photography, but can also involve historical artifacts, bodily movement and gesture, architecture, and art. Visual anthropology had its beginnings in positivist assumptions. As the discipline of anthropology moved away from positivism, however, visual anthropologists became increasingly cognizant of the ways in which audiovisual media is produced and interpreted through the cultural understandings of the anthropologist. As such, visual anthropology is an effort of co-representation by

the anthropologist with the people who are being represented in visual formats (Ruby 1996, 1345).

Ethnographic film produced in conjunction with the subjects being represented offers control of representation to those who typically do not have the power to do so, effectively taking power over a group's cultural image (Ruby 1991, 51). Ruby argues that the best way for this to occur is for populations to represent themselves (Ruby 1991, 53). Documentaries are not objective; those who create documentaries want the viewers to come away with a specific, informed point of view (Ruby 1991, 54). The documentary maker has the obligation not to appear neutral in order to dispel the public misconception that documentaries are objective, which has been born of the notion that filmmakers present a factual reality within a positivist paradigm (Ruby 1991, 53).

Visual anthropologists utilize media in their data collection and presentation in order to represent their sample population more thoroughly than with words alone. They use the narrative nature of ethnography to create a visual narrative, such as that of a photo essay, film, or art piece. However, one of the ethical issues of visual anthropology is that of perspective -- oftentimes the visual ethnographic product is from the theoretical perspective of the anthropologist (Cuyper 1997, 3). As a result, anthropologists may reinforce the ethnocentric perspectives of their study population that they wish to dispel (Cuyper 1997, 3). One example of this phenomenon is the importance of protagonists and characters in filmmaking overlapping with the creation of *Preschool in Three Cultures*, an ethnographic film that depicts typical preschool days in Japan, China, and the United States. Hayashi and Tobin (2012) found that one scene in which a teacher mediates a

fight between two boys has those three characters as the visual focus, making them the protagonists. What this did, however, was exclude the onlookers, implying that they were not actors in that scene. By doing this, the filmmakers did not include the cultural perspectives of educators; they believe that the children who are watching, but not fighting, not only learn from the conflict, but also supply “eyes of society” (Hayashi and Tobin 2012, 17, 25). Children learn to understand collective responsibility and teamwork by learning eyes of society (Hayashi and Tobin 2012, 25). When they focused on the individuals of the scene, the filmmakers reinforced an American perspective of individual behavior and responsibility. When the film was remade and the focus broadened to include the watching children, the scene was more visually accurate in terms of representing a Japanese cultural value being enacted during a typical day in preschool.

Visual anthropology offers another dimension of analysis beyond that of representation of the subject by the media creator. Newton (1998, 63) argues that human communication is visual, and the creation of visual media involves communication; therefore, visual anthropology is a way to focus on visual behavior as its own form of meaning. She suggests that rather than focus solely on issues of representation, visual anthropologists should use typologies of visual behavior to analyze the interactions within the media themselves. The creation of visual media -- in this article, a photograph -- involves interaction with the photographer and subject; the viewer of the photograph interacts with both the photographer and the subject by observing the visual behavior that was captured in an image (Newton 1998, 61). Although issues of representation are important, Newton emphasizes that the image and its creation is also a unit of analysis on

its own, by virtue of the fact that behavior is observed regardless of the presence of a camera.

Pink (2004, 6) distinguishes applied and academic visual anthropologies by arguing that while both are collaborative, applied visual anthropology is problem-solving rather than exploratory; further, the anthropologist is a decision maker and culture broker. Its use as an intervention methodology can be applied to the public, private, and NGO sectors, because it is designed to collaborate with informants (Pink 2004, 6).

Additionally, its use in applied work makes anthropology more accessible outside of academia because visual media are widespread (2004, 6). Applied medical anthropologists have used films as tools in HIV prevention campaigns; anthropologists in community development contexts also use the collaborative process of film-making to involve participants in the reflexive process of creating documentaries (Pink 2004, 7). Pink (2004, 8) argues that these uses are not just adding an applied element to academic visual anthropology, but use anthropological theory to contextualize a certain message for a specific target audience.

Using applied visual anthropology has ethical implications that are distinct from academic visual anthropology. There are many more stakeholders in applied visual anthropology: the researcher, the population being represented, media publishers, and viewers of the media. Beyond issues of representation of the subjects, there are also questions of data ownership, different understandings of informed consent by all of the involved parties, and the question of who benefits from the creation of the film (Pink 2004, 8-11). Working with TV and movie companies involves different understandings

of business ethics and anthropological ethics, copyright laws, and the generation of profit from the film that its subjects may not see (Pink 2004, 11); these issues must be resolved on a project-by-project basis, since every undertaking has a different beginning, and ethnographers may find themselves on different trajectories with their data than they expected.

I used the aforementioned literature to inform the life history calendar method. Firstly, my goal was a collaborative storytelling environment, similar to that of the creation of visual ethnographic media. Since the methodology focuses on experiences of the individual in social networks and generational cohorts, I wanted individuals to represent their stories visually. Secondly, using the life history calendar method to map landmark events would lay out how the individuals' landmark events relate to those shared by the generational cohort. Thirdly, life history is a broad topic, even when focusing it on activism, community involvement, and social networks. For someone whose social networks spring from activism and community involvement, the creation of these categories as separate may be arbitrary and, as a result, hold no value. Therefore, I hoped to use a visual method for collaborative data collection and organization based on the participant's perceptions of their own life history; ideally, I would avoid prioritizing my own perspective. Finally, since this is a study about place attachment and gentrification in the Bay Area, I wanted to incorporate a visual method as a reflection of the history of art activism in the Bay Area (Frock 2016). Given the history of activism in the generational cohort of my sample, participants of the study would likely have witnessed and/or participated in such art activism. I expected, on this theoretical basis,

that research participants would utilize the visual nature of the life history calendar in order to organize their thoughts and express the nature of their social networks and place attachment through artistic means.

In this chapter, I sought to present literature concerning the many theoretical facets of this project, including that of place attachment, gentrification, the intersection of LGBTQ identity and aging, and the use of visual anthropology. The research questions of this thesis concern the issue of place attachment for a historically influential population in the Bay Area, and to what degree their aging in place has been impacted by gentrification in the region.

Chapter Three: Methodology

In order to collect data on place attachment, gentrification, community involvement, and aging among LGBTQ elderly individuals and their communities, I implemented a multi-stage interviewing protocol with the life history calendar method. This involved a short introductory interview with participants. Afterward, I met with participants and carried out life history calendar interviews. These took place in one or two sittings, during which I prompted participants with questions to tell me stories about people, places, community involvement, activities, and ritualized spaces. Those stories were then written onto a timeline that participants and I created together, which sometimes included drawings. In what follows, I explain the life history calendar method and how I carried it out. After that, I explain and justify my purposive sampling strategy. Then, I explain how I contacted organizations for permission to recruit participants within them. I discuss my data analysis methods. Finally, I reveal how participants overall reacted to the method.

Explanation of Method

For the research that informs this thesis, I utilized a life history calendar method inspired by Ingrid A. Nelson (2010). A life history calendar is a visual representation of one's life story, serving to sequence important memories, times, places, and people (Nelson 2010). The method was originally a quantitative method for large-scale, life course research (Nelson 2010, 414), but Nelson adapted it for her research about Latinx educational trajectories. I used life history calendar interviews to gather data about chosen families and social networks, community coping strategies and resources, and attitudes of belongingness to the Bay Area. The aggregation of these domains was to

show how social networks, community strategies, and perceptions of belongingness change as gentrification occurs. Additionally, due to the history of advocacy and activism among this population, elderly LGBTQ individuals and communities would have a keen sense of the social environment and how it impacts them, which would help them to recall how times have changed for them. Finally, attitudes of belongingness to the Bay Area would impact the degree to which people would strive to age in place, relocate, or come to some other arrangement in between.

I chose this method for data collection because the sequential nature of the life history calendar helps participants recall landmark events in relation to others and approach their narratives in manageable pieces (Nelson 2010, 414). Also, visually mapping life events through time shows engagement and disengagement from people, places, and activities (Nelson 2010, 413) all of which I was looking for in order to inform the answers to the research questions I posited for this research.

In this fieldwork, I conducted initial interviews with participants prior to initiating the life history calendar method; in this interview, I prompted participants with questions to prompt recall of specific events and people in their lives, introduced the ethnographic method, and invited them to ask questions about the life history calendar. In the second interview, I supplied the participant with a long poster and art supplies, then recapitulated what the creation of the calendar would entail -- a participatory process of mapping out life events, living arrangements, and social relationships. Once again, I invited the participant to ask questions about the method at any time. Then, I would ask the participant how they wanted to visually order their life history calendars; would they

use a straight line, a curved line, no lines, or some other sequence of which I had not thought? We established when we would begin the calendar by asking when they got to the Bay Area or, if they were born in the Bay Area, when they started to live independent of family of origin. Some chose to begin the calendar with when they came out of the closet. Once the date was established, we worked from that point to the present year, mapping out where and how participants lived, who was in their lives, and what kinds of things they did.

During the creation of the calendar, I asked probing questions about the use of certain language and imagery, as well as the years in which certain events happened. By asking about years and dates, I aimed to relate relocations and social network changes with historical events and gentrification patterns. Whenever a relocation was mentioned, I asked probing questions about the living situation itself -- cohabitation strategies, utilization of community resources, their perception of connectedness to the community, and other topics that they may have mentioned before I did. I also asked about changes in financial situations and resulting coping mechanisms. Finally, I probed for more information about relationship changes or stability to ask about patterns of caregiving and resource sharing. Throughout the interview, I asked them about their perceptions of places in which they have lived and used to frequent in order to gain a better understanding of place attachment.

The visual aspect of the calendar put the interviewees in charge of conveying nuances of their stories for which I may not necessarily have been able to probe with words. For example, an interviewee may have added pictures to certain life events or selected

specific colors to convey the emotional quality of that time of life. Having the interviewees take the lead in constructing and sequencing the life history calendar was to help them to take ownership of their own stories, including the ways in which they tell them (Nelson 2010). My execution of this method was informed by literature about visual anthropology and place attachment reviewed in the previous chapter. Specifically, I prompted participants with questions about what it was like when they moved to certain places, why they moved to certain places, where they went and with whom, and where they met people. I also asked if they were still in contact with people they met at the places they discussed. I encouraged participants to bring pictures, magazine cut-outs, and other visual memorabilia to add to the calendar; most of the participants who brought these things shared them with me without actually adding them to the life history calendar. In addition to this, I encouraged participants to use colors and drawings in any way that they wished. These prompts were designed to get participants thinking and drawing out their attachments to people, places, and spaces over time (see Figure 1).

My goals in the use of a visual method were as follows: to collaborate with participants so that they have control over how they are represented in this research, to use the timeline to capture narratives of place attachment, and to incorporate the history of art activism of the Bay Area into a study about narrative and place attachment (Frock 2016). Visual anthropology relies on storytelling frameworks to convey ethnographic data, as seen in ethnographic film; by using the life history calendar method, I aimed to provide a collaborative framework for storytelling. In this framework, I hoped to see how individuals visually represent their life histories and convey meaning to a potential viewer (Newton 1998). I also wanted to see to how participants' narratives of place

attachment and belongingness are conveyed visually; life narratives inform the meanings that people give to their locales (Hoey 2010, 242) and the degree of belongingness that people feel with a given place (Faas et al. *in press*). Lastly, I wanted to incorporate an artist medium into a study about place attachment and community involvement in the Bay Area, since the Bay Area has a history of art activism (Frock 2016).

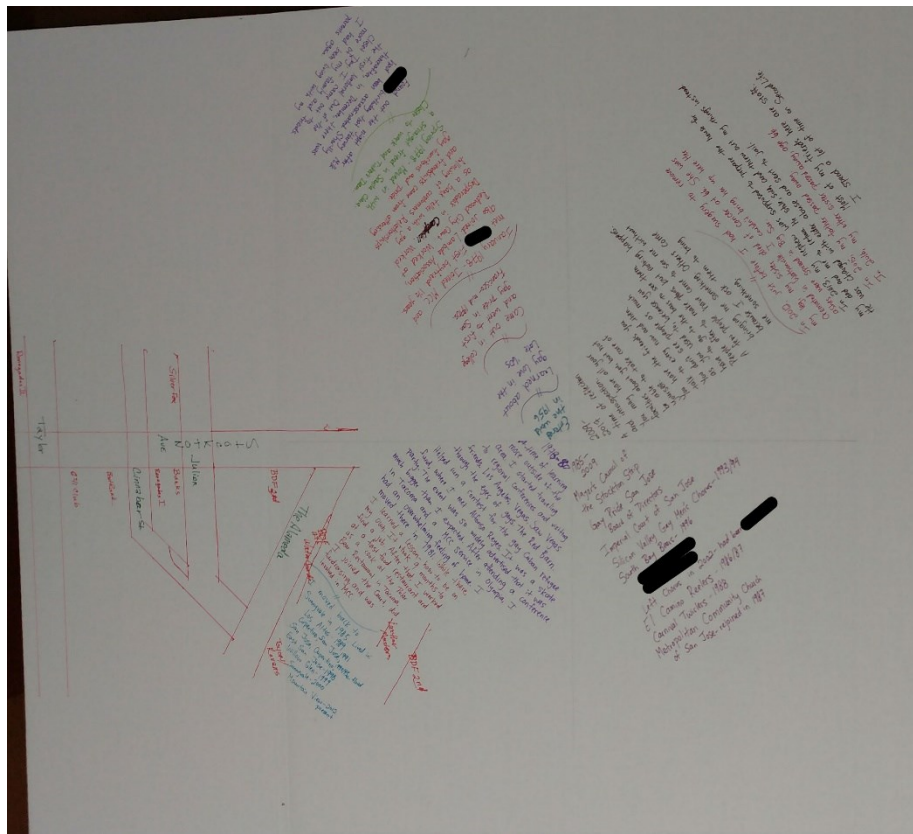


Figure 1. Life history calendar by Keith. He color-coded times of his life and demarcated it into four discrete time periods. They are arranged in a spiral, intended to be reminiscent of the Twilight Zone. He also drew a map of the Stockton Strip in San José, CA.

Sampling Strategies

Purposive sampling focuses on the population relevant for the study by implementing criteria for participation (Guest 2015, 234). I did this because I wanted to gather data from people who are interested in the subject matter (Abu-Rabia-Queder 2008, 386) and fit the criteria for participating (Finan and van Willigen 1991, 7). Purposive sampling fits well with anthropology because it allows for a small sample size from which a researcher can draw thick description (Sherry 1988, 398). It is also suited to geographic sampling (Thomas and DeCaro 2017, 4), which I implemented in this fieldwork. In order to gather purposive samples of as many gentrified locations as possible, I planned to recruit a minimum of five research participants from the South Bay, East Bay, and San Francisco city areas. This amounts to a total of fifteen research participants. Though I was interested in a range of LGBTQ experiences, my goal was for at least 30 percent of my sample to be transgender identified, since their experiences are not commonly discussed in the literature.

I planned for a relatively small sample size to allow for richer data collection from each individual, thereby facilitating thicker description and analysis of the current living reality of Bay Area LGBTQ elders. While such data cannot be quantitatively generalized to an entire population, quantitative methods cannot capture experiences through time or changes in the social environment. Additionally, a small sample size allows me to maintain the role of a facilitator in the process of my informants telling their own stories.

In order to find people to interview, I situated myself in the spaces in which they gather. I also utilized snowball sampling, a process by which participants tell people they

know about the study, who also tell people they know; this spreads knowledge about the study through social networks. The goal of this method was to utilize the mechanisms of communities that are already in place as I study those communities. Ideally, I would interview two to three people from the community center in their region; following, the snowball sampling process would lead me to two to three people outside of the community center in that region. This would widen my sample across people who gather in different spaces or choose not to gather in spaces at all.

Criteria for participation were as follows:

- Must have lived in the Bay Area from 1980 or earlier until the present. Brief relocations away from the Bay Area would not disqualify potential participants. However, they must have identified the Bay Area as their home and have done so since 1980. Relocation *within* the Bay Area did not count as “brief relocations.”
- Must be 60 years of age or older.
- Must have participated in community organizing, activism, social justice efforts, and/or political action in the Bay Area between 1980 and 2017. Examples of such efforts include protests, AIDS/HIV relief efforts, activist interactions with policymakers, attendance of LGBTQ community centers and events, educational projects, and involvement with chosen family support systems.

Recruitment

In San Francisco, I recruited participants at the Castro Senior Center. Lavender Seniors is an organization in Fremont that addresses injustices concerning LGBTQ older adults; this served as the East Bay site for recruitment. I used the same procedure in

contacting and recruiting in these organizations. First, I reached out to them by email and gave a short explanation of who I was, what I was studying, and where I was studying. I explained that I sought their permission to recruit participants in their organizations. The director of the Castro Senior Center invited me to meet with him to discuss the project; the director of Lavender Seniors invited me to one of their monthly potlucks, then had me give her a call. In these conversations, the directors asked me what participation entailed, how I would recruit, and what I planned to do with the information. Once it was established that I was working from an IRB protocol, they let me proceed.

In the South Bay, I recruited at the Center for Creative Living, a spiritual space run by and welcoming to LGBTQ older adults. I chose this space because I was unable to maintain contact with more well-known community centers in the South Bay.

Additionally, I had attended services at this space before, so I was already a known presence; this eased my recruitment process significantly. I emailed the pastor with the same information I emailed to the directors of the Castro Senior Center and Lavender Seniors, with the hope of permission to recruit. Instead of only granting permission, the pastor forwarded the email to all of her friends who do not attend services regularly, introducing me as her friend who is looking for research participants.

In all three places, I gave a short presentation to attendees of the event of the day. I told them that I was a master's student of applied anthropology at San José State University researching the impact of gentrification on LGBTQ elderly people. I had fliers available for them to take home with them so that they could contact me at their leisure; the latter I did because I wanted to emphasize that participation was entirely voluntary

and would not impact their relationship with the organization in any way. Some people, knowing that they would forget to call me, gave me their phone numbers and asked me to call them to set up an interview.

Data Analysis

Organizing and analyzing data took place in two parts: the life history calendars and the verbal stories of the life history interviews. I used the life history calendars to compare times that people moved to gentrification patterns, as well as to analyze how people utilized the method to represent their stories. Using the verbal content of the interviews, I looked for repetitions between participants about where people moved, why they moved, why they stay in the Bay Area, what kinds of ritualized spaces they describe, and the stories they tell (Ryan and Bernard 2003, 89). My literature review of place attachment and aging in place informed my selection of these categories (Ryan and Bernard 2003, 93).

I used the data from the Urban Displacement Project (2015) to inform my analysis of peoples' relocation patterns in relation to gentrification in the Bay Area. First, I examined the gentrification pattern maps that show gentrification between 1990-2000 and 2000-2013, taking notes of which neighborhoods had gentrified. Then, I looked at participants' calendars to see if any of them had lived in and/or moved to those neighborhoods. I took note of commonalities in relocation within areas. For example, when analyzing location patterns for participants in San Francisco, I compared the places they've lived and moved to the gentrified neighborhoods in San Francisco. I did the same for the East Bay and the South Bay. Since people in the South Bay and in San Francisco

described living in the peninsula at certain points in time (the western part of the Bay Area, between San Francisco and Mountain View), I also looked to see if the neighborhoods and cities that they described had gentrified as well. I also used this procedure to examine the coming and going of visualized spaces that participants described. Which ritualized spaces remain, and are those areas gentrified? Do people still have access to ritualized spaces that they occupied in the past? Have people created new ritualized spaces? If so, in what areas?

When analyzing the calendars as visual media, I looked to see the degree to which people visualized their life histories, with special attention to similarities and differences (Ryan and Bernard 2003, 91). Did they simply write down stories? Did they color-code certain times, places, people, and activities? Did they draw anything? Did they prefer to speak rather than draw or write? I also speculated, based on how the calendars turned out, what other methods of audiovisual co-representation I could have used for participants for whom the life history calendar method seemed somewhat difficult.

When analyzing the verbal portions of the interviews, I looked for commonalities in how they represented where they live currently, where they have lived in the past, and where they would want to live (Ryan and Bernard 2003, 89). Do they like where they live? Do they prefer other places that they have lived? Do they want to be elsewhere, besides the Bay Area? If so, why do they stay? In conceptualizing life history in place, what kinds of stories did participants tell me? I also searched for commonalities in organized and informal community involvement and how those have changed over the

years for participants, as well as their perception of their current levels of community involvement.

Reactions to the Method

The life history calendar as a data collection method proved difficult to explain. Some people thought they were supposed to create calendars that looked like monthly tables. In order to clarify the nature of the method, I began to refer to it as a life history *timeline*. This way, people had a better mental image of what it was we were going to do together. In the preliminary interviews, I invited people to ask me questions about the life history calendar method, explaining that I would be implementing it in the next interview. When we met for the next interview, participants often had more questions, or were confused about what we were going to do. Although I invited people to bring printouts of photos and visual media, most people did not; those who did brought them in their original forms and did not physically add them to the calendar. In addition, many people were surprised to hear that they would be keeping their calendars.

Because of its openness to the participants' narrative styles, many people were left seeking more guidance. At first, I told people that anything we were talking about would fit in with the life history calendar. As interviews continued, however, I realized that people seemed reticent about adding things to their calendars, or did not know what was important. I was often asked, "What are you looking for?" They were taken aback when I answered with something along the lines of, "whatever is important to you." So, I chose to provide more guidance by asking people to start with where they lived and when they moved to different places. Once we had these landmarks on the life history calendars, the

calendars had distinct eras in participants' lives. I was then able to ask more structured questions about what people were doing and who was in their lives without directing the interview away from what participants wanted to discuss. Many times, I heard something that spoke to my research questions, or sounded like a life transition, and asked people to note them on their calendars. In one case, simply prompting the participant with where he lived and why he chose those places got him to write everything down and discuss his life history without much more of my guidance.

Some people did not use any of the provided art materials, instead choosing to write in pencil or pen all the way through. These people tended to place everything on a straight line or out in space. Two people simply picked a color and wrote with it all the way through. One, who wrote in pencil, noted life events when we talked about them, all in a straight horizontal line, in no particular order. He later told me that, since the past was in the past, he would probably burn his life history calendar.

Others used the provided materials to color code time periods in their lives, activities, and people. Still others created elaborate life history calendars with illustrations and personal codes. People who interacted with the method in this way usually told me at the end of the interview that they had appreciated creating the calendar. They would say that it brought up events that they had forgotten. In recalling these events, they gained perspective on their lives, for which they expressed appreciation.

One person drew a picture of the Golden Gate Bridge in one part of his calendar, and the Washington Monument on another. Another person, who has done extensive activism with first responders, used police code to note cause of death for the people in her life;

for example, her father had died of a heart attack, so she wrote “1055-MI” and drew a broken heart underneath it (see Figure 2). This person also drew a line with dips and valleys, showing the “ups and downs” of life; this was a common way of visually organizing life events, with or without the line. A man who identified as a movie buff organized his life history calendar in a spiral to be reminiscent of the twilight zone (see Figure 1). This person had mobility difficulties and could not reach the whole poster to write, so I did the majority of the writing for him while he dictated to me.

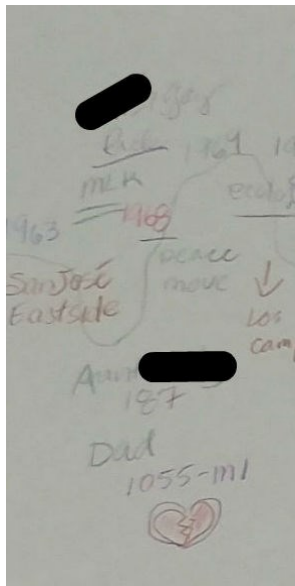


Figure 2. Portion of Amelia’s life history calendar in which she uses police code to describe cause of death. “Dad: 1055-MI,” meaning “myocardial infarction” and a broken heart beneath. The line on which she bases the calendar curves downward, indicating a low point in life.

Sometimes, people began with a creative idea in mind and did not execute it completely. One person wanted to have a line that branched off from when she was living as a straight woman to when she came out as a lesbian, but instead, the line ended up simply curving upward. A man wanted to depict the ups and downs of life, as others had

done, and started on the bottom; however, his whole timeline ended up being a total upward arc.

In this chapter, I explained the multistage interviewing strategy that I used to create data with participants. I started with preliminary interviews in order to acquaint participants with me and the life history calendar method. Then, I met with the participants one to two more times in order to co-create their life history calendars. I used a purposive sampling strategy, aiming for five people in San Francisco, the East Bay, and the South Bay. To analyze the data, I looked for repetitions within and between interviews, as well as within and between life history calendars. I also compared the dates and reasons that people relocated within the Bay Area to existing gentrification data generated by the Urban Displacement Project. I ended the chapter by summarizing how people reacted to the life history calendar method and how executions of the visual medium varied among participants. In the following chapter, I introduce the participants with pseudonyms in order to contextualize the findings and discussion in the rest of the thesis.

Chapter 4: The Storytellers

In what follows, I introduce the thirteen participants in the research that informs this paper, each of whom has been given a pseudonym. I interviewed people in San Francisco, the East Bay, and the South Bay in order to purposively sample different experiences in different regions. In San Francisco, I interviewed four people: Summer, Joshua, Larry, and Paul. In the East Bay, I interviewed Jim and Zolani, who are a married couple, and Walter. In the South Bay, I interviewed six people: Carmel, Doris, Cathy, Amelia, Duane, and Keith. I describe their identities, their living situations, and their formal and informal community involvement, including activist efforts. In addition to these topics, I also describe their comments and stories about ritualized spaces in their locales. I point out other topics of conversation that participants brought up that I did not anticipate in my research design. I use these domains in order to organize the research findings about location choices and networking strategies, which are presented in the next chapter.

It is important to note that not all of the themes discussed in the following chapter will appear in this one. This chapter is not meant to be a summation of all salient themes in the data. I explain those in the following chapter. This section is meant to introduce the people who *produced* the data. I do this in an effort to maintain clarity of who is who and which themes apply to which participants in the following chapters.

San Francisco

In San Francisco, I met Summer, Joshua, Paul, and Larry. Each of them moved to San

Francisco from elsewhere and demonstrated strong desires to remain in the city. While Summer and Paul do this by living in below-market rate units, Joshua and Larry own property in the city and have utilized the real estate as long-term income. Overall, they had mixed opinions about the changes occurring in the city. While communicating that economic development was good for the city, they also expressed concern about what they perceive to be less of an emphasis on community involvement than they experienced throughout their lives in the city.

Summer

Summer is a sixty-two-year-old, Chinese-American, transgender woman, who identifies as bisexual. She is currently unemployed. She has lived in the city of San Francisco for forty-one years, and moved there from Oakland for job opportunities. After divorcing her former spouse, Summer moved in with a friend, then rented a room from a landlord. This living arrangement lasted from 2005 to 2009, after which she rented a room from a different person in the Sunset district until October 2016. At this point, she was notified that she qualified for affordable senior housing, which is where she lives now. It took four years for her to qualify. Summer feels comfortable in this arrangement, which is not an LGBTQ-exclusive facility, because she can blend and pass with the straight and cisgender women there.

In the past, Summer was involved with organizing Transgender Day of Remembrance, Transgender Day of Visibility, and Trans March (as part of gay pride in San Francisco). She was also part of GLIDE women's group, and frequented a nightclub called Divas, which other transgender women attended. Summer was involved in her

local Chinese church, which she described as conservative, until she found churches that she considered more accepting of her as a transgender woman. Early in her transition, she attended support groups for transgender women. At the time of writing, Summer volunteers at a soup kitchen, participates in a community church choir, and reads in a radio script reading group; additionally, she finds other volunteer opportunities through her church. She is also part of the Asian Pacific Islander Queer Women Transgender Community. She no longer organizes and plans events because, “[she is] a senior. Let the young ones take over.” Many of the events that would interest her, such as support groups and discussion groups, end too late in the day for her.

Summer is still in contact with a few other women, both cisgender and transgender, from her involvement in support groups, Divas, and church. She fell out of touch with some, and others have moved away to the Foothills or Palm Springs, California. Although her brothers are uncomfortable with her gender identity and presentation, Summer’s sisters and daughters are accepting of her and she sees them regularly. Summer described ritualized spaces such as film festivals, theaters, bowling alleys, and bars, many of which have been “replaced by yuppie places.” She also expressed some dismay at how young Chinese-Americans go to Chinatown less for the cultural experience of being around other Chinese-Americans and more for brief restaurant visits.

Summer described how the Castro district used to be a working class neighborhood, and how there was not always a gay area of San Francisco like the Castro is now. For her discovery that other transgender women exist, she credits internet access from home, which she got with her personal computer in 2000; upon this discovery, she pursued

support groups and medical transition. Summer relies on affordable housing to stay in San Francisco, and uses gift cards from friends as credit cards; she has poor credit and no assets as a result of her divorce from her former spouse. Summer was also involved in another research project concerning life histories, in affiliation with San Francisco State University.

Joshua

Joshua is a seventy-year-old, Jewish man, who self-identifies as “finding beauty in sexes.” He has been connected to San Francisco for his entire life; when he was a child, he visited San Francisco with his family, but lived in Santa Barbara. Joshua moved to San Francisco full time in his early twenties, first moving to the “family apartment” in the city. He had family members living in the city, as well as a tight-knit Jewish community, through which he networked to find housing and start his own business. Joshua has also brokered deals on properties in San Francisco, though his family shares the titles and incomes on these properties. Joshua currently lives in a below market-rate apartment, for which he waited eight years to be eligible because he liked the area and liked that it was all flat. His previous residence had stairs, which was difficult for him because he had an impending hip operation. He also lived in Berkeley with a partner for a short time, which he terms “the country” because it has fewer conveniences and amenities than does San Francisco.

Much of his focus throughout Joshua’s life in San Francisco has been on his work, his family, and volunteering. He has two sons, to whom he is “[their] mother and [their] father,” and his family helped raise them as well. So, although Joshua did go to bars on

weekends, and have a male partner, his children were his priority. In his networking, Joshua used to focus more on professionals than non-professionals, which he cited as a regret, since he missed out on different kinds of people. In discussing ritualized spaces, Joshua said, “there weren’t as many bars as there are now, but there were better bars.” He also discussed how bars used to be segregated by race and gender, and how difficult it would be for a lesbian to get into a gay bar, or a gay man to get into a lesbian bar.

Joshua was one of the first donors to Project Open Hand in San Francisco; he was invited to a dinner party at which someone wanted to mobilize to feed those who were ill with HIV/AIDS. He is still involved with the organization. When asked about his social networks, Joshua said, “98 percent of my friends are dead from AIDS.” He noted in this conversation that, before his lawyer died of AIDS, he used to consider it a disease that “those people” -- drug users and people in the leather community¹ -- contracted. Some of his friends moved away to the east coast, or to Palm Springs. The latter he dislikes because it’s, “the graveyard, where people go to die.” Currently, Joshua participates in a long-term study with a hospital about alcohol use.

Larry

Larry is a Jewish, gay man in his seventies who was a lawyer before he retired in 1997. He lives with his partner of 25 years in a home that he owns in the Castro district of San Francisco. Before this, he bought some other properties in different parts of San

¹ The term “leather culture” describes a group of people who have in common the use of black leather as an aesthetic. While it is associated with sadomasochism, the two are not synonymous. Leather has its own history, practices, and material culture, much of which was inspired by gay male motorcycle gangs that formed after World War II. (Bean 2004)

Francisco, some of which he sold. He also lived with roommates when he was younger. When asked why he moved to a new place, Larry said that his standard of living rose and he looked for a nicer place to live. Currently, Larry lives part time in Palm Springs. He says it is easier to get from place to place, is more accommodating to gay people over fifty years old, has lots of services, and lots of parking; however, San Francisco is his primary home, as his organizations and friends are there.

Larry is originally from Chicago; after he finished his PhD in the 1960s, he visited his brother in Los Angeles and decided to see what San Francisco was like. He was attracted by the city's history and architecture and decided to move there. Larry was part of a group of lawyers who advocated for eliminating the law that criminalized homosexuality in California. He has been involved in the Mechanic's Institute and Library, the Alice Toklas Democratic Club, transcendental meditation, the Humanist Institute, and Commonwealth Club. He has also worked on the campaign of Harvey Milk's political opponent and was acquainted with David Goldstein, a founding investor of *Advocate* magazine. He continues to be a member of Sons of the American Revolution, an organization of male descendants of people who served in the American Revolutionary War. Currently, he is involved in his neighborhood association, and his partner helps organize an annual block party and drag show. He frequents the opera and the symphony as well.

In discussing ritualized spaces, Larry told me that gay spaces used to be all over the city, but are now mainly in the Castro. He told me that the Castro used to be an Irish-Catholic and conservative neighborhood before gay people moved into it. Although Larry

is currently satisfied with his level of community involvement and social networks, he cites the AIDS crisis in the 1980s and 1990s as a source of community trauma. Many of his friends died as a result of it, and a few more turned to substance abuse to cope. I asked Larry when he thought the community began to recover from this trauma; he said it was when there were medications to protect people and improve quality of life for people who were HIV-positive. However, the community has not recovered completely, but is moving forward, in his opinion. Larry compared the survivor's guilt he and his friends felt to those of soldiers in World War I. Many times throughout our discussions, Larry would mention people and events with which I was unfamiliar; toward the end of the life history calendar, he said, "you need to brush up on your gay history."

Paul

Paul is a sixty-two-year-old gay man, who works as a service provider for the elderly and developmentally disabled. He moved to San Francisco from Iowa in 1979 because he was looking for social work programs and Boston was too expensive; also, his brother lived in San Francisco, which made it easier for him to move there. He lived with two female roommates and did not anticipate staying in San Francisco after finishing his social work program, but fell in love with the city and northern California. He currently rents an in-law apartment from a friend, for which he pays about half the market rate. Paul told me that he will probably have to move back to Iowa when his landlord-friend dies because he cannot afford to live anywhere else. He has also considered Albuquerque, New Mexico, or Palm Springs; at one point, he said, "or, maybe I'll die in San Francisco."

Most of Paul's advocacy and community involvement has been through his work in health and human services. He cited job changes as lifestyle milestones and explained how he revitalized the community center at which he currently works. When reflecting on why he chose to participate in this research, Paul recounted when he tried to get older LGBTQ people who had lived through the 1930s and 1940s to record their life stories on video. However, they did not wish to discuss their lives, and he hypothesized that they considered it too painful or selfish to talk about themselves.

In discussing ritualized spaces, Paul reminisced about the small intimacies of living in a city with local businesses and artists; he highlighted the specific difficulty of being able to go down the street to buy something, rather than buying everything online. He liked being able to know the people who worked at stores and art galleries, but that those smaller businesses cannot afford the rent on storefronts anymore. However, he does not feel nostalgic for any particular era: "If it's a living thriving community, a healthy big city, it's always changing." He also found it difficult to continue to participate in such activities as dance clubs, because when he turned forty, he "felt like everybody's uncle."

Paul considers his friends to be his primary support network; they took care of him when he had oropharyngeal cancer in 2014. He met many people through his employment in human services, as well as volunteering. Some of those friends who wanted to buy property have moved away because San Francisco is too expensive. In discussing social networks, Paul cites the AIDS crisis in the 1980s and 1990s as a primary source of community trauma. He recounts how the Castro became "a wasteland,

a very sad place,” and that people were afraid to go out or have sex because they did not know if they would die for doing those things.

East Bay

In the East Bay, I met Jim, Zolani, and Walter. Jim and Zolani, who are married, own a home together. Walter owns a condo in Emeryville. In my discussions with them, I learned that Jim and Zolani have relocated in different countries and counties in the Bay Area, but their owned home in Oakland continues to be home base. Their individual relocations to the East Bay were informed by their knowledge of extant LGBTQ communities in the area; although Oakland is home base, they consider their social network to be larger in Santa Cruz after living there for seven years. Also, they live part time in Costa Rica, where they own property, so that they can live away from the Trump Administration. Walter has remained in the East Bay for all of his life because his family and friends are there; he also gains income from property investments that he has made over the course of his life. As such, he has no reason nor pressure to leave Emeryville. Although I conducted a preliminary interview with both Jim and Zolani together, each one created his own life history calendar in a separate interview. I begin by sharing what the two have in common with regards to living arrangements, community involvement and activism, ritualized spaces, and other topics. Following this, I present what is unique to Jim, and then Zolani.

Jim and Zolani

Jim and Zolani have had owned their primary residence in Oakland since 1981. The two met in 1979, and since Zolani’s house was being sold, they moved in together shortly thereafter. Originally, they lived together in Berkeley, but could not afford to buy

property there. Although their home in Oakland has been their primary residence, they have also lived in Washington, D.C., Ghana, South Africa, and Santa Cruz. Each of these moves were due to Jim's work with USAID (United States Agency for International Development) and AIDS alleviation work. The family also benefited from their move to Santa Cruz because their adopted son, Mike, has cognitive challenges and was not having his needs met in Oakland's schools and neighborhoods. Mike is twenty-one years old and lives in a group home in San José, California.

Currently, Jim and Zolani own property in Costa Rica and live there for six months out of the year. They go there because "[they] hate it here with Trump in charge." Although they have considered Oakland their primary home for over thirty-eight years, and only lived in Santa Cruz for seven years, they feel more connected in the latter city than in the former. They attribute this to their involvement in a Unitarian Universalist church. If they could afford it, then they would live in Santa Cruz. Both of them are currently involved in Lavender Seniors. In their neighborhood, there used to be a lesbian couple with whom they were good friends; the couple moved away to start their own nursing practice. Everywhere they have lived, Jim and Zolani have carried around their marriage license wherever they go.

Jim

Jim is a white, gay man in his seventies whose career has primarily focused on AIDS advocacy. In 1969, Jim moved to Berkeley with his then-wife and children in order to complete his postdoc. Afterward, he lived in New Mexico, where he worked as a professor. However, since he had been to Berkeley and learned how gay friendly it was,

New Mexico was “torture” for him; he and his family returned to Berkeley. Jim was involved in the founding -- and funding, as he contributed to a grant proposal -- of the Pacific Center for Human Growth in Berkeley. He also campaigned against Proposition 6, or “Save the Children,” which was proposed legislation in California to ban LGBTQ teachers from schools. He has done AIDS work in Washington, D.C., South Africa, Ghana, Santa Cruz, and San Benito County; during this work, he secured a 5.5 million dollar grant for at-risk farm workers, many of whom were closeted gay men and drag queens. When he was in South Africa, Jim ended his job contract early because a close friend of his in San Francisco was dying of AIDS, and Jim wanted to be there for him. During our interview, Jim shared some history with me. He told me about gay media and Eisenhower-era policies designed to drive gay people out of government positions.

Zolani

Zolani is a seventy-three-year-old, black, gay man who moved to the Bay Area from New Mexico in 1976. He started out in San Francisco, but it was not what he expected. He moved to Castro Valley to be closer to California State University, Hayward (now East Bay). Then, he moved to Oakland to be closer to his job. In his first living arrangement, Zolani moved because his landlord wanted to date him, which was uncomfortable. In 1980, he followed a serious boyfriend to Arizona; when that boyfriend wanted to move, again, to Dallas, Zolani would not follow. They separated, and Zolani returned to Berkeley. In discussing ritualized spaces, Zolani mentioned that he occasionally went to bathhouses and bars. The risk, however, of sexually-transmitted infections became too great; so, he stopped going and started looking for boyfriends in

newspaper personals. This is how he met Jim. When he was in relationships, he had “no gay life,” because he was not actively seeking companionship. Zolani said that when he and Jim lived in South Africa, he finally felt like he was in the majority and did not want to leave -- even though the family lived in a white neighborhood. Before meeting Jim, Zolani would move places to be closer to work or school; since their marriage, Zolani relocated to be with Jim and their son, Mike.

Walter

The third person I interviewed in the East Bay was Walter. Walter is a Jewish gay man in his seventies who was born in the East Bay and currently lives in a condo that he owns in Emeryville. When he first lived independently from his family of origin, it was with his wife at the time. Walter did not come out as gay until he and his wife separated for reasons unrelated to his sexual orientation. Walter was diagnosed with HIV in 1987 and retired early as a result, reasoning that he did not wish to stay at a job he disliked if he was going to die soon. He said he was “one of the lucky ones” because the medicines came out “right in time” for him. This early retirement inspired him to pursue real estate investment, which was the primary reason for his various living situations over the years. He lived in a few different houses and condos in Oakland, Moraga, and Emeryville.

Walter has been involved in the Audubon Society, East Bay Gay Guys, a gay fathers group, a gay synagogue, the Harvey Milk Democratic Club, the Alice B. Toklas group, and Fellows of the East Bay. He still attends Lavender Seniors meetings and participates in a gay Jewish book group, which mostly consists of men over the age of sixty. He also uses Facebook to keep in contact with former boyfriends with whom he is friends. Walter

told me that it is difficult to find HIV-positive people in person, so he uses online dating sites to meet other people who share this experience. He recounted how people used to use phone lines for a similar purpose. Walter also figured that not many people his age are searching for partners, and people younger than him are unlikely to search for people his age; therefore, “the internet is the way to do it.” Walter is still in contact with some of his friends from the gay synagogue.

Walter used to attend many gay bars in Oakland and San Francisco. His favorite was in the South of Market district in San Francisco, but it is no longer there. He also told me that there are no more gay bars in Oakland, except for the White Horse, which is one of the oldest in the city. He subscribes to the opera, the symphony, the theater, and the ballet, all of which serve as outings for him and his friends.

Walter’s daughters and friends are near him, and he likes where he is. He said that he attributes his decline in community involvement to age and not so much the changes in the Bay Area. Walter used to drive down to Palm Springs to visit for two weeks out of the year. He considered buying property and living there part time because he enjoys the retired gay community and the costs are lower; however, he did not like the weather. Walter stopped driving to Palm Springs in 2014 because he no longer feels comfortable driving that distance alone. Additionally, he has “slowed down in general,” so making the trip for meeting people and hooking up has become more of a chore than a fun activity. He has participated in other research; however, most of these were questionnaires submitted to Lavender Seniors by health agencies that, in his experiences, often asked the same things over and over again.

South Bay

In the South Bay, I met Carmel, Doris, Cathy, Amelia, Duane, and Keith. Carmel and Doris are married and remain in the Bay Area for their social networks. Cathy remains for her partner, who needs access to amenities that are not in her other city of choice, Manteca. Amelia plans to move to Humboldt, but remains in San José for now so that she can make the organizations in which she participates sustainable without her presence. Duane and Keith both live in healthcare centers, but Duane is able to leave his arrangement, while Keith is not. All six participants expressed their attachment to their social networks through narratives of community involvement and activism. Duane's activism was more centered on informal caregiving than formal organizational involvement, while Keith had a history of leadership positions in at least three LGBTQ-oriented organizations.

Carmel and Doris

Carmel is a seventy-year-old, white, lesbian woman who works as a spiritual minister and hypnotherapist. She is married to Doris, who will be described next. Carmel was born in Bakersfield and moved to Sunnyvale in 1973 to live with her mother; previously, she had lived with her grandparents. She was still in high school. Since then, she has lived in Cupertino, Hawaii, Orange County, San Bernardino, Big Bear Lake, Garden Grove, San Francisco, Palo Alto, and San José. Carmel moved to new cities for educational and career opportunities, to follow family, or to follow current partners.

Carmel met Doris in 1983 and has been her partner since. Currently, they own a trailer home together in San José. Before meeting Doris, Carmel did not participate in

activism but did go to bars. She does not know which ones have remained in business and which have closed because she no longer drinks. Before publicly coming out as lesbian, Carmel and her partner at the time thought they were the only kind of lesbians who were not “diesel dykes;” hence, they kept to themselves. She noted that perceptions of gays and lesbians have changed since those times in her life, citing the ease with which she and Doris were accepted as a lesbian couple during their honeymoon. With Doris, Carmel participated in fundraising for the Billy DeFrank Center², gay pride in San Francisco, and putting on parties and events. At one point, Carmel discussed an idea that she and some friends had about opening a senior gay commune in Sebastopol, but the venture was too costly. Her rationale for this idea was: “Seeing people age -- there’s no place for them. We don’t have any kids to take care of us. A lot of people of this particular age, their families have disowned them . . . traditionally, gay women don’t always get the better jobs.” At this point, Carmel’s community involvement is primarily as a spiritual minister alongside Doris. This includes hosting events and providing the space for others to hold discussion groups, support groups, and classes.

Doris is a seventy-nine-year-old, white, lesbian woman who works as a spiritual minister and psychic. She moved to the Bay Area with her then-husband at the time (around 1965), and their children, when her mother was widowed and needed company. First, they lived in Watsonville; when Doris’s husband was offered a job in Santa Clara, they moved there. Before that, she lived in Lancaster, CA, and many people who knew

² The Billy DeFrank Center, founded in 1981, is an LGBTQ community and resource center in Downtown San José. Its founding was inspired by the events of Stonewall, as well as the closure of many gay and lesbian bars in San José. It continues its focus on advocacy and social justice for LGBTQ people of all ages and cultural backgrounds.

her there followed her to the Bay Area. Doris lived in that house with her husband until 2003, when she moved into her current residence with Carmel.

In addition to the fundraisers and events that she hosted and organized with Carmel, Doris has also been involved in protests (which she called “picketing” and “marching”) and acted in a gay commercial for the Whitman Radcliffe Foundation. “My marching days are over,” she said, “because I have a leg that doesn’t work so well.” Doris also used to run the San José Gay Group, which was essentially a club of about one hundred people that traveled domestically and internationally together. After many of those people succumbed to AIDS, the group dissolved.

As a minister, Doris continues to provide spiritual spaces for LGBTQ people of all ages, and makes conscious efforts to include people of color in her congregations. In fact, her church used to have a booth at gay pride. She participates in an organization called PACT, which meets with police officers in order to advocate for the black lives matter movement. However, in our interviews, Doris emphasized her informal community involvement more than her organizations. When she lived in her home in Santa Clara, she hosted parties and wanted primarily to get people together. In her current house, this is difficult due to lack of space and parking, so she has switched to renting out spaces in restaurants and other public venues.

Doris’s brother was a gay man who passed away as a result of HIV complications, so she worked to host safe spaces for HIV-positive people and their friends and caregivers. When talking about social networks, Doris told me that she remembers people’s birthdays, calls them, and emails them. “I keep people,” she said, even if they move

away or do not contact her. Doris told me about anti-gay police activity in the 1950s. “If you were standing close enough that they couldn’t shine a flashlight between two people -- if you couldn’t see the light show on the other end, then you were arrested and taken. Because you were so close to each other . . . and they put your name in the paper.”

Cathy

Cathy is a sixty-seven-year-old, white, lesbian woman who is a retired respiratory therapist. She is currently married and lives with her wife, dogs, and two other people to whom I was not formally introduced. They cohabit a trailer home she owns in San José. Prior to this, she lived in many parts of the peninsula (the area between San Francisco and Mountain View), relocating for educational opportunities and jobs. In one case, when she lived in downtown San José, she moved because her home was robbed and she felt unsafe in it. At one point, Cathy and her wife became interested in Manteca when they went up to visit a close friend. They saw that it was cheaper. Cathy needed to be close to hospitals for her work, however, and her wife needed public transit; so they have remained where they are.

Cathy was present for the founding of the Billy DeFrank Center. She told me that it was a resource center at the time, where people could use phone lines to find gay healthcare providers, plumbers, realtors, and other service providers. It also had a bookstore. Now it is a meeting place because people can use the internet to find those things. She told me that fewer people come to the Billy DeFrank Center because they can use chat rooms and online networks to meet others. In the past, she used to attend women’s coffee houses and services at Metropolitan Community Church (MCC). MCC

was an LGBTQ-accepting church whose San José chapter dissolved in the 1990s because the congregation could not handle all of the deaths from AIDS. When discussing MCC, Cathy told me that going there helped her accept herself; she had grown up Lutheran and, as a result, had a difficult time letting go of the idea that being gay was a sin. After it dissolved, many people started going to the Center for Creative Living, and she followed them there. Cathy founded the Billy DeFrank Center's softball team and used to be involved in Slightly Older Lesbians, which no longer meets. She has also volunteered with National Organization for Women. Currently, Cathy is one of the people who organizes the Billy DeFrank Center's Vintage Program. She also participates at other senior centers that are not LGBTQ-focused. Cathy told me about the various locations the Billy DeFrank Center has had; it moved around to accommodate various meeting sizes.

Amelia

Amelia is a sixty-five-year-old, white, lesbian who works as a counselor and spiritual minister. She was born in Pittsburg, California, but lived in a few other states before moving to San Francisco in her childhood. Her family moved around often because her father was in the military. They all settled in San José when she was eleven years old, living in military-funded housing on the east side of the city. During college, she lived in a few roommate situations as well. Currently, she lives with her partner in the northern part of San José. She and her partner stay in San José because their work is here; they are arranging to make the work sustainable without their oversight so that they can move to Humboldt. There is a "burgeoning LGBT community there" and Amelia favors the

cooler weather; she has difficulty regulating her internal thermostat as a result of a premature birth condition.

Amelia has considered herself an advocate since the age of twelve when she marched with Martin Luther King, Jr. in Oakland. She has been involved with Metropolitan Community Church and Center for Creative Living. She also co-founded the Center for Living with Dying (CLD) in 1976. CLD focused much of their work on the HIV-positive gay male population in the 1980s and 1990s: “It really became a working relationship. It wasn’t just fun, y’know, let’s have a community.” She met Harvey Milk and marched with Cesar Chavez. Currently, Amelia facilitates the HIV/AIDS Rejuvenation Retreat and runs critical incident stress management training for first responders.

At one point in her life, Amelia used to drive from San José to Nevada City every week to care for a sick friend; that friend has since passed away, but Amelia is still in contact with that friend’s partner. She did not discuss falling out of touch with people very much. When her brother was dying of pancreatic cancer, he had a volunteer from CLD working with him, and Amelia receives an email from him annually on the anniversary of her brother’s death. During our conversations, Amelia discussed at length the ways in which healthcare and mental health services have impacted LGBTQ people. She told me how her co-founder of CLD could not find sufficient grief services. Also, there used to be more funding for HIV-positive people, their caregivers, and professionals; however, there has been a growing complacency, ignorance, and misconceptions about the disease being “like cancer, or anything else,” resulting in a loss

of funding. Like Carmel, she talked about the potential for starting an elderly LGBTQ commune.

Duane

Duane is a fifty-nine-year-old gay man who is of mixed African-American, Japanese, and Native American heritage. He moved to San Francisco in 1981. Although the criteria for participation included being sixty years of age and older, and having moved to the Bay Area before 1980, I learned of his age and date of relocation after we had begun data collection; therefore, I invited him to continue participating. I also took his choice to participate as identifying with the term “elderly” and the generational cohort with which I am concerned in his research. As it turned out, his experiences fit well with the project.

Duane originally moved to San Francisco from Sacramento in 1981 to be with his partner at the time, Dane. He lived with roommates, then in an apartment with Dane. Duane and Dane were in the process of moving into a condo that they purchased when they got the news that Dane was HIV-positive; after Dane’s death in 1985, Dane’s family took the condo. Rather than fight to reclaim it, since it would not bring Dane back to life, Duane chose to remain in his apartment. He moved in with a new partner in 1989 and moved out in 1990.

Duane is also HIV-positive; he moved from San Francisco to a healthcare facility in Prunedale in 1990. When I asked why, he said he did not want to burden his family in Salinas with his illness because he required full-time professional care. In 2003, he moved to a healthcare facility in Gilroy so that he could more easily get to San Francisco; he uses Caltrain to get there. He still lives in Gilroy, but he and his current

partner are trying to move together in San José. Duane met his current partner in 2007 on a chat line, which he used to find other gay men because people in Gilroy are closeted.

Duane and his partner are having difficulty finding a place that is both within their budget and has the amenities they need, such as access to public transit.

Duane told me at length about how HIV has impacted his life. He used to be called “Mr. Castro,” but, “the people who were calling me Mr. Castro started to get sick.” HIV has been present in Duane’s life since 1982, before Duane fell ill. Duane took care of his friends who had contracted HIV and cooked food for friends who were grieving. In 1999,

I cried almost every day. In fact, I did so much that my tear ducts literally dried up. I had no tears. I needed stuff to put in my eyes so my eyes would get wet . . . I went to so many funerals that I wasn't going to [everyone's funerals] . . . I had to go to another one that same day . . . It's always going to make me tear up because these people are important to me, and they died, and it still hurts . . . the pain doesn't go away.

Conversations about HIV were a dominant theme in discussing Duane’s social networks. When I asked about with whom he has remained in contact, he would answer with, “well, [these people] are still alive.” He recounted a conversation he had with his pastor who told him that he needed to find his peers; Duane told his pastor that most of his peers have died from AIDS, before medication was widely available.

The other main themes in discussions about community and social networks are slice of life stories about meeting people in the city, going to restaurants, going to dog parks, and getting close with providers at healthcare facilities. The latter Duane characterized as accepting of him as a gay man because many healthcare providers are gay; “it’s a nurturing profession, and gay people are very nurturing.” He told me stories about meeting Sylvester, a famous drag performer, and getting close with him. Community

involvement for Duane was more informal, in that he focused on the individuals around him and tried to make their lives better. Right now, he spends most of his time in San José or San Francisco, visiting friends, and away from the healthcare center; the people there, he told me, do not like that he walks around, smiles, laughs, and goes out often.

Keith

Keith also lives in a healthcare facility, and has since 2012. He is a sixty-two-year-old, white, gay man who cannot work as a result of his current state of health. He has lived in Sunnyvale for most of his life but also spent time in Cupertino, Willow Glen, and Tacoma, Washington. All have been in roommate arrangements. Keith would move to be closer to public transit or because of issues with his current residence; for example, he had to leave one of his living arrangements in Cupertino after a flood.

Most of Keith's family has passed away, except for his nephew and two of his nieces. Keith is not on speaking terms with his nephew, because his nephew stole property from his family's home. His nephew was also tasked with preparing the home for Keith and his father to return from their healthcare arrangements; however, his nephew did not make the preparations. His nephew has gone to jail for theft and elder abuse. His family's home has since been sold to pay rent for his and his father's arrangements in their respective healthcare facilities, so Keith cannot return to it.

In the past, Keith has been involved with MCC -- both San José and Tacoma chapters -- as well as the beginnings of the Billy DeFrank Center, the imperial drag courts in multiple cities, South Bay Bears, Silicon Valley Gay Men's chorus, the Mayor's Council of the Stockton Strip (in San José), and the board of directors for the San José gay pride

parade. He was also part of the El Camino Reelers and the Carnival Twirlers, two square dancing groups. He worked in many gay bars and frequented them as a patron. Billy DeFrank and Keith knew each other in DeFrank's last year of life. Keith would still be involved in his community if he did not live in the healthcare center. Due to his health concerns and mobility difficulties, however, he cannot leave. So, he is involved in the residence council at the healthcare facility, participates in events on the event calendar of the facility, calls and emails people he has known for a while, uses Facebook to connect with others, and meets new people on the online multiplayer platform, Second Life. His avatar on Second Life has a husband, whose player lives in Australia. Keith has Skype calls with him almost daily. He also has other friends on Second Life who live in the Bay Area and have offered to let him live with them; however, hills and stairs present mobility concerns for him.

Keith wishes he could go to Mississippi to meet his grandnieces and grandnephews; in talking about end of life arrangements, he included them as recipients of his bequests. Although he talked often about being unable to leave, Keith also talked about things he would do "when he gets out of here." Being a gay man has presented no concerns for him in the healthcare facility -- many of the workers are gay as well, and one even shared pictures of her wedding with him. Instead of concerns about being a gay man at the healthcare center, Keith talked at length about disagreements and injustices in this arrangement. For example, his appointments are often rescheduled without his knowledge, which hinders his own plans to call people or have visitors. The latter is especially significant, since Keith rarely gets visitors. Keith told me many stories about

his days in the drag courts and about intergenerational differences in LGBTQ people. He also had many anecdotes about interactions in bars and pride parades.

In this chapter, I have introduced the thirteen participants of this study. I described their identities, living situations, community involvement, activism, and other topics that may have come up in conversation that I did not actively seek in my interview instrument. In the following chapter, I discuss the salient themes that I drew out of the stories that these people shared with me. These themes concern the reasons people move, their stories of HIV/AIDS, the adaptations they have made to their networking strategies over time, and their desires for intergenerational connections.

Chapter Five: Choices and Strategies

I began this research with two questions: How has the gentrification of the Bay Area affected older LGBTQ individuals and their long-standing social networks--chosen families, community centers, and social justice organizations? What are the strategies that they employ in order to age-in-place in the Bay Area? In this chapter, I present four salient themes that arose during interviews with research participants. First, I explain how participants chose places to live based on their proximity to others, as well as the presence of existing LGBTQ communities and liberal politics in the area. Second, I present stories about HIV/AIDS that participants told and how the AIDS crisis affects them and their communities to this day. Many participants cited the AIDS crisis as the reason that they lost people in their social networks over time. At this point, they are losing people to old age, rather than AIDS. Third, I discuss the ways in which participants have adapted to changes in the Bay Area, as well as technology in general, in order to find and maintain social networks. Lastly, I present discourses of intergenerational knowledge and collaboration that participants discussed with me before, during, and after interviews.

Overall, the narrative data I collected revealed that the history of the HIV/AIDS crisis among this generational cohort has a more lasting and negative impact on their social networks than gentrification does. The motivation for community-building became that of advocacy and community caregiving in times of grief. Many ritualized spaces that did not focus on advocacy, such as bars and bathhouses, were closed down or went out of business during the HIV/AIDS crisis, resulting in changes in how LGBTQ people met

one another that continue into their older years. For those who own property, aging in place is less of a challenge because their housing costs remain fixed. Those who rent are able to remain in place as a result of affordable housing or below market rate apartments.

Motivations for Locations

People's movements and locations within the Bay Area did not correspond with gentrification patterns in their local areas. Between participants, there were no trends in where or when they moved; the trends were in their reasons for moving. When discussing why participants moved to or lived where they lived, they often said that they were following people they knew, known LGBTQ communities, liberal politics in the area, and/or jobs. People choose to stay in the Bay Area because of their current social networks and acceptance of LGBTQ communities in the Bay Area. If they ever considered other places to live, the priority was that the city or state in question was LGBTQ-affirming in community or policy. In considering locations, participants expressed concerns about the Trump administration, noting their observations of his efforts to repeal current federal LGBTQ-affirming protections and policies. Because of these actions, they wish to remain in places like California, which would keep them protected at least at the state level.

Carmel, Doris, Duane, Paul, and Joshua mentioned moving to the Bay Area to follow people they knew. Carmel, a seventy-year-old, white, lesbian woman who works as a spiritual minister and hypnotherapist, moved to Sunnyvale and later on to San Francisco because she was relocating to be closer to family members. Carmel also relocated to

Orange County and Big Bear Lake for short periods of time to follow partners who lived in each area. Doris, a seventy-nine-year-old, white, lesbian woman who works as a spiritual minister and psychic, her then-husband, and her children initially moved to Watsonville to be close to her mother as well. Doris also told me that many of her friends in Lancaster -- where she had moved from -- followed her to the Bay Area because they wanted to be close to her and saw how much she liked it there. Duane, a fifty-nine-year old man who is of mixed African, Asian, and Native American heritage, moved from Sacramento to San Francisco to be with Dane, his partner at the time.

Joshua, a seventy-year-old Jewish man who self-identifies as “finding beauty in sexes” and one of the first donors to Project Open Hand in San Francisco, did not mention specific individuals in San Francisco for whom he moved. Rather, since he and his family in Santa Barbara were “San Francisco people,” he was already familiar with the city and its Jewish community. As such, choosing San Francisco not only meant living in a city he knew and loved, but also living in a place where a network of people with whom he had things in common already existed. By utilizing his existing network in San Francisco, Joshua was able to secure an apartment without roommates and find clients for his new business. In this vein, Paul, a sixty-two-year-old gay man who works as a service provider for the elderly and developmentally disabled, chose to attend graduate school in San Francisco primarily because Boston was too expensive. However, this city was advantageous for him because his brother already lived there. By utilizing his brother’s existing social network, Paul was able to establish his own professional network. In addition, by frequenting the Castro district, Paul was able to meet other gay

men, as well as women of many sexual orientations, with whom he became friends. He reported relying primarily on his network of friends for personal support.

Carmel, Doris, Duane, and Paul all choose to stay in the Bay Area for the same reason that they initially moved to the area-- to maintain contact with their social networks. Carmel and Doris, who are married, talked about how they could afford to live somewhere else more comfortably on their current income, but they choose to stay in San José because their church family was there. Carmel did say, "If Doris wanted to move, we'd move," ultimately placing the choice of locale in Doris's hands, because Carmel would go wherever Doris goes. Doris also has relatives who recently moved to the Bay Area. She is excited about this because now she has the opportunity to be a grandmother. At the beginning of our interviews together, Duane and I had the following exchange:

Simon: Are you ever going to move back to San Francisco?

Duane: Yeah, but not anytime soon... things I'm doing down here, I need to see through to the end.

Toward the end of our interviews, however, Duane told me about his current efforts to move from Gilroy to San José with his partner. Of course, one benefit of this relocation would be greater proximity to San Francisco, which he visits frequently. However, he prioritizes living with his partner and being close to his church.

Jim and Zolani moved to the Bay Area because they knew that LGBTQ communities already existed there. Jim, a white, gay man in his seventies whose career has primarily focused on AIDS advocacy, told me that he had known he was gay since he was six years old, and that Berkeley was a progressive place, so he chose to move there from the

Midwest. In discussing his time in Ghana and South Africa, Jim told me that he disclosed that he was gay and had a partner and son before beginning his work; he wanted to be sure that he could safely be himself, because if he could not, then he would not go there.

Zolani, a seventy-three-year-old, black, gay man who finally felt like he was a majority in South Africa, had started in Monterey for the Navy, then chose to move to San Francisco; when San Francisco was not to his liking, he moved to Castro Valley and pursued work and education there.

Jim and Zolani only left the Bay Area when Jim was employed in Washington, D.C., Ghana, and South Africa; they live part time in Costa Rica, but Oakland is “home base.” Since they own their current property there, they have not needed to move as the cost of living rises. However, this has limited them somewhat in their choices, as they would like to buy property in Santa Cruz but cannot afford it.

Summer and Larry moved for work. Summer, a sixty-two-year-old, Chinese-American, transgender woman who identifies as bisexual, was born in Oakland, but moved to San Francisco because she was looking for full-time work. Larry, a Jewish, gay man in his seventies who lives in Palm Springs part time, chose to visit San Francisco out of curiosity while he was visiting his brother in Los Angeles in the 1960s; after taking a liking to the city for its quiet, architecture, and history, he moved there and found a job and community afterwards. Both choose to stay simply because San Francisco is home. Specifically, Summer said that she saw people fantasizing about living in San Francisco, trying to move to San Francisco, and making long commutes to work in San Francisco; therefore, she considers herself lucky to be there already, and chooses this as one reason

to stay. Since she currently lives in affordable senior housing, Summer is in a stable position; therefore, it would be disadvantageous for her to relocate at this time.

Walter, Cathy, Amelia, and Keith were all born in the Bay Area. Walter, a Jewish, gay man in his seventies who lives in Emeryville, has always lived in the Bay Area. His family lives near him as well. In addition, he has friends in the East Bay with whom he attends the theater, the opera, and gay Jewish reading groups. Because of this, he does not see a reason to leave.

Before Cathy, a sixty-seven-year-old, white, lesbian woman who was a respiratory therapist, retired, she needed to be close to her work. Although this is no longer a necessity, she remains in San José because her spouse needs the local amenities such as healthcare and transit. She and her spouse did consider moving to Manteca at one point, but it lacks the amenities her spouse needs. Amelia, a sixty-five-year-old, white, lesbian woman who works as a counselor and minister, has remained in the Bay Area because her family is here. Furthermore, she and her spouse stay for their work. Amelia discussed at length her current projects and trainings with the Bill Wilson Center, Center for Creative Living, and the Critical Incident Stress Management Trainings. She told me that she wants this work to be sustainable without her before she and her spouse move to the Humboldt area, bringing her work with her.

Keith, a sixty-two-year-old, white, gay man who has lived in a healthcare facility since 2012, was born in Sunnyvale. He lived in Tacoma for five years because he had found what he considered a home among the Metropolitan Community Church congregation there. After that, Keith returned to the Bay Area after he lived in Tacoma

for five years in order to collect employment and find work. He commented that even after five years of absence, people in the community and the drug courts still remembered him. For Keith, Sunnyvale will always be home, but he remains at the healthcare center because he is not well enough to leave; in addition, even if he were well enough, he does not have a home to return to because his family home was sold to pay rent on healthcare facilities for him and his late father. Although his friends on Second Life have extended invitations to live with them, these options may be inaccessible; he uses a wheelchair and a prosthetic leg, which pose mobility concerns in areas with hills, cracked sidewalks, and stairs.

Relocations within the Bay Area

My interlocutors reported many reasons for relocating *within* the Bay Area, including cost of living, life changes, economic changes, and health concerns. With regard to gentrification, Joshua, Larry, and Walter actually benefited from the rising cost of living because the properties in which they invested increased in value, resulting in larger equity and capital gains. Paul lived in his previous rental for over twenty years before his landlords, wanting to rent the unit at market rate, allowed the property to become infested with rats; if not for this, he would have remained in the property. Up until she was married, Cathy lived with roommates to save money; before moving in the South Bay in 1988, she lived on the peninsula (the western part of the Bay Area, between San Francisco and Mountain View), which was more expensive at the time and required her to live with roommates. When Jim and Zolani wanted to buy a home, they chose Oakland because it was close enough to Berkeley, but less expensive.

Other participants' moves were informed by life changes. Carmel and Doris moved in together in their current location after Doris separated from her former husband; her husband sold that house. Amelia moved to live with partners and be close to her work. Cathy moved to the South Bay in 1988 to attend San José State University. Summer started renting rooms in San Francisco when she first separated from her spouse in 2005.

Economic changes also influenced Summer's living choices. Following the Recession of 2008, Summer was laid off from her job. The resulting financial difficulties meant that she needed to rent rooms in order to continue living in San Francisco. Since Summer did not retain any of her assets during the process of divorcing her spouse, her financial difficulties continued. She applied for affordable housing for this reason; because of her eligibility for senior affordable housing, Summer was able to move into a single room occupancy unit in 2016.

Duane and Keith relocated to healthcare facilities as their health declined. Duane left San Francisco due to his declining health after his HIV diagnosis. Although he could have moved back in with his family, he chose to live in a healthcare facility in Prunedale. At the time, he required specialized, around-the-clock care, which he did not wish to ask of his mother. In 2003, he relocated to Gilroy because he wanted to be closer to San Francisco. Also, he no longer felt social ties to the healthcare facility in Prunedale, because the staff with whom he had been close had left the facility. Additionally, he was seeking specialized HIV healthcare, of which he found little in Monterey County, and more of in Santa Clara County. Duane still lives in Gilroy even though he is able to manage his health independently; the process of moving away is difficult because he

needs access to specific medications and HIV specialists, as well as housing that he can afford.

Keith has been living in a healthcare facility in the South Bay since 2012. Although he wishes to leave, he is unable due to his health, mobility concerns, and limited housing options. Keith cannot be discharged from the facility unless he is able to walk a certain distance, which he cannot do. He also requires specialized daily wound care, which he can only get in the healthcare facility. Some of his friends on Second Life have offered their homes to him; stairs, hills, and wheelchair-inaccessible environments mean that he cannot accept these offers. Lastly, Keith's childhood home in Sunnyvale was sold so that he could pay for his own healthcare, as well as his father's.

Hopefully Never to Roam?

When people considered potential places to live other than the Bay Area, they mentioned the existence of LGBTQ communities or the presence of friends. However, most people did not wish to leave the Bay Area because of their current social networks. For some people, however, moving away was a real possibility, either for financial reasons or political ones.

When participants spoke about people moving away, Palm Springs was a commonly cited destination. It had a reputation among study participants as a place for elderly LGBTQ people to retire; there is an elderly LGBTQ community there. Some people visited Palm Springs or had considered Palm Springs as a retirement option. Others, like Doris, have close friends who have moved to Palm Springs. Larry lives part-time in Palm

Springs partly for the community, but also for the accessible environment and services that cost more in San Francisco. However, he considers San Francisco to be his primary home and Palm Springs to be “an addition.” Walter had considered Palm Springs, but disliked the weather.

Paul would not wish to move back to Iowa because, “in the Midwest, attitudes are hard to change;” however, he may be forced to leave San Francisco when his landlord dies because he cannot afford living arrangements that are any more expensive than what he pays now. His first consideration was his hometown in Iowa, where he could live with some close friends and dogs; he also considered Albuquerque, New Mexico, where there are local LGBTQ-owned businesses, LGBTQ-affirming reproductive rights, and other LGBTQ-affirming community aspects. As a potential alternative to San Francisco, Summer considered Hawaii, which has LGBTQ community centers and workplace protection laws for transgender people. Amelia has chosen Humboldt as her future home for the weather and the nature, but also cited a “burgeoning LGBTQ community” as a benefit.

Jim and Zolani are both from New Mexico (although they met in Berkeley), an area that they consider less liberal than the Bay Area and, therefore, not ideal. Jim said that, after living in Berkeley for a year for his postdoc, going back to New Mexico was “a nightmare.” They currently consider Oakland home base, but they would consider moving to Santa Cruz again. They said that in the seven years they lived in Santa Cruz, they found more connections than in the thirty-eight years they have lived in Oakland; they attribute this to the Unitarian Universalist church in Santa Cruz, which was more

welcoming than the one in Oakland. They already live part time in Costa Rica, about which they did not utter any complaints. However, at a few points during our interview, Zolani would say, “back to Oakland, hopefully never to roam?”, communicating a greater place attachment to Oakland.

The idea of moving back to the Midwest did not even arise in my conversations with Larry; although he lives part time in Palm Springs, he considers Palm Springs an addition to San Francisco, and not at any point a replacement. San Francisco is his home because he knows more people and is involved in more organizations, and has been for some time. He considers the trees he planted in front of his home thirty-eight years ago as “symbolically planting roots.” In addition, he owns his home and a few other properties in San Francisco; so he has the income to remain in place.

Joshua never mentioned moving back to Santa Barbara. Throughout our interviews, he said that he loved San Francisco and that he would never want to leave; it has the conveniences he enjoys, clients, and business. Joshua was also one of the first donors to Project Open Hand in San Francisco, and still volunteers with the organization; he expressed that he feels closer to the San Francisco chapter than to the East Bay chapter, implying a sense of place attachment along with an attachment to the organization.

Political Factors

In many interviews, people expressed concerns about the Trump administration's reversal of LGBTQ protection legislation, foreign policy, and problematic remarks about ethnic minorities. However, participants consider California to be a safe place because of the liberal politics and LGBTQ-affirming legislation.

Paul contrasted the Bay Area with the Midwest, saying that people in that region voted for Trump because their communities are dying, while the Bay Area is thriving. Larry termed the presidential administration “backward looking.” However, although he sees the negativity in politics, he noted that California’s government is progressive; additionally, he never would have thought that same-sex marriage would be federally legalized during his lifetime, but it happened. Jim said that if Trump stays in office for all four years of his presidency, then he and Zolani will live in Costa Rica full-time to be away from the political atmosphere. Keith expressed the most concern about the administration, saying: “[Donald Trump] turned around so much of what Obama had opened up, what Clinton had opened up . . . we used to feel safe. Now, we don’t.”

In addition to concerns about LGBTQ protections, Keith also noted the impact that President Trump’s policies would have on health care: without Medicare, “a lot of people in [healthcare facilities] will get dumped out on the street,” because they would not be able to pay for their accommodations.

Histories of HIV/AIDS

AIDS was a much more salient issue than that of people in their social networks moving away; as some said, “It wiped out your social network.” Many participants attributed the loss of their social networks to the AIDS crisis of the 1980s and 1990s. Because of persisting survivor’s guilt and the loss of ritualized spaces, participants find that their social networks are still impacted by the crisis. In what follows, I expound on the stories people told about the appearance of AIDS, the stories they told about loss, the

ways people got involved in their communities as a result of AIDS, and how the AIDS crisis still impacts the ways in which people construct and maintain social networks.

Almost every gay man I spoke to said some version of the phrase, “I was one of the lucky ones,” either because he had lived up to now with HIV, or because he had not contracted HIV at all. People discussed how they would watch their friends become sick with Kaposi Sarcoma, a cancer that caused people to break out in purple blotches. There were conflicting histories about what AIDS was called at the time; some said it was called GRID -- gay related immunodeficiency -- and others said it was called “gay cancer.” Ritualized spaces, such as bathhouses and bars, closed down as a result of the AIDS crisis. The health department of San Francisco shut down many bathhouses in efforts to slow the transmission of AIDS; a few bathhouses remain in Berkeley and San José, but the majority of the ones that existed in San Francisco are gone. Many bars closed because people stopped going out, fearing that they would contract AIDS, but not knowing how the disease was transmitted. “AIDS really changed the gay scene,” Walter told me. “It became much less bar oriented. Most HIV-positive people weren’t going out anyway.”

Until his lawyer succumbed to AIDS, Joshua did not think it would affect him; it appeared to be a disease of “those people” -- transsexuals, drug users, and people in the leather community. He discussed at length how some people would receive the news of their diagnoses:

I mean I remember going to parties for friends, because there was no -- what do you call it? -- there was no medication out there. AZT was very poisonous. And there were a lot of holistic kind of stuff, y'know . . . So a lot of people when they got the AIDS diagnosis -- oh, Karposi Sarcoma [sic] was the first big one,

because there were like spots that were like birth marks. . . it was like blotches on their face. Once you saw that, it was like the plague. Y'know you were like, whoa, 'cause you knew . . . you would slowly see them wither away. And like I said, I went to many, many parties that people would have when they found out they had HIV . . . they would invite everybody, have a great time, and we all knew what they were gonna do. They were either gonna jump off the bridge, or go out to Golden Gate Park and hang themselves off a tree, or they were gonna take a lot of sedatives in a milkshake and just go to sleep. . . there was nothing . . . No cure or anything like that. So that was in the late 70s, early 80s . . . I had a lot of my friends . . . that clean their house and everything like that, and then have everything, y'know this goes to Simon, this goes to Joshua, tags on everything. And then go down in their garages and put the big 33-gallon grocery bags and just lay on the floor in their garages . . . Usually they would put it in the post like Friday, Thursday night, and they'd be dead by Monday. They would always send it to the police department or the coroner so they would come. I had quite a number of friends ask me how to get some medications -- I had never personally did it to anybody, but I was able to get different drugs and things that they wanted because it was their choice.

Other people who participated in the study watched their friends succumb to AIDS or grief. During this topic in our conversation, Paul became teary eyed, his voice catching at times, as if the events of the AIDS crisis had happened only recently. Larry told me that many of his friends turned to substance abuse as they contracted HIV or lost their friends and loved ones to AIDS. Doris and Carmel told me that Doris's brother, who was a chiropractor, lost over two hundred clients to AIDS in one year; that very same brother died of AIDS in 1998. After this, Doris and Carmel did not have as much reason to go to events in San Francisco; so they go there much less often than they used to. Jim and his close friend held AIDS-education seminars together in Washington, D.C.; Jim was also the executor of that friend's estate. He would travel regularly to San Francisco to care for this friend. Before and after he contracted HIV, Duane watched his friends in the Castro fall ill. He cared for them and their loved ones, visiting them in the hospital and cooking meals for them while they were busy grieving. He told me that when he returned to visit

the Castro after relocating to Prunedale for healthcare, only two of his neighbors were still alive. AIDS was so present in Duane's life that he was more knowledgeable about the effects of AZT than a doctor in Monterey County, who had tried to prescribe him the drug. When Duane refused to take it, the doctor insisted, questioning Duane about how he could know that much about AZT. Since that doctor was the only AIDS specialist in Monterey County, Duane decided to seek out AIDS resources in Santa Clara County. He said he felt sorry for people who were HIV-positive and lived in Monterey County because "there is nothing for them there."

A recurrent story was that "everyone came together" during the AIDS crisis. Where there was once racial and gender segregation, there came unity. As bars closed, there were fewer ways for different ethnic groups to segregate themselves. Nicknames for bars, such as "Nairobi Lounge" and "Rice Palace" fell out of use. The practice of asking lesbians for multiple forms of identification when entering gay bars, and vice versa, also fell out of favor. Many recall that lesbians were the ones who cared for gay men because it was primarily gay men who were contracting the virus. Much of the activism some people undertook was inspired by AIDS. Doris was one of the first contributors to the AIDS quilt before it became too large to transport. Most of Jim's career was dedicated to AIDS relief. Amelia focused much of the early efforts of Center for Living with Dying on the people and their caregivers who were touched by AIDS. She is now one of the facilitators of the HIV/AIDS Rejuvenation Retreat.

At this point in time, people are dying of old age, not AIDS. With the advent of medications, AIDS has been transformed from a death sentence into a chronic illness.

However, there is still lingering trauma around the virus. Larry described how loss and grief led people he knew to addictive behaviors such as substance abuse. Since the AIDS crisis also resulted in the loss of ritualized spaces and practices, the LGBTQ community experienced a hiatus from which it is still recovering. Larry said that although the availability of medications has started the community's recovery, it is still making its way forward. Furthermore, many people experience survivor's guilt. Duane told me that he has trouble finding other gay men his age because most of them died during the AIDS crisis. After he contracted HIV, Walter relied almost exclusively on online dating to find other boyfriends who were HIV-positive.

Death in Social Networks

Even though AIDS is no longer a death sentence, participants still talked about people in their social networks dying of old age. Often, but not always, these were significant life events that were noted on the life history calendar. Whenever this happened, the participants would tell me about the ways in which this person touched their lives and the lives of people around them. They would tell me how their communities or families came together to mourn this person.

The exception to this pattern was Keith. He told me more about how he found out about the deaths of his family members and how traumatic it was for him to receive the news; his father and two sisters passed away in healthcare facilities where he could not visit them. On this topic, he expressed concerns about not living past the age of sixty-six, since none of his other family members had done so. Since Keith was the only person I interviewed who lived in a healthcare facility and could not leave (Duane could come and

go as he pleased), I did not have the chance to investigate whether or not other people in his situation would have similar reactions that contrasted with those who lived independently.

Adaptations and Networking

As ritualized spaces changed, it became more difficult to find other LGBTQ people in person. Participants told me about the ways in which they adapted to this, such as newspapers and phone lines. Now, they take advantage of online tools to find and maintain social networks.

Prior to the widespread use of the internet, people would use the *Bay Area Reporter*, a newspaper targeted for an LGBTQ audience. *The Berkeley Barb* was an underground newspaper that was not specifically LGBTQ, but counterculture enough to be useful to that demographic. People could place personal ads into these and similar newspapers, which is how Zolani found Jim. Community spaces such as the Billy DeFrank Center were primarily resource centers where one could find service and healthcare providers who were gay, using phone books and phone lines. There were also phone calling services for gay men and lesbians to find others like them, usually for casual sex, but sometimes for dating. In addition, people found events by word of mouth.

Currently, people take advantage of online tools to find and maintain contact with each other. Almost everyone reported using email to keep in contact with people. Keith uses Second Life, Facebook, and Skype to maintain social connections because people do not often visit him in the healthcare facility. Walter uses online dating sites for HIV-positive people to find other HIV-positive people. Duane met his current partner in a gay

chat room. Cathy told me that the Billy DeFrank Center has become more like a community space than a resource center because people are using the internet to find resources. She also told me that people are using chat rooms more often than going to local events because it is easier for them.

Since Doris and Carmel live in a small space, they cannot use their home to host events like Doris did when Doris was still married to her former husband. Instead, they rent rooms in restaurants, use space in their church, or have events on the beach. Surprisingly, this makes for smaller events than the ones hosted at home. Doris used to host over one hundred and fifty people in the home she shared with her former husband. Now, her events have forty to fifty attendees.

Community Involvement and Aging

Participants reported being less involved in their communities than they used to be. This is not because individuals in their social networks are leaving, but because they are “slowing down” in their old age. They also found that as they grew older there seemed to be fewer spaces for them. Some considerations for whether or not people attend certain events include transportation, energy levels, changing priorities, and feelings of exclusion.

Participants discussed concerns with driving long distances. Walter told me that he thinks twice before going to an event if he has to drive during rush hour traffic. In addition, he stopped visiting Palm Springs in 2013 because he no longer felt comfortable making the long drive by himself. Doris and Carmel used to drive all over the Bay Area

in one day to see people and attend events; however, they have both slowed down since Doris had a stroke in 2016.

Changes in energy levels also influenced participants' involvement choices. Summer told me that she no longer attends Divas, the nightclub where she met other transgender women; their events end late at night and she must be awake early to attend to volunteering obligations. Walter used to have a plot in the Emeryville Community Garden, but he had to leave it when his sciatica made the maintenance too difficult. Larry used to host gatherings in his home, but he no longer does this because of how much work it requires.

Mental and interpersonal energy were also determining factors in whether people continued in certain organizations. Summer is no longer on planning committees for events such as Trans March or Transgender Day of Visibility, citing social tensions and a decision to let younger people take over the planning. Walter left his gay synagogue because of "political issues" happening within it. Larry found it difficult to fit in when he attended spaces specifically for older LGBTQ people; he described how some people in these spaces spent more time expressing anger than networking with others, a sentiment with which he could not and did not wish to identify.

There was some discussion about feelings of exclusion from LGBTQ spaces on the basis of age. Paul told me that he stopped going to a dance club in San Francisco that caters to a gay male clientele when he turned forty; "I felt like everybody's uncle."

Walter also talked about this phenomenon, saying he feels left out in groups that he used to attend, because they are more oriented toward younger people. He, as well as many other participants, chose to seek out groups that are oriented more toward older people.

Overall, the “slowing down” with age, not the loss of community contacts, results in less community involvement; however, most participants did not see problems with this life change. Keith is an exception to this trend; since he lives in the healthcare facility and receives few visitors, he does not know “who’s still around and who isn’t,” or much of what is happening. He talked at length about traveling to see his family and how he wants to be outside, doing what he wants to do and being in the community.

Some people did not describe themselves as “slowing down.” Although Amelia is changing the nature of her work so that she can relocate, she is still facilitating workshops and running trainings on an almost daily basis. Joshua continues to volunteer for Project Open Hand. At the time of our interview, he had started taking a Latin class and tutoring a friend. Paul is still working in health and human services positions and following his passion of working with developmentally disabled individuals.

Intergenerational Communication

Throughout the fieldwork for this thesis, there was an overall trend of participants feeling distanced from LGBTQ youth. They told me many anecdotes of gay history and media, and were surprised when I did not know some of the stories. They told me stories about young people being ignorant of historical figures, as well as expressing disrespect for LGBTQ elderly people. They also expressed desires to see more young people involved with the elderly and the community at large.

People were surprised when I did not know of some historical figures and gay media. Some of this was my own ignorance, such as not knowing that Alice B. Toklas was the lover of Gertrude Stein; the two of them are well-known writers from the Bay Area. Larry told me I needed to brush up on my gay history. Joshua's stories about people who had contracted HIV planning their suicides were the ones most surprising, as I had not heard of them anywhere. Paul told me that he had met someone who had never heard of Harvey Milk. Keith told me this story:

On Facebook, there's a comedian -- a Facebook personality -- who talks about a group of millennials walking into a bar. And they see an old guy sitting in the corner drinking a beer . . . he's talking about the old guy in the corner, who's sitting there, looking into his beer, looking at you, maybe ogling you a bit, type thing. And all you're thinking is disgust and everything else. And he turns around and he says, 'you should be more respectful of them. They're the ones who were fighting the battles for you back with Stonewall. The riots. Protecting people that were being arrested in bars just because of the fact they were gay. They put up a fight so you could walk hand in hand down the street with your boyfriend with less fear of confrontation.

Participants also expressed a desire to interact more with young LGBTQ people and see young people of all sexual and gender identities more involved in the community.

Walter said, "I think it's necessary that younger people get interested in us older folks."

Summer expressed a desire to mentor transgender youth:

I do come in contact with some young adult and even youth groups that I encourage to take their time unless they're really sure. And that if they're not sure, they can ask questions of their peers and adults who are supportive. If they have any doubts, just find someone to even share that -- doubts, fears, or anything that causes one to say, "Am I doing the right thing?"

Joshua encouraged his sons to begin volunteering at a young age. Larry said, "I appreciate [the influx of young people and the new economy]. I don't resent it. But it's different and takes a little adjusting to relate. There doesn't seem to be a lot of cross-

communication between the groups.” Later on in our interviews, he told me that he does not see young people participating in things that keep a community going, such as neighborhood associations, the opera, and the symphony; when he told me this, he also considered that jobs take people everywhere, so it may be more difficult for young people to integrate into the community. Amelia told me that she has noticed changes in attitudes about HIV since the early 2000s:

Many people say, ‘well why do we have services for HIV-positive folks? . . . aren’t they just integrated? Isn’t just like having cancer or...?’ There’s this whole minimization that has happened. Y’know in the media. That has created this complacency around HIV and AIDS. And I think a lot of our young people are not really taking it seriously because it’s not... I mean we used to do a lot of HIV education in the community, in the schools. Ron, my beloved brother, was HIV Positively Speaking. It’s a group that goes out to schools to churches, talks about HIV. That’s no longer happening. We’ve lost a lot of funding. We’re just trying to get a grant right now, Simon, to continue our HIV retreats but also to restart our HIV-positive groups. And our *grupo en español*.

Overall, there appears to be a disparity between what elderly LGBTQ people remember about the liberation movements and what young people know. Because of this, people who were not present or directly involved in the AIDS crisis are gaining a sense of complacency about HIV. Additionally, this disparity in historical knowledge may be a contributor to the trend of older LGBTQ individuals feeling left out of community spaces that are dominated by younger people; however, this may also be the result of an age gap that causes both groups to feel alienated from each other.

In this chapter, I have summarized the salient themes that arose in this research. First, people relocated to and within the Bay Area to follow people in their social networks, including families of origin and chosen families. The political atmosphere of the Bay Area was another factor in choosing to remain within it. Second, people of different

ethnicities, genders, and sexual orientations united to care for and advocate for each other during the AIDS crisis; however, the AIDS crisis caused community trauma and fragmentation of social networks. These lasting effects, not gentrification, have negatively impacted social networks among LGBTQ elders. Third, people are losing individuals in their social networks due to death from old age, not due to relocation away from the Bay Area. Fourth, participants expressed desires for young people to be more involved in their communities and interact more with the elderly. In the next chapter, I situate these themes within the theoretical approaches that I used for this fieldwork.

Chapter Six: Discussion

In this study, I began with concerns about place attachment, gentrification, and aging in place among LGBTQ elderly people in the San Francisco Bay Area. I also used the life history calendar method, informed by visual anthropology. My literature review of these topics led me to expect three things. First, elderly people who identify as LGBTQ are relocating from the Bay Area as a result of rising cost of living. As a result, the social networks of elderly LGBTQ people who remain in the Bay Area are becoming fragmented. Second, these relocations and fragmentations of social networks reduce the likelihood of successful aging in place -- defined as the ability to maintain independence in one's chosen environment, even as one's needs change (Kaup 2009, 102) -- for this population. However, individuals in the study would strive to remain in place as a result of place attachment, the bond that people form with their environments through personal involvement (Low 2002, 398). Third, the use of a visual method would yield narrative data that would be missed in verbal communication, as well as provide an additional medium for communicating place attachment and changes in social networks. At this point, I consider the ways in which the salient themes of the data compare with the theoretical approaches I used for this fieldwork.

People, Places, and Rituals

The literature I reviewed about place attachment and gentrification can be summarized as follows. First, gentrification is the result of market forces that cause capital to return to inner cities. When this occurs, low-income and marginalized populations, particularly African-American and Hispanic communities, are forced to

relocate. This results in loss of access to ritualized spaces -- places associated with one's culture, with accompanying social norms and aesthetic sensibilities (Barrios 2011, 122) -- nonprofit services, healthcare, social networks, and community practices. Second, place attachment is the bond that people form with their environment through personal involvement (Low 2002, 398). Individuals and their predecessors produce and reproduce narratives of the environment that reinforce place attachment (Faas et al. *in press*). Third, place attachment may be expressed by individuals and communities as town character and place-identity. Town character is the community's perception of their own place, as distinct from another. Place-identity is the aspect of constructing the narrative of the self within the space in which a person lives (Hoey 2010, 243).

Overall, the findings of this research were consistent with the literature about place attachment and social networks. The exception to this is that gentrification has not significantly influenced where research participants chose to live. Participants identified the Bay Area as their home because of the social networks they had forged and the memories they had made with others. People expressed in their stories place identity and town character. Patterns of community caregiving and involvement continue from practices that arose during the AIDS crisis, which has had a negative impact on social networks in modern times that I did not anticipate. Reflections on the current political atmosphere in the United States, as compared with the LGBTQ-affirming policies of California, represent the evaluation of town character as a determiner of personal safety and affirmation. Lastly, desires for intergenerational communication and community

involvement indicate a desire for youth to continue narratives and traditions that shape the town character of various locales in the Bay Area.

Contrary to my hypothesis, LGBTQ elderly people who participated in this study do not feel strongly that their social networks have been impacted by gentrification. If people expressed that their social networks were currently shrinking, they explained this to be a result of death from old age. Although participants told me that people close to them had relocated due to the rising costs of living, or to “settle down” after marriage, they did not feel that this was a devastating concern. Many were able to visit people who had relocated or else keep in contact with them online. Additionally, people who remain in the Bay Area have remained close with the people who also remain in place.

Those who remain do so because they feel a strong sense of place attachment to the Bay Area. They are involved in their communities and remain in the Bay Area to stay close to them. They had many stories to tell me about the time they had spent in the Bay Area, as described by Setha Low (2002, 398). In telling me about their experiences living in the Bay Area, participants described a consistency of town character in area (Hoey 2010, 243); the Bay Area is a place of activism, liberal politics, and healthy economies. Participants believed themselves to be activists and/or community oriented, as well as aligned with liberal politics, the Bay Area was the best place for them; in these attitudes, they presented place-identity (Hoey 2010, 243).

Participants feel that their social networks have experienced lasting impacts from the AIDS crisis of the 1980s-1990s. According to participants, the AIDS crisis remains as a community trauma in the Bay Area. Many of the ritualized spaces (Barrios 2011, 122)

that existed prior to the 1990s were closed by authorities or went out of business during the AIDS crisis -- bathhouses, bars, theatres, and film festivals among them. The Health Department of San Francisco closed bathhouses, believing them to be contributors to the spread of AIDS (New York Times 1984). Other ritualized spaces disappeared as people stopped going out and, as a result, stopped attending those spaces. People stopped going out because they did not know how the disease was transmitted and feared contracting it. Metropolitan Community Church, a religious space that was often discussed among participants, lost some of its congregation because people could not cope with the constant deaths in their community. As these spaces and practices disappeared, many people began to find it more difficult to connect with others, and those who are HIV-positive face this difficulty today.

Much of the activism during the AIDS crisis was a form of community caregiving, as described by Croghan and colleagues (2014). In addition to the existence of organizations such as ACT UP and Survive AIDS, participants discussed entering healthcare, human services, and ministry to care for people with AIDS and their loved ones. Some practiced informal caregiving, cooking for those who were grieving or going to hospitals on a regular basis to visit those who were dying. This form of community caregiving remains among LGBTQ elderly communities. In light of community caregiving, participants talked about being the executors of the estates of deceased friends. Lavender Seniors has the Friendly Visitor Program, which pairs volunteers with homebound elders so that the latter have people with whom to talk, bond, and carry out fun activities. The Center for Creative Living hosts the HIV/AIDS Rejuvenation Retreat; this is a quarterly event for

anyone whose lives have been touched by AIDS, during which they have space for discussion, healing, and art therapy. Although I anticipated discussions of cohabitation and resource sharing as cost of living in the Bay Area rises, participants did not report doing much of this; Keith was the exception, as he had friends on Second Life who offered their homes to him, should he leave the healthcare center.

The original contribution I have made to academic literature about LGBTQ aging is the importance of place and political affiliation. Aging in place is important for elderly people of any sexual orientation, gender identity, race, or class. People are more likely to remain in good health if they have access to the spaces, places, people, and healthcare providers that they know; they can feel more secure, safe, and independent (Tomaka et al. 2006). However, this is one of the first studies that has investigated aging in place for a marginalized population. LGBTQ elderly people living in the San Francisco Bay Area have a unique place attachment to it; they are part of a generational cohort that has built an affirming geography for LGBTQ people. The advent of federal marriage equality in the United States has not made the entire country an affirming place for LGBTQ people; 2017 held the highest number of reported murders of transgender people on record, and most of the victims lived in the southern United States (HRC and TPOCC 2017, 33). In order to age successfully, LGBTQ elderly people must remain in place; like anyone else, they need continued access to their social networks and community spaces, but they also need to remain in a geography that affirms their safety and wellness.

In discussing town character and place identity, people often contrasted California, or specifically the Bay Area, with places in the United States that had a politically

conservative majority. They identified more with the places that they lived as liberal areas, finding them to be safer and more aligned with their values. These are place attachment narratives that distinguish the Bay Area's town character as distinct from other areas of the country which, in having a majority vote for President Trump, expressed a set of values that was unsupportive of LGBTQ individuals.

One way in which participants expressed a desire to continue aforementioned narratives of place is their desire for intergenerational communication. This sentiment was expressed with such statements as, "I think young people should be more interested in us old folks," as well as, "young people seem to me more transient and not as involved in things that keep a community alive;" others said they wished to mentor youth. Examples of practices that keep communities alive, as described by informants, are participation in neighborhood associations and local culture, such as the theater, the opera, and film festivals. Young people not carrying on the traditions of place would mean a change in town character; perhaps it would shift away from arts and culture and more toward an ever-busy, work-centric lifestyle. Additionally, the practice of mentoring youth would continue a local activism tradition, in which LGBTQ people cultivate chosen families in order to support one another. The potential loss of such a tradition would also alter the town character of different locales in the Bay Area, as its lineage of activism would be diluted or even fade completely.

Despite the gentrification of the area, participants still felt that they belong in it as a result of their place identities. They did not describe a sense of being pushed out or excluded from their historic homes. Considering the degree to which participants

continued to express place attachment and identification with the Bay Area's politics, my hypothesis that LGBTQ politics and culture could be cast aside in the face of gentrification seemed to be unfounded. However, the theme of wishing to connect with youth and continue local traditions of activism and community involvement indicates the perception that youth are not involved in their communities. Thus, perhaps the influx of young, transient workers has the potential to impact the town character of the Bay Area in the future.

LGBTQ Aging

One aspect of aging in place is the ability to maintain access to social networks. The literature about LGBTQ aging that I reviewed at the beginning of this thesis showed that LGBTQ people overall tend to age successfully because they have cultivated coping skills and social networking strategies as a result of their marginalized identities (Fredriksen and Muraco 2010, 398). These skills carry over to adapting to age. Additionally, LGBTQ elderly people are more likely to rely on social networks and informal caregiving than on formal institutions for fear of discrimination (Fredriksen-Goldsen and Muraco 2010, 398; Witten 2014, 27; Johnson et al. 2005). This is also because they feel more connected and validated when surrounded by people who share their identification on the LGBTQ spectrum (Sullivan 2014, 241; Fredriksen-Goldsen and Muraco 2010, 402). Lastly, the current elderly LGBTQ age cohort is part of a group of people experiencing the uncertainty of aging with HIV; since HIV is a relatively new virus, there is little academic or medical literature about the prognosis of people aging with HIV (Solomon et al. 2014, 242). Consistent with the literature on LGBTQ aging,

participants in this study showed that they have maintained a degree of independence, health, and social networking. Divergent from the literature was the finding that people did not consider formal institutions and healthcare to be discriminatory on the basis of LGBTQ identity. One unprecedented concern that may require future research is the impact of attitudes about AIDS on funding for education and support for those who are HIV-positive.

In terms of maintaining social networks and independence in the physical environment, most people in who participated in this study are aging successfully. Participants in this study told me that they had maintained strong connections with people in the area, as well as people who have relocated, for many years. By continuing to attend local events, religious spaces, and community centers, participants remain involved in their communities, maintain social networks, and forge new social connections. They have adapted to changes in the area by using online tools to find and maintain contact with each other. For example, Walter uses dating websites for HIV-positive people to find partners. When living in Gilroy, Duane used an online chatroom to meet other gay men because he considered gay men in Gilroy to be too closeted. Also, they have adapted to changes in their physical needs by changing the nature of their community involvement. Summer, for example, switched from attending Divas, a nightclub frequented by transgender women, to volunteering earlier in the day, because Divas ended too late at night for her.

Although it can be argued that Keith is aging poorly due to his mobility limitations and health problems, I argue that Keith is aging as successfully as anyone in his situation,

which he considers less than ideal. Since he cannot maintain his involvement in LGBTQ organizations or events outside of the healthcare center, Keith has adapted to his living situation by redirecting his involvement and networking. He is involved in the residents' council at the healthcare center and makes sure to advocate for himself when staff does not meet his needs. This advocacy includes filing formal complaints or informally enforcing personal boundaries with staff. In order to maintain and make friends, he uses Facebook and Second Life. Using these online tools is not unusual, even among healthy people who live independently; because of this, it would be mistaken to argue that these are inferior forms of social networking because they do not occur face to face. Finally, in making these adaptations, Keith maintains a sense of self and identity. He has some friends and activities that do not solely revolve around his health. In addition, he has maintained his identity by keeping artifacts of his life outside of the healthcare center with him, such as comic books and photos of him at parties and drag shows.

Participants did not express a reluctance to seek medical and caregiving assistance from formal institutions, as described in the extant literature (Johnson et al. 2005; Fredriksen-Goldsen and Muraco 2010; Muraco and Fredriksen-Goldsen 2011). Keith and Duane told me that they were friends with some of the staff at their healthcare centers. Both told me that there were many gay providers on staff. Keith went as far as to say that most of his friends *are* staff at his healthcare center. He told me that many of the staff members are gay; one of them showed him the photos from her wedding to her current wife. Duane was friends with staff at Prunedale and is friends with the staff at the healthcare center at which he currently lives. In his opinion, most healthcare providers

are gay because “it’s a nurturing profession, and gay people are very nurturing.” Neither of them felt that, as gay men, they were at any disadvantage compared to other healthcare residents. Other participants reported similar results discussing people that they knew. Walter said that he knew of people who feared discrimination in healthcare settings and assisted living facilities, but no one had never heard of it happening.

This deviation from the literature on LGBTQ aging is indicative of the importance of aging in place. The San Francisco Bay Area is known for its advances in LGBTQ advocacy, including in healthcare and services. For this reason, data regarding interactions with healthcare professionals and other formal institutions would be different in the Bay Area than in other parts of the United States. For example, Johnson and colleagues (2005, 89) studied perceptions of discrimination in retirement facilities in Spokane, Washington. This city does not have the liberal majority of the San Francisco Bay Area; in fact, the city has had a majority of votes for Republican presidential candidates since the year 2000 (Carlsen 2016). It would make sense that LGBTQ elderly people living in cities similar to Spokane -- or with an overall lower prevalence of liberal politics and ideologies than the Bay Area -- to be more concerned about discrimination in retirement facilities. Since participants reported moving to and/or remaining in the Bay Area because of its liberal politics and LGBTQ-affirming policies, aging in place would significantly improve their access to and interactions with formal institutions and services.

Amelia discussed discrimination in healthcare facilities that had occurred during the

AIDS crisis, but told me that less of it occurs now. However, according to Amelia, there has been decreased funding for programs, support groups, and educational efforts about HIV. She believes this is due to a growing complacency about AIDS since the early 2000s. In addition, in her work, she has seen a rise in HIV among youth who do not consider the virus to be a threat. Considering the lasting impact of HIV on LGBTQ populations of all ages, but especially on the age cohort of this study, the decline in funding for HIV programs is worth further research. This is especially salient because this population is aging with HIV, and this experience has little medical literature or precedent.

Although the impact of HIV/AIDS on the LGBTQ population is well-documented epidemiologically and historically, I found little anthropological literature about the impact the virus has had on community building and networking. For this reason, I did not anticipate the degree to which community trauma from HIV/AIDS would appear in my fieldwork. The findings of this research can begin a conversation about what it is like to be part of a population that was first impacted and further marginalized by the appearance of a new epidemic. The elderly LGBTQ population has a unique perspective in that they have watched the whole history of this virus, personally and politically. In addition, the process of aging with HIV is not well studied, since the virus is relatively new and unique in its current social manifestation as a chronic illness; this is unlike other viral epidemics, such as poliovirus or influenza, which can be significantly reduced by the use of vaccinations. As a chronic illness, HIV is unlike others, such as lupus or

cancer, in that it continues to carry the association with LGBTQ populations, which at the time were branded as deviant and promiscuous.

HIV/AIDS still disproportionately affects people of color of all ages, genders, and sexual orientations (Jolivet 2016). The cultural variations in attitudes and practices surrounding HIV, and how those impact the contraction and spread of the virus, is well studied. The findings in this research about lasting community trauma can be applied to the reinterpretation of the persistence of HIV/AIDS in these populations, integrating historical considerations of stigma and community response in the present day interpretations and interactions with the virus.

Visualizing Narratives

In order to develop a visual method of data collection, I incorporated a literature review of visual anthropological methods into this study. The production of visual ethnographic media entails ethical concerns of representation. First, the anthropologist must avoid a positivist paradigm in visual ethnographic media (Ruby 1991, 53) by acknowledging that oftentimes the visual ethnographic product is from the theoretical perspective of the anthropologist (Cuyper 1997, 3). If anthropologists are not cognizant of this, they run the risk of perpetuating ethnocentric perspectives. Another dimension of visual anthropology is the interaction of the creator of the ethnography and the subject of the ethnography, which can be analyzed with visual typologies (Newton 1998). Finally, applied visual anthropology is distinct from academic visual anthropology because it can be used as a problem solving methodology, rather than an exploratory one (Pink 2004, 6). Since it is collaborative in nature, it can be used as an intervention methodology. This

can be applied to the public, private, and NGO sectors, because it is designed to collaborate with informants (Pink 2004, 6). Additionally, its use in applied work makes anthropology more accessible outside of academia because visual media are widespread (2004, 6).

I utilized a visual method in this study because I wanted to incorporate a collaborative framework for data collection (Ruby 1996, 1345). I also wanted to take advantage of the visual-narrative ways in which people conceptualize place attachment by using a method that, literally, visualizes narratives. In the methods chapter, I describe how people reacted to the life history calendar method. Some people utilized it as much as possible, while others were reticent and asked me for more direction. People who interacted with the method more creatively and fell into a self-guided pattern often told me that they appreciated having created the calendar. The process brought up events that they had forgotten and gave them longitudinal perspectives of their lives. In what follows, I discuss how the trajectories of life history calendar interviews are indicative of the lack of ethnographic research among the LGBTQ elderly population of the Bay Area. After this, I describe how life history calendar interviews that focused more on stories than visual composition indicate persisting place identity and successful aging in place. Regardless of how self-directed participants became, the life history calendar often began with difficulty. The conversation that began the interview would hinge on such topics as, “what do you consider living in the Bay Area?” “what is recent?” and, as Carmel directly asked, “what are you looking for [to prove the research hypotheses]?” I appreciated the questions that sought clarity. In spite of this, it was difficult to find the

balance of directing the conversation without taking control of the participants' stories; I did not want to reinforce my own ethnocentric perspective (Cuyper 1997, 3) and obscure the ethnographic data. People hesitated when I did not explicitly direct the creation of the calendar, but asked them to compose the visual aspects as they wished. Those who hesitated were more likely to say things such as, "I was doing the same old stuff," or, "other than that, there was nothing particularly earth-shattering."

Newton (1998, 61) argues that the creation of visual ethnographic material is an interaction between the researcher and participant, which warrants its own analysis. These interactions are likely reflective of the types of studies in which people had participated in the past. Those studies had methods such as quantitative survey, structured interviewing, and focus groups. Since I had introduced myself as a researcher, my interactions with participants started as researcher-subject, with the researcher in charge. I had to transition our relationship to storyteller-ethnographer, with participants in charge. Some people took my suggestion to begin with relocations as transition periods within their lives; in these interviews, I consider myself successful in transitioning our relationship. Other people continued to ask, "what next?" In these interviews, transitioning our relationship was much more difficult.

Having the calendar as a project helped organize the stories into a temporal narrative of life and relocations in the Bay Area. While some people guided themselves through the calendar rather independently, others asked for guidance throughout; still, a third segment of people were more focused on verbally telling stories than visualizing them on the calendar. Sometimes, these were individualized stories about interacting with

healthcare professionals, going to the dog park, or boycotting a toy store on behalf of one's child. Other times, these were lengthy stories about histories of prominent figures in the LGBTQ liberation movement, patterns of legislation that affected LGBTQ communities, and pop culture.

The latter class of stories is also personal in nature. These stories arose in conversations about personal experiences and place attachment; therefore, although they seem removed from the participants, participants took them personally. In this regard, stories of this nature were localized to where participants had lived reflect place identity. The story of place, to which participants are attached, is a personal story. In addition to place identity, the telling of stories that, on the surface, seem removed from the individual, are also indicative of successful aging. To take personally histories, legislation, and pop culture is indicative of identifying with them is evidence of a persisting LGBTQ identity throughout aging, and the maintenance of self-identity is one aspect of successful aging.

The need for guidance and reinterpretation of the protocol during life history calendar interviews indicated that, at least among those who participated in this study, ethnographic research was unfamiliar. People had participated in academic research in the past, but they described much more structured protocols. These types of research had more of a researcher-subject hierarchy, to which participants seemed more accustomed, than the storyteller-ethnographer relationship I wished to cultivate. Walter, for example, had filled out many surveys about his experiences as an older gay man. Joshua reported being involved in a long-term study about substance use with a hospital. I also attended a

Lavender Seniors potluck at which a psychologist conducted a short focus group about isolation in LGBTQ elderly individuals. There appears to be multiple studies with similar research questions being conducted with the same LGBTQ elderly groups in the Bay Area. If this is the case among the majority of LGBTQ elderly people in the Bay Area, then that means there is little ethnographic research being done with the population; therefore, there is little ethnographic data and analysis.

My use of the life history calendar method was an effort to co-create visual narratives with participants. In so doing, I wished to circumvent ethical issues of representation (Ruby 1991, 58) since participants would be the ones creating the visual media while I facilitated. This is on contrast with what Ruby (1991, 56) describes, in which filmmakers do not give explicit credit to the represented group with whom they claimed to co-create the media. In his writing, Ruby (1991, 52) also describes the perception that people have about ethnographic film, in which awareness of the issues of those represented would prompt problem-solving action. According to Ruby, this is rarely the case. However, by utilizing the life history calendar method as a problem solving methodology, as described by Pink (2004), ethnographers can merge the goals of co-representation, visual narrative, and problem-solving into one project.

While there is ample literature regarding aging in place and LGBTQ successful aging in a clinical context, I found none regarding the creation of narratives in place and space. I also did not find visual anthropology being done specifically with elderly populations and the creation of their visual narratives. My research with elderly LGBTQ communities

in the San Francisco Bay Area appears to be the first of this kind. Participants in this study observed the continuing trend of researchers to ask about the wellness of elderly LGBTQ individuals from a quantitative, and sometimes clinical, perspective. I investigated life history narratives of this population using a visual method, learning visual typologies and narrative construction. In so doing, I have introduced an ethnographic model of investigating the lives of elderly LGBTQ individuals within the context of community wellness, place and space, and networking.

Conclusion

In this chapter, I compared my findings to the theoretical approaches that I used in this study. Gentrification has not significantly impacted the social networks of LGBTQ elderly. However, place attachment still factors into the social networks of study participants. They remain in the Bay Area because their friends, families, and ritualized spaces are here. In addition, it was the AIDS crisis that has had a lasting impact on social networks, not gentrification. The AIDS crisis brought together different people of non-heterosexual identities under the LGBTQ umbrella. Community caregiving and social activism practiced during that era persist among LGBTQ elderly people to this day. In addition, participants maintain social networks and adapt to the changes brought about by aging while still remaining connected to others and solid in their identities; in this way, they are aging in place and successfully. Finally, the life history calendar method facilitated event recall and personal insight; however, it was difficult for me to implement because participants seemed more accustomed to the hierarchy of researcher-subject, rather than the collaboration of researcher-storyteller.

In conducting and writing about this research, I have introduced three new academic contributions to the literature about LGBTQ communities, aging, and place attachment. First, aging in place for elderly LGBTQ people is a political issue; their wellness and safety depends on an affirming geography. This factor of aging in place is not commonly present in existing literature. Second, the history of HIV/AIDS continues to impact elderly LGBTQ people on a community level; studying this phenomenon differs from current research on HIV/AIDS in communities in that it considers the impact the virus has had on urban interactions, networking, and ritualized spaces. Third, the life history calendar method that I used in this research has set a new precedent for other ways to conduct research with elderly LGBTQ individuals and communities. Visual ethnographic data about place attachment and community narratives have as much of a place in the academic conversation about this population as does clinical research about successful aging.

Chapter Seven: Conclusions

In this chapter, I present the key discoveries of this research. Following this, I discuss the limitations of this research and what gaps in the data remain as a result. Finally, I conclude with future directions for research about LGBTQ aging in retirement facilities, comparisons of LGBTQ aging between cities, accessibility and gentrification, and perceptions of HIV.

Key Discoveries

I began this study with theoretical approaches about place attachment, gentrification, aging in place, LGBTQ aging, and visual anthropology. I anticipated that LGBTQ elderly communities in the Bay Area would be negatively impacted by gentrification because their contacts would be moving away to places with lower cost of living. Additionally, I predicted that people I interviewed to express place attachment to the Bay Area as a result of its history of LGBTQ activism and, potentially, their personal involvement in that history. Along these lines, I expected that participants in the study would be using their community resources to age in place because of their place attachment to the area. Finally, I utilized the life history calendar method in order to create a collaborative atmosphere for storytelling, since place attachment is expressed through narratives.

In my data, I identified four patterns between participants. First, people chose places to live based on the presence of known LGBTQ communities, and remain to keep in contact with friends and family. Second, it has not been gentrification, but rather the lasting impacts of the AIDS crisis of the 1980s-1990s that has most significantly affected the social networks of LGBTQ elderly people in the Bay Area. Third, participants are

successfully aging in place by adapting their community involvement and social connections to suit their current abilities, locations, and energy levels; this includes the use of email and social media sites to keep in contact with people both local and distant. Fourth, participants expressed a desire to connect more with youth and to see more awareness and community involvement by youth.

In the discussion chapter, I found these findings to be congruent with most of the literature I reviewed for this research. The exception was my hypothesis about the impact of gentrification on LGBTQ elderly communities, which, according to the participants, has been rather small. Participants showed that they experience place attachment to the Bay Area through their stories about histories, ritualized spaces, and people in their lives (Low 2002). The AIDS crisis has created lasting community trauma from which elderly LGBTQ individuals and communities have just begun to recover. Community caregiving (Croghan et al. 2014) and social activism practices from this time period remain in LGBTQ elderly communities to this day. Additionally, LGBTQ elderly people in the Bay Area are aging successfully because they have adjusted their social and community involvement to fit new health and mobility needs, as well as taken advantage of new communication technologies. One way in which the findings deviated from the expectations derived from my review of the literature was that participants did not express reluctance to seek care from formal institutions (Fredriksen-Goldsen et al. 2015; Fredriksen-Goldsen and Muraco 2010; Johnson et al. 2005) and did not see a threat of discrimination or forced re-closeting.

I also analyzed the use of the life history calendar method in comparison to the literature review about visual anthropology, as well as my justification for using this method. I utilized the life history calendar method in order to create an atmosphere of collaborative storytelling in which participants control their narrative (Ruby 1991). In so doing, I wanted to create an interview structure that fell into a narrative format, since place attachment is expressed in narratives about life in place (Hoey 2010). Although almost everyone was uncertain about how to begin, some fell into their own patterns of storytelling with the life history calendar method, while others preferred to verbalize their stories and pay little attention to the visual aspect of their life history. People initially sought more guidance from me about how to tell their stories.

Overall, I found the aforementioned pattern to be indicative of the prevalence of a researcher-subject hierarchy, rather than the storyteller-ethnographer relationship I wished to create. In “Speaking For, Speaking About, Speaking with, Speaking Alongside -- An Anthropological and Documentary Dilemma,” Ruby (1991) discusses the ethical tensions of creating documentary films about oppressed groups, arguing that filmmakers tend to use cinema as empirical evidence of the group’s suffering, rather than the perspective of the people. Although he acknowledges that cooperative filmmaking increases the power of those depicted, he also says that it is rare for the viewer to know that the film was collaboratively created. The ways in which decision-making authority was shared is not documented in the film or its credits, so it is not immediately clear that the film was a cooperative venture (Ruby 1991, 56). The use of the life history calendar method would make explicitly clear that the narratives depicted belong to the

participants, since they are the ones who choose the visual typologies (Newton 1998) and stories that end up on the paper. Perhaps ethnographic research is not a familiar concept among this population, meaning that little ethnographic research has been done with them. This means that studies being conducted among elderly LGBTQ populations may be more structured or clinical in nature, missing the interpersonal and qualitative aspects of their lives and aging processes.

In conducting this research, I have three new contributions to academic literature about elderly LGBTQ individuals and communities. The first is highlighting the importance of political geography in successful aging in place. Despite the federal legalization of same-sex marriage, the United States varies in its degree of LGBTQ inclusivity and affirmation, and the San Francisco Bay Area continues to be a bastion of both. As such, remaining in place for LGBTQ elderly populations is an important factor in successful aging, as it is a boon to health, safety, and access to social networks. If LGBTQ elderly people were to be priced out of the Bay Area, then they would lose access to their long-standing social networks and an affirming place to which they have cultivated a personal and historical attachment; the resulting stress would increase the likelihood of poor health and disease outcomes (Tomaka et al. 2006).

The second contribution that I have made is raising the issue of aging with community trauma. The elderly LGBTQ population of the San Francisco Bay Area -- the demographic I targeted in my fieldwork -- has the unique perspective of having been first affected and further marginalized by the appearance of the HIV virus. Those who are HIV-positive are also part of a generational cohort that is the first to age with this

relatively new virus; in addition, HIV has become a chronic illness that carries stigma not shared by other chronic illnesses.

The third contribution I have made is to the methodologies used in research concerning elderly LGBTQ individuals and communities. By incorporating life history into this project, I have raised an academic conversation about quality of life for elderly LGBTQ people beyond the clinical perspective and interactions with healthcare providers. By doing this, I hope to begin a practice of ethnographic research with this population that takes into account place and space narratives.

Limitations

Ethnographic research is not usually generalizable; it is meant to describe a specific group in a specific time and place. Therefore, the findings of this research would not be generalizable to every LGBTQ elderly person and their community in the Bay Area. However, my sampling strategy somewhat limited the range of stories that I collected for this research. By recruiting at one organization in each area and asking people to tell their friends about the research, I did not account for the different types of organizations of which LGBTQ elderly people may be a part. Because of this, the experiences of white males comprise the majority of my data. Further, I did not recruit in retirement facilities or in cities where people choose to retire, due to time restrictions. My recruitment strategy also missed people who would be unhappy in the Bay Area; everyone I interviewed was happy in the Bay Area and considered it their home, or one of their homes.

My recruitment strategy did not account for people who are less central in their communities. One such group would be leather and sadomasochism communities who, due to the sexual undertones of their practices, tend to remain private. Another would be more people who are in Keith's situation, living in assisted-living facilities or otherwise cut off from their social networks. Although I told people to tell their friends about the study when I was recruiting, I only found an additional research participant through Doris, who sent out a mass email to everyone she knew who fit the research criteria.

In addition to missing people who were not as central in their communities, my recruitment strategy also did not take into account more specific organizations or retirement facilities. By choosing only one organization in each region of the Bay Area, I could not recruit at organizations that were race or gender specific, such as Asian Pacific Islander organizations or trans women's organizations. As a result, the majority of interviewees were educated, white, cisgender men. It would make sense that LGBTQ individuals in different ethnic groups and/or with transgender identities would spend more time in organizations that are specific to them, rather than the organizations at which I recruited. In my goal of capturing intersectional experiences of sexual orientation, gender, race, and socioeconomic status, my recruitment strategy fell short. My future methodological approaches will take into consideration the ways in which people with different identities within the LGBTQ spectrum congregate within their locales.

Although I did reach out to an LGBTQ retirement facility in San Francisco, they declined my invitation to recruit participants; I did not seek out other retirement

facilities, or places where people elect to retire, such as Santa Cruz or Santa Rosa. The latter was due to time constraints. However, if I had done so, I may have found differences in the types of community involvement and organizations, as well as people in different financial situations.

My participation criteria also did not account for people who were unhappy in the Bay Area or not as involved in activism. I suspect that this is because people who do not experience a degree of place attachment to where they live would not be as active in their communities, since they do not feel a sense of belonging to them. One example of a potential participant being unhappy in the Bay Area occurred during my recruitment efforts at Castro Senior Center; a staff member with whom I was speaking pointed out a Latino man to me and said, “He’d probably be really good for your study since he’s being affected by gentrification, but he’s probably hurting too much right now.” Individuals most affected by gentrification would already be cut off from their communities and in marginal parts of the Bay Area. I used the individual as the unit of analysis of social networks that are still in the Bay Area; future research could reverse this, focusing instead on the experience of the individual displaced from their social network.

The criteria for participation may have also been limiting. Duane did not meet two out of the three criteria. He is fifty-nine years of age and moved to the Bay Area in 1981. However, his story fit well with the rest of the sample. Participants were to be sixty years of age or older *and* live in the Bay Area since 1980. By setting these criteria, I may have overlooked the experiences of people who were present for historical events at younger

ages, or who observed these events from the outside and moved to the Bay Area as a result.

Overall, this research yielded data on the effects of the AIDS crisis on the elderly LGBTQ population. It sought to investigate the impact of displacement on social networks for those to remain in the Bay Area. However, in so doing, it did not investigate the ways in which elderly LGBTQ people who have been displaced from the Bay Area have been impacted. It also did not capture the experiences of people who are not as involved in activism, who were present for historical events at younger ages, or who were present in different capacities, such as through observation on the news.

Directions for Future Research

Future research about LGBTQ elderly communities may investigate the lives of those who have left the Bay Area and, by extension, their social networks. It may also focus specifically on the experiences of LGBTQ elderly people in retirement facilities in the Bay Area. Another potential study may compare the results of this study to other places that are known to have large LGBTQ populations. Research may investigate how gentrification impacts accessibility in built environments. Lastly, Amelia's claim that there has been a decrease in funding for HIV programs and education warrants further investigation.

A potential study about the changes in the lives of LGBTQ elderly people who have left the Bay Area would require a different sampling strategy. Likely, it would involve snowball sampling, as well as the use of online forums and social networking sites. I

make the latter claim because, among my participants, I found that people used online chat rooms and forums whenever they had difficulty meeting people in person.

Since I did not recruit participants at retirement facilities, future research concerning LGBTQ older adults and their social networks could focus specifically on experiences in retirement facilities in the Bay Area. Such a focus would consider interactions with healthcare and aging services more than it would the rising cost of living and gentrification. Furthermore, studying the experiences of LGBTQ elderly people in retirement facilities is not new, as I demonstrated in my review of the literature on LGBTQ aging. However, focusing on the Bay Area, which is one of the most LGBTQ affirming areas in the country, would consider the impact of LGBTQ-affirming legislation and policies on the aging population.

In considering rising cost of living, future research may involve comparative studies between the Bay Area and other places with large LGBTQ populations. Such cities may include Seattle, Portland, Los Angeles, and New York City, all of which are experiencing or have experienced gentrification. Research could also compare the experiences of LGBTQ elderly populations in gentrifying cities to those that may be less heavily impacted by gentrification, such as Austin, TX or Salt Lake City, UT. These comparative studies may show how LGBTQ elderly people are impacted by gentrification, aging, or both, in various places. This is important because all cities have different town characters, landscapes, built environments, histories, and services. Therefore, it may be possible that LGBTQ elderly people are less impacted by gentrification in one area more than another, or have more difficulty as they age in one area than in another. The focus

on place attachment and aging is lacking in the research I presented in the literature review in the second chapter of this paper.

Although not specific to LGBTQ elderly people, another potential direction for future research is the impact that gentrification has on people with disabilities who live in urban areas. Accessibility for people with disabilities is a key factor in being able to navigate a built environment. As such, accessibility also determines the degree to which people can reach their own social networks and community centers. If gentrification is negatively impacting accessible accommodations and services, then it would also be negatively impacting the social networks and community involvement of people with disabilities. Also, if people with disabilities are being displaced by gentrification, then they may lose access to services and accommodations that improve their lives. This also considers the impact of gentrification on people who are HIV-positive, who require specialized healthcare and services; Duane relocated from Prunedale to Gilroy in order to access the services that he needed. Conversely, if gentrification results in more structures that are compliant with the Americans with Disabilities Act, then this may improve navigation for people with disabilities. These speculations do not encapsulate the potential issue in its entirety and would require an additional literature review.

I mentioned in the discussion chapter that Amelia mentioned a decline in funding for HIV programs and education. She attributed this to a growing complacency about the illness; since there are antiviral treatments, people assume that the virus is curable or no longer a threat. Additionally, she has seen a rise in HIV among young people. The correlation between funding for HIV programs and rates of infection is worth

investigating. If Amelia's observations are true, then changes in attitudes and funding about HIV may result in another AIDS crisis among young LGBTQ people. This would result in further community trauma that would be entirely preventable.

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Appendices

Appendix A: Calendars

Please note that not every participant agreed to have their calendars featured in this paper. Although thirteen people participated in the research, only eleven calendars are featured. Names and addresses have been censored.

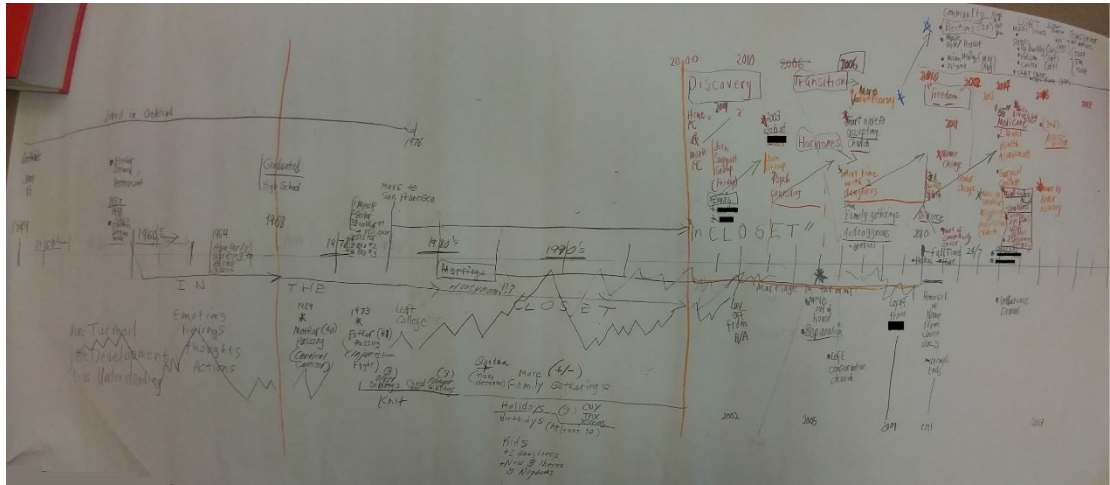


Figure 3A: Summer's calendar.

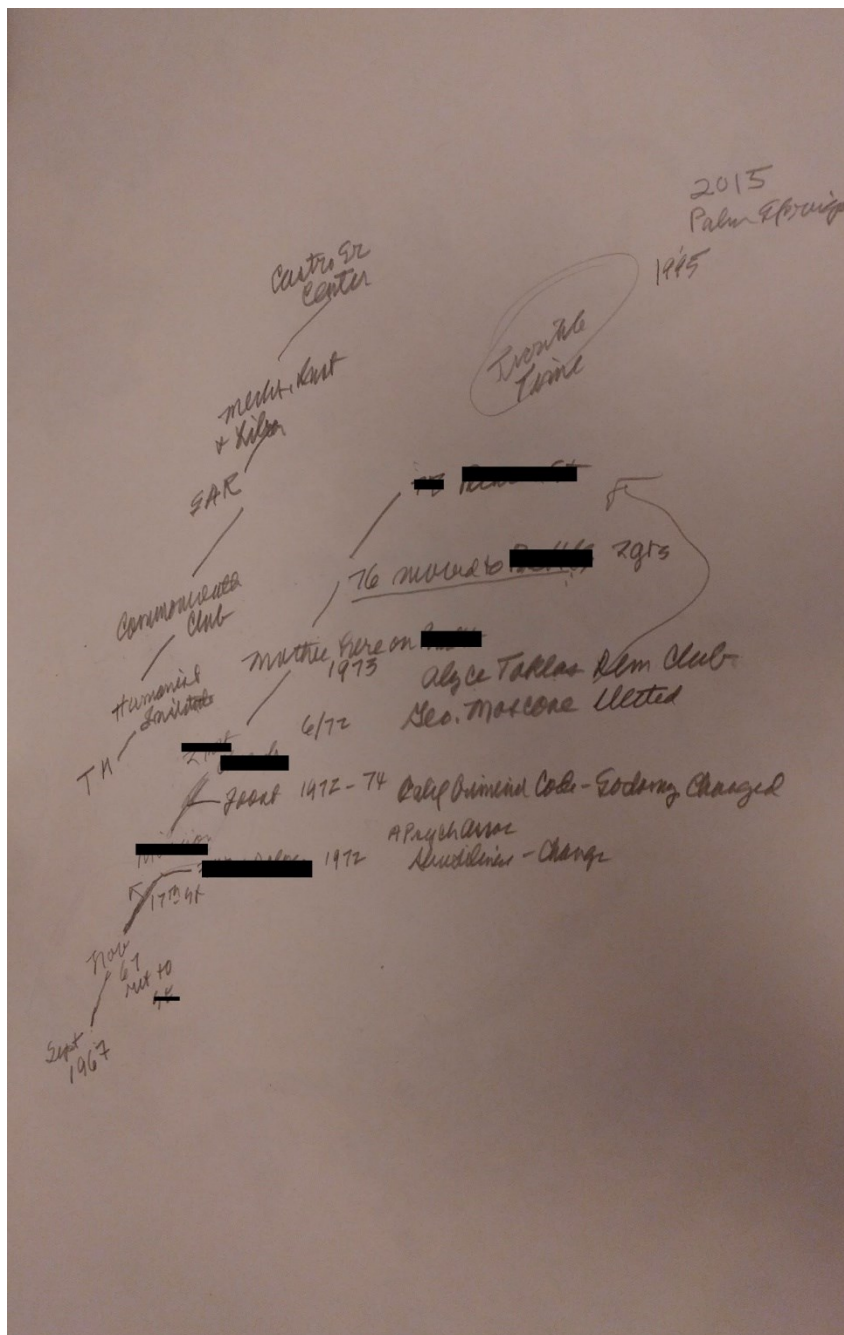


Figure 4A: Larry's calendar.

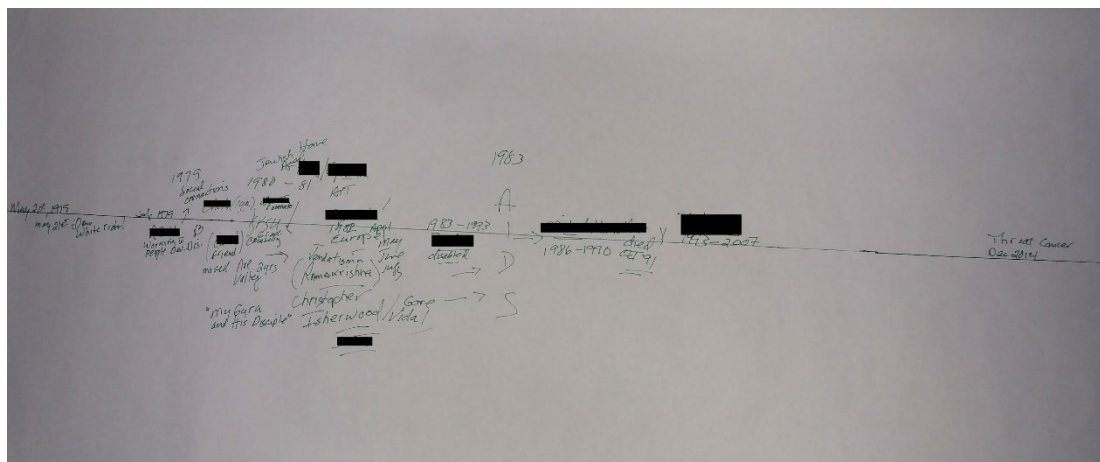


Figure 5A: Paul's calendar

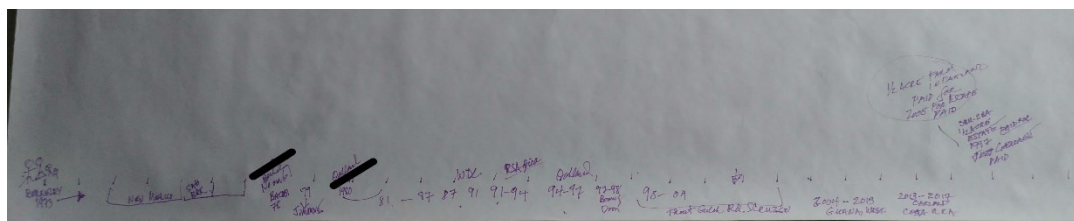


Figure 6A: Jim's calendar.

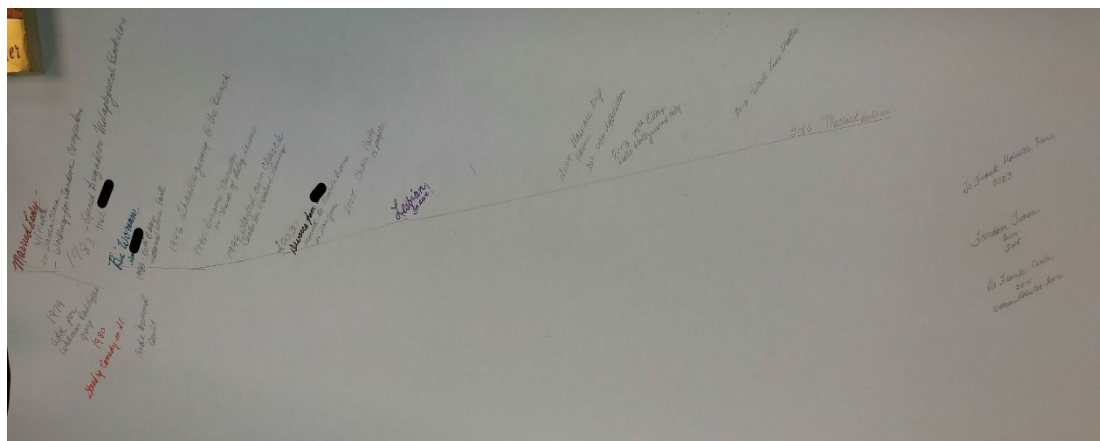


Figure 9A: Doris's calendar.

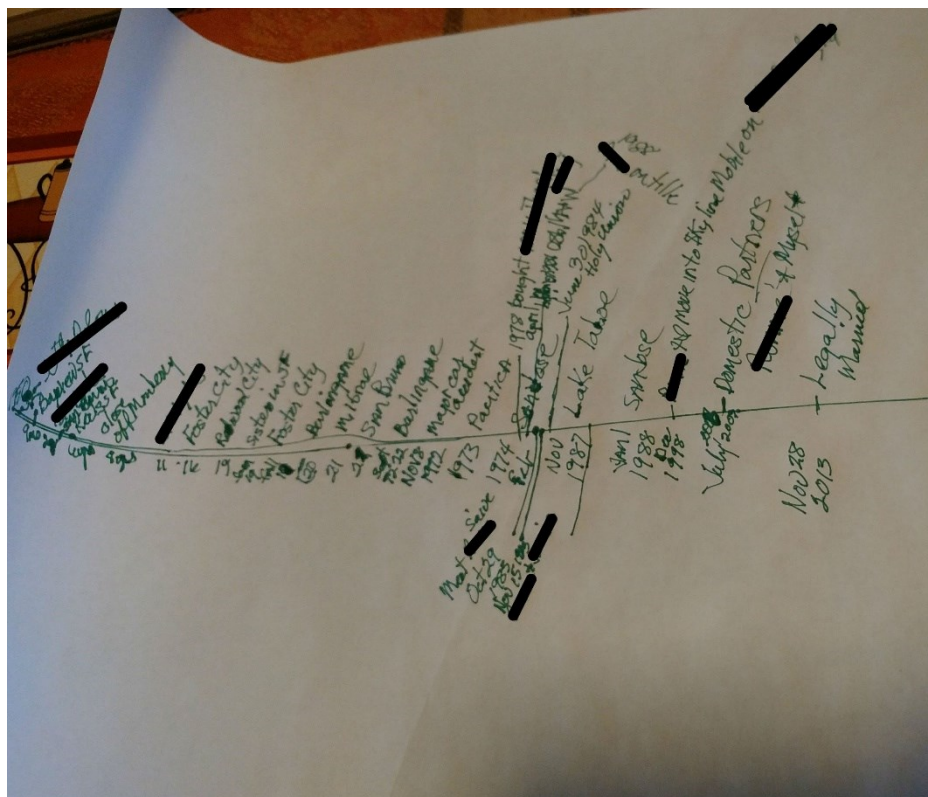


Figure 10A: Cathy's calendar.

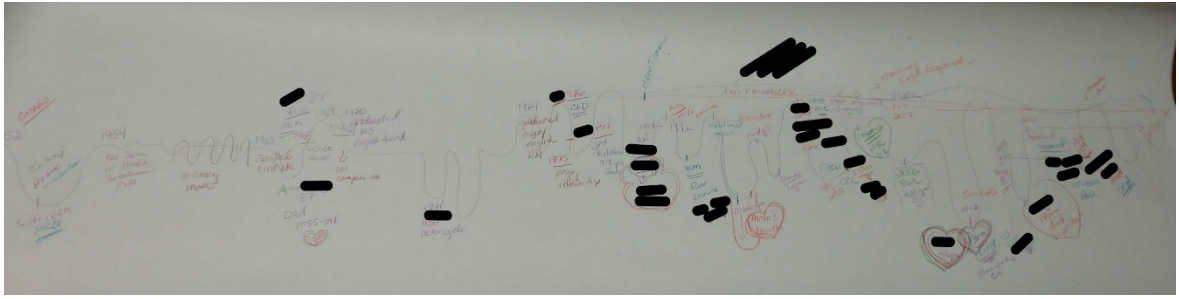


Figure 11A: Amelia's calendar.

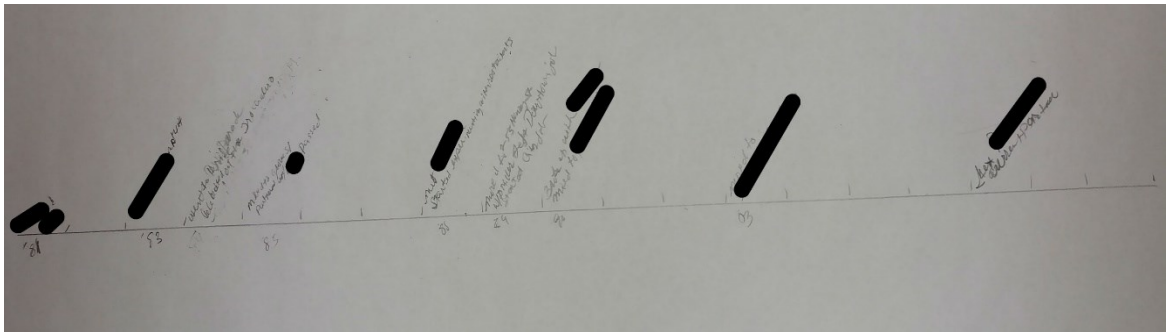


Figure 12A: Duane's calendar.

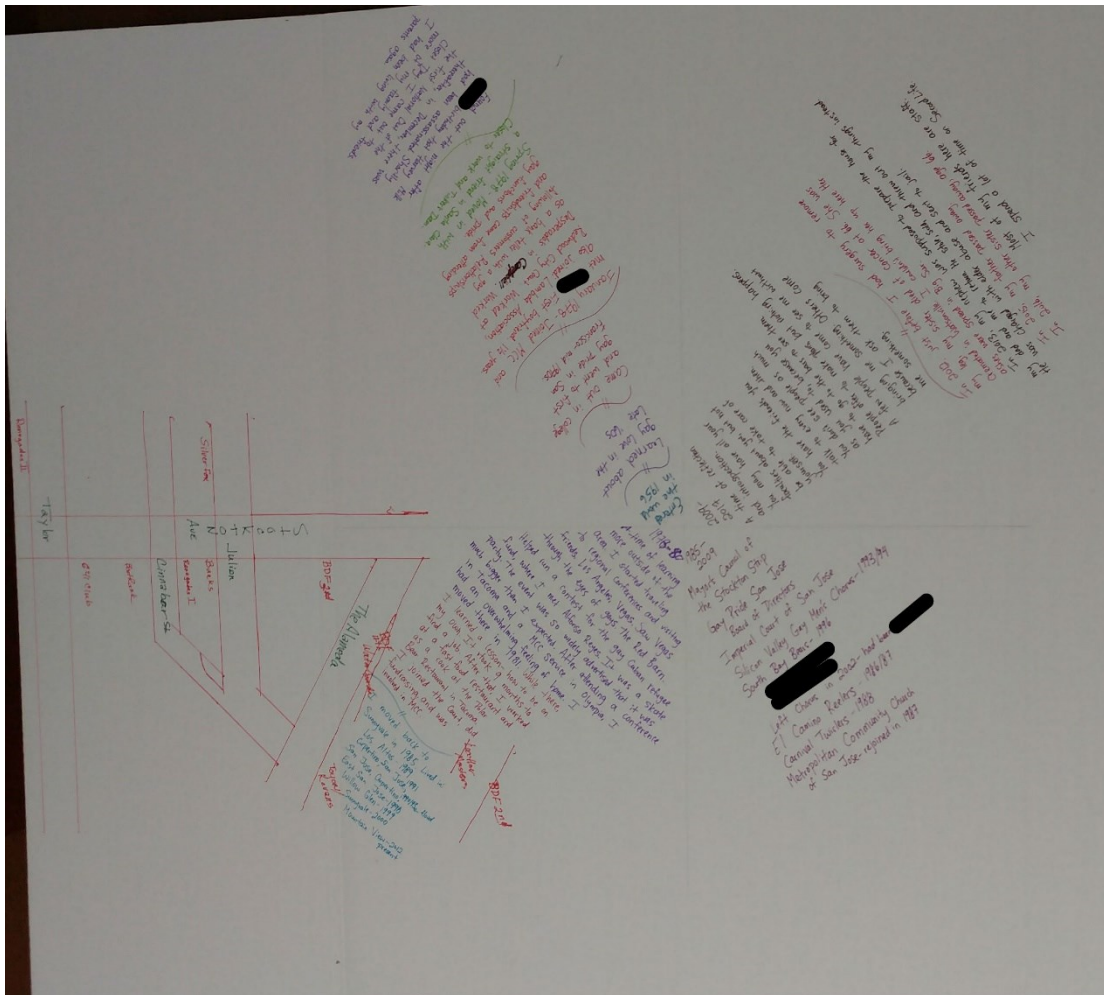


Figure 13: Keith's calendar.

Appendix B: Interview Instruments

Introductory email, prior to meeting for the preliminary interview:

Dear [participant],

Thank you for choosing to participate in this study about gentrification in the Bay Area. Before we do the life history calendar together, I would like to meet with you so that we can become better acquainted with one another. Let's discuss our availability for the coming [days/weeks/etc.].

Sincerely,
Simon

Email preceding the life history calendar interview:

Dear [participant],

Thank you for agreeing to an interview about your life in the Bay Area. In order for you to prepare in advance, I'd like to suggest the following:

- Reflect on your life in the Bay Area -- what are some meaningful memories or accomplishments? How about important friends and family members?
- If you'd like to bring photos, please bring paper versions that can be cut. Copies of magazines, pamphlets, or zines also count for this.
- If there are specific crayons, markers, or colored pencils that you prefer to use, please bring them. Otherwise, I'll be providing all three.

I am looking forward to our meeting.

Sincerely, Simon

Interview I Script

Preamble Thank you for agreeing to meet with me today. As we discussed previously, the purpose of this study is to understand how LGBTQ seniors have experienced aging in the context of gentrification and other important changes in the Bay Area. To do so, I would like for us to begin by having a conversation about your life here in the Bay Area and then discuss what relationships and life and environmental changes have been significant for you.

1. In order to accomplish these objectives, it can be challenging to know where to begin, and so I think what might be best is to ask you to reflect on your experience living in the Bay Area and begin with a grand tour of sorts, which I will follow with more specific questions. First, can you tell me about yourself and your life in recent years?
2. What are some meaningful life events or accomplishments that have been important to you? How about important friends and family members?
3. Can you tell me about how you came to live in the Bay Area and what it was like establishing your life and livelihood here? (If born and raised in Bay Area, ask about when they moved out on their own).

4. How would you describe what it was like living in the Bay Area (specify community) when you first arrived? What attracted you and what aspects of life here were you perhaps dissatisfied with at the time?
5. Looking back on the time since you first came to live here (or live independently), what do you think has changed over time? What, if anything, has been consistent?
6. Can you tell me about the different relationships (e.g., friends, family, neighbors) that have been important to you in your time living here? How have these relationships changed over the years?
7. IF IT HAS NOT BEEN ESTABLISHED, probe for age, LGBTQ identity, racial/ethnic identity, living situation, location, and anything the participant deems important.
8. At this point, I hope you have a good working sense of the types of issues that interest me in this study. In our next meeting, I would like us to work together to create a Life History Calendar to create a visual timeline of your life history in the Bay Area, which we will work to create together. The idea is that this will be an interview that is guided by both of us and together we will develop a picture of your life at various stages. To prepare for this, I would like to ask you to think about key life events that you would like to include and any kind of visual materials you might like to contribute to the calendar, such as photographs, copies of print media, or what have you. In anticipation of this interview, do you have any questions for me, perhaps about the study or how we will proceed with the life history calendar?
9. What interested you about this research? Why did you decide to participate?
10. (If applicable.) Who referred you to me? Why do you think they did that?

Interview II Script: Life History Calendar

Preamble, upon meeting for the interview:

Thank you for agreeing to participate in this Life History Calendar interview. We are going to create a visual timeline of your life history in the Bay Area, beginning with when you first came to live here. Starting with this first event in your life in the Bay Area, we will then work together to visually represent some of the key moments in your life here since then. As we create this, I would like us to focus on where you lived, how you lived there, what activist efforts you were involved in, and the people you were close to. I will prompt you for stories at each stage and ask questions about them.

1. I would like to begin with when you first came to live in the Bay Area. Where did you live? How did you come to live there? What was it like?
2. Can you think of a significant event or change in your life after coming to live in the Bay Area? Where did you live when this event [that's being discussed] happened? Can you tell me more about this, what changed for you, and why this is/was meaningful?

3. What was that living situation like? Did you live with anyone else?
4. Did you consider this “home?”
5. How is your current living situation different from this time?
6. Who was involved in the event we’re describing?
7. In what year did it take place?
 - a. What else was happening in your life during that time?
 - b. Who were you out [of the closet] to during that time?
8. Who would you/did you call for assistance during this time?
9. What places in or out of town did you frequent during this time?
 - a. Is that place still around/do you still have access to it? (e.g., if it’s a bar or club, has it closed?
 - b. If it’s a community space, did it close/change management/become difficult to travel to?)
10. Were you part of any social justice organizations during this time?
 - a. Is that organization still around?
 - b. (If it is) What is your current relationship with it?
 - c. Where are you involved now?
 - d. Where would you like to get involved?
11. Who was closest to you at this time?
12. What does [a certain color, drawing, sticker, etc.] represent here?
13. If you could go back to any time on this calendar, where would you go? Why?
14. If you could go back to any time on this calendar, where wouldn’t you go? Why?
15. If you were to add the next five years to this calendar, what do you think they would look like? (Possible addendum: Where do you see yourself living in the next five years?)
16. In an ideal world, where would you live right now?
 - a. With whom?
 - b. What is preventing that from happening?
17. Where is home for you? Why?
18. (Toward the end of the interview) With this whole calendar of your life in front of you, how are you feeling?
 - a. What does it mean for you to have made this?
 - b. If you were to give this to someone, who would it be? Why?

Appendix C: Recruitment Flier



Do you identify as LGBTQ?
Are you aged 60 or older?
Have you lived in the Bay Area since 1980 or earlier?

If you answered “yes” to all three of these questions, then I would like to invite you to be interviewed for a study about the impact of gentrification on LGBTQ seniors in the Bay Area.

If you choose to participate, you and I will get to know each other in a preliminary interview. In our second interview, you and I will work together to create a work of art that represents how the people you are close to fit in with where you have lived throughout your life. We will talk about chosen families, friends, people who are important to you, where you met them, where you interact(ed) with them, and where you lived whenever these things happened. When we part ways, you will have a physical representation of your story that is yours to keep forever.

Who I am:

My name is Simon Jarrar. I am a graduate student of applied anthropology at San José State University. This research will inform my thesis, the completion of which will make me eligible to graduate with my master’s degree.

My primary advisor is Dr. A.J. Faas, Assistant Professor of Anthropology at San José State University. You may contact him for more information at *[redacted]* (Please use the subject line “Simon Jarrar’s Study”).

To contact me:

Phone number: *[redacted]*

Email: *[redacted]*

Appendix D: Consent Form

REQUEST FOR YOUR PARTICIPATION IN RESEARCH

Title of Study: Lost Legacies: An Evaluation of the Impact of Gentrification on Elderly LGBTQ Communities in the Bay Area

NAME OF THE RESEARCHER Simon Jarrar, Master's student of applied anthropology at San José State University; and A.J. Faas, Assistant Professor of Anthropology, San José State University

PURPOSE The goal of this study is to investigate how communities of elderly LGBTQ people who have lived in the Bay Area since 1980 or earlier are coping with gentrification.

PROCEDURES Interviews will take place at a setting that is agreed upon between the researcher and the interviewee(s). Two hours will be allocated for each interview. In this meeting, we will work together to create a life history calendar picture. This will be a collaborative arts and crafts project that *you* lead. The process will be audio recorded on a dictaphone.

POTENTIAL RISKS The potential risks for participation in this study are minimal. Potential risks include discomfort with memories, past emotions, and mild embarrassment. The researcher will be present and empathetic to any emotional processing you may need; additionally, you may select in advance someone to call and talk to in the event of an overwhelming emotional response. You are not obligated to continue the interview and may end it at any time without penalty. In reporting the experiences and facts of this study, all participant identities will remain anonymous.

POTENTIAL BENEFITS By participating in this study, you will produce and ultimately keep a work of art representing your story. The life history exercise is also an opportunity to reflect on life and gain insights. In a wider context, the knowledge gained from this study will be applicable to policy efforts and the research methods of other practitioners.

COMPENSATION There is no compensation for participating.

CONFIDENTIALITY Only Simon Jarrar will have access to the data gathered from these interviews. The final thesis will only disclose what you consent to disclose (see optional spots to initial below). Anything that you do not consent to disclose will not be linked back to you. No identifying information will be connected to your interview or life history calendar.

PARTICIPANT RIGHTS Your participation in this study is completely voluntary. You can refuse to participate in the entire study or any part of the study without any negative effect on your relations with San José State University or the location at which the participant met Simon Jarrar. You also have the right to skip any question you do not wish to answer. This consent form is not a contract. It is a written explanation of what will happen during the study if you decide to participate. You will not waive any rights if you choose not to participate, and there is no penalty for stopping your participation in the study.

QUESTIONS OR PROBLEMS You are encouraged to ask questions at any time during this study.

For further information about the study, please contact Simon Jarrar at [redacted] or Dr. A.J. Faas at [redacted].

Complaints about the research may be presented to Roberto Gonzalez, Chair of the Department of Anthropology, at roberto.gonzalez@sjsu.edu. For questions about participants' rights or if you feel you have been harmed in any way by your participation in this study, please contact Dr. Pamela Stacks, Associate Vice President of the Office of Research, San José State University, at 408-924-2479.

SIGNATURES

Your initials next to the following statements indicate that you agree to these aspects of participation. These aspects are optional and are not required to fully participate in and benefit from the study.

_____ By initialing here, you consent to have a USB stick with an audio recording of your interview on it sent to you in the mail. (If you do not initial here, then the recording will not be mailed to you on a USB stick.)

_____ By initialing here, you consent to having a properly anonymized picture of your life history calendar featured in the final publication of this research. (If you do not initial here, then the life history calendar will only be viewable by you and me.)

Your signature indicates that you voluntarily agree to be a part of the study, that the details of the study have been explained to you, that you have been given time to read this document, and that your questions have been answered. You will receive a copy of this consent form for your records.

Participant Signature

Participant's Name (printed)	Participant's Signature	Date
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Researcher Statement

I certify that the participant has been given adequate time to learn about the study and ask questions. It is my opinion that the participant understands his/her rights and the purpose, risks, benefits, and procedures of the research and has voluntarily agreed to participate.

—
Signature of Person Obtaining Informed Consent

Date