PRIDE ACTION TANK

Celebrating 10 Years

"Antidotes to Invisibility":

A Storytelling Toolkit Focused on LGBTQ+ Older Adults

October 2025

Prepared for Pride Action Tank by
Nic M. Weststrate, PhD, and Katie Fasullo, DNP, RN, GERO-BC

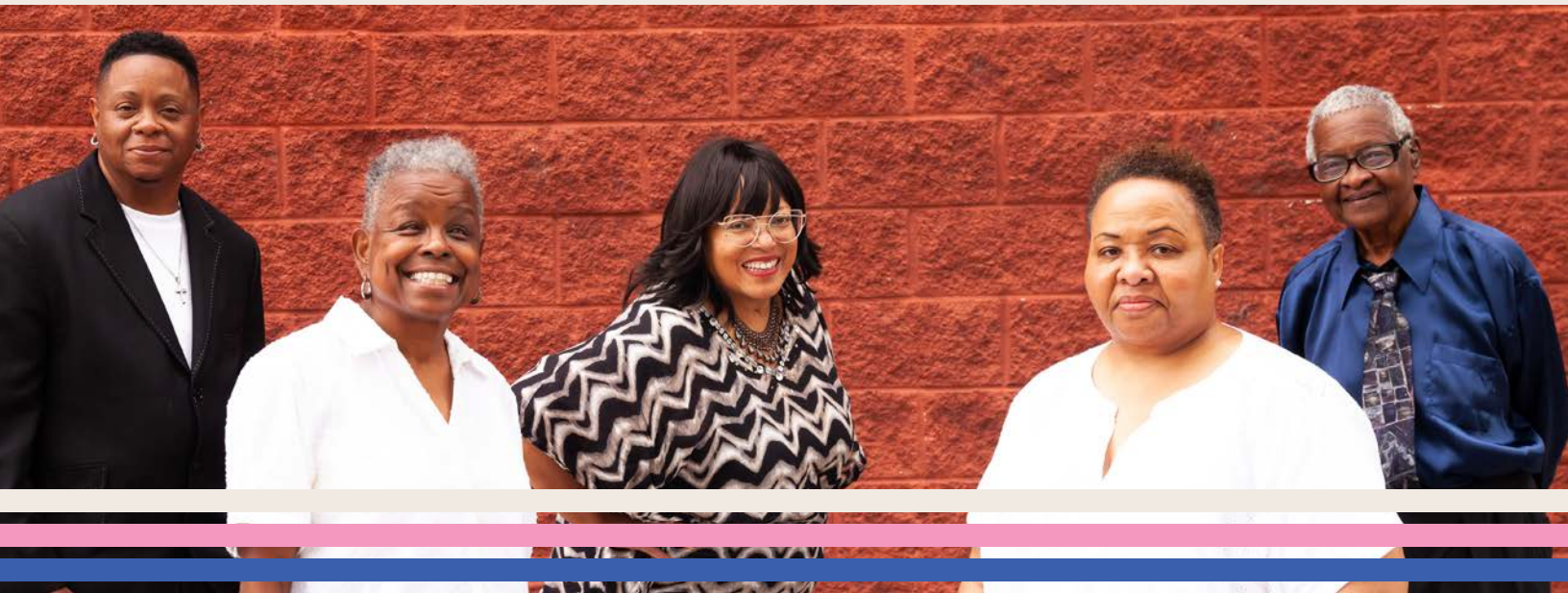


Table of Contents

Who Should Use this Toolkit

This toolkit is for anyone who wants to learn how storytelling can be incorporated into their work with LGBTQ+ older adults and other equity-seeking communities. In this toolkit, we share an easy-to-use and flexible storytelling curriculum used for training older adults to tell short stories about their lived experiences that can be used in a multitude of settings to bring awareness and empathy to others, and to promote change.

Often when advocating for change, we rely on statistics to persuade change-agents (i.e., legislators, administrators, or other leaders) and stakeholders to care about a given cause. While we know that data is important, the underlying principle motivating our work is that "behind every data point is a story," and that stories are better positioned than numbers to capture complexity, build empathy, cultivate understanding and, ultimately, create change. In other words, statistics are necessary but insufficient for engendering policy and social change. Hearing stories of LGBTQ+ older adults helps to humanize and amplify the voices of a population often voiceless in mainstream aging contexts yet remain one of the most vulnerable.

Overview of Storytelling Programs

This toolkit is grounded in two storytelling programs that we have been facilitating over the past several years, the Storytelling for Change program and the GOLD program.

Storytelling for Change was the first iteration of our programs and is part of the larger For Change Workshop Series under Pride Action Tank's (PAT) OUTReach: Advocating for Safe and Inclusive Spaces for LGBT Older Adults initiative.

PAT, a project of AIDS Foundation Chicago, is a think and action tank that co-creates opportunities with community members and our allies to dream, define and enact strategies that lead us to the collective liberation of LGBTQ+ communities across Illinois and beyond. OUTReach itself was born from the work and committee that was created from the OUTAging: Summit on Our Possibilities (the Summit) in May 2017. The Summit brought together people from the LGBTQ+ community, particularly LGBTQ+ older adults, with service providers and stakeholders to discuss issues facing the LGBTQ+ aging community. It sought to bring forth the voices of our elders, calling on a history of oral tradition, well known to the LGBTQ+ community, to shed light on those who may feel forgotten or cast aside.

It's important to note the social and political context in which the For Change workshop series took place. It had only been a few months into the experience of a global lockdown due to the COVID-19 pandemic. In addition to the fear of health complications, the pandemic forced an intense period of isolation and distancing that impacted our community's social health. This was particularly true for older adults who, like everyone else, were watching the early news stories about how COVID-19 and our poor health infrastructure were disproportionately killing older adults. That fear and prolonged isolation was the backdrop of the first set of the For Change workshop series and guided the direction and structure of our storytelling work.

To read more about the work behind OUTreach, you can read PAT's report, "For Change: Lessons Learned from Engaging LGBTQ+ Older Adults for Advocacy" **here**.

The "Storytelling for Change" Program

Since 2020, we have been facilitating "Storytelling for Change" workshops with LGBTQ+ older adults from the community. In these workshops, our participants sharpen their storytelling skills and learn to narrate a key scene from their life story that brings awareness to an important issue related to LGBTQ+ aging. We support our novice storytellers through writing a 6- to 8-minute story that they then share with audiences of legislators, service providers, leaders, administrators, and community members to advocate for structural changes that will improve the lives of LGBTQ+ older adults everywhere. Each Storytelling for Change workshop series adds new stories to our "Living Library," which is comparable, in concept, to a traditional speakers' bureau.

We facilitate the Storytelling for Change program in a series of two-hour sessions over a period of 4-6 weeks. There are typically 6 sessions total. Because this is an iterative, revision-based process, we find that participants need at least 4 weeks to develop their story. We usually work with six storytellers in each workshop series. For accessibility, we often host our workshops on Zoom and then meet in person for a capstone celebration of stories that we called a "Storytelling Showcase." Videos of stories from our first Showcase can be found **here**.

In each workshop series, we train LGBTQ+ older adults to tell a story around a particular theme that relates to a current policy initiative. For example, in our latest workshop series, our theme was "stories about home." This was because our organization, AIDS Foundation Chicago, may be introducing an "LGBTQ+/HIV Long-Term Care Bill of Rights" to the Illinois General Assembly in 2026. Therefore, we wanted the stories to somehow speak to issues around housing, broadly defined, for LGBTQ+ older adults and/or adults living with HIV/AIDS.

The "GOLD" Program

While the majority of this report will outline the Storytelling for Change program, we wanted to share an example of a storytelling program in an aging services organization. A long-term care community serving older adults created the GOLD Program after noticing very little disclosure of LGBTQ+ identities within their communities, despite being centrally located within an LGBTQ+ neighborhood. Many LGBTQ+ older adults fear entering long-term care facilities, worried about the discrimination they may experience from staff and other residents. Recognizing this, the organization responded by training LGBTQ+ older adults in six-week intensive workshops to create curated stories based on their lived experience. There were no criteria on theme or topic - the facilitators left it open to the LGBTQ+ storytellers to tell the story that most resonated with them. These stories were then shared with staff, leadership, board members, and residents at the organization with the intention of creating an ingroup/outgroup wherein we could open the minds and hearts of the listeners. For many, this was the first time that staff and leadership would have heard such stories, never mind interacted with out LGBTQ+ people. Realizing the audience, as a part of this showcase, the facilitators presented "LGBT 101" which provided basic education about sexual orientation, gender identity, and the unique circumstances that LGBTQ+ older adults have faced throughout their lifetimes. Overall, the program's objective was to increase positive attitudes and knowledge about LGBTQ+ older adults and, ultimately, create a safer environment for disclosure within the organization.

Understanding LGBTQ+ Older Adults and their Needs

The number of adults over 65 in the U.S. is steadily growing, and with it, the population of lesbian, gay, bisexual, transgender, and queer (LGBTQ+) older adults is also increasing. However, determining the exact number of LGBTQ+ individuals remains challenging due to inconsistent data collection methods regarding sexual orientation and gender identity, particularly in national surveys. Current estimates suggest that 4.5% of the U.S. population identifies as LGBTQ+ (The Williams Institute, 2019). Within older generations, 2.4% of Baby Boomers (ages 51–71) and 1.4% of Traditionalists (72 and older) identify as LGBTQ+ (MAP & SAGE, 2017). Based on these estimates, approximately 2.7 million older adults in the U.S. identify as LGBTQ+—a number projected to rise to 5 million by 2060 (Fredriksen-Goldsen et al., 2019). These demographic shifts highlight the urgent need for aging services to better understand and address the specific needs of LGBTQ+ older adults.

Aging services often describe themselves as culturally neutral, claiming to treat everyone equally (Fasullo et al., 2022). However, this approach overlooks the unique challenges LGBTQ+ older adults face, which differ significantly from those of their heterosexual and cisgender peers. For instance, LGBTQ+ elders are twice as likely to be single and live alone and four times less likely to have children (AARP Illinois & SAGE, 2021). As a result, they often depend on chosen families or peer networks for support. Combined with financial disparities, this increased vulnerability leads to higher rates of placement in long-term care facilities among LGBTQ+ older adults (Houghton & Quartey, 2020). Once in care, they are frequently confronted with environments that presume heterosexuality and cisgender identities, forcing many to choose between living openly or concealing their identities to feel safe. Unfortunately, many opt for concealment due to a history of stigma and discrimination in healthcare settings (Brooks et al., 2018).

Adding to these challenges, legal protections against housing discrimination are still lacking for many. As of 2022, 29% of LGBTQ+ individuals reside in states without laws safeguarding against housing discrimination based on gender identity or sexual orientation (MAP, 2022). Very few facilities consistently offer in-house, LGBTQ+-specific programming, even though research shows it to be effective and desired by LGBTQ+ residents (Buczak-Stec et al., 2023). Experiential learning that involves direct interaction with LGBTQ+ individuals has been shown to increase comfort and foster more inclusive attitudes (Morris et al., 2019). Additionally, including LGBTQ+ voices in policy development can help align care practices with the community's actual needs (Johnson et al., 2005; Neville & Henrickson, 2010; Sussman et al., 2018; Willis et al., 2018).

In addition to these serious concerns, having navigated a lifetime of anti-LGBTQ+ stress, stigma, and discrimination, older LGBTQ+ adults demonstrate, on average, a range of concerning health and well-being disparities when compared to their cisgender and heterosexual peers (Meyer, 2003). This includes heightened risk of a range of disabilities, diseases, and mental illnesses (e.g., Fredriksen-Goldsen et al., 2012, 2013), as well as economic and social disparities (Emlet, 2016). For example, older LGBTQ+ adults worry more than others about housing and financial security (Romero et al., 2020; Wilson et al., 2020) and are more likely to report social isolation and loneliness, as well as concerns about caregiving (Gorczynski & Fasoli, 2021; Kim & Fredriksen-Goldsen, 2016).

For these reasons, aging has been characterized as the new frontier in LGBTQ+ rights. We recognize that LGBTQ+ older adults are extraordinarily resilient, however, changes at the systems level and advocacy, in partnership with older adults, directed at policy makers, service providers, and the broader community are needed to develop inclusive policies to support their thriving. We have found that storytelling can be an effective tool for promoting such change.

The Science of Storytelling

Why Storytelling for Change

Our focus on storytelling is evidence-based and grounded in the fields of narrative psychology (McLean, 2016; Merrill & Fivush, 2016; Pratt & Fiese, 2004), narrative gerontology (Kenyon & Randall, 1999), and narrative therapy (McKeown et al., 2006; Westerhof & Bohlmeijer, 2014). After many years of research, this "story science" has shown us that people benefit psychologically, socially, and physically from sharing their stories with other people, and that other people benefit from hearing particular types of stories. We review the benefits of storytelling in the table below.

Storytelling predates written history	Stories have been a central part of human communication since the dawn of time. Even pre-literate societies told stories in cave paintings. In contemporary times, stories are introduced into everyday conversations about once every 5 minutes (Bohanek et al., 2009; Pasupathi, 2001) and account for approximately 40% of all conversation (Boyd, 2018). Over 90% of even mildly emotional experiences will be told to others within a day or two of their occurrences (Rime et al., 1991).
Storytelling is culturally responsive	Our use of storytelling also acknowledges the long-standing oral storytelling tradition that has been used by LGBTQ+ people to transmit histories, knowledge, and practices needed for surviving and thriving in a marginalizing society. This has been necessary in a world that continues to erase, censor, and distort LGBTQ+ experiences and lives in public spaces and discourses.
Storytelling supports memory and learning	Research has shown that stories support memory and learning, with some research suggesting that information is 7-13 times more memorable when presented in a story rather than as a fact or statistic alone (Aaker, 2018; Bower & Clark, 1969; Heath & Heath, 2007). Jerome Bruner (1986) argued narratives are one of two basic modes of human thought. Story-based information is likely more memorable because narratives simulate real-life experiences, put information into meaningful context, engage multiple parts of the brain, and evoke emotional responses, as we see next.
Storytelling engages our emotions	Stories grip our emotions and build our capacity for empathy. Based on the principle that "You don't change people's minds; you change their hearts." Human brains, as it turns out, are hard-wired to respond to inspiring narratives, triggering the release of oxytocin, which has been called the "moral molecule," because it is associated with generosity and charitable behavior (Zak, 2015).
Storytelling impacts our beliefs and attitudes	Stories can dissolve ingroup/outgroup distinctions and lead to more positive attitudes toward people who are very different from us, by transporting us into the storyteller's narrative world and enabling us to adopt new perspectives (Green & Brock, 2000; Green & Fitzgerald, 2017; Mazzocco et al., 2010).

Storytelling influences our motivations and behaviors	Exposure to stories has been linked to changes in motivation and behavior, such as the likelihood someone will give a donation, vote in a particular way, or buy a particular thing, especially when stories are told in such a way that invites "narrative transportation" and "experience-taking" (Kaufman & Libby, 2012; Morris et al., 2019).
Storytelling is good for our health	Story-based interventions have been used to improve quality of life among older adults in both community (Bohlmeijer et al., 2007; Lai et al., 2018) and clinical settings (e.g., Adler et al., 2015; Bohlmeijer et al., 2003; Dunlop & Tracy, 2013). Collectively referred to as "life story work," these interventions are commonly conducted within the context of eldercare facilities and take a variety of forms, such as guided autobiography, structured reminiscence, and creative projects such as the construction of life story books (see Westerhof, 2016). Although not a therapy in the strict sense, life story work is therapeutic (De Vries & Thornton, 2018). Meta-analyses of story-based interventions, which are largely randomized control trials, indicate that life story work has a positive impact on life satisfaction, quality of life, self-esteem, well-being, positive emotion, personal meaning, death anxiety, ego integrity, cognitive functioning, autobiographical memory, and depressive symptomology (e.g., Bohlmeijer et al., 2003; Bohlmeijer et al., 2007; Pinquart & Forstmeier, 2012; Westerhof & Slatman, 2019). To provide a sense of the magnitude of the effect, the impact of life story work on depression is comparable to that of pharmacotherapy and is noticeable after three weeks of engagement (Stinson et al., 2010). Although longitudinal research is sparse, there is evidence that the impact of life story work is sustained for up to 3 to 5 years (Haight et al., 2000; Roberts et al., 2021). Not only is storytelling good for mental health, but studies have also found that certain types of storytelling are associated with enhanced immune functioning, reduced inflammation, and biomarkers for optimal aging and longevity (e.g., Mason et al., 2019; Moieni et al., 2020; Pennebaker & Seagal, 1999).

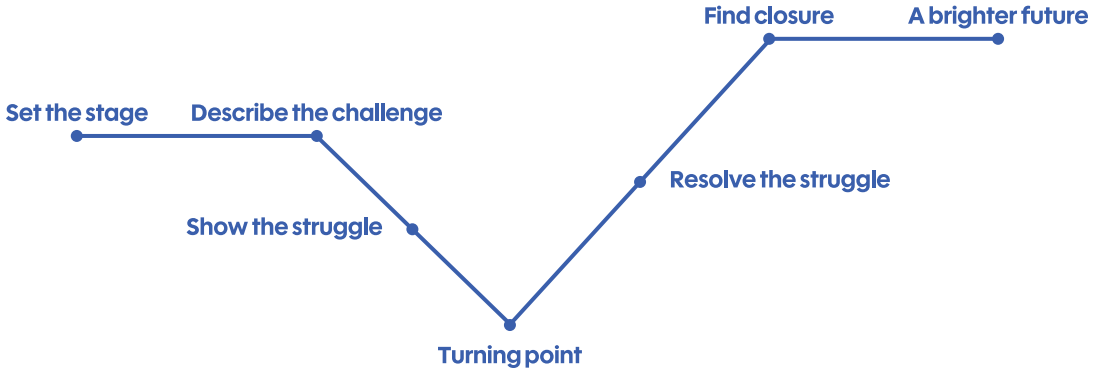
Beyond these known benefits, Pride Action Tank, through scholars who are on our OUTAging Committee, has been conducting focus-group research around our participants' experiences in the Storytelling for Change workshop series. We've learned that storytelling for change is empowering and activating. Through this experience, our elders have found fire within themselves to fight ageism and to advocate for their needs as aging LGBTQ+ people. For some of our participants, Storytelling for Change led to deeper self-understandings and opened new life possibilities in terms of future activities, commitments, and projects. When asked about what it meant for them socially, our elders basked in the joy of being together and felt sorrow in realizing they had been kept apart for far so long. This sense of community was, as one participant described it, a "lifeline" in the dark days of the pandemic. Finally, through storytelling, our elders felt seen and heard — we learned that storytelling for change is a potent antidote to invisibility. This power of feeling seen through hearing someone else's story, is described in the following excerpt:

> ***"Storytelling is important mainly, for me anyway, because there are people that will listen to our stories and will say, "Yes, that was my experience. Yes, I feel the same way about that." And so, we offer a space where people can feel connected and maybe less alone if they are feeling alone. And I think that that is really, really important. I really do. I know what it feels like to believe that I'm the only [one] who actually feels this. I've had several moments in my life, throughout my life where I've felt that, and then when I heard someone's story I said, "Oh, I'm not alone." And this came through other people telling their stories in formal or informal ways. And I think that that's a very powerful consequence, not in a bad way, of telling our stories. It's advocating. Sure, it is. But it's also a way of connecting with people that maybe aren't connected or feel left out or feel alone. So, that's an important aspect for me. Yeah."***

These findings and more are summarized in a report by PAT (2023), linked above and also included in our resource list below.

What Types of Stories Make Change

In our workshops, it is important to us that storytellers tell their "narrative truth." That is, we are interested in people's authentic stories whatever shape they may take. However, if your storytelling program is supporting an advocacy initiative, then you may consider encouraging your participants to tell certain types of stories. For instance, research shows us that certain types of narratives are more persuasive than others. In story science, these are called "restorative narratives" (sometimes referred to as "redemptive narratives"). Restorative narratives show the struggle but also offer hope for a better future and suggest a path forward. We contrast this with "contaminated narratives," which focus exclusively on suffering. Research has robustly shown that restorative narratives foster greater prosocial behavior among listeners (e.g., Fitzgerald et al., 2020), and since we are interested in securing people's support for a given issue or cause, we want them to feel invested in our stories. The figure below depicts the typical plot of a restorative narrative.



Now, if encouraging storytellers to tell restorative narratives feels wrong to you, we understand. We want to resist the cultural pressure to always frame our lives in redemptive terms, if those terms erase our authentic experiences of struggle. In our workshops we name this tension and encourage our participants to tell the story that is right for them, given their personal goals.

Trauma-Informed Storytelling

Across their lives, LGBTQ+ older adults have experienced a range of personal, structural, and collective traumas that are complex, multilayered, and pervasive (Alessi et al., 2013; Kelly et al., 2020; Meyer, 2003). When asked to write a story from their life, it is likely that trauma will be revisited in some capacity. It is important to put strategies in place to manage this possibility in such a way that the workshop isn't retraumatizing or harmful to participants.

This starts with having the right people in the room. Our workshops have two lead facilitators whose job it is to deliver the curriculum. One of our facilitators is an award-winning professional storyteller and the other is a social scientist who specializes in narrative psychology. (As a quick aside, we know that most people reading this won't have access to an award-winning professional storyteller or a social scientist and that's okay. The important piece is that your prospective facilitator(s) is appropriately trained on trauma-informed approaches.) Beyond this, we have invited an alumna of the program to join our facilitation team as a "peer support" person. There are several advantages to this peer support role. First, as an LGBTQ+ older adult, our peer support person can help ensure the program is responsive to the experiences and needs of our storytellers. Second, they have gone through the experience before, so they can validate the experiences for the storytellers and provide advice. Third, they can step in to provide emotional support as needed.

In the most recent workshop series, we added a behavioral health specialist to our team with training in social work and mental health counselling. Our behavioral health specialist attended every session and was ready to step in, should a participant experience an emotional challenge. They helped us facilitate an initial discussion about creating a supportive storytelling community and were responsible for the closing check-out each session, which focused on processing various emotions connected to the experience of storytelling. They were also available during and between sessions to provide one-on-one support.

Not only is there potential that a storyteller will want to revisit a traumatic memory in the content of their story, but the experience of the storytelling workshop itself can be challenging. Many LGBTQ+ older adults have trauma connected to school, which were sites of exclusion and pain. To be immersed in an educational project like ours can bring back unwanted feelings and feel both intimidating and anxiety provoking. Understandably, sometimes participants have anxiety around writing their story, sharing their story, and receiving feedback on their story.

Storytelling Curriculum

General Overview

As mentioned earlier, we facilitate the Storytelling for Change program in a series of 2-hour sessions over a period of 4-6 weeks with 6 sessions total. We usually work with 6 storytellers in each workshop series, each writing a 6- to 8-minute story. In between sessions, homework is assigned, and we invite participants to submit drafts to the workshop leaders for written feedback. This isn't necessary for the success of the workshop, but some participants find this helpful, and we find it adds value to the process.

In the following two tables we provide general and detailed overviews of each of the 6 sessions. The detailed overview is the "storytelling curriculum."

Session	Topic	Objectives
1	Introduction	In the first session, you will introduce the storytelling community to each other and engage in rapport building. You will also introduce the participants to the goals of the "storytelling for change" program and the structure of the workshop series. Finally, you will work toward developing a supporting storytelling community by establishing group norms and agreements (for instance, around privacy and respect).
2	Storytelling Fundamentals	In the second session, the focus is teaching the mechanics of storytelling. This usually involves a discussion around what makes a "good story" and how to approach the writing process. Finally, this session provides the participants with the chance to start brainstorming which story they might want to share in relation to the workshop's overarching theme.
3 and 4	Workshop	For the next two sessions, participants will come to the workshop with a draft of their stories for presentation and community feedback. Between sessions, participants will revise their stories in light of the feedback received. Sending drafts to the workshop facilitators between sessions can support story development.
5	Workshop/ Dress Rehearsal	For the fifth session, usually some storytellers are still in the workshopping phase while others are ready to present a dry run of their final story. At this workshop, the focus shifts toward strategies for delivering a high-impact story performance.
6	Storytelling Showcase	The final session is a "celebration of stories." This can look many ways depending on the goals of your program, ranging from an event open to the public to a private celebration with friends of your program and past participants.

Detailed Overview

The following table provides a more detailed description of our storytelling curriculum for the first 5 sessions of the workshop series. This curriculum is, of course, flexible and can be modified to fit your needs. After several years of doing this work, this is what we've settled on as our best practice.

Session	Activity	Time	Notes

1	Introductions and icebreaker	10 mins	• Introduce names and pronouns
			• Example sentence starters:
			  • What color of the rainbow are you feeling like today and why?
			  • What interested you in this storytelling workshop?

	Importance of Storytelling	10 mins	• Facilitator answers the questions:
			  • Why storytelling for change?
			  • What types of stories make change?
			  • What types of stories are we going to tell?

	Structure of the workshop series	5 mins	• Facilitator answers the questions:
			  • What will this workshop series entail?
			  • How are we going to write and tell our stories together?

	Creating a supportive storytelling community	10 mins	• Behavioral health specialist introduces themselves and:
			  • Discusses their role in the storytelling community
			  • Describes their availability during and after sessions to provide support
			  • Facilitates a discussion about group agreements that promote safety
			• Peer support person introduces themselves and:
			  • Discusses their role in the storytelling community
			  • Reflects on their own experience as a past participant in the workshop and provides some helpful advice that they wish they had received in the first session

	Break	5 mins	• Everyone takes 5-minute bio break
	Example story and reaction	25 mins	• One of the facilitators or the peer support person tells a story (alternatively, you can play a video-recorded story from our library) • Facilitator invites audience members react to the story • Use this segment to both discuss what makes for a "good story" and to demonstrate what "workshopping" can look like (i.e., how to give supportive and constructive feedback) • Prior to telling the story, present the group with some questions to consider (see table with "exercises" below)

Session	Activity	Time	Notes
	Conversation about theme (if applicable)	15 mins	• Open conversation about the meaning of the theme and how it might relate to our policy "ask" • For example, in our most recent workshop series participants told stories around the theme of "home," because our policy ask was in relation to LGBTQ+ rights in long-term care facilities
	Story brainstorm	30 mins	• Each storyteller gets 4-5 minutes to brainstorm story ideas • Facilitators and peers give feedback on the stories in relation to the theme

	Closing check-out	10 mins	• Behavioral health specialist provides a reflection and facilitates a closing check-out, usually involving a sentence starter like:
			  • How are people feeling about this storytelling experience and the work we will do together over the next few weeks?
			  • What hopes and worries do people have for this workshop series?

	Homework	2 mins	• Choose 2-3 story ideas to share with the group • Attempt to outline the main action points of the stories • Come prepared to pitch the ideas to the group

2	Opening check-in	10 mins	• Reminder of names and pronouns
			• Example sentence starters for this session:
			  • In honor of Spring, if you were a flower, which flower would you be and why?
			  • How are you feeling as you reflect on our first workshop and the prospect of writing your own story?

	Review of previous workshop		• Facilitator reviews key points from previous workshop and invites questions
	Teach-piece on storytelling fundamentals		• Facilitator reviews handout describing potential storytelling strategies and devices (which was emailed to participants in advance) • Facilitator calls back to the story that was shared in the previous workshop to illustrate main points of the lesson
	Break	5 mins	• Everyone takes 5-minute bio break

Session	Activity	Time	Notes
	Storytelling exercise		• To warm participants up and get them practicing their story skills, implement one of the storytelling exercises described in the following section • We like to use the "30-second story" as an opening exercise, because it helps to establish the difference between "scene" and "summary" from the storytelling strategies handout
	Homework report back		• Each storyteller gets 5 minutes to share the story ideas and outlines that they worked on developing for their homework • By the end of this segment, each participation should select one story that they will focus on his in this workshop series • Facilitators and peers give feedback
	Write together		• If there is time remaining, participants can spend time writing together

	Closing check-out		• Behavioral health specialist provides a reflection and facilitates a closing check-out, usually involving a sentence starter like:
			  • What has it been like to look back on your life and think about stories of "home" (or whatever your theme is)?
			  • What types of feelings has this brought up? Is there anything you'd like to talk about with the group or anything we should know to make this process more supportive for you?

	Homework	2 mins	• Write a full (ugly) draft of their story for presentation at the next workshop • A 6- to 8-minute story should be roughly 1,000-1,200 words • Send draft to facilitators in advance of session

3-4	Opening check-in	15 mins	• Facilitator describes how the "workshopping" process will work
			• Each participant will have 15 minutes to share their story and receive feedback
			• In a section following this table, we describe how we structure the feedback process
			• Example sentence starters for this session:
			  • What is one word to describe how you are feeling about sharing your story today for the first time?
			  • How would you like to receive feedback from your peers? What does constructive feedback look like?

Session	Activity	Time	Notes
	Workshop, Part 1	45 mins	• Three participants tell their stories and receive feedback • Facilitator times stories, directs flow of feedback, and takes notes
	Break	5 mins	• Everyone takes 5-minute bio break
	Workshop, Part 2	45 mins	• Three participants tell their stories and receive feedback • Facilitator times stories, directs flow of feedback, and takes notes
	Closing check-out	10 mins	• Behavioral health specialist provides a reflection and facilitates a closing check-out • Now is usually a good time to have a conversation about confidentiality (see notes above) and to check back in with participants about ongoing thoughts and feelings that have been expressed in past weeks
	Homework	2 mins	• Revise story considering facilitator and peer feedback • Bring a new draft to next session • Send draft to facilitators before next session (if storyteller wants feedback, send draft within 72 hours)
5	Opening check-in	5 mins	• Facilitator describes the proposed "run-of-show" for the Storytelling Showcase and explains that we will run through the stories from start to finish with no interruptions, but participants can take notes and save their thoughts for later • Example sentence starters for this session: • In anticipation of the Storytelling Showcase, what is one or two things you'd like the audience to learn or take away from hearing your story?
	Run through	45 mins	• Run through stories from start to finish with transitions between stories (however that has been planned) • Record the times of each story and the whole the storytelling experience
	Break	5 mins	• Everyone takes 5-minute bio break
	Workshop	45 mins	• Confirm that everyone is willing to share their story at the Storytelling Showcase • For all those who are willing to share, offer feedback as needed or desired • Facilitator provides tips and feedback on performative aspects of storytelling • Reply to any logistics questions participants might have about the Storytelling Showcase

Session	Activity	Time	Notes

	Closing check-out	5 mins	• Behavioral health specialist provides a reflection and facilitates a closing check-out
			  • What was it like to come together as a group of LGBTQ+ elders to reminiscence, write, and tell your stories? Is there anything you would like to share about your experience with this storytelling process?
			  • We'd like to give you the chance to respond to each other's stories. What have you taken away from hearing the stories of your fellow elders? Was there a specific story that spoke to you? Is there anything you want to say to each other as we near the end of this process?

	Homework	2 mins	• Revise your story considering today's feedback • Send draft to facilitators for feedback as desired (send draft within 72 hours)

Giving Constructive Feedback

Central to any "workshopping" process is receiving high-quality feedback on your work in progress. In addition to having a conversation as a group about how you would like to give and receive feedback, we suggest the following structured approach:

Order	Feedback Giver	Feedback
1	Storyteller	After finishing their story, the storyteller gets the first opportunity to give themselves feedback. They will do this by sharing (1) one thing they liked about their own story, and (2) one thing they'd like feedback on.
2	Two Peers	Next, two peers will provide feedback in turn. Note that not everyone gives feedback to all storytellers. There isn't enough time for this. Before the storyteller starts speaking, tell the group who will be responsible for giving peer feedback. Peers will each provide (1) one thing they liked about the story, and (2) one constructive suggestion for the storyteller to consider.
3	Facilitators	In whatever time remains, the facilitators will take turns providing feedback.

Managing Confidentiality

One of the ways to promote emotional safety is to have a conversation with participants about confidentiality. Although this program is designed to train people to tell stories publicly, participants sometimes discover in the process that they aren't ready to share their story. It's happened before that people have decided, part way through the workshop series, that sharing their story publicly isn't something they are ready for. Therefore, it's important to check in about confidentiality, and to continue to check in, as feelings may evolve. We find the following scheme useful, but there are many ways to check in about confidentiality and intent to share moving forward.

We ask our storytellers to choose one of the following:

- **"My story can be shared publicly with no restrictions"**
- **"My story can leave, but my identity remains in this room"**
- **"The lessons can leave, but my story and identity stay in this room"**
- **"Everything stays in this room"**

Storytelling Strategies

Strategies and Devices for Crafting Engaging Stories

We send this as a handout to participants in advance of the second session where we present the lesson on storytelling fundamentals. This non-exhaustive list summarizes strategies and devices for crafting an engaging story.

Strategy/Device	Explanation
Focus on a Moment in Time	With only 6 to 8 minutes, there isn't enough time to hear your incredible life story. It's best if you choose to focus on one specific memory, episode, or key scene from your life story that relates to the theme. Don't start at the beginning of your life and tell us every chapter.
Strong Opener and Closer	A good story has a strong opening and closing. The opening line should grip the listener's attention and hook them right away. This could involve saying something shocking, like describing an intense and unusual action with no context, or presenting an intrigue, such as a scenario that immediately arouses suspicion. Other strong openers involve asking the audience a question or making a bold and perhaps controversial statement. A strong way to close a story is by using a "call back." This involves circling back to an earlier part of the story that the listener thought was resolved. Other strong ways to close a story involve presenting a revelation, such as a new understanding gleaned through the story, or an unsuspected twist that surprises the listener. Finally, like the opening, ending a story with a question can be effective.
Set the Stage	At the beginning of your story, set the stage by describing: Who you are, where the story is taking place, when it is happening, what the story is about, and, maybe, why, you've chosen to tell it.

Strategy/Device	Explanation
Beginning, Middle, and End	A coherent story has structure, often with a clear beginning, middle, and end. The beginning sets the stage. The middle describes all the key action points of your story. The end of your story wraps everything up by offering some personal reflections, such as what you might want people to take away. For the middle of your story, it might help to create an outline listing all the key action points or moments you want to highlight. The middle is action, action, action.
Balance Scene with Summary	Across the arc of your story, you will move between two modes of storytelling: scene and summary. Scene should be used for significant actions or moments in your story. If it is an important moment in your story, then we should hear it and see it, with sufficient detail. It means the audience gets to experience the scene with their senses. Summary is used when you want to move quickly between scenes. For example, we don't need to hear or see every single detail of your 15-hour road trip to Fire Island (summary), but we certainly do want a detailed account of when the unicorn crosses the road in front of you (scene). A story that is all summary is just a report. The best stories know how to mix scene and summary. A story that is all scene gets tedious and endangers giving significance to every moment and thus struggles to get the right energy at key moments. A story that is all summary is too passive.
Appeal to the Five Senses	When describing scenes in your story, engage the audience's senses. What do you hear, see, touch, taste, and smell? By using vivid imagery, you transport us into your story.
Balance Light with Dark	Where it feels appropriate and authentic, try to use humor to lighten the struggle. Emotionally captivating stories often strike a balance between suspenseful moments and light moments. Being light doesn't have to mean being funny.
Break the "Fourth Wall"	When telling your story, break the "Fourth Wall" and talk directly to your audience. What do you want us to know specifically? Just tell us.
Tell Us What You're Thinking and Feeling	Be explicit about what you were thinking and feeling at key moments in your story. We want to know what the events meant to you and how you were making sense of them as they unfolded.
Tell Us What It All Means	At the end of your story, take some time for personal reflection and tell the audience what you might want them to take away from your story. If your story has a moral or lesson that you want us to learn, share that with us. What have I observed about the world? What have I learned about myself? What does it all mean? This might be where you speak directly to the policy "ask."

Strategy/Device	Explanation
Disrupt our Expectations	Good stories play with and disrupt our expectations. There is nothing exciting about a totally predictable story. You can do this in small ways, such as the following line from a story shared in workshop: "I was greeted at the door by an Angel… [awwww]. No, my drug dealer's name is Angel."
Use Dialogue	It can be engaging to adopt the voice of a character in your story and speak on their behalf. For example, you might recount a short exchange with someone by sharing the conversation verbatim rather than summarizing it in your own words.
Other Devices	As any student of creative writing will tell you, there are several classic literary devices that can be incorporated into storytelling, beyond those previously described. Here are some more options that might elevate your story: allegory, cliffhanger, flashback, foreshadowing, irony, metaphor, motif, and symbolism. A little light internet research will easily expand this list.

Strategies for Approaching the Writing Process

Writing is a multistage, iterative process. Sometimes people feel compelled to "get it right" the first time, but this is highly unrealistic and can prevent people from writing anything at all. The table below lists some strategies for approaching your writing process.

Strategy	Explanation
Stream of Consciousness	It might help to speak your story out loud into an audio recorder in a stream-of-consciousness manner. When doing this, you don't worry about structure or grammar. The main point is to get ideas out, which you can then revisit and refine into a story. You could even share this "raw cut" with another person who can ask helpful clarifying questions.
Create an Outline	The key to a coherent story is drafting an outline. Your outline should always start with what you consider to be the most important scene in your story. After that, you can add scenes before and after until your story is complete. Start with writing all of your scenes on your outline and then you can add in summary to move between the scenes. It's always easiest to start with scenes.
Write it All Out	Don't be concerned about space limitations when you write out your first draft. Write it all out and then decide what to cut later.

Strategy	Explanation
Write Your "B" Draft Before Your "A" Draft	The first draft of your story should be ugly or rough. This is your "B" draft. Maybe its 70% on its way to your "A" draft. Your "B" draft will give your listeners something to respond to you to help guide your story and it takes a little pressure off of you to get it right the first time. Writing is an iterative process involving lots of editing and revising. Make sure you save your multiple drafts so that you can go back to an earlier idea if you need to.
Practice Out Loud	Once you have a final draft, practice it out loud in front of a mirror and in front of audiences. Think about your delivery, pacing, timing, and intonation. How will you make your performance come to life? In our experience, reading from paper notes tends to work better than reading from a phone.

Storytelling Exercises

In the next table, we describe some approachable and fun exercises that will invite your participants to start thinking about their amazing repertoire of stories and to practice their storytelling skills. This is important because some of our storytellers come into the workshop saying, "I don't think I have any stories to tell." Some of the exercises below will show them that they have a rich library of personal stories to pull from.

In addition to the exercises listed, we recommend looking at some of the literature coming from narrative gerontology and narrative psychology where there are several practical resources for facilitating guided autobiography, structured reminiscence groups, oral histories, and life story interviews (see Birren & Cochran, 2001; Bowles et al., 2022; McAdams, 1997, 2007).

Strategy	Description
Critique an Example Story	In the first session we always present an example story to our participants for them to react to. Usually this is done by one of the facilitators, but we also have recorded stories from past workshops that we sometimes show. After the story, the facilitators invite reactions using the following prompts: • What are your general reactions to the story? • What are some details or moments from the story that stick out to you? • Was there any part of the story that was unclear to you? Any moments that caused your attention to drift? • How would you describe the style and/or voice of the story? • Was there a device or technique that you liked and would like to try using yourself? • In general, what do you think makes for a good story?

Strategy	Description
30-Second Story	This exercise has 2 parts. In each part, each participant will tell 1 story that is 30 seconds long. • **Round 1:** "Share a 30-sec story about your day yesterday." (Everyone shares) • **Round 2:** "Share a 30-sec story about the first hour of your day." (Everyone shares) This exercise helps participants to get to know one another and work through some of their anxiety in a low-stakes activity. It also teaches 2 important lessons: First, 30 seconds goes by very quickly. Second, the difference between "summary" and "scene." The second story about the first hour of one's day is an example of scene.
Life Chapters	In this exercise, participants are invited to think about their life in chapters. Participants are asked to name each chapter and write a 2-3 sentence description of what that chapter represents in their life story. Encourage participants to resist organizing their lives according to life stages (e.g., childhood, adolescence, adulthood) and push them to think thematically about those various periods of their lives.
Key Scenes	This exercise invites participants to think about their lives in terms of a selection of key scenes, nuclear episodes, or self-defining memories that make up their broader life story. Traditional key scenes include high points, low points, and turning points, among others. This exercise can help participants see that their life is made up of several key scenes, and a 6- to 8-minute story can only cover a very small selection of those.
Lifeline	Similar to the last two exercises, this exercise invites participants to think about their life chronologically and identify key milestone events from birth to the present day by drawing a timeline of their life. Participants must decide what the key events get included. Fun variations of this exercise invite participants to draw the key events rather than describe them in words.

Practical Considerations

Space

How will you deliver your storytelling workshops? Will they be in person, on Zoom, or some combination? If holding your workshops in person, it will be important to consider the accessibility of your space. Your stage should be accessible to older adults with a range of abilities. It should also provide easy access to gender-inclusive bathrooms. Accessibility also includes geography. In a city like Chicago where we facilitate our programs, ensuring accessibility to people from the north, south, and west sides of the city can require extra planning and funding. Zoom delivery has its own accessibility concerns. Supporting older adults through using Zoom technology can require some extra conversations. One advantage of Zoom is the ability to access participants living in rural spaces.

Budget

The largest budget item when considering a storytelling program is the time and attention of the facilitators. Aside from this, there are basic costs for equipment, materials, supplies, the venue, if in person, and communications; but, most importantly, the budget should consider the storytellers themselves. This was an essential part of both programs as similar participation in other "volunteer" programs are often unpaid. However, providing compensation is an important way to validate and value the contributions of the LGBTQ+ participants who are giving their time, energy, and stories, which often entails a degree of vulnerability. Moreover, many of our storytellers are living in financially precarious situations, so valuing their time with money is, in our mind, an ethical imperative.

For the GOLD program, storytellers received $30 per showcase (no stipend for the workshops, though ideally, they would have also been paid for workshops as well if the budget would have allowed). For Storytelling for Change, the storytellers were given $50 per workshop session and $75 for a showcase. When possible, we also offer a travel stipend to make it to the Storytelling Showcase when it is held in person. We have paid stipends with checks and gift cards, depending on the preference of the older adult.

Recruitment

For several reasons, LGBTQ+ older adults can be difficult to recruit. First, the mode of recruitment is a limiting factor in and of itself. Not every LGBTQ+ older adult has access to technology or is comfortable with a computer. Not every LGBTQ+ older adult accesses the local LGBTQ+ center (if one such thing exists in your community). For this reason, the GOLD program chose to utilize multiple approaches: paper flyer, email listservs, direct outreach, but the most reliable method was by far, word of mouth. This can be especially helpful if the peers that are pitching to their friends have already gone through the program.

For those who might not be as connected, we also know that many LGBTQ+ older adults report high rates of social isolation. It's challenging to engage isolated individuals –how do you find them? On the contrary, it's relatively easy to access highly engaged older adults, especially ones in urban areas, but this will limit the diversity and geography of our storyteller community. So, while it's easiest to use word-of-mouth, we often hear the same individuals' names over and over.

Finally, and most importantly, LGBTQ+ older adults may be distrusting of various institutions due to structural violence they have experience in their lifetime, so it is important to think about who is sending the invitation and how you will foster trust with a prospective participant. In our experience, this led to almost a courtship of some participants who required a bit more convincing about the positive impact of storytelling and the fact that they have a story to tell. It can be very challenging to persuade individuals who have been silenced their entire lives to now let their voice be heard.

Lessons Learned

After six years of facilitating storytelling workshops, as well as conducting surveys and focus groups with participants, we've learned several lessons for optimizing this work. Based on this learning, we offer the following recommendations to those interested in starting their own storytelling programs.

1. **Be clear about the purpose of the project**
    - Ensure clarity of the purpose and objectives of the workshop at the beginning to diffuse any confusion around participation.
    - Some storytelling participants felt that the workshops were too prescriptive. Be clear that the storytelling workshop follows a specific structure that has strict limits around time.

- Some storytellers went through the workshops and then decided not to tell their story in the capstone showcase. Have a conversation early on about privacy and confidentiality and continue to check-in about this. Encourage participants to tell a story that they would be comfortable sharing at a public showcase and ask them to save their more personal stories for another context.
- Ensure transparency around how and when participants' stories may be used in the future.

2. Commitment to participation

- Ensure prospective storytellers are prepared to attend all workshop sessions.
- Storytellers who drop out or attend unreliably disrupt the workshop flow, and cause worry given bonds that form early in the process.

3. Non-negotiables

- Stories must be 6 to 8 minutes long.
- Storytellers must write their stories and not present them from memory.
- Storytellers must stay "on script" when telling their story.
- Storytellers must tell a story that connects to the workshop theme.
- Storytellers should be paid.

4. Culturally responsive practice

- The storytelling workshops should be responsive to the needs, desires, and abilities of your participants. To ensure such responsivity, we recommend involving community stakeholders—i.e., LGBTQ+ older adults—in your planning process.
- For example, stakeholder involvement can help with thinking through accessibility in a Zoom context—i.e., what technological support is needed.
- Another example concerns social isolation and loneliness. Many LGBTQ+ older adults experience disconnection from other people and communities and would value in-person/hybrid events and convenings when possible, to the extent that public health advisories allow.

5. Trauma-informed practice

- We have talked in some depth about the potential for trauma to manifest in the storytelling workshops. Some storytellers shared stories reflecting their trauma in a way that was unaligned with the goals of the workshop and/or harmful to the storyteller and their peers. To manage these risks, a behavioral health specialist was later included in workshops.
- The get ahead of these concerns, in the first session, have a transparent discussion about the potential risks and vulnerabilities associated with the difficult work of storytelling, followed by a facilitated discussion of what a "community of support" can look like in spirit and in practice.
- Provide support and resources to participants if they disclose unmet needs (such as help with gaining access to housing or healthcare).
- Include a peer support person among the facilitator team to minimize anxiety associated with the process of writing their stories.

6. Stay Connected

- Our participants have expressed a desire to stay connected and continue the work they started in our workshops.
- Commit to connecting alumni to future advocacy work and advanced storytelling workshops to continue building their skills and experiences.
- Create spaces for ongoing interactions between workshop participants, such as alumni events or new engagement opportunities.

Contributors to this Toolkit

About the Authors

Dr. Nic M. Weststrate (he/they), PhD, is an Associate Professor in the Department of Educational Psychology and member of the Center for Research on Health and Aging at the University of Illinois Chicago. He is a lifespan developmental psychologist, researcher activist, and queer scholar. Recently, Nic has been exploring the potential for intergenerational storytelling and dialogue to bolster the health and well-being of LGBTQ+ elders and youth, while also sustaining the LGBTQ+ communities' rich cultures and histories. Nic's community research partners include the Pride in Aging Program at the Center on Halsted and Pride Action Tank of the AIDS Foundation Chicago.

Dr. Katie Fasullo is a board certified gerontological nurse focused on the health and wellness of older adults. She has over 15 years of experience throughout the healthcare continuum as a nurse leader and clinician. She obtained her Doctor of Nursing Practice in Advanced Public Health Nursing from Rush University where she developed an innovative program to provide visibility for LGBTQ+ older adults through storytelling. Dr. Fasullo is passionate about creating an environment for older adults where inclusion and support of LGBTQ+ individuals is the gold standard.

About the Partners

These storytelling workshops and the creation of this toolkit has only been possible through the collaborative effort of many partners. We describe some of the key partners below.

We acknowledge the contributions of Archy Jamjun. Archy is the curator of Outspoken LGBTQ Stories at Sidetrack which was inducted into the Chicago LGBTQ Hall of Fame in 2022. He is also a two-time winner of The Moth Grand Slam in Chicago. He was recently featured in The Sierra Storytelling Festival, The Fillet of Solo Storytelling Festival and The Future of Comedy Festival at Lincoln Lodge. His writing has been featured in Chicago Magazine, The Rhumpus and Barrel House. Archy has been a key member of the Storytelling for Change facilitation team since its inception.

AFC AIDS FOUNDATION CHICAGO

AIDS Foundation Chicago (AFC) mobilizes communities to create equity and justice for people living with and vulnerable to HIV/AIDS or chronic conditions. AFC brings together service providers and funders to develop systems that meet the needs of those living with HIV/AIDS and to maximize the use of scarce resources. By assisting government entities in planning, distributing, and monitoring service contracts, AFC helps develop provider expertise and promotes uniform and high-quality delivery across the region.

PRIDE ACTION TANK
Celebrating 10 Years

Pride Action Tank (PAT) is a project of AFC. It is an incubator and think tank focused on action that leads to improved outcomes and opportunities for LGBTQ+ communities in Illinois through a collaborative process of inquiry, advocacy, and action. Launched in October 2015, PAT's work focuses on six overlapping issue areas: aging, financial security, health, housing, safety, and youth.

The OUTAging Committee was borne out of PAT's "OUTAging: Summit on Our Possibilities" convening in May 2017. The goals of OUTAging are to create a platform that centers the voices and experiences of LGBTQ+ older adults to shed light on the issues they face and gaps in services, resources and opportunities; provide a diverse and inclusive forum for redefining aging and care; and develop an agenda for advocacy, resources, and inclusion with and for LGBTQ+ older adults. The Committee is made up of LGBTQ+ older adults and allies, including service providers, policy and legal experts, healthcare providers, scholars, and more.

OUTReach is a project coordinated by the OUTAging Committee and seeks to improve culturally responsive care for LGBTQ+ older adults who experience long-term care facilities and other aging services in the Chicago area. OUTReach raises awareness around issues facing this community through storytelling and advocacy trainings for LGBTQ+ older adults, dissemination of educational materials and conversations with policy makers, providers of aging services, caregivers and other decision makers.

About the Funder

The development of this toolkit was generously funded by an Advocacy Grant from the **RRF Foundation for Aging**. For more than 45 years, RRF Foundation for Aging has been a steadfast supporter of programs and research that significantly improve the quality of life for older people. Advocacy projects focus on improving public policy for older persons.

References

Aaker, D. (2018). *Creating signature stories: Strategic messaging that energizes, persuades and inspires.* Morgan James Publishing.

AARP Illinois & SAGE. (2021). *Disrupting disparities: Challenges and solutions for 50+ LGBTQ Illinoisans.* final-aarp-disrupt-disparities-report.pdf

Adler, J. M., Turner, A. F., Brookshier, K. M., Monahan, C., Walder-Biesanz, I., Harmeling, L. H., Albaugh, M., McAdams, D. P., & Oltmanns, T. F. (2015). Variation in narrative identity is associated with trajectories of mental health over several years. https://doi.org/10.1037/a0038601. *Journal of Personality and Social Psychology,* 108(3), 476–496. https://doi.org/10.1037/a0038601

Alessi, E. J., Martin, J. I., Gyamerah, A., & Meyer, I. H. (2013). Prejudice-related events and traumatic stress among heterosexuals and lesbians, gay men and bisexuals. *Journal of Aggression, Maltreatment & Trauma,* 22(5), 510–526.

Birren, J. E., & Cochran, K. N. (2001). *Telling the stories of life through guided autobiography groups.* Johns Hopkins University Press.

Bivona, M. A., Kahlbaugh, P. E., & Budnick, C. J. (2020). Writing wisdom, reviewing identity: Positive outcomes of participating in a memoir course for older adults. *The International Journal of Reminiscence and Life Review,* 7(1), 9-21. https://journals.radford.edu/index.php/IJRLR

Bohanek, J. G., Fivush, R., Zaman, W. et al. (2009). Narrative interaction in family dinnertime conversations. *Merrill-Palmer Quarterly,* 55(4), 488–515. https://doi.org/10.1353/mpq.0.0031

Bohlmeijer, E., Roemer, M., Cuijpers, P., & Smit, F. (2007). The effects of reminiscence on psychological well-being in order adults: A meta-analysis. *Aging & Mental Health,* 11, 291–300. https://doi.org/10.1080/13607860600963547

Bohlmeijer, E., Smit, F., & Cuijpers, P. (2003). Effects of reminiscence and life review on late-life depression: a meta-analysis. *International Journal of Geriatric Psychiatry,* 18(12), 1088–1094. https://doi.org/10.1002/gps.1018

Boyd, B. (2018). The evolution of stories: From mimesis to language, from fact to fiction. *Wiley Interdisciplinary Reviews: Cognitive Science,* 9(1), e1444. https://doi.org/10.1002/wcs.1444

Bower, G. H., & Clark, M. C. (1969). Narrative stories as mediators for serial learning. *Psychonomic Science,* 14(4), 181–182.

Bowles, M., Burns, C., Hixson, J., Jenness, S. A., Tellers, K., Lakshmi, P., & Kumanyika, C. (2022). *How to tell a story: the essential guide to memorable storytelling from The moth.* Crown.

Brooks, H., Llewellyn, C. D., Nadarzynski, T., Pelloso, F. C., De Souza Guilherme, F., Pollard, A., & Jones, C. J. (2018). Sexual orientation disclosure in health care: A systematic review. *British Journal of General Practice,* 68(668), e187-e196. https://doi.org.10.3399/bjgp18X694841

Bruner, J. (1986). *Actual minds, possible worlds.* Harvard University Press.

Buczak-Stec, E., König, H. H., Feddern, L., & Hajek, A. (2023). Long-term care preferences and sexual orientation: A systematic review and meta-analysis. *Journal of the American Medical Directors Association,* 24(3), 331–342. https://doi.org/10.1016/j.jamda.2022.11.020

DeVries, B., & Thornton, J. E. (2018). Research on guided autobiography: A review of content, process, and outcome. *The International Journal of Reminiscence and Life Review,* 5(1), 22-27.

Dunlop, W. L., & Tracy, J. L. (2013). Sobering stories: narratives of self-redemption predict behavioral change and improved health among recovering alcoholics. *Journal of Personality and Social Psychology,* 104(3), 576–590. https://doi.org/10.1037/a0031185

Emlet C. A. (2016). Social, economic, and health disparities among LGBT older adults. *Generations,* 40(2), 16–22.

Fasullo, K., McIntosh, E., Buchholz, S.W., Ruppar, T., & Ailey, S. (2022). LGBTQ older adults in long-term care settings: An integrative review to inform best practices. *Clinical Gerontologist,* 45(5), 1087-1102. https://doi.org/10.1080/07317115.2021.1947428

Fitzgerald, K., Paravati, E., Green, M. C., Moore, M. M., & Qian, J. L. (2020). Restorative narratives for health promotion. *Health Communication,* 35(3), 356–363. https://doi.org/10.1080/10410236.2018.1563032

Fredriksen-Goldsen, K. I., Emlet, C. A., Kim, H. J., Muraco, A., Erosheva, E. A., Goldsen, J., & Hoy-Ellis, C. P. (2013). The physical and mental health of lesbian, gay male, and bisexual (LGB) older adults: The role of key health indicators and risk and protective factors. *The Gerontologist,* 53(4), 664–675. https://doi.org/10.1093/geront/gns123

Fredriksen-Goldsen, K. I., Jen, S., & Muraco, A. (2019). Iridescent life course: Review of LGBTQ aging research and blueprint for the future, *Gerontology,* 65(3), 253-274. https://doi.org/10.1159/000493559

Fredriksen-Goldsen, K. I., Kim, H. J., & Barkan, S. E. (2012). Disability among lesbian, gay, and bisexual adults: disparities in prevalence and risk. *American Journal of Public Health,* 102(1), 16–21. https://doi.org/10.2105/AJPH.2011.300379

Gorczynski, PhD, P., & Fasoli, PhD, F. (2021). Loneliness in sexual minority and heterosexual individuals: A comparative meta-analysis. *Journal of Gay & Lesbian Mental Health,* 26(2), 112–129. https://doi.org/10.1080/19359705.2021.1957742

Green, M. C., & Brock, T. C. (2000). The role of transportation in the persuasiveness of public narratives. *Journal of Personality and Social Psychology,* 79(5), 701–721. https://doi.org/10.1037/0022- 3514.79.5.701

Green, M., & Fitzgerald, K. (2017, January 25). Transportation theory applied to health and risk messaging. *Oxford Research Encyclopedia of Communication.* https://doi.org/10.1093/acrefore/9780190228613.013.261

Haight, B. K., Michel, Y., & Hendrix, S. (2000). The extended effects of the life review in nursing home residents. *The International Journal of Aging and Human Development,* 50(2), 151–168. https://doi.org/10.2190/QU66-E8UV-NYMR-Y99E

Heath, D., & Heath, C. (2007). *Made to stick: Why some ideas take hold and others come unstuck.* Arrow.

Houghton, A. & Quartey, N. (2020). *Maintaining dignity: Understanding and responding to the challenges facing older LGBT Americans.* AARP. https://doi.org/10.26419/res.00217.006

Johnson, M.J., Jackson, N.C., Arnette, K., & Koffman, S.D. (2005). Gay and lesbian perceptions of discrimination in retirement care facilities. *Journal of Homosexuality,* 49(2), 83-102. DOI: https://doi.org/10.1300/J082v49n02_05

Kaufman, G. F., & Libby, L. K. (2012). Changing beliefs and behavior through experience-taking. *Journal of Personality and Social Psychology,* 103(1), 1–19. https://doi.org/10.1037/a0027525

Kelly, M., Lubitow, A., Town, M., & Mercier, A. (2020). Collective trauma in queer communities. *Sexuality & Culture,* 24, 1522–1543. https://doi.org/10.1007/s12119-020-09710-y

Kenyon, G. M., & Randall, W. L. (1999). Introduction: Narrative gerontology. *Journal of Aging Studies,* 13(1), 1–5. https://doi.org/10.1016/S0890-4065(99)80001-2

Kim, H. J., & Fredriksen-Goldsen, K. I. (2016). Living arrangement and loneliness among lesbian, gay, and bisexual older adults. *The Gerontologist,* 56(3), 548-558. https://doi.org/10.1093/geront/gnu083

Lai, C., Igarashi, A., Yu, C., & Chin, K. (2018). Does life story work improve psychosocial well-being for older adults in the community? A quasi-experimental study. *BMC Geriatrics,* 18, 119. https://doi.org/10.1186/s12877-018-0797-0

Mason, A. E., Adler, J. M., Puterman, E., Lakmazaheri, A., Brucker, M., Aschbacher, K., & Epel, E. S. (2019). Stress resilience: Narrative identity may buffer the longitudinal effects of chronic caregiving stress on mental health and telomere shortening. *Brain, Behavior, and Immunity,* 77, 101–109. https://doi.org/10.1016/j.bbi.2018.12.010

Mazzocco, P. J., Green, M. C., Sasota, J. A., & Jones, N. W. (2010). This story is not for everyone: Transportability and narrative persuasion. *Social Psychological and Personality Science,* 1(4), 361–368. https://doi.org/10.1177/1948550610376600

McAdams, D. P. (1997). Guided autobiography. https://cpb-us-e1.wpmucdn.com/sites.northwestern.edu/dist/4/3901/files/2020/11/Guided-Autobiography-1997.pdf

McAdams, D. P. (2007). Life story interview. https://cpb-us-e1.wpmucdn.com/sites.northwestern.edu/dist/4/3901/files/2020/11/The-Life- Story-Interview-II-2007.pdf

McKeown, J., Clarke, A., & Repper, J. (2006). Life story work in health and social care: Systematic literature review. *Journal of Advanced Nursing,* 55(2), 237–247. https://doi.org/10.1111/j.1365-2648.2006.03897.x

McLean, K. C. (2016). *The co-authored self: Family stories and the construction of personal identity.* Oxford University Press.

Merrill, N., & Fivush, R. (2016). Intergenerational narratives and identity across development. *Developmental Review,* 40, 72–92. https://doi.org/10.1016/j.dr.2016.03.001

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin,* 129(5), 674–697. https://doi.org/10.1037/0033-2909.129.5.674

Moieni, M., Irwin, M. R., Seeman, T. E., Robles, T. F., Lieberman, M. D., Breen, E. C., Okimoto, S., Lengacher, C., Arevalo, J. M. G., Olmstead, R., Cole, S. W., & Eisenberger, N. I. (2020). Feeling needed: Effects of a randomized generativity intervention on well-being and inflammation in older women. *Brain, Behavior, and Immunity,* 84, 97–105. https://doi.org/10.1016/j.bbi.2019.11.014

Morris, B. S., Chrysochou, P., Christensen, J. D., Orquin, J. L., Barraza, J., Zak, P. J., & Mitkidis, P. (2019). Stories vs. facts: Triggering emotion and action-taking on climate change. *Climatic Change,* 154, 19–36. https://doi.org/10.1007/s10584-019-02425-6

Morris, M., Cooper, R.L., Ramesh, A., Tabatabai, M., Arcury, T.A., Shinn, M., Im, W., Juarez, P., & Matthews-Juarez, P. (2019). Training to reduce LGBTQ-related bias among medical, nursing, and dental students and providers: A systematic review. *BMC Medical Education,* 19(325). https://doi.org/10.1186/s12909-019-1727-3

Movement Advancement Project [MAP] & Services and Advocacy for GLBT Elders [SAGE]. (2017). *Understanding issues facing LGBT older adults.* https://www.lgbtmap.org/file/understanding- issues-facing-lgbt-older-adults.pdf

Movement Advancement Project [MAP]. (2022). *Equality Maps: Housing Nondiscrimination Laws.* https://www.lgbtmap.org/equality-maps/non_discrimination_laws/housing

Neville, S. & Henrickson, M. (2010). 'Lavender retirement': A questionnaire survey of lesbian, gay and bisexual people's accommodation plans for old age. *International Journal of Nursing Practice,* 16(6), 586-594. https://doi.org/10.1111/j.1440-172X.2010.01885.x

Pasupathi, M. (2001). The social construction of the personal past and its implications for adult development. *Psychological Bulletin,* 127(5), 651–672. https://doi.org/10.1037/0033-2909.127.5.651

Pennebaker, J. W., & Seagal, J. D. (1999). Forming a story: The health benefits of narrative. *Journal of Clinical Psychology,* 55(10), 1243–1254. https://doi.org/10.1002/(SICI)1097- 4679(199910)55:10<1243::AID-JCLP6>3.0.CO;2-N

Pinquart, M., & Forstmeier, S. (2012). Effects of reminiscence interventions on psychosocial outcomes: A meta-analysis. *Aging & mental health,* 16(5), 541–558. https://doi.org/10.1080/13607863.2011.651434

Pratt, M. W., & Fiese, B. H. (2004). Families, stories, and the life course: An ecological context. In M. W. Pratt & B. H. Fiese (Eds.), *Family stories and the life course: Across time and generations* (p. 1–24). Lawrence Erlbaum Associates Publishers.

Pride Action Tank. (2023). *For change: Lessons learned from engaging LGBTQ+ older adults in advocacy.* AIDS Foundation Chicago. https://prideactiontank.org/wp-content/uploads/2023/05/For- Change-Lessons-Learned.pdf

Rimé, B., Mesquita, B., Philippot, P., & Boca, S. (1991). Beyond the emotional event: Six studies on the social sharing of emotion. *Cognition and Emotion,* 5, 435-465.

Roberts, T. J., Ringler, T., Krahn, D., & Ahearn, E. (2020). The My Life, My Story program: Sustained impact of veterans' personal narratives on healthcare providers 5 years after implementation. *Health Communication,* 36(7), 829-836. https://doi.org/10.1080/10410236.2020.1719316

Romero, A.P., Goldberg, S.K., & Vasquez, L.A. (2020). *LGBT people and housing affordability, discrimination, and homelessness.* The Williams Institute. https://escholarship.org/uc/item/3cb5b8zj

Stinson, C. K., Young, E. A., Kirk, E., & Walker, R. (2010). Use of a structured reminiscence protocol to decrease depression in older women. *Journal of Psychiatric and Mental Health Nursing,* 17(8), 665–673. https://doi.org/10.1111/j.1365-2850.2010.01556.x

Sussman, T., Brotman, S., MacIntosh, H., Chamberland, L., MacDonnell, J., Daley, A., Dumas, J., & Churchill, M. (2018). Supporting lesbian, gay, bisexual, & transgender inclusivity in long-term care homes: A Canadian perspective. *Canadian Journal on Aging,* 37(2), 121-132. https://doi.org/10.1017/S0714980818000077

The Williams Institute. (2019). *LGBT demographics data interactive.* https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT#density

Westerhof, G. J. (2016). Life review and life story work. In S. Whitbourne (Ed.), *The encyclopedia of adulthood and aging* (Vol. 2, pp. 776-776). Wiley-Blackwell. https://doi.org/10.1002/9781118521373.wbeaa209

Westerhof, G. J., & Bohlmeijer, E. T. (2014). Celebrating fifty years of research and applications in reminiscence and life review: State of the art and new directions. *Journal of Aging Studies,* 29, 107–114. https://doi.org/10.1016/j.jaging.2014.02.003

Westerhof, G. J., & Slatman, S. (2019). In search of the best evidence for life review therapy to reduce depressive symptoms in older adults: A meta-analysis of randomized controlled trials. *Clinical Psychology: Science and Practice,* 26(4), 11. http://dx.doi.org/10.1111/cpsp.12301

Willis, P., Almack, K., Hafford-Letchfield, T., Simpson, P., Billings, B., & Mall, N. (2018). Turning the co-production corner: Methodological reflections from an action research project to promote LGBT inclusion in care homes for older people. *International Journal of Environmental Research and Public Health,* 15(695). https://doi.org/10.3390/ijerph15040695

Wilson, B. D. M, Choi, S. K., Harper, G. W., Lightfoot, M., Russell, S., & Meyer, I. H. (2020). *Homelessness among LGBT adults in the US*. The Williams Institute. https://escholarship.org/uc/item/3b00p5hm

Zak P. J. (2015). Why inspiring stories make us react: The neuroscience of narrative. *Cerebrum,* 2.

PRIDE ACTION TANK

Celebrating 10 Years

PRIDE ACTION TANK

200 W Monroe St Ste 1150, Chicago, IL 60606 | **prideactiontank.org**