A Matter of Visibility - lesbian health issues

by Dee Radcliffe

The author of this article has to use a pseudonym, Dee Radcliffe. She fears that if she uses her real name, she runs the risk of losing her job as a health worker in the Transvaal Provincial Administration (TPA). In her article she highlights the particular concerns of lesbian in a society that is not sympathetic to lifestyles that it considers 'deviant' or 'abnormal'. Lesbians are shut out from all other institutions, including the health system. Consequently, lesbians are faced with a number of health related issues which hetero-sexual women do not have to confront.

Health is an area in which lesbians are particularly vulnerable and have specific concerns which are not always addressed by the health care system. Our chosen lifestyle carries a label of 'deviant', and puts us outside of the 'normal' community and thus, for the most part, outside of the sympathies of the mainstream health care system. Our low visibility as a group means that our health needs also have low visibility, and there is very little research and writing on them.

What, then, are some of the health issues that are specifically relevant for lesbians?

Silence and social sanctions

Firstly, we have to build our abilities to feel healthy and whole in the face of others reviling us as 'diseased' or 'unnatural'. Being mentally and emotionally well-adjusted as a lesbian is a victory against social prejudice. All of the major institutions of society - religious, schools, the health care system, the job market - tend to be anti-gay and do not perceive homosexuality as a valid and healthy sexual and affectional preference. Most of us have probably grown up with feelings of being different and abnormal, and have spent time at some point in our lives wondering what is 'wrong' with us.

Because it is hard to avoid internalizing the ridicule and shameful messages lesbians receive, many of us have had a traumatic time as we discover our identities. The accompanying feelings have brought some of us to seriously contemplate or actually

attempt suicide because of feelings of intense loneliness, confusion or shame.

Building a positive self-image in the absence of good role models and community support is a slow and difficult process. Young women growing up today are the first who are beginning to have at least some access to healthy images of lesbians in the press and in society at large, and hopefully this will lead to less shame and self-hatred. Still, we are a long way from a society that will lovingly embrace its lesbian members and support their development into sexuality and socially fulfilled adults.

Stress and Support

We also have to cope with severe stresses not shared by heterosexual women. These include the need to decide whether, when, and how to share our sexuality with others; being 'exposed' against our will; dealing with hostile responses; coping with homophobic family members, co-workers or communities; not being acknowledged or recognized for who we are; having to keep silent about our relationships; building networks of support when we may not know how to find others like ourselves and lacking the legal ability to protect and cement those relationships. Acting on our own sexuality, in our own homes and with consenting partners, constitutes an illegal act which can lead to arrest and prosecution.

These stresses can be aggravated by the fact that we are more likely to live isolated lives than heterosexual people, outside of socially sanctioned units like the heterosexual nuclear family, and might thus have limited support systems. This is particularly true in some cultures and small towns and rural areas, where the gay and lesbian communities are small, scattered or closeted, and where consciousness about gay and lesbian issues is very low.

Lesbians facing these sorts of stresses are susceptible to mental and emotional breakdowns and physical illnesses, and may turn to unhealthy coping mechanisms such as drug/ substance abuse. When stress leads to conditions which require treatment, it is not always easy or possible for us to talk to our health practitioners about the kinds of stresses we face, for fear of hostile or unempathetic responses. This may mean that we receive only superficial symptomatic treatment that doesn't really help with the underlying problems.

Causal Theories Aplenty

Society tends to hold certain stereotyped views on the health status of lesbians. We are frequently depicted as 'spiritually sick' or 'perverted'. Alternatively, we are seen as the product of a disturbed family arrangement - absent or ineffectual fathers or dominant and embracing mothers have made us the way we are (no matter that most of us have

heterosexual siblings!). People bandy about theories of genetic or hormonal imbalance, the implication being that we would all choose to be 'fixed' if only someone could find a way.

Some assume that all lesbians and gay men are weak, unhappy and maladjusted, without acknowledging that (just like heterosexual people) some of us lead healthy and creative lives and others do not. Some psychiatrists and doctors also still hold the outdated opinion that homosexuality is a disorder requiring treatment.

Misconceptions

There are also stereotypes and misconceptions about our physical health - for instance it is frequently assumed that homosexuals are universally at high risk for AIDS (whereas lesbians are in fact a lower-risk group than heterosexual men and women).

Likewise, doctors may have all sorts of misconceptions about the gynaecological needs of lesbians. For instance, doctors and nurses may assume that gynaecological needs are different whereas they aren't. The assumption is that lesbians don't have the same menstrual cycles as heterosexual women and possibly develop strange and unusual cycles totally unique to lesbians. Our real health can easily become lost in the assumptions about what our needs are.

Access to Health Services

Lesbians tend to have poorer access to appropriate health care than do heterosexual women. We do not have the same medical aid benefits accorded to straight people, because our partnerships are not officially recognized and we cannot claim for each other as spouses or dependents. Also, the thought of having to deal with the homophobia and heterosexism often found in the health care system may prevent us from seeking the care we need.

Coming Out for Treatment: Health Service Judgement & Morality

Finally, when we do seek out health care we cannot always reveal pertinent lifestyle factors (which might be important determinants of the treatment needed). We have to make a conscious decision whether or not to 'come out', and if we decide to do so we must then consider when, how, to whom, and how to deal with possible negative responses. It is quite often important for us to come out, to be able openly and comprehensively to discuss the health issues relating to our lifestyles and the anxieties we face - sometimes for medical reasons, sometimes because our being gay or lesbian is a central issue (often the case in psychotherapy, for instance), sometimes because our sense of integrity and

desire to be seen as a whole person demands it, and sometimes to ensure that our partners will be recognized and respected by the health care system (for example, if someone is about to undergo major surgery and wants to ensure that his or her partner will have full access to her or him afterwards).

On the other hand, coming out can lead to our receiving, not neutral medical treatment, but an irrational and emotional response or 'moral treatment' - punishment or judgement at the hands of homophobic health professionals. It also raises the question of whether coming out will lead to medical aid scheme/ employer/ family finding out before I'm ready to inform them myself?

Vulnerability

Lastly, when lesbians have health problems or disabilities we are more vulnerable to resulting social or economic problems. Proportionally more of us have been rejected or disowned by our families and cannot rely on them for support in times of medical or financial crisis. Others have chosen to have little or no contact because it is too painful to identify our sexual preferences or to deal with negative attitudes from family members who know.

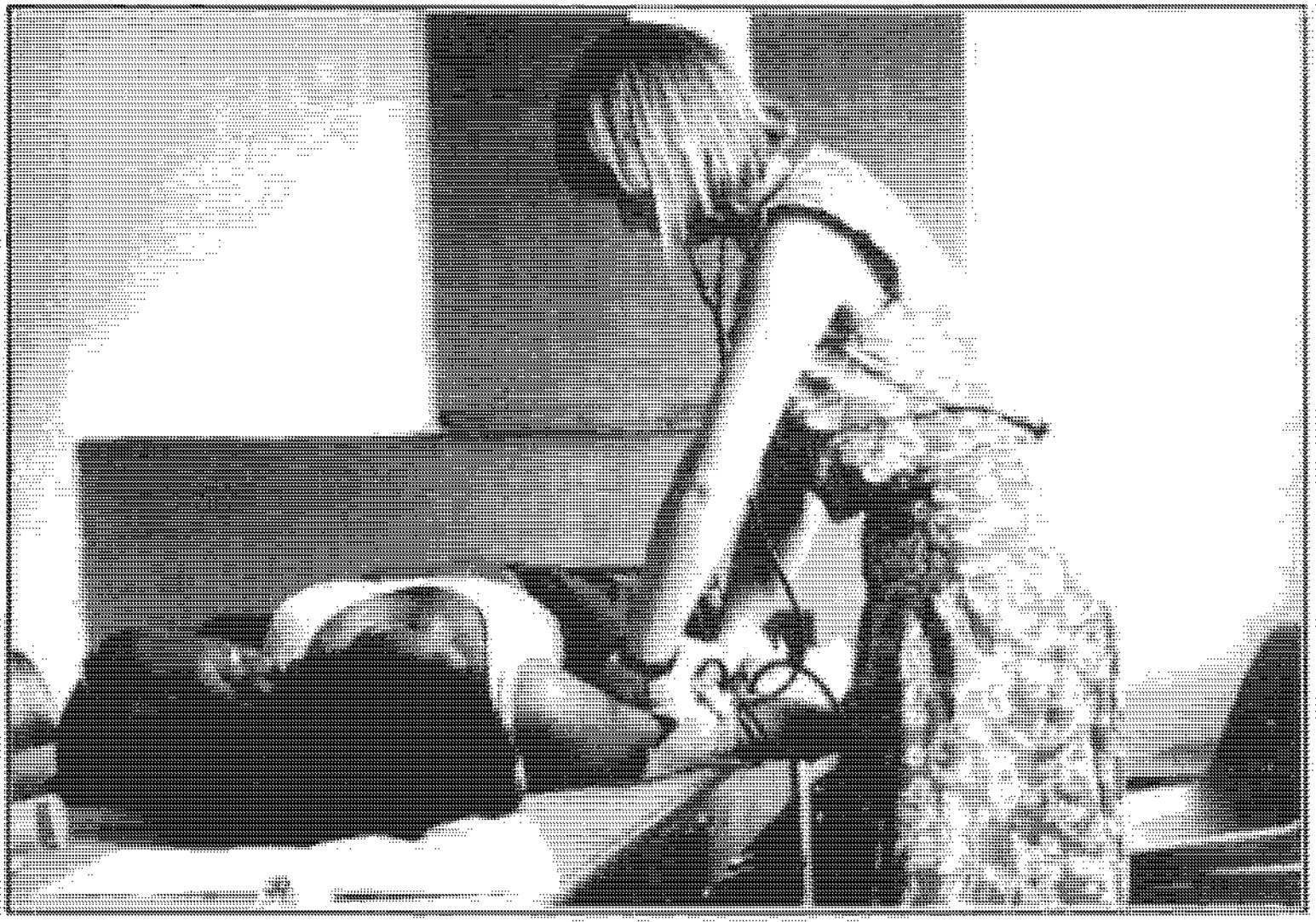
We are also vulnerable to being separated from our gay/lesbian friends if we become 'unfit'. The case of Sharon Kowalski in the United States, forcefully separated from her lover of many years and consigned to the 'care' of her unsupportive parents after she became brain-damaged in an accident, illustrates this starkly. Some lesbians draw up contracts specifying each other as their partners and next of kin, or give each other power of attorney for some degree of security, but the fact remains that society's opinion is weighed against us and the health care system, in particular, is not geared to deal with 'alternative' couples and families and their needs.

Health for All?

Now what is good health care specifically to us, as lesbians? It is health care that is non-homophobic, non-judgemental, supportive and respectful of our lifestyles, and insightful of the stresses and experiences faced by gay men and lesbians. However, this kind of health care is rare. It may exist in parts of the country, but finding relatively good health care for ourselves can be an uphill battle.

In South Africa, in general, the situation is that most people have to settle for less than ideal health care, because of poor access to services, financial constraints, as well as transport and other difficulties. As gay people, we too have few choices, and even if we have secure financial resources and full access to transport and to health care facilities, we still have no guarantee that we will receive non-homophobic health care.

Clearly, some major changes need to happen before we as gay men and lesbians have



Good health care is comprehensive, appropriate, non-judgemental and non-homophobic.

access to really good health care. In the meantime, we can try and obtain better health care for ourselves by using the gay community grapevine and word-of-mouth referrals to locate non-homophobic (or homosexual) health workers. We can also use listings and information provided by services like the Gay Advisory Board and crisis lines, and we can 'interview' our health workers before making appointments to see them (but beware - many people react with surprise and sometimes anger to simple questions about whether they are homophobic, and many have never even heard of the concept!)

There are also more long-term, broad ranging strategies which we can use, both as individuals and in gay and lesbian organisations. These include raising consciousness about our health concerns (in the media and within the health care system), providing alternative non-homophobic services (some, such as certain AIDS counseling services, already exist), and working to change the existing health care system.

In South Africa we have much work ahead of us to improve our health care. Lest we feel that this entails a battle of "us" against the health care system, it's good to bear in mind that there are countless numbers of gay and lesbian workers already within the health system, and it is as much as anything else a matter of finding these people, giving them our support, and working together with them to bring about change.