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**LESBIAN COUPLES AND THEIR HEALTH:
A PHENOMENOLOGICAL FEMINIST STUDY**

by

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Thesis submitted to the
School of Graduate Studies and Research
in partial fulfillment of the requirements for the degree of Master of
Science in Nursing with a specialization in Women's Studies

University of Ottawa

May, 2000

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Acknowledgments

I would like to start by thanking the couples who invited me into their homes and their lives and shared their relationships so fully. Without their candor and insights this thesis would not have been possible. Also to our foresisters, although their lives may never be known, it is because of their courage to live their lives as lesbians that the road was made more passable for us.

I am forever grateful to my supervisor, Dr. Marilyn Mardiros, and my thesis committee, Dr. Meryn Stuart, and Dr. Elizabeth Diem. Their support and openness has enabled me to talk about a subject that would have been taboo only a few years ago. More specifically, to Dr. Mardiros who always encouraged me and allowed me to explore and grow. Also, her husband David and son Drew who saw me through piles of drafts and articles scattered through their home. Dr. Stuart who always took the time and listened attentively with my visits to her office. Also Dr. Diem's unfailing enthusiasm when I got stuck and needed a push. Everyone's kindness will always be remembered. I remain in awe of all of your achievements that move the nursing profession forward.

Another group of people who deserve my respect and gratefulness are the professors at the University of Ottawa. The knowledge they shared and the mentorship they showed me can never be fully acknowledged. I will always treasure the learning they cultivated in me. To name but a few are Dr. Jean Dunning, Dr. Betty Cragg and Dr. Barbara Davies. The support staff also showed me "the ropes" of the university and deserve mentioning. As well as the university, I would like to thank the nursing instructors at Mount Royal College who taught me that learning is a lifelong process and never let me think otherwise. Another nurse who inspired me is Mrs. Ida Carpenter RN. Without her push I may never have lived out my dream of being a nurse.

I would be remiss if I did not thank my parents, Tillie and Maurice, whose memory I cherish. My mother taught me how to be a strong woman and my father inspired me with the gift of curiosity. Their lessons have been well learned. They loved me unconditionally and taught me that love did not have to look a certain way. Todah robah.

Last, but definitely not least, I would like to thank my partner, Heather, and my sons Andrew and Robbie. No one has been cared for more diligently than me! Heather's constant support, unending patience and encouragement, even at the hardest of times, is something I will always be grateful for. Andrew and Robbie, your understanding for a mom who always seems to be going back to school, is admirable to say the least. I love each of you for all time.

Abstract

Lesbians face oppression in their daily lives and in the health care system due to both their gender and sexual orientation. Nurses, as front line workers, have a vital role to ensure appropriate, high quality care as well as health promotion. This research responds to the lack of culturally sensitive care for lesbians and more specifically lesbian couples. The purpose of this study is to explore the meaning that the lesbian couple relationship has for the lesbian couple and how this relationship contributes to their mutual and individual sense of health. A phenomenological feminist approach captured a rich description of the lived experiences of lesbian couples, all of whom were middle class, Caucasian and well educated. Purposive sampling garnered seven lesbian couples. Two flexible, minimally-structured interviews were conducted with each couple.

The results reveal that heterosexual upbringing and societal influences have rendered lesbian life invisible and unfamiliar to the women in the study. Making the unfamiliar familiar and co-creating the bridges for the gaps frame how the couples react to and make their way in the world. The couples compartmentalize their lives into who can know about them as a couple and who cannot. Depending on how open they are, the couples gauge how flexible their boundaries can be, which influences the size of their immediate support system. The environment can lead to two options. One, is to be more closeted, in which case the couple needs to be more supportive of one another. The second option can lead the couple to be more open, thereby allowing more involvement with the outside world because of their openness.

Commonality (common female experiences) enables the couples to have an implicit understanding of one another which in turn leads the women to support each other more fully. Equally important to this mutual support is their egalitarian relationship which assists the women to function in their daily world. Working against the couples in their making the unfamiliar familiar and co-creating the bridges for the gaps is homophobia. Whether the homophobia is actual or assumed, the end result is still oppression felt by the couples as they live their lives in a relationship they care deeply about. Increased knowledge of lesbian couple relationships as a resource for the women's sense of health, will help health care professionals use health support systems for lesbians and ease the burden of oppression.

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Quote

The loves of women for each other grow more numerous each day, and I have pondered much why these things were. That so little should be said about them surprises me, for they are everywhere.... in these days, when any capable and careful woman can honorably earn her own support, there is no village that has not its examples of "two hearts in counsel," both of which are feminine.

Frances Willard, American Temperance Leader, 1870's
Glimpses of 50 years, 1889 (as cited in Smith, 1999).

Chapter One

Women's health has recently become a major topic of interest for health and medical sciences research. Much of the researched information stems from white heterosexual middle class participants without the realization of privilege given to heterosexuality, skin colour and socioeconomic status (Cassidy, Lord, & Mandell, 1995; Phelan, 1994; Range & Leach, 1998; Stanley & Wise, 1990). Although the information gained is significant for many women, there are still others whose lives are not addressed. Hidden within the general population of women lies an invisible minority, namely lesbians. Their circumstances are not as well documented. Rather, researchers often omit lesbian lives in the landscape of women's everyday experiences.

Rather than blend lesbian experiences into the background, research is required for women who self identify as lesbians. Some authors have defined lesbians as women who have primary, intimate, sexual relationships with other women (Chesley, MacAulay, & Ristock, 1992). Others have added that living as a lesbian is a woman's way of being, not solely what she does in the bedroom (Simkin, 1991). While the preceding definitions seem plausible and satisfactory, other authors state that there can be no single definition of lesbianism. Debates have raged over the question of lesbian identity. Weedon (1999) points out that many theorists have taken either an essentialist approach or a socially and historically constructed approach. Weedon states "they further include positions which see lesbianism as the result of a successful attempt to evade the oppressive institutions of heterosexuality; that is, as a question of social and political choice. All these possibilities imply either acceptance or rejection of a lesbian essence" (p. 56).

Hoagland contends that lesbianism is a political category and states that attempting to define the term only serves “academic classifiers and heteropatriarchy” (1992, p.xiii). Penelope (1992) continues that one single definition for the term lesbian will never be adequate or all-encompassing, as women who say they are lesbians create themselves daily. Penn (1995) debates the question by suggesting the possibility of taking into account either identity or behaviour, neither of which seems acceptable. Rather, Penn states that drawing the line for who is, and who is not a lesbian, is politically based and drawing the line remains arbitrary. Rich’s (1980) notion of the lesbian continuum, views all women as fitting somewhere on the continuum which ranges from women’s friendships to sexual relationships, but more importantly, asserts the idea of lesbian existence. The continuum was a deliberate attempt to eliminate the tensions between heterosexual and homosexual women. Rich’s ground breaking work has been criticised from many perspectives including that the continuum privileges heterosexual women because they may downplay their heterosexual privilege while simultaneously claiming lesbian status (Majury, 1994).

Although the continuum was a seminal piece of work, the notion has not held up over time. As Weedon (1999, p. 63) points out, many lesbians believe they “see women differently than do even the most feminist of heterosexual women.” Perhaps Penelope’s statement rings true, that just as there are a multitude of different heterosexuals, so too are there many different kinds of same sex relationships, and no one definition will fit. Therefore, this study leaves open all of the possibilities previously mentioned, while still focusing on women who self identify as lesbians and consider themselves women who

love women.

Before the late nineteenth century, relationships between women were termed “romantic friendships” and viewed as a harmless prelude to women’s true calling of being a wife (Faderman, 1991). Sexologists then coined the terms “sexual invert” and “lesbian” to describe women’s relationships which led to the stigma of medical pathology and fear of women loving women. This pathological understanding of lesbian relationships continued until 1973 when homosexuality was taken off the list as a mental illness by the American Psychiatric Association (Denenberg, 1995; White & Levinson, 1993). Although listings of mental illnesses may change, society’s entrenched attitudes do not change as readily and lesbians remain a stigmatized and hidden population. For example, the context for some lesbian lives have been described by lesbian authors such as McNaron, who states that “every beat of every day” is biased by her sexual orientation, and is the lens through which she filters all daily information (p. 110). Due to their lens on society, some lesbians see the world from an invisible minority point of view and some may not disclose their lesbianism to others for fear of discrimination. Therefore, dealing with the effects of isolation, decreased support and compartmentalization of a lesbian’s identity further contributes to the burdening process of everyday living (Bradford, Ryan & Rothblum, 1997; DePoy & Noble, 1992; Pearlman, 1996).

As you read through this thesis, if your orientation is heterosexual, you might ask yourself how your experiences differ from those depicted in the study. The difference lies in the extra layer of navigating required when one has to deal with heterosexism and homophobic reaction in a predominantly heterosexual world. This added layer includes

the exhausting process of preparation necessary to deal with possible conflict, anger and, at times, hatred from heterosexuals within societal structures (McNaron, 1997; O'Hanlan, 1995; Risdon, 1998).

Lesbians face oppression in their daily lives for many reasons some of which is related to their gender and some to homophobia (DePoy & Noble, 1992). While people have generally been dichotomized into biological sexes of male and female, gender is based on a multi-dimensional, socio-historical construction, including sexuality (Giddings, 1998). Therefore, the implications of being gendered "female" is socio-culturally constructed, rather than being innate to a person's biological attributes. Females usually sustain the brunt of gender oppression (termed sexism) with the accompanying loss of power. Pharr (1988) reports sexism as the system that assures male dominance and control (patriarchy) in western society. Being a lesbian compounds the severity of sexism (White & Franzini, 1999).

Sexual orientation is a person's desire for sexual intimacy on a continuum from heterosexuality to homosexuality inclusive of bisexuality, transgenderism and lesbianism. (Please see Appendix A for further concept descriptions.) In this context, oppression due to homophobia and gender is inherent in a lesbian's daily life. Through examining lesbian lives, a greater understanding of heterosexual privilege becomes clear (Rich, 1980). As in other areas of life, oppression can extend into the health care arena as well, with negative attitudes affecting the quality and accessibility of health care for lesbians (Denenberg, 1995).

The lack of sufficient research in lesbian health may mean that lesbians believe

that their stories are not relevant to women's health and may lead to further oppression. The erasure of lesbians, due to the omission of lesbian lives by historians and researchers, is one of the elements central to lesbian oppression. This erasure hinders connections with others, thereby silencing and rendering lesbian lives invisible (Hoagland, 1997; O'Hanlan, 1995). Since there are differences between heterosexual women and lesbians' experiences and views of the world, research is needed to examine more broadly the realities of lesbians' everyday lives. Attention now turns to background information which enables a greater understanding of the issues present in this study.

Lesbians and Their Health

Commonly, feminist research stems from and involves the researcher's female experience of the world (Duffy, 1995). Therefore, it is appropriate that my personal experience influenced this research topic. I have come to realize that the more comfortable I am with my sexual orientation as a lesbian in an affirming female couple relationship, the less comfortable I am with health care professionals. Instances in which I have revealed my sexual orientation to health care professionals have led to questions about AIDS testing and other inappropriate remarks, demonstrating a lack of understanding of the everyday life of a lesbian. I have also heard slurs made in nurses' stations about the "lesbian in room 101." As well, my partner and many lesbian friends state quite clearly that they do not wish to seek health care unless absolutely necessary. This includes routine yearly check-ups involving Papanicolaou (Pap) smears and clinical breast examinations as provided by health care professionals.

Through ongoing discussions, and reading articles relevant to lesbian health, I

came to understand that my friends' and my avoidance of professional health care was not just an isolated incident, but a broad issue that needs addressing. I realized that it is probable that the behaviour of lesbians reported in the literature, and by my friends, partner and myself, are a response to, and mechanism of, the structural social conditions lesbians and lesbian couples live with in their everyday experience. These social conditions can be oppressive and lead to a sense of marginalization in a homophobic world.

Homophobia is described as the hatred and disdain some people have for gay men and lesbians (O'Donnell, 1978; O'Hanlan, 1995; Walpin, 1997). The effect of living in a homophobic world may lead lesbians to internalize homophobia, which needs to be recognized by health care professionals as a potentially significant health hazard (O'Hanlan). Lesbians feel the stress associated with the discrimination of heterosexism, defined as the assumption of the primacy of heterosexual relationships to the exclusion of all other partnerships (Walpin). O'Donnell, (p. 8) states that heterosexism is "one of the cornerstones of male supremacy." Although none of the studies reviewed and reported in this paper identify intrinsic health risks for lesbians, McClure and Vespry (1994) conclude that homophobia may be the greatest risk factor for lesbians if they internalize homophobic attitudes and then "stuff their fear, shame, and anger with alcohol, drugs, and food" (p. 184).

Together, heterosexism and homophobia operate synergistically to enforce compulsory heterosexuality in the same fashion that racism, agism, and sexism silence minority races, the elderly and women respectively (Hall & Gregory, 1991; Pharr, 1988;

Rich, 1980; Walpin, 1997; White & Franzini, 1999). As well, the word lesbian can be used to control women, as it carries a social stigma that can mean a loss of power and privilege for the bearer. Being labeled a lesbian can be a threat to all women if they do not conform to heterosexuality (Pharr). Enforced heterosexuality can be seen as a method of securing male privilege physically, financially and emotionally (Rich, 1980).

Understanding the issues surrounding heterosexism and homophobia leads to a realization that social justice is not possible when factors work to marginalize populations such as lesbians. Feminism includes social justice as an element necessary when working for equality among people (Phelan, 1994). Therefore, within a given social context, the feminist perspective commits to pursuing social justice for oppressed groups, including lesbians, by providing a foundation for political judgement (Cassidy, Lord, & Mandell, 1995; Sherwin, 1992). Erasure of the importance of class, race, disability and sexual orientation runs counter to a feminist perspective, although feminists have also been charged with privileging white, heterosexual, middle class women's viewpoint in the past (Cassidy, Lord, & Mandell; Wagner, 1995). It is more difficult to see one's privilege than to see one's oppression (Pearlman, 1996), although societal differentiation shapes the experiences for both the privileged and oppressed (Frankenberg, 1997). Feminist research must, as well, remain mindful that privileging one voice may oppress another.

Health and Social Justice

The World Health Organization (WHO) works towards social justice for the health of international communities (WHO, 1998). In 1978, leaders from countries concerned about the health of their people met in Alma Ata and drafted a proclamation

for health. The Declaration of Alma Ata outlined essential health care as the concept of primary health care, which encompasses health promotion and illness prevention for entire communities, rather than individuals (Mardiros, 1996). More recently, WHO in Ottawa, Canada developed an influential document that incorporated the initial principles of the declaration. Known as The Ottawa Charter (WHO, Health and Welfare Canada, & Canadian Public Health Association, 1986), it is recognized world-wide as an important statement for health promotion. Described within the document is the concept of health as a positive resource, which encompasses social and personal assets as well as physical issues. The Charter describes social justice as providing equal opportunities and resources so that all people, male and female, may achieve their greatest potential for health. The document also discusses strengthening personal control and social support so that all people can make healthy choices in their everyday lives. Opportunities and resources are for all people, regardless of their social situation according to The Charter. This stipulation is paramount when considering the needs of lesbians within societal structures and the health care system.

Still, the health care system, as well as society in general, impedes social justice by creating an interlocking chain of barriers that hinder lesbians pursuing healthy lives due to their gender as well as their sexual orientation. Stevens states that “at the macrolevel, heterosexist structuring of health care delivery was obstructive to lesbians’ health care seeking, health knowledge, and health behavior” (1995, p. 25). Barriers and restrictions of this nature fit the definition of oppression as defined by Frye (1983). This picture of oppression may be glossed over if one thinks that the population of lesbians is

insignificant. Therefore the next section will discuss the extent of the lesbian population in the Ottawa/Hull region.

Estimate of the Lesbian Population

As previously discussed, the notion of just who is a lesbian is open to debate. Therefore, estimating the lesbian population can be problematic. Also, as is the case with many stigmatized minorities, statistical borders are unclear. I am estimating the lesbian population, not to suggest that health care professionals will see this number of women, but rather to make explicit the fact that I am not discussing a mere handful of women. Moreover, the provision of appropriate, respectful health care for this size population clearly requires research focusing on lesbians' particular needs, from their own perspective.

To date, lesbians have not had an appropriate method to indicate to Statistics Canada that they are in a same sex relationship. Fortunately, this will change in future census questionnaires when gay and lesbian relationships will be added to the list of relationship status. Presently, information needed for an accurate picture of this population remains shrouded "within the official demographics of Canadian culture" and the lives of all women (Auger, 1992, p.80). As there are no statistics to indicate how many lesbians there would be in the Ottawa/Hull region, I can only estimate the size of the lesbian population.

The total population of the Ottawa/Hull region for 1995 is 1,022,700 people (Statistics Canada, 1995). The common estimate used by lesbians themselves, as well as popular press, and published studies is that 10 percent of the population in the United

States and Canada are gay men and lesbians (numerous personal communications; Mayes, 1992, p. A 15; Williamson, as cited in Trippet & Bain, 1993). Using the 10 percent estimate as well as this region's 1995 population figures and dividing that number in half (approximately half the population are women), I estimate that there may be approximately 45,000 lesbians in Ottawa Hull. It is therefore easy to realize that lesbians are a significant portion of the population.

Summary

The topic of women's health needs further exploration so that all women, including lesbians, can profit from a more inclusive perspective. Lesbians' stories do not give the entire picture, nor is there a single story that depicts all of lesbian life (Stein, 1997). However, making visible this hidden group of women will go a long way towards giving appropriate, respectful health care for all women. Some research has been done, however, there are still many gaps in understanding this portion of the population. Although the background section gives a sketch of the relevant issues for lesbians, the review of the literature in Chapter Two paints a more complete picture of the research done to date.

Chapter 2

Literature reviews create an understanding of what is known, or not known about a particular subject and take place, generally, at the start of research (Burns & Grove, 1993). Phenomenological research methods (used in this study) traditionally dictate that the literature review be conducted after data collection and analysis. Prior knowledge from the literature influences the researcher's analysis and findings thereby reducing the ability to "bracket" - the ability of the researcher to suspend preconceived ideas (Burns & Grove, Morse & Field, 1995; van Manen 1997). Although I understood that prior information might affect the analysis, due to the requirements of graduate university programs, prior knowledge from a literature review was a necessary requisite for the research project. Therefore, throughout the study I reviewed the literature on a continuous basis. Initially the literature was reviewed to get a general understanding of the phenomenon of lesbian health and circumscribe the boundaries of my study. As themes emerged I reviewed the literature again using the themes as a guide for further avenues to pursue. The results of this ongoing review are presented here.

Although there is a growing body of research pertaining to lesbians, lesbian health research remains sparse. Some researchers may fear encountering personal stigmatization, such as being labeled a lesbian, by conducting research on lesbians (Stevens, 1992). The invisibility of lesbians is another problem that makes it difficult to reach this population (Auger, 1992; Conway & Humphries, 1994; Denenberg, 1995; Hitchcock & Wilson, 1992; Stevens & Hall, 1991). Another difficulty is that research on lesbians may never reach mainstream publications (Denenberg, 1995). For example,

when reviewing publications for this study, I found that approximately 35 percent were theoretical articles drawing conclusions based on a synthesis of previous research. When factoring in the above issues, and because of the primacy given to heterosexuality, lesbians' lives remain buried in secrecy and stigma (Stevens & Hall).

The literature review initially considers women's childhood socialization and its impact on adult women's realities, including issues of ethnicity and class as factors affecting women's socialization. Second, I discuss issues relevant to lesbians, such as erasure from society and disclosure or nondisclosure of sexual orientation. The third focus is on lesbian couples and their relationships. This section includes discussion of common female experiences increasing the couple's bond, connectedness in the relationship, and mutual support leading to egalitarian relationships with an example of commitment ceremonies as a method to publicly proclaim their relationship. Discussion of lesbian health both within and outside of the health care system with details on self care, health promotion and illness care with this population is the fourth area covered. This section concludes with Pap Smears as an example of health promotion and an account of health services provided for a lesbian couple. The fifth segment reports on homophobia in the health care system generally, followed by physicians and nurses, as the literature focuses on these groups. The chapter culminates with the purpose of the study, objectives, the research question, benefits, assumptions, and finally limitations.

Women's Socialization

Female gender socialization begins at a young age and has direct implications for women later in life. Small differences in early childhood socialization for boys and girls

leads to greater differences as they age (Lips, 1995; Lytton & Romney, 1991). Frankel and Rollins (1983) in their quasi experimental study concluded that boys are encouraged to problem solve autonomously whereas girls are helped more, thereby leading to increased dependency with girls. As well, results from a survey of 66 lesbian and 77 heterosexual women indicate that early socialization of girls accentuates co-operation, nurturing, coupling and altruism (Green, Causby, & Miller, 1999).

During childhood, variations in gender socialization have also been linked to race, class and ethnicity (Lips, 1995). For example, a study by Romer and Cherry (1980) found that children with Jewish and Italian backgrounds thought that emotional expressiveness was primarily a female characteristic. However, African American children felt this was characteristic of both men and women.

As females come into adolescence and their bodies mature, parents begin gearing the young woman for traditional female roles of wife and mother (Lips, 1995), instilling the socialization of heterosexuality (Greene, et al., 1999; MacDonald, 1998). Socialization towards traditional female roles leads teenage girls, unlike boys, to believe they will need to accommodate their future families when planning their future careers (Herzog & Bachman, as cited in Lips). Young women are also socialized to believe that they require male support and protection when they are older (Weitz, 1995).

Early gender socialization has continuing effects in a woman's adult life. Despite the second wave of the women's movement and the strides toward changing attitudes, women remain with "enduring male domination" both inside and outside the home (Brenner, 1996, p. 17). The effects of female gender socialization lead women toward

seeking increased levels of connectedness in their adult relationships (Heaton, 1999; Schneider, 1996; Schneider & Schneider, 1991). As well, gender socialization of traditional female roles leads heterosexual couples to retain unequal allotments of household work regardless of women's outside paid labour (Ehrensaft, 1987; Heaton, 1999; Hochschild, 1989; Oakley, 1993). Another result of gender socialization was investigated in a replicated experimental study of 60 women (Hayden, Jackson, & Guydish, 1984). The investigation tested the results against a previous study with men. The researchers found gender to have an effect on a person's helpfulness to others, with women being more helpful than men.

Discussion about women's early socialization and common expressions of that socialization later in life can lead to an implication of homogeneity among women. Although women have many commonalities in North American society, feminist literature states that one needs to recognize and examine how race, ethnicity, sexual orientation and socioeconomic circumstances impact women's life experiences (Johnson-Roullier, 1995; Malveaux, 1990; White, 1995). Recognizing different life circumstances assists in a better understanding and greater unity among women (hooks, 1992).

Lesbians

The assumption of, and socialization towards, heterosexuality effectively erases lesbians in society and this erasure becomes an everyday issue for lesbians (Hoagland, 1997; MacDonald, 1998). Their lack of prior socialization and role modeling into a lesbian way of everyday living leads individual lesbians to fashion their own way in the world with few guidelines (MacDonald; O'Hanlan, 1995). Specifically, O'Hanlan, in her

multi-survey report, states that the Committee on Adolescence of the American Academy of Pediatrics finds that the lack of role modeling and socialization can mean that young lesbians and gay men face isolation, violence in the home, suicide, and other negative impacts.

A major issue in a lesbian's life is whether or not to disclose her sexual orientation. Revealing one's sexual orientation is called "coming out of the closet," or "coming out," or simply "out." Coming out has various connotations. Sohler (1986) defines coming out as the realization and acceptance a woman has for herself when she comes to terms with being a lesbian. The times when a woman discloses to others that she is a lesbian is another commonly shared definition of the term (Rust, 1997; Sohler). McNaron (1997) states that, in her study with 304 gay and lesbian professors, the term "coming out of the closet" had no fixed meaning for the participants. For the professors, living out in academia meant having to decide in each new classroom setting, as well as when dealing with faculty, whether to come out. Hall and Gregory (1991), also conclude from their qualitative study with 18 lesbians, that coming out requires constant decision making in all aspects of a lesbian's life. Decision making includes whether to accept herself as a lesbian and to whom to disclose her sexual orientation as well as comfort level and perceived reactions of others.

"Passing" is the strategy of staying in the closet and not disclosing one's sexual orientation, to avoid confrontation. Passing has been used by many non-visible oppressed groups to contend with stigmatization (De Monteflores, 1986). Lesbians aged 55 or older are the most closeted group of women according to Bradford, Ryan, and Rothblum (1997)

who, along with Albro and Tully (1997), report “outness” scales in attempts to quantify levels of disclosure. Albro and Tully’s 7 point scale ranged from “sexual orientation hidden with few exceptions,” to “complete openness and honesty about sexual orientation” (p. 64). The results indicate that 6.6 percent feel they are hidden (# 1), 2.2 percent are completely honest (# 7), and 20.9 percent place themselves in the centre of the scale (# 4). The range of responses were well distributed on the scale.

There are a variety of consequences dictating whether or not a lesbian chooses to come out of the closet. One of the consequences of passing is assumed heterosexuality where others make assumptions based on the belief that everyone is heterosexual (Hall & Gregory, 1991). Also, lesbians who live their lives in the closet find that there is an increased stress level associated with the secretiveness and level of vigilance needed to maintain their concealed lives (DePoy & Noble, 1992; Green, Causby, Miller, 1999). Being closeted provides a self-limiting ceiling and causes others to have a discomfort and mistrust because they are always left wondering what the woman is holding back (O’Hanlan, 1995). For example, a woman may be overlooked for career advancement when she avoids company get-togethers because she cannot bring her partner. Management could see this as an affront to their hospitality and retaliate by promoting others.

Reasons for remaining in the closet vary, however most stem from fear of discrimination. Fear of offending others is one of the major reasons lesbians stay closeted (DePoy & Noble, 1992), although fear of family rejection can be more hurtful than rejection by others (Albro & Tully, 1997). Hurtful family rejection could take the form of

some families holding official mourning periods when their son or daughter comes out to them (S. Pine, personal communication, March, 1993). Other major factors for remaining closeted include: fear of losing their job, fear of being physically harmed and fear of being ridiculed or verbally attacked (Bradford, Ryan, & Rothblum, 1997). Bradford, Ryan and Rothblum's report on the National Lesbian Health Care Survey stated that for lesbians aged 40 to 60, (N=350) approximately 50 percent encountered obvious discrimination because of their sexual orientation, with 42 percent reporting verbal attacks. Ten percent also stated they lost jobs because of their lesbianism.

Coming out, on the other hand, can lead to other more positive consequences. Results from a questionnaire given to gay men and lesbians in academia, (McNaron, 1997) indicate that self-disclosure and openness about their sexual orientation provides safety by leading other people to know them more fully. Openness also enables other people to feel more comfortable around the gay man or lesbian. Out lesbians also report greater levels of relationship satisfaction which holds importance in their lives according to a questionnaire of lesbians and gay men (Berger, 1990).

Lesbian Couples

A lesbian couple has been defined as two women committed to being together in an intimate way for an uninterrupted period of time (Baron Barrett, 1990). According to the Coalition for Lesbian & Gay Rights in Ontario (1997) approximately 75 percent of lesbians are in partnered relationships. In lesbian couple relationships, women give and receive support that is vital in their everyday lives.

Being supportive in lesbian couple relationships requires that reciprocal support

be received, since couples contend with additional pressures of homophobia and heterosexism (Baron Barrett, 1990). In a theoretical article, Schneider and Schneider (1991) state that mutuality in relationships requires each partner to value and intentionally nurture the other. On the other hand, reciprocity is such that one does something with the expectation of receiving something in return. Authors also describe mutuality as a two way sharing of power between partners, based on deep respect and love, which then moves towards a common purpose (Henson, 1997; McDaniel, 1995; Sohier, 1986). Sohier's exploratory descriptive study, using in-depth interviews with 3 lesbian and gay male couples, supports the belief that mutuality exists in lesbian and gay men couples.

The quality of the relationship between lesbian partners is very important as they each reap strength from the other and validate their selfhood (Baron Barrett, 1990). Since partners are an important source of mutual support, White and Levinson (1993) state that conflict (as well as illness) can place added stress on a lesbian relationship, as the couple likely does not have the same societal social support as heterosexual couples. Power issues can sometimes affect the balance of mutual support in a lesbian relationship if one holds greater power than the other and then uses this power against the other. Societal conventions that include sexism and heterosexism may result in a hierarchical, domination versus subordination effect, that can seep into intimate relationships (Coleman, 1994). In lesbian relationships, the effects of homophobia, isolation and resulting feelings of powerlessness, may lead some lesbian couples to act out their frustrations by means of physically battering their partner. McDaniel (1995) suggests that when one partner acknowledges their privilege, be it their skin colour, being able bodied,

or in a higher socioeconomic bracket, mutuality works to diminish power differences.

Due to assumed heterosexuality, society may fail to treat two women as a couple, thereby disaffirming the importance of their relationship and relegating them to invisibility (Pearlman, 1989; Hall & Gregory, 1991). In response to the threat of erasure and to resist society's attempt to negate their relationship, many lesbian couples adapt by increasing the boundary around themselves, thereby increasing their cohesiveness (Greene et al., 1999; Walpin, 1997). When discussing the results of their survey with 66 lesbians and 77 heterosexual women, Greene et al. suggest that the added sense of connectedness, created when the boundary around the lesbian couple increases, cannot be construed as a weakness or dysfunctional when seen in context of the homophobia they experience. At times the heightened degree of closeness can place pressure on the couple to avoid confrontation, if there is a fear of losing the support of the partner (Baron Barrett, 1990).

Tension from families of origin can also cause hardship for lesbian couples. Lesbian couples might feel uncomfortable talking about their relationships when the pressure from the family is to stay single, rather than form a close bond with another woman (Krestan & Bepko, as cited in Greene et al., 1999). Often, this pressure is in direct opposition to what their heterosexual siblings may be experiencing when their family welcomes new heterosexual spouses into the family and shuns their lesbian daughter's new partner. In these situations people who have never felt attempts by others to erase their very being, cannot easily understand the problem and it therefore escalates into open hostility.

Couples may feel more comfortable with their friends, rather than their families of origin, because a simple activity such as hand holding might be taboo with their family (DePoy & Noble, 1992). An American survey of 91 lesbians found that 67 percent of the respondents feel stifled mainly by their families of origin (Albro & Tully, 1997). The respondents also stated enjoyment in socializing predominately with lesbians which they also found enriching. They stated that lesbian friendships gave them a sense of inclusion.

One of the problems lesbian couples face is the lack of formal structures and institutional milestones that affirm their relationship, which can lead to stress within the family unit (DePoy & Noble, 1992). Lack of formal structures leads some lesbians to form their own by having commitment ceremonies that allow the couple to acknowledge their relationship publicly, although not legally (Lewin, 1996). Based on interviews and observations with 5 lesbian couples, Lewin states that opinions vary on the practice of commitment ceremonies. Some people state it is a couples' civil right and that it expands the impact of coming out. Others disagree, stating that the practice conforms to heterosexual standards, does not concede differences between heterosexuals and lesbians, and devalues the lesbian way of life. Albro and Tully (1997) add that 42 percent of their coupled respondents choose to disregard commitment ceremonies because they feel rejected by mainstream society. No matter how lesbians choose to affirm their relationships, authors agree that both women in a couple see themselves as equal partners in valuing and maintaining their relationship (Baron Barrett, 1990; Causby, et al., 1995).

A qualitative analysis of 34 lesbian families found that lesbian couple routines reflect a liberation from gender stratification, as there is no tradition by which to divide

household chores (Sullivan, 1996). Rather, lesbians resist using power differences that they see modeled in heterosexual couples (MacDonald, 1998; Reilly & Lynch 1990). Egalitarianism was held as an ideal by the majority in a survey investigating power-sharing with 70 lesbian couples (Reilly & Lynch). Decisions about how to divide household tasks depend on who is best able to perform that work, rather than preconceived gender role assignment (DePoy & Noble, 1992; Sullivan, 1996). As well, lesbians base household labour divisions on values such as autonomy and equality (Blumstein & Schwartz, 1983).

Career differences, or illnesses can mean that one of the women in the relationship earns a lesser, or possibly no salary. Despite income gaps, studies have found that many lesbian couples' relationships retain their egalitarian style of relating to one another without shifting power to the higher wage earner (Hall & Gregory, 1991; Sullivan, 1996). In a survey of 91 lesbians, 67 percent of the women in coupled relationships stated they would "indefinitely support their partner if necessary" (Albro & Tully, 1997, p. 63). These studies send a clear message that lesbian couple relationships are often supportive.

Lesbian Health

Lesbians' everyday lives include seeking means for maintaining their health. Lesbians believe their most common sources of support for maintaining their health are partners, friends, family, lesbian organizations and co-workers (Kurdek, 1988; White & Levinson, 1993). Lesbians gather support and advice from networking with their lesbian friends when maintaining their health (Stevens, 1994; Trippet & Bain, 1993).

Self care, as a method for maintaining health, was reported by a large number of

respondents to The National Lesbian Health Care Survey (Bradford & Ryan, 1991). The same American study reported that 59 percent of those surveyed learned about caring for themselves from friends. Lesbians' self care included diet and exercise, and using vitamins regularly (68 percent). The results from Trippet and Bain's (1993) survey suggests that twice as many lesbians use self care measures to treat menstrual problems than those who sought various other forms of health care.

"Many" lesbians in the National Lesbian Health Care Survey stated they only seek professional medical care when they perceive their illness as serious (Bradford & Ryan, 1991, p.159). Interviews in a qualitative study of 25 lesbians, indicated that 84 percent were reluctant to seek routine health care and screening (Stevens & Hall, 1988). When seeking health care, lesbians network with other lesbians to find good, lesbian-friendly health care providers (O'Hanlan, 1995).

In seeking to remain healthy, lesbians and women in general in North America face similar issues of fragmented services (Denenberg, 1995). However, lesbians encounter further difficulties when health care messages do not include them and they feel uncomfortable within the health care system. Stevens (1995) explains that because the health care system lacks services targeted toward lesbians, lesbians are less likely to access health care. The 45 lesbians in Stevens' study identified that preventive services for the American women were often located in birth control clinics, thereby leaving them alienated from the health care system. Gibson and Saunders (1994) confirmed the alienation lesbians feel and further stated that birth control prescription renewals do not entice lesbians into regular health screening, as they do for heterosexual women.

Therefore, these authors see a challenge in stimulating preventive screening visits and health promotion with the lesbian population. Although there are many valid reasons for seeking routine health check-ups, regular gynaecological examinations offer health care professionals opportunities for other screening, such as blood pressure, cholesterol, and thyroid exams. Lesbians' reluctance to seek regularly scheduled Pap smears is an example of health promotion that is lacking for lesbians (Bradford & Ryan, 1991; McClure & Vespry, 1994; Simkin, 1991; Stevens, 1994A; Taravella, 1992).

Differences exist between lesbians and heterosexual women when accessing routine gynaecological health screening. When comparing these two groups of women, lesbians have a longer period of time between check-ups (Bradford & Ryan, 1991; McClure & Vespry, 1994; Simkin, 1991; Stevens, 1994A; Taravella, 1992). Yet, lesbians require the same medical attention as other women. However, there is a prevailing myth that because lesbians have sex with women they are not at risk for cervical cancer and do not require routine preventive screening (Conway & Humphries, 1994; Stevens, Tatum, & White, 1996). One report from an American Lesbian Health Clinic indicated that 9 percent of 104 lesbians had abnormal Pap smears in a one year period (Denenberg, 1995). Therefore, the justification for this myth is false and routine screening, such as Pap smears, remains important for all women, regardless of their sexual orientation.

A Pap smear is the gold standard for cervical cancer screening. However, the test needs to be administered regularly to effectively detect cancer at its early stages (Morrison, 1997). There are conflicting suggestions among medical organizations about how often women should be examined. However, most organizations agree that women

should have three negative Pap smears done one year apart before deviations to other schedules occur (Morrison). When researching lesbian's attendance for this test, Stevens (1995) quoted one participant who stated that many lesbians allow 5 to 10 years lapse before going for a Pap smear. In the same context, one lesbian friend explained to me, "I will see a doctor for a Pap smear the day I can find a lesbian or gay doctor with whom I can feel comfortable. Until then I just won't have one." (T. Jones, pseudonym, personal communication, July, 1997). Without regular health care screening for Pap smears, blood pressure, thyroid and other health issues, lesbians risk delayed diagnosis and treatment, leading to increased morbidity and decreased survival rates (O'Hanlan, 1995).

When researching the topic of lesbian health, I found only one narrative qualitative article on lesbian couples and their health. The article described the difficulties two lesbian couples faced when one of the partners was diagnosed with breast cancer (Mullineaux & French, 1996). The narrative revealed many issues unique to lesbian couples facing potentially fatal illnesses. For instance, the couples discussed fear of family rejection, homophobic physicians and fear of showing affection when support, in the form of hand holding and hugging, was needed. The women also had difficulty with social support, in the case of breast cancer support groups mainly geared to heterosexual couples, and legal concerns with hospital visitation rights. One of the participants stated "Nurses have the opportunity to help set the stage for a healing environment when dealing with lesbian couples primarily because they are (who the) patients and families interact with most" (Mullineaux & French, p. 88). This statement clearly indicates the need for sensitive nursing care when assisting lesbian clients.

Research in a qualitative study with 45 lesbians reveals that lesbians use protective strategies, such as not revealing their lesbian relationships, when accessing health care (Stevens, 1994). Hitchcock and Wilson (1992) also conclude that many complex issues need to be dealt with before a lesbian discloses her sexual orientation to her health care provider. These issues include sensing by verbal and body language cues if it would be safe to disclose. Using protective strategies illustrates that what might seem to be routine care for health care providers is actually a series of hurdles and obstacles for many lesbians, leading to a decreased desire for accessing care.

Negative attitudes and experiences serve as barriers to health care. Stevens (1994) states that previous negative experiences hampered lesbians in her study from seeking health care when they were sick. Negative experiences, as described by Bradford and Ryan (1991), include feeling mistreated, not trusting staff and being embarrassed or fearful of asking for help. Stevens and Hall (1988) report that 72 percent of the lesbian participants experienced negative responses from their health care professional after they revealed their sexual orientation.

Health Care Homophobia

Homophobia among health care professionals is reported as a central issue for lesbians seeking health care in an American survey of 503 women (78% lesbian) (Trippet & Bain, 1993). Homophobic attitudes of health care professionals have a negative effect on the quality and accessibility of health care for lesbians by discouraging usage of the system (Denenberg, 1995). When health care professionals hold heterosexual assumptions and homophobic attitudes, they negate possible beneficial exchanges with

lesbian clients (Stevens, 1995).

Physician homophobia is one problem lesbians sometimes face within the health care system. One particular qualitative study investigating physician's attitudes concluded that the physician participants were often homophobic and some did not even realize they were making homophobic remarks (Rose, 1994). O'Hanlan (1995) reports that in a 1994 study, out of 711 people surveyed, 52 percent observed denial of treatment, reduced, or less than optimal care to gay or lesbian clients. This same author also states that the level of discrimination by medical practitioners would not be allowed to occur with other minorities.

Klamen, Grossman and Kopacz (1999) more recently found second year medical students to be highly homophobic with 25 percent believing that homosexuality is immoral and threatens the foundation of the family. As well, while reviewing the literature, I found several letters written to the editors of Canadian medical journals. The letters discussed what the authors' viewed as unhealthy lifestyles of homosexuals and exemplified the negative attitudes some physicians hold toward gay and lesbian patients (Jespersion, 1997; McLeod, 1994).

The literature also reports nurses' negative attitudes toward lesbians. Rose (1993), examined nurses' attitudes, stating that more than 25 percent of the lesbian nurse participants reported instances when other nurses refused to care for a lesbian patient. As well, most of the participants had heard derogatory remarks used to describe lesbians. The reports of homophobic attitudes among health care professionals, both physicians and nurses, indicate that these attitudes remain a problem for lesbians.

Purpose of the Study

This study explored the meaning that the lesbian couple relationship has for the lesbian couple and how this relationship contributes to their mutual and individual sense of health. Understanding was sought into the everyday life and world of the lesbian couple, by focusing on how the couple co-creates their world and the influence the relationship has on their lives.

Objectives of the Study

- 1) Increase understanding about the lesbian couple relationship.
- 2) Increase understanding of what health and self-care means to the lesbian couple.
- 3) Increase understanding of oppression that lesbian couples face, both as lesbians and as women and how oppression affects their sense of health and access to appropriate health care.

Research Questions

- 1) What meaning does the lesbian couple relationship have for the lesbian couple as they co-create their world?
- 2) How does their relationship contribute to their mutual and individual sense of health?

Benefits of the Study

- 1) Increase understanding of lesbian couple relationships and health issues, in order to enable respectful, appropriate support for lesbians to maintain their optimal level of health, using the most effective means.
- 2) Increase understanding of lesbian health care issues for nurses and health care professionals.

- 3) Form a basis for future research with lesbian couples.
- 4) Increase understanding of the relationship between sexism and homophobia.
- 5) Lesbian couples interviewed for the study may become more aware of their health practices, and become empowered to increase health seeking behaviours.

Assumptions Made by the Researcher

- 1) Lesbian couples are interested in talking about their health.
- 2) Homophobia, internalized homophobia and sexism are interrelated and play a role in lesbian couples' health.
- 3) Understanding the health of lesbian couples is best achieved by going to the lesbian couples themselves. Lesbian participants have epistemic privilege (Frye, 1983).
Therefore, the participants are assumed to have knowledge of their gendered position in life, and are the best source for this information.
- 4) Lesbian couples are comfortable discussing their health together.
- 5) Health is part of the everyday experience of living as lesbians in a couple relationship.
- 6) The fact that I am a "native" (Miles & Huberman, 1994, p. 263) with my participants will enhance the analysis rather than detract.

Limitations of the Study

At the start of the study, some limiting factors were evident. Initially, it was understood that the interviews were conducted only with lesbian couples who came forward as participants. Therefore, despite the attempt to include a variety of women's experiences, we have limited knowledge about lesbians who remain hidden and invisible to society. As well, some components of the couple relationship may not be described,

possibly due to a couple's reluctance to discuss certain issues as a couple.

As the study process unfolded, other limitations came to the fore. All of the participants were Caucasian, middle to upper class, affluent women. As well, most were professional women with university education including masters degrees and PhDs. Their affluence bestows privileges on them that other lesbians may not have and, therefore, no generalizations can be made for other groups of lesbians. Another aspect that limits the transferability of the study is that the participants identified that they were in very stable relationships and did not discuss areas of conflict in their relationships. The Hawthorne effect may have played a part in the answers received from the participants. This effect occurs when a participant changes their answer, or behaviour because they know they are being studied (Polit & Hungler, 1995). In this study, because I am "native," the couples may have wished to portray their relationships in a positive manner, thereby limiting their answers to certain questions. As well, I may have gathered more information from the women if I had interviewed them on more than two occasions.

Summary

Lesbians as an invisible and stigmatized minority deserve sensitive, sound research and health care. Accurate information is required in order for change to occur with society's entrenched attitudes. Issues such as homophobia, heterosexism and sexism oppress lesbians in their everyday lives. Increased knowledge of lesbian couple relationships, as it pertains to their health, will help health care professionals provide support systems for lesbians to more easily live healthy lives and ease the burden of oppression.

Until we know more about the nuances of lesbian couples and their health practices, health care providers will be frustrated in being unable to reach this minority population. Nurses, as front line workers and part of the health care team, have a vital role to ensure respectful, appropriate, high quality care and health promotion for marginalized lesbians, as for all people. As advocates for their clients, nurses need to address the social conditions that inhibit access to appropriate care and support (Reutter, 1995). Nursing research taking a feminist perspective aims to empower women, which results in social justice. Chapter Three discusses the research methodology, as well as the actual methods used in the study to reach a better understanding of the everyday realities of lesbian couples.

Chapter Three

As I began this research into lesbian couples' lives I sought a guiding philosophy to reflect both an emic perspective and the literature being reviewed. While I searched for a method to accomplish the research, I also explored avenues that would facilitate further understanding of the phenomenon under investigation while being respectful of the participants. I studied different phenomenological philosophies to ascertain which branch of phenomenology would be most suitable for this study (Macann, 1993). I reviewed four major phenomenologists: Edmond Husserl, Martin Heidegger, Maurice Merleau-Ponty and Jean-Paul Sartre. I believe Sartrean phenomenology reflects my understanding of what is necessary for this research.

As the literature review described, lesbians have issues that add to the complexity and uniqueness of their lives. These issues become more intricate when factoring in couple relationships. In developing this study I needed to take into account all of the factors examined while reviewing the literature as I wanted to be as sensitive and responsive to the participants' needs as possible. The intention was to respect their world, while attempting to understand it from their perspective and in its totality. Therefore, this study gives voice to a group of women who are largely invisible in today's society, thereby identifying factors affecting these women.

This chapter discusses the methods used in the study including the philosophical and methodological approaches taken. I first address the philosophical underpinnings regarding phenomenology, feminist perspective and the concept of marginalization. Next, I address the similarities of the perspectives and how these apply to the present

research. I then move to methods and procedures used for data collection. Following this, I describe the selection of the sample including participant criteria, as well as a description of the participants. Ethical considerations, data management and analysis conclude the chapter.

Phenomenological Perspective

Phenomenology is a philosophy as well as a method of inquiry (Morse & Field, 1995). The work of Husserl, known as the father of phenomenology, had his work carried on and expanded by other philosophers such as Heidegger, Sartre, and Merleau Ponty (van Manen, 1997). Phenomenology involves describing in detail how the world manifests itself, in all of its characteristics, extravagances, and nuances (Palmer, 1995). As a method of research, phenomenology captures lived experiences as it reflectively brings into close view that which tends to be unreflected and hidden from thought (van Manen). The goal of phenomenology is to understand and establish a description of the various acts of consciousness which provides a rich description of the realities and lived experiences of the participants (Palmer; Morse & Field, 1995). A rich and thick description, as described by van Manen, is concrete in nature and examines a circumstance in all of its experiential particulars, thereby engaging and involving the reader. In this manner, the phenomenological philosophy behind the method must accurately fit the question being asked as well as apply to the context of the study.

Inherent in Sartrean phenomenology, understood to be the best fit because of its ability to capture meaning in the choices people make, is a humanism which asserts that existence precedes essence (Palmer, 1995; Sartre, 1957 & 1985/1999). Existentialists

believe that there is no human nature. Rather, humans create themselves to be what they already believe they are. Basic to the philosophy is the notion that every individual creates and re-creates their own essence, through an infinite range of alternatives, with their own choices and actions (Sartre). Please see appendix B for descriptions of Sartre's underlying concepts. The philosophy's emphasis explores one's movement beyond one's self, towards their "not yet" (von Eckartsberg, 1986, p. 13).

Von Eckartsberg describes Sartre's "progressive-regressive" dialectical phenomenological method stating:

Sartre's method aims at comprehension, a mode of understanding wherein one lives the existence of the other in intuitive and empathic behaviors. To comprehend the action of another we enter the original situatedness of that person biographically in terms of the operative historical and cultural conditions (regressive move); we seek to understand the purpose of goal choice that governs the direction of the action taken (progressive move) by means of which the person surpasses the givens in the direction of his or her possibles.

(p. 13)

Sartrean phenomenology fits well with lesbian couple research. The methodology offers the depth necessary to discover the meanings and nuances of the couple's relationship as these influence, and are in turn influenced, by the couple's health beliefs. Examining and respecting the uniqueness and free choice of the participants while they move ahead in their lives suits Sartre's philosophy which "insists upon the freedom and uniqueness of the individual" (Macann, 1993, p. 209).

Despite the suitability of Sartre's phenomenology, one concession was required. Sartre's philosophy asserts that the researcher must enter the study bracketing (leaving behind) their own ideas and views. As this study is feminist in nature, bracketing was never fully attempted. Rather, I instituted an intense sense of wonder about lesbian couples as I placed importance on making clear my beliefs, biases, and assumptions in an effort to expose this knowledge as incomplete and needing further reflection (Kulkerni, 1997, van Manen, 1997). Therefore, I acknowledge that my personal history was the lens through which I viewed the research process thereby exposing the phenomenon more fully. My use of a feminist reflexive process rejected being able to remain "an invisible, anonymous, disembodied voice of authority" (Harding, 1995, p. 121), and the assumption of completely objective science (Worell & Etaugh, 1994). Rather, my self awareness led me towards creating an atmosphere that does not exploit the participants (Ristock & Pennell, 1996). As well, the very fact of my interviewing the couples influenced their responses, which in turn influenced my interpretation of what they said. In this manner disengaging myself from the research and bracketing my prior history was impossible (Anderson, 1991).

Feminist Approach to the Research

Feminist research applies itself to issues that can make a difference for all people and has the potential to empower women (Parker & McFarlane, 1991). A feminist approach aids the research process by accepting the notion that multiple truths exist (Worell & Etaugh, 1994) and does not develop universal, context-free principles of human nature (Duffy, 1985). Instead, the feminist researcher accepts the idea that it is

through multiple shared views and honouring both women's differences and their situations in life, that one comes to understand the human situation more fully (Hall & Stevens, 1991). As well, feminist research includes an analysis of power distributions in regard to women's oppression (MacPherson, 1983). Feminist research re-frames women's ways of behaving as different, rather than deficient from, traditionally male ways of being in the world (Commeyras, Faulstich Orellana, Bruce, & Neilsen, 1996).

This feminist study is based on a woman's perspective, about women and for women and focuses on the lesbian participants' strengths while recognizing their problems. The research question originated from my own experience of being a lesbian in a gendered world, therefore, my experience becomes part of the research process. It is through a feminist approach, that aims to reduce hierarchical relations, that lesbian couples will share their stories so that their truths can be revealed (Duffy, 1985).

Marginalization as a Guiding Concept

Lesbians remain a largely stigmatized and marginalized group in society. Hall, Stevens, and Meleis (1994) describe the concept of marginalization as a guide for qualitative research. Using this concept, the "person-environment interface" is highlighted and diversity from cultural norms is valued, rather than pathologized (Hall, Stevens, & Meleis, p. 26). Keeping cognizant of marginalization therefore, develops knowledge regarding vulnerable groups, rather than stigmatizing them further. From the perspective of marginalization, "persons are viewed as relatively different from the norm or as cast out from the societal center to its periphery" (Hall, Steven, & Meleis, p. 25). Using the concept of marginalization to guide research can lead to knowledge

development that was previously only available to those people living in the margins.

Marginalization as a guiding concept goes beyond the issues of power imbalances and explores the dynamics of oppression by recognizing that the marginalized person is the expert in their own life. Researching lesbian experiences fits well with the concept of marginalization, as lesbians live on the periphery of societal norms and experience ongoing oppression. Oppression, however, does not only need to be an experience of powerlessness, as a person can also use marginality as a vehicle for resistance to victimization (hooks, 1990).

As a guide, marginalization assisted me to recognize that I entered into and influenced the context of the research as I interacted with the participants and encouraged them to share their stories. It was then necessary to interpret how this context, with me being a part of this marginalized group, had influenced the study and incorporate the results into the findings. Therefore, the use of marginalization assisted the union of phenomenology with feminist research as the concept both encourages depth from the participants perspective and values the women's voices as being "expert". Without the concept of marginalization, the women's stories could be viewed as pathology, rather than their normal state of affairs.

The Phenomenological Feminist Approach Taken in This Study

Phenomenology remains a good fit with a feminist perspective as both approaches uncover lived realities of the social world and recognize shared common experiences (Stanley & Wise, 1990). Devault (1990) states that feminist descriptions are similar to phenomenology in that feminist description leaves room for the reader to savour,

examine, overturn and dismantle what is being described. Therefore, phenomenological investigation of everyday knowledge has similarities with feminist approaches (Devault).

Melding phenomenology and a feminist approach by incorporating the concept of marginalization enables me to enter the world of the lesbian couple and value these women as collaborators, rather than subjects who are marginalized in the larger world (Worell & Etaugh, 1994). As well, using this concept as a guide allowed me to explore the women's lives within the framework of power distributions. Therefore, delving into the lesbian couple's world entailed listening to the stories these women had to share, from their place in the world at large. As a result, it was necessary to take time to build trust with the participants and use collaboration and power sharing when designing and implementing the study.

Phenomenological feminist philosophy and the concept of marginalization are necessary guides for this research. Through the personal experiences of the lesbian couples, explored with the methodology described above, we can begin to understand what is real for them and what gives life and their sense of health meaning for them. In this manner, awareness of the hidden phenomena of lesbian couple's lives is brought to light so that social injustice imposed on them can be understood and social action to bring about change can begin to be examined (Sigsworth, 1995; Stevens & Hall, 1991; Worell & Etaugh, 1994).

Methods and Procedures for Data Collection

As part of this feminist phenomenological study, flexible, minimally structured interviews were conducted with open-ended questions to facilitate the investigation into

the phenomenon of lesbian couple relationships regarding their health. Qualitative interviews possess three key characteristics. The features are: a) modified conventional conversations, b) the researcher pays attention to the understanding, knowledge and insights of the participants, and c) the content changes to conform with what the participant understands and experiences (Rubin & Rubin, 1995).

In keeping with the characteristics of feminist phenomenology, I conducted face-to-face interviews, at the couple's convenience and in a location where they felt most comfortable, to encourage a relaxed atmosphere. All of the participants chose to be interviewed in their homes in their living rooms, or around their kitchen tables. The initial interviews with seven lesbian couples lasted approximately 1 and one half to 2 hours each. The second interviews lasted from 30 minutes to 1 and one half hours. One of the second interviews took place over the telephone as the couple was unable to be in the vicinity at the time. All interviews, including the phone interview, were audio taped using a standard portable tape recorder, and field notes recorded upon completion of each interview. All tapes were typed verbatim and rechecked for accuracy by myself. Identifying information, such as names, etc., were omitted from the transcripts to ensure confidentiality.

Except for the one telephone interview, the interviews took place with the couple and not individually. Interviewing the couples together allowed me to stay focused on the couple relationship. The rationale for this style of interviewing is my assumption, that the lesbian couple relationship emphasizes communication. A much richer description of the phenomena is then possible. Causby, Lockhart, White and Greene (1995) stated that

lesbian couples may have a higher level of closeness than heterosexual couples, which is functional for women-oriented relationships. As well, if couples were not interviewed together and one of the partners revealed something in private that she did not want her partner to know, I would be forced to exclude it from the report for ethical reasons.

Rubin and Rubin (1995), state that attaining understanding occurs when the participants describe their world in their own manner, without imposing the world of the researcher on them. As well, designing qualitative research is a gradual flexible process as the researcher begins to understand the meaning of the data (Rubin & Rubin).

Therefore, with each repetition of interviewing the couples the phenomenon became clearer and the questions changed. Due to the fact that the interviews were minimally structured, only a sample of initial interview questions are provided in Appendix C. Instead, guidelines for each interview (Appendix D) were set and questions evolved as required and as the data revealed itself. As well, I attempted to have the participants as collaborators in the research. To broaden the scope of the emerging themes, I shared more information about the findings and included myself in the second interview conversations. I specifically excluded this method in the initial interviews, thereby leaving the participants free to express their own views, in their own manner.

During the course of the interviews the women bantered with each other, finished each other's sentences and talked at the same time. One couple sang to me to make their point more vivid. I came to understand that this is the nature of these couples. I did not try to curtail the use of these natural occurrences in their relationships such as suggesting they speak one at a time or identify themselves before they spoke. Life continued on

around them as we talked. Sometimes dogs would bark or pant into the tape recorder, cats would purr, or their children would require assistance. The telephone also rang and decisions would be made whether to answer it or not. This natural atmosphere allowed me to see them in their own environment and pay attention to their actions as well as their words. The naturalness also challenged transcriptions of interviews as well as flow of conversations. In retrospect, however, the naturalness of the environment was more important than crystal clear recordings as their words still came through clearly.

Selection of the Sample

The research employed purposive sampling to recruit seven female couples who self-identify as lesbians. I sought recruitment from different sources in order to increase the chance of a variety of participant responses, still recognizing that the sample of lesbian couples would not be random (Platzer & James, 1997). Redundancy suggests that the sample size and amount of data were adequate for the topic in question (Miles & Huberman, 1994). Seven couples were sufficient to reach saturation (redundancy) of the data, which refers to the point when interviews cease “to yield any new information” (Polit & Hungler, 1995, p. 531).

Inclusion Criteria

<u>Criteria</u>	<u>Rationale</u>
1) Women who self-identify as lesbians	This research is not about bisexual or transgendered women who may face different issues
2) Range in age between thirty-five and sixty.	To capture the stories of lesbians who experienced the stigma of being lesbian when homophobia was more pronounced than it is today.
3) The lesbian couple's health status at the time of the study was not used as a basis for inclusion or exclusion to the study.	The context of the study should be as natural as possible, this includes illness and health.
4) The couple must be living together at the time they are interviewed for the study.	Live-in couples share daily lived experiences.
5) The couples should be in an ongoing mutual relationship for no less than three years.	See below.

Slater (1995) as well as Clunis and Green (1988) propose that lesbian couples proceed through stages in their relationship. In order to recruit lesbian couples who are in established relationships into the study, there was a need to insist on a number of years

that the couples have been together. Slater describes this stage as the couple's middle or generativity years and Clunis and Green depict a late stage in their model as the collaboration stage. Neither author gives a range of years that a couple should be together in order to reach a certain stage. I believe, however, that after three years of living together a couple would be more likely to have an established pattern and better able to discuss their relationship and health together.

Participant Characteristics

The women are all Caucasian, middle to upper class with many earning above average incomes, and well educated. Most of the women have university degrees and many have graduate level education (i.e. MAs and PhDs) with professional positions that are highly esteemed by society (i.e. lawyers and academics). There is a mixture of ethnic and religious backgrounds with the participants. Although the participants told me that they, like all couples have their "ups and downs," all of the couples discussed about being in happy, stable relationships and freely shared their insights. See Tables 1 and 2 on page 53 for further descriptive information.

Table 1

Participant Information

Couple #	Pseudonym	Age	Years Recognized Self as Lesbian	Age Recognized Self as Lesbian	Years As Couple
		Range	Range	Range	Range
Pilot	Paula	40-44	25-29	15-19	10-14
	TJ	35-39	10-14	25-29	
One	Ann	35-39	10-14	25-29	0-4
	Susan	40-44	5-9	35-39	
Two	Joan	40-44	15-19	25-29	5-9
	Gail	45-49	15-19	25-29	
Three	Barbara Anne	45-49	5-9	35-39	5-9
	Miguasha	40-44	15-19	25-29	
Four	Heidi	35-39	10-14	25-29	5-9
	Rachel	40-44	10-14	30-34	
Five	Diane	50-54	5-9	45-49	5-9
	Jeanie	45-49	20-24	25-29	
Six	Claire	35-39	5-9	25-29	5-9
	Myra	35-39	15-19	20-24	

Table 2

Descriptive Statistics

	Mean	Range
Present Age	42	35-52
Years Recognized Self as Lesbian	13.6	5-26
Age Recognized Self as Lesbian	28	18-45
Years as a Couple	8	4.5-12

Ethical Considerations

Many factors were involved in ensuring the rights of the participants in an ethical manner. After I explained the study to both women in the couple, I reviewed a copy of the information/consent form (Appendices E and F) with them. Explanation of the research process was given as well as what they could expect from me and what was expected of them. I then obtained written consent from each participant before they entered the study. Each member of the couple acted as the other's witness. I kept the consent form in a locked cabinet in my office along with the original audio tapes and transcripts.

Measures were taken to protect the women's confidentiality as outlined by Polit & Hungler (1995). I assured the participants that their anonymity would be respected throughout and any identifying information would be kept in the strictest confidence. As confidentiality was especially important for the lesbian couples who have not made public their sexual orientation pseudonyms were used throughout the data analysis and only I have been aware of their true identities. The thesis supervisor and myself were the only people with access to the interview tapes. No identifying information was entered into the computer files and when reporting the participants' comments, no identifying information has been included in the description. At times, the women's names are omitted from the text to protect the anonymity of the women, as certain comments could be linked to their true identities (Morse & Field, 1995).

As well, I informed the couples that they could refuse to answer any question and withdraw their consent at any time, without penalty. The participants were given the name and phone number of my thesis supervisor, if they had any further questions or

concerns. The women will also receive a summary of the results of the study and have access to the completed report. As well, the couples had the opportunity to confirm or refute the analysis of the themes during the second interview.

Data Management and Analysis

Various factors needed to be considered when managing the data. After interviewing the participants, field notes were recorded to enhance understanding of the taped interview. Included in the field notes was a description of the physical setting and non-verbal communication. As well, a diary of my reflexive impressions was kept to record subjective information (Morse & Field, 1995). In part, the function of the field notes and diary are to create a research “decision trail” where it may be ascertained whether there is sufficient dependability of the research process (Hall & Stevens, 1991, p. 19). I kept an identity file in a locked drawer separate from where the audio tapes and original transcripts were kept also under lock. The identity file consists of index cards with the participants real and pseudonyms, phone number, address, relevant information and contact times (Kirby & McKenna, 1989). Upon completion, both the file and the tapes will be destroyed.

Handling of the data was conducted manually, as described by Morse and Field (1995). As soon as possible after the interview, I listened carefully to the tape, transcribed it verbatim and three copies were made of each transcript. One copy remained intact, the other was cut up with significant passages from common themes in different interviews placed together in appropriate folders. When data overlapped the categories, the third copy served to allow filing in several files. Wide margins allowed

for coding, categorizing and comments. Colour coding in the left margin enabled the researcher to identify the original source so as to verify the context of the passages. Memoing of interpretations, analysis of participants' responses, emerging themes, secondary analysis and clustering of initial coding were documented in a research binder (Miles & Huberman, 1994).

Interpretation of the data occurred using a variety of authors' methods intertwined to reach a complete and full analysis (Colaizzi, 1978; von Eckartsberg, 1978, & 1986; Morse & Field, 1995). Merging of methods is justified, as the path taken to discover themes and come to full descriptions of the phenomenon is not always linear, nor is it straight forward in phenomenology (Morse & Field; van Manen, 1997). Colaizzi's method includes self-reflection and is outlined below.

- 1) Initially, the completed transcripts were read in their entirety to get a sense of the whole.
- 2) Each narrative was returned to and all significant statements were lifted out that relate to the phenomenon (as seen by this researcher).
- 3) At this point the researcher used creative insight to move beyond the words being uttered, to the meaning hidden within the context.
- 4) The same was done for each narrative and significant statements, with their meaning, was organized into clusters of themes.
- 5) The clusters were then validated with their original transcript.
- 6) The clusters were integrated into an exhaustive description of the lesbian couple relationship.

- 7) Final validation was accomplished by returning to the participants to ask if the descriptive results accurately described their experiences. Any new data was incorporated into the research.

All of the themes were confirmed by the couples in the second interview although one of the themes (making the unfamiliar familiar) met with some resistance due to the method I used for explanation, rather than the actual theme itself. The description of the theme in chapter four now accurately reflects their experiences. As well, the transcripts and themes were reviewed by the thesis supervisor (a knowledgeable researcher). The thesis supervisor verified the credibility, transferability, dependability and confirmability of the research as outlined by Guba and Lincoln (1985, 1989) and Miles and Huberman (1994). Verification of emerging themes also came from a non-participant lesbian couple and a heterosexual phenomenological researcher: both of which found merit and plausibility in the findings. Final verification will come if the reader can see parts of the couples' everyday lives as ones they can identify with. These methods of verification are viewed as effective evaluators for accurate qualitative research.

In addition to the method of analysis already described, von Ekartsberg (1978) discusses the importance of reflecting upon the meaning of the statements. He states that the phenomenological method arrives at a system of "essential constituents" (p. 199) which, in this case, characterize the lesbian experience. In his 1986 book, von Ekartsberg describes necessary elements for a researcher's "stance," that was originally outlined by Wertz (p. 28). The elements are: a) empathetic presence to the described situations; b) slowing down and patiently dwelling; c) magnification, amplification of details; and

d) turning from objects to immanent meanings; and e) suspending belief and employing intense interest.

As well as incorporating the other factors into the study, Morse and Field (1995) include in their description of data analysis the necessity of reflecting on each sentence at it relates to the entire transcript. They discuss how descriptive phrases, central to the experience, are paraphrased and confirmed and then described succinctly in the process of analysis. Morse and Field state that preserving the experience, in its totality, is an important aspect of the phenomenological method. Also discussed by Morse and Field is the notion that not all themes will be common to all participants. They state that these differences “enrich the data with the range of experiences” (p. 212). One other aspect touched on by Morse and Field, as well as van Manen (1997) and personal communications, is the reality that in the course of writing and rewriting, comes enhanced insights and the knowing that the results are valid.

Management of Accounts and Discussion

Included in the description of the themes are the women’s words, which enables an extensive understanding of the couples lives. At times their names are omitted from the text to protect the anonymity of the women as certain comments could be linked to their true identities (Morse & Field, 1995). Italics indicate the women’s emphasis on words. As well, quotes have been edited somewhat to add to the readability and flow of their words. The analysis of the themes is included in the discussion.

Summary

Having a phenomenological feminist perspective for this research allowed me to

enter into the study with lesbian couples fully understanding the intention of the research process. The complexities of lesbians' everyday experiences required a research method that was both respectful and sensitive to their needs. The methods and ethical considerations employed attended to the participants' needs first and foremost, to avoid further marginalizing and stigmatizing these women. Sartrean phenomenology proved to be a worthwhile philosophy and method, as did the feminist approach and the concept of marginalization. The results will be seen in Chapter Four, in which I discuss findings and the interpretation of the results.

Chapter Four

Being a lesbian in the world means stepping outside the realm of what is known by most people and into a world of “other”. There is a danger in saying these words, as one might think of lesbians as “other”. However, for the lesbian the world *is* other and her life is reality. It is the world in which she must take part and make her way and yet be separated from to a certain extent. She lives within the blend of the heterosexual world and the lesbian life she creates for herself. Steering herself through and manoeuvring in the world requires having depth within herself. It is there that she knows who she is and where she settles in, as one nestles into a comfortable couch, to live in her everyday world. The ability to find a live partner comes from within herself. The strength of their relationship is in their own individual ability to connect with one another and create their lives together.

The life patterns and textures revealed by each couple in this study appear different because the complexities of their lives dictate this difference. The couples’ underlying love for each other remains untouched in the true core of their relationships. It is in their words and not by their words that their world can be more fully understood. Their reality is part of everyone’s reality, but has its own wrinkles. Each woman will tell you that she is unique and that her couple relationship is definitely unique. What is it then, that is at the essence of these women’s lives? This is the heart of chapter four.

Lesbian Couples' Lives: An Overview

As the couples live their lives, the theme of making the unfamiliar familiar inflects their everyday being. Heterosexual upbringing and societal influences have rendered lesbian life invisible. Therefore, the women create their lives and relationships with very little guide for their lesbian way of life. When the women formed couple relationships, they began a co-creating process to bridge the gaps between what is known and what is unknown. Making the unfamiliar familiar extends into all of the other areas in the couples' lives, as it frames how the couples react to and make their way in the world.

Each couple continually co-creates how open their relationship will be to the world, thereby leading to a need to compartmentalize who can know about them as a couple and who cannot. Depending on how open they are, the couples gauge how flexible their boundaries can be, which influences the size of their immediate support system. The support they give each other will influence and be influenced by the immediate and outside world boundaries as they create their supportive environment for themselves. The environment can either lead the couple to be more closeted, in which case the couple needs to be more supportive of one another. Or, the environment can lead the couple to be more open, thereby leading the couple to still be supportive of one another as well as include more opportunity for involvement with the outside world because of their openness.

A factor that assists the couples to co-create how they live in the everyday world is their common female experience. This commonality enables the couples to have a

greater understanding of one another which in turn leads the women to support each other more fully. Equally important to this mutual support is their egalitarian relationship which allow the women to function in their daily world.

Working against the couples in their making the unfamiliar familiar and co-creating the bridges for the gaps is homophobia. Homophobia can be actual or assumed by the lesbian. Actual homophobia occurs when a negative action or statement happens. Assumed homophobia is the assumption by the lesbian couples that they will receive a homophobic reaction from others. Whether actual or assumed, the end result is still oppression felt by the couples as they live their lives in a relationship about which they care deeply.

Making the Unfamiliar Familiar

Making the unfamiliar familiar for the women in this study is a conscious act of taking what they know from their past and present, as well as their future dreams, and creating their relationships. This conscious act frames how they live and inflects how they co-create their lives together to bridge the gaps between what is familiar and what is unfamiliar. Within this context, the couples create and nurture their mutual sense of health, which in turn creates a further sense of closeness for the couple. Co-creating comes from the intimacy they share together as they make their way in their everyday world. Although making the unfamiliar familiar is similar to many other heterosexual couples' experiences, the lesbian couple finds the unfamiliar (i.e. having to explain their relationship to others) as a much more predominant feature in their relationship. As well, some people may generalize this theme into the couples "normalizing" their relationships.

Making the unfamiliar familiar is not to be confused with normalizing, as the latter has connotations of pathology.

From their past, as young girls and single women, the women in this study take what they know to be true for themselves (including their lesbian identity) to create their present lives. Early socialization does not entirely account for how the women live their lives now. Nor was early socialization always a positive element for the women as they matured. However, the experience of everyday life leaves its mark in the memory of the women to either reject their prior knowledge, or take it into their future understanding and dealings in the world. Miguasha explains how she takes what she came to know from her parents, discards what is unsuitable for her and keeps the rest. Barbara Ann states how what she learned from her parent "... is still a part of my personality. It's part of who I am." Therefore, the participants early socialization is bound up in their present and future experiences.

Some of the women have had positive early experiences as young girls in female only situations. Joan talks about how the choice she made as a young girl to become involved in sports allowed her to "filter out the stuff that I was getting from my family." Thus her socializing with "strong women" through sports allowed her to have positive experiences being around women. As Joan explains, "... they allowed me to kind of feel very good about who I was, despite the fact that I knew that really what I was feeling was not what other girls were feeling." When she came to understand herself as a lesbian, Joan's early indirect socialization opened the door to feel good emotionally about living in a woman only household.

Early positive socializing such as Joan's was not the experience of all the women in the study. For most, lesbian couple relationships were something foreign to them as young girls, as well as when they came to know themselves as lesbians. There are no life models for them to fall back on when times are tough. Barbara Ann states that "the whole experience (of being a lesbian) was so new to me... I had no reference point." The unfamiliar circumstances of their lives led Barbara Ann and Miguasha to seek health care outside their usual set of physicians when they had a mutual health issue, early in their relationship. They describe the clinic as "almost clandestine," however, Miguasha says "they did their job (and) they didn't treat us weird." The couple never went back to this clinic because they did not require care for a health issue that affected them as a couple. Another reason for not returning is because of their increased degree of comfort with who they are as lesbians and their relationship.

Susan talks about "the erasure of our history." Her partner Ann then points out the book she is reading about an older lesbian's life story. The value she gleaned from it was that it was "nice to see one account of a lesbian.... (who) was not really anybody.... What makes her so special? Her history." Susan goes on to say "she was just an everyday (person) [laughing]." The consequence of society's assumption of heterosexuality, with its ensuing erasure of lesbian life, leaves Susan and Ann feeling that their very essence is being denied. This denial is in sharp contrast to the rich relationship the two women share together, which is a resource for their mutual strength.

In many ways the lives of the couples in this study are typical of every other couple's. They wake up in the morning, go to work, eat lunch, come home, spend the

evening together and go to sleep. On the weekends they do the laundry, buy groceries, wash the car and spend time with friends. They have their good times; they have their bad times. They laugh together; they cry together. Some raise children together, just like many other couples. Almost all of the couples who spoke with me, repeatedly used the words of "just like every other couple." As Rachel explains, "... just like anybody else in this world. Two people in a relationship.... We're just like everybody else."

Yet, through all of this ordinariness comes what Susan calls "one extra wrinkle to consider." This wrinkle is the fact that they are living in a world that for the most part does not accept them, or even think they exist. The reality for these women is that they are not like every other couple. They are extraordinary couples by virtue of their woman-to-woman loving relationship. Their status comes not because of heroic feats, but merely for their forging their way in the world without road maps to guide their very being. Familiar life models of parents and others when growing up did not include how to handle a landlord when they need to say that it will only be the two of them living upstairs, or being asked by cashiers at the store if they are sisters. For the lesbian couples then, there are very few guides to help them fashion their relationship. The unfamiliar circumstances the couples find themselves in confirms the previous findings of the lack of prior socialization and role models for lesbians (MacDonald, 1998; O'Hanlan, 1995). The exception is that, for the couples in this study, the unfamiliar territory includes their woman to woman intimate relationship, as well as their own personal circumstances.

Co-creating to bridge the gaps. Sometimes, living as a lesbian couple can seem like travelling from the Pacific Ocean to the Atlantic Ocean by car, without a road

map to guide you. You know The Rocky Mountains will be later followed by The Great Lakes, with rolling countryside between the two before you reach your destination. However, it is all of the in-between parts that are unfamiliar. Safety comes when you know your bearings and feel confident you are heading in the right direction. Because of the unfamiliarity and lack of guidelines, the couples get their bearings by creating their own sense of their world, in the manner they envision it to be. They take what is initially unfamiliar, that being their lesbian couple relationship, and make it more familiar by bridging the gaps with their everyday experiences. “Just like every other couple” is their shorthand version of stating that they live as others do. Yet, there is an enormous distinction between being part of the heterosexual couple majority and living life in the margins.

Co-creating to bridge the gaps can, at times, be a hardship as well as a luxury. One such difficulty with co-creating to bridge the gaps is the need for creating and recreating their lives with very few guidelines. Without seeing themselves in everyday heterosexual experiences, lesbian couples’ gaps can appear to be large. Parts of their lives do not relate to the heterosexual world. Barbara Ann states that, “... the whole experience (of being a lesbian in a couple relationship) was so new to me. I had no reference point....” Heidi also explains, “I don’t find myself relating to (heterosexual comedians).... The first lesbian comic (I saw) was *hilarious* cause I could relate to so many things.... Just the little things.” It is the little everyday things that people do not usually think about that translate to be the large gaps for these women.

The advantage of co-creating to bridge the gaps is that this space leaves the

women participants free to fashion their relationships and create a framework that is truly their own, in the manner they choose. As Paula states, "... we have the freedom because we didn't have role models.... we're really creating it ourselves." Sometimes they network among each other and seek support from other lesbian couples to better understand their own situation. Joan states that their friends, "... help us work out stuff and we do the same for them." The stereotypical male/female couple standard leaves little substance for these women to work with. Therefore, assumptions of how each woman will participate in their relationship is non-existent. Instead the couples weave their lives into the pattern of their everyday world. Co-creating to bridge the gaps becomes an underlying theme that the couples use to make sense of, and function in the rest of their lives. The couples' functioning is enhanced by their co-creating, as building the bridges for the gaps in turn builds the couples' capacity to withstand outside negative forces.

Homophobia

The seven participant couples have all experienced oppression in one form or another as women and as lesbians. Some have felt additional oppression due to their religion or other factors. The most prominent oppression these women have experienced first hand is homophobia. While talking with the women, the physical experience of homophobia was evidently not essential to feel the effects of this oppression. Homophobia can be actual, or it can be assumed. Diane and Jeanie are the only couple in this study who always choose to have high expectations that others will rise to the occasion of being accepting of them. The other women are less optimistic when dealing

with homophobia.

Joan talks about how homophobia “in its worst form makes you so scared that the consequences are that you’re going to get beaten up or you’re going to be killed.” She also reminds me about the young man who was killed in Wyoming in a gay bashing incident. This extreme form of homophobia reinforces negative socialization that keeps many gays and lesbians in the closet. In her case of living out with a degree of carefulness, Joan feels protected from negative comments and “benign stuff.” This statement is consistent with the findings of McNaron (1997) in which one of the respondents suggested that coming out was the best method for avoiding discrimination. On the other hand, Joan feels that being out puts her at risk for what she calls “overt hatred.” To date they have been shouted at but did not feel threatened enough to retreat to the closet. It seems that coming out of the closet may offer some protection. However, being out does not offer blanket coverage for more obvious and violent homophobia.

Both Heidi and Rachel and Barbara Ann and Miguasha assume they will receive a homophobic reaction and therefore live in the margins of the closet. Heidi fears physical and verbal attacks equally because the verbal “... can cut you like a knife.” She feels the stress from living in the margins of the closet due to her assumed homophobia and reasons that lesbians who can live out of the closet are happier. The couple’s reasons to fear coming out of the closet are prime examples why lesbians stay closeted, as presented by Bradford, Ryan, and Rothblum (1997). The study indicates that Heidi and Rachel’s fear is not unwarranted, as 52% of the 1,925 lesbians in the overall survey had experienced verbal attacks. Therefore, assuming homophobic reactions is warranted and

is something lesbians have been socialized to expect. In this instance, being in a couple relationship offers little protection, except that the women have each other to rely on, should an attack occur.

Miguasha talks about how oppression in the form of homophobia keeps them quiet and "... in our own little place." Although Barbara Ann usually assumes she will receive a homophobic reaction, she was pleasantly surprised when, while in a business meeting, a client talked positively about a gay incident that had occurred. All of the women commented that the "Ellen" television show was an opportunity to open doors for discussion about lesbian issues. They felt these discussions would begin to knock down the wall of oppression.

Paula and TJ also assume that many times they will receive a homophobic reaction and therefore stay in the margins of the closet. TJ believes people have been socialized to hate lesbians and gay men. She states that early socialization taught her and others from her generation that "(lesbian and gay men) were an abomination." This ingrained hatred of gays and lesbians caused Paula to not even want to think about herself being a lesbian. The road to acceptance has been made more difficult because she has always known that she was a lesbian and yet felt the disdain others instilled in her. Yet, the knowledge of her true identity has always led her to lead her life as a lesbian. It is only now that she can love herself for who she is, although she has reservations about the world coming to the conclusion of acceptance as well.

Ann and Susan experience homophobia in different realms. Ann talks about the "systematic erasure of lesbians in history" as a form of homophobia. Censorship also

comes from the lesbian community as there is a risk that “airing dirty laundry” will perpetuate further homophobia. As well, Susan discusses homophobia as being “insidious” as one never knows until after coming out to people whether it was the right decision. One is left to wonder whether other people’s actions are because of homophobia, or another reason, when there is a negative outcome after coming out.

Ann and Susan have also felt the lash of homophobia directly when they were followed home and had a threatening note placed on their car. Ann states,

It was nasty in the scariest sense that we could imagine in that they were not physically threatening us but, it was a very religious message. [Susan agrees] We would burn in hell. Change our ways and God will forgive us and everything would be fine.

Although disturbed by the incident, the couple remains unshaken in their belief to live out with a degree of carefulness.

Homophobia operates in different manners to keep lesbians in their place of minority status and the results of this oppression strikes in many ways. Systematic erasure of lesbians in history perpetuates the lack of role models and increases the need to make the unfamiliar familiar. Building a strong lesbian community is hampered as well because of living closeted due to fear. The fear can lead to stress-related illnesses. Homophobia reinforces the isolation lesbians can sometimes experience. One consequence of isolation is that abuse in lesbian relationships often goes unseen, unheard and therefore unaided because of fear of airing dirty laundry and perpetuating societal and health care providers’ homophobia. It is clear, therefore, that homophobia is one aspect

outside the relationship that the couple has little control over, yet one that influences how the couple makes their way in the world and the degree to which they live their lives out of the closet.

Spiral of Outness

Choosing how to be perceived by the world around them requires the couples in this study to come to decisions about how to live their daily lives. The couples' outness is, therefore, understood to be much like a "spiral of outness" which is neither linear, nor static. Rather, the spiral is a fluid barometer within which participants situate themselves in their degree of openness with others. The couples choose to be out in certain situations or opt for the closet in others.

The very thought of living even partly closeted is unthinkable for some couples, whereas other couples cannot see themselves living completely open about their sexual orientation in every day situations. Most of the couples felt that their lives were somewhere between being out at all times and closeted. No one described themselves as totally closeted, although some women discuss their outness as if they live in the margins of the closet.

Living in the margins of the closet. Living in the margin of the closet means holding yourself in check and living so that most people will not suspect that you are a lesbian. When office conversations swing around to what people did on the weekend, these women refrain from sharing their experiences. Their life in the outside world cannot be spontaneous and unthinking. Every moment of every day requires thought and precision. They live in the shadow of invisibility where their very existence fades into the

background. They are perceived as women who go home and sit with their cats for the weekend and eat alone every night. Family holidays become an obstacle course. For example, there are enormous logistical problems when trying to spread themselves out in two places and still celebrate the holiday with all their loved ones. The woman might choose to bring her “friend” with her to the family’s get-together, however, some may perceive this as if “the roommate” were a “charity case” who has no where else to go for the holidays. They then spend the time worrying whether brushing their hand on the partner’s shoulder was seen by anyone else, or if the story for the gift she gave her partner will match the other’s. (Why would you buy a VCR for a friend? No, just tell the family it was a video tape.)

For the women who live in the margins of the closet their true identities stop existing once they leave the confines of their home. These women put the reality of their lives into their back pockets as they enter the everyday world with others who are unaware of their lesbian identity. The threshold of their doorway is where they kiss each other good bye in the morning and return each evening to “breathe.” The choice to live in the margin of the closet comes with a heavy price for those unfamiliar with this way of life. There is a double life, consisting both of who they really are and who they portray themselves to be to others. Choosing the margins of the closet for the women in this study is not necessarily because of lack of privilege and opportunities to live openly. However, their true lives remain largely hidden when they are with people they do not feel comfortable with to be all of who they are.

Living at least somewhat closeted leaves many of the participants feeling isolated

and disconnected from the world at large. Some women experience the margin as anger and frustration, while others feel that it is just their way in life. While these participants recognize that living life from the margins of the closet is a choice they make, they feel their choices are limited because of societal and family pressures.

Paula explains how she remains closeted because she has lived this way for so long she cannot see her life any other way. The manner with which she manoeuvres in the world has become ingrained into her everyday experiences. She describes this aspect of herself as a snail with outsiders “knock(ing) on the shell.” The shell she has constructed around her has become very familiar to her and is her place of comfort despite recognizing the inherent problems. For Paula, her double life includes the “life” she lives with TJ and the outside “world” she makes her way in. To disclose her sexual orientation to others means having to go through her life and explain herself. As Paula explains,

... The whole thought of just starting again and explaining (my sexual orientation) I don't feel like doing it. As soon as you open the doors.... the questions start flying.... You feel like you've just been put in a food processor.

Remaining on the margins of the closet means feeling tension and nervousness everyday in her double life, except for the “two weeks and three days” a year when she is on vacation away from family and associates. Despite the tension, Paula describes herself as being a happy, positive person. Her present choices have become familiar to her and she is comfortable with them.

Paula's partner TJ is reluctant to remain in the margins of the closet although she

experienced first hand the pain of rejection when she first came to understand “the most important thing in (her) life, (her lesbianism).” As she tried to share her new found self awareness of her sexual orientation she, “saw the reaction back and then I realized that maybe it’s not so good.... Society was telling me.” Now, TJ lives angry and “feeling gypped” because of the limits placed on her ability to just be herself when she is in the world. “It’s really two different worlds. It’s where I’m totally myself and its where I am acting, and I am holding back, where I’m angry.” She feels she must come home to be able to “breathe.” Breathing for TJ means relaxing the anger she feels in the outside world and being all of who she is.

TJ loves and respects her partner enough to remain largely in the margins of the closet, although her desire is to live openly. She works towards opening Paula up to the possibility of living openly. If Paula would live her life more openly, TJ states “... I’d come out tomorrow.” However, for now they work together to create a good life for themselves so they can enjoy more in the future together. Together, they create the capacity to withstand the stress of living in the margin of the closet. Their relationship is part of their source of strength, where Paula’s stress and TJ’s anger fades into the background of their reality and their overall happiness comes to the forefront. Their well-being is, therefore, enhanced by their relationship and love for each other. Paula’s degree of outness is typical for a woman who recognized herself as a lesbian and lived in a very homophobic world before the years of greater acceptance for lesbians as described by Bradford, Ryan, and Rothblum, (1997) in their American survey of 1,925 lesbians.

Rachel and Heidi share much of the same beliefs as Paula and TJ. Rachel’s

definition of the closet is, "Don't be heard. Don't be seen." They describe their lives as "semi-closeted" which limits the amount that people get to know them. As Heidi explains, "...you can meet some nice people but, there's that part of you that says this is not the right place.... It just segregates you so much." Their web of half truths and holding information back leaves them feeling isolated and nervous. Rachel talks about how coming out would be better for her health,

You're not on edge, not nervous, not uptight, the blood pressure, or the heart (are) not going, boom, boom, a million miles an hour cause you have to watch every single word you say.... Just have a normal conversation like everybody else.... without hiding it.

For Rachel and Heidi, however, the risks of coming out of the closet are too great. They fear the consequences of homophobic reactions. For now, Rachel dreams of the day when she and Heidi can just "walk hand in hand, arm in arm down the street like (any) other couple in this world."

Stress levels for the couples living in the margins of the closet exemplify previous studies that discussed increased stress levels among more closeted lesbians (DePoy & Noble, 1992; Green, Causby, Miller, 1999). As well, believing that they live in two worlds is seen by Bradford, Ryan and Rothblum as being detrimental to a "workable integration" of personal and outside lives which is necessary for positive mental health. The coping strategies for the couples appear to have compensated for the stress, as the couples all state they are generally happy people.

Living out with a degree of carefulness. Living life with a degree of carefulness is

a conscious decision and has its own intricacies. In some cases these women are willing to give up possibilities of advancement and recognition in their careers to have what they feel is most fundamental to them: being seen as a whole person in a relationship with someone they love. Although being recognized as a lesbian is affirming, the women who live with a degree of carefulness still speak of the struggle they face every new day, as all new situations require coming out again. The lump remains in their throats until they weave their reality into conversations with others. However, they still speak the words and go on leading their lives openly. The price that comes with being open about their sexuality is worth it to them.

The couples who live out with a degree of carefulness describe how they assess situations with people who do not know their sexual orientation. They ask themselves questions such as is the situation worth it, are the people worth expending the energy to come out? These women all agree that parking garages at night are not the places to assert their sexual orientation. However, their sharply tuned ability to assess their situation leads them to decide whether to come out or not. Their lives require constant decision making just for openly being who they are. For these couples the usual decision is to come out. The couples' actions confirm the findings of Hall and Gregory (1991) in that constant decision making becomes an integral part of these women's lives.

Although these women are careful in certain situations, they live openly for most of their lives. They don't hold their breath when they leave their homes in the morning to go to work. Rather, their step into their work lives is a smooth transition from home to the outside world. Still though, there is a higher element of risk especially for those more

highly placed in their careers. Therefore, there are more angles they need to cover that other people might gloss over in their daily lives. For instance, Ann finds herself being “very careful” at work as her openness about her sexual orientation increases her vulnerability to others. As part of her check list for performing well at work she makes certain that her actions are not misconstrued by others as being sexual in nature. She feels that her decision to live outwardly at work is still a good decision, although there is a certain amount of risk for homophobic reactions involved.

Living openly can be a “struggle” for some of the women and they describe their initial acceptance of themselves as lesbians as not as difficult as their daily decisions to live openly. For instance, Gail talks about the “... fear attached to (coming out) and (its) negative repercussions.” Still, however, she believes that coming out is important enough to “... keep doing it.” Living openly also requires struggling with thinking strategically by choosing their words carefully as they come out to others. Ann explains, “... we don’t shove our lifestyle and values down other people’s throats.” Having the support of their partners and positive experiences assists these women to keep coming out. In this manner, their relationships promote their ability to live openly, thereby affirming their sense of well-being as lesbians living in the everyday world. They imagine if they had negative experiences they might think differently about being as open as they are.

The women who identify in this portion of the spiral also deal with the “burden” of coming out. As Susan explains, “... it’s like having to come out every day of your life.” Living out with a degree of carefulness requires coming to grips with the possibility of having to say the words in all new situations. Still, the couples feel that erasure from

society impedes acceptance of lesbians. Therefore, they believe that coming out is an important statement that keeps them from being erased from society. In some ways, therefore, these women take the lead so that all lesbians will someday be accepted by society. They struggle not only for themselves but, for all lesbians.

The benefits these women feel they reap outweigh the possible costs to their careers and lives. Myra talks about how “connected” she felt when she and Claire were invited to a company reception. The assumption was that they were a couple and they were *treated* as a couple. Myra feels that the people she worked with had “... a more accurate picture” of who she is and what she holds of value in her life. This reception then was a positive affirming experience for Myra and Claire. They were able to be themselves rather than skirt around issues and watch their words. For these women then, living their lives as openly as they can is something that is fundamental to them and something that they cherish, both individually and in their relationship. As Ann says “I feel like (being honest about who I am,) is worth all the money in the world.”

Out. Jeanie and Diane have also made a conscious decision about their “outness”. They choose to live out at all times, even to extent of “holding hands late at night in parking garages” which is where other couples draw the line. When the couple saw the spiral of outness during their second interview, they insisted that they did not live with a degree of carefulness, rather Diane instructed me to “draw (the) line a little bit further... to just plain out.” Theirs is a political decision and a strong conviction that they adhere to every day of the year. The couple recognizes that their ability to live outwardly displaying their sexual orientation is further enabled by their situation and “privilege” in

life. Although they have similar careers to the other women in the study, they do not worry if they will get promoted, or fired from their jobs. As well, the non-threatening environment where they go about their daily lives, gives them the security to feel comfortable in their choice to live out.

The manner in which they live their lives displays how they have been able to combine their sexual orientation with those outside their relationship. Part of living their lives openly included “getting married” as a public affirmation of their relationship. Jeanie believes that there are “more perks from being out.” They talk about openly walking down the street hand in hand and having neighbours come out to talk with them. They, therefore, treat their relationship “as completely normal” to others and find that this way of living their lives suits them.

There have been times when their sexual orientation has caused difficulties in everyday life. However, Jeanie and Diane’s philosophical outlook helps them get through the rough spots. For instance, they talk about “tending” to refrain from holding hands in front of a woman who they know is bothered by this action, although they made her aware of their relationship. They insist on holding hands at all other times, no matter what. Diane has also had issues at her place of employment where she needed to take a stand on the hiring practices of the company. Diane insisted the company include sexual orientation on their list of unacceptable discriminations. The couple took these situations in stride and continue on with their lives. They believe that, “put in context,” they have experienced more good than bad being open about their relationship. Their relationship remains a source of pride for both of them, where they affirm their existence as women

and as lesbians.

Having control on all points of the spiral. Having control is an important element in all of the couple participants' lives. Whether the women identify in the margins of the closet, or anywhere else on the spiral, they all agree that their choices give them a sense of control. The basis for how each couple perceives their control changes, however their sense of control remains the same. For all of the couple participants, staying in the closet or coming out is a "game" they feel they play in the everyday outside world.

The women who describe themselves in the margins of the closet feel that their control comes from how and when they choose to come out. They have control over whether to let others know them for who they are, or to keep that part of their lives hidden. Since they all agree that their sexual orientation is a very important part of their lives and their identities, they are withholding a large part of themselves when they keep their true lives secret. The element of control is very calculating as Paula states, "I control my own destiny." For Barbara Ann, having always felt that she is a secretive person means that she will only share what she "wants to share with people outside." Therefore, she controls how much information people have about her reality.

For those couples who feel that they are out with a degree of carefulness, their control is derived from the fact that they live their lives openly. No one can hold their sexual orientation over these couples' heads and use it as a weapon by threatening to tell others about their lesbianism. As well, these couples place less energy in hiding their lesbian identity. They are well aware of the consequences of their choice to live openly, however, as Gail states, "I feel safer" despite the fact that she concedes she is probably no

safer than before she made the decision to come out to others.

Problems arise when one partner in the couple chooses to live more in the margins of the closet than the other. In these cases, the woman who is more closeted controls how the couple will live. This dilemma can cause stress on the couple. TJ explains that Paula “controls (their) outness” as Paula is more sensitive about telling others about her life and relationship. Therefore, the couple must forge their way in the world with the less closeted woman always considering how her words will affect her partner. The web of secrecy becomes more complicated because what may be acceptable for one woman, is not acceptable for her partner. This holding in check their every word and denying their very being is a constant strain for them to bear that few other couples can ever imagine. Only their love for each other and their tacit understanding of the intricacies of the closet make their denial more bearable. The relationship is still very satisfying for the couple after all their years together, despite the secrets they keep from the world and the choices they each make.

Living day-to-day with their degree of outness is initially unfamiliar to the women in this study. Their “mind set” and lens with which they view the world changed as they came to accept themselves as lesbians. It is from their experiences in society that the women in this study came to develop their own style and manner in which they live their lives. When they entered a couple relationship the women needed to further their understanding of how they could function in the world. The melding together of what is important for each member of the couple enables them to move ahead in their daily lives. The relationship, therefore, nurtures the women’s sense of health and enables the forward

momentum of their lives even if they have their own independent views on how openly to live. In this sense, although Paula and TJ's conflicting ideals for outness can be a source of stress, their relationship remains solidly as a source of strength for both of them, thereby increasing their capacity to withstand the stress. The couples co-create their futures by what they have experienced and what they feel will work for them and move ahead into their futures.

Boundary Rings

The women in this study interact with society in their everyday lives and careers. As couples, however, there may be a distinction between how they operate individually as opposed to together. Their couple relationship is the context in which they live their lives outside of their work hours and visa-versa. It is this very relationship that sustains much of their emotional needs as women loving women. Therefore, as a couple, they must come to terms with how they manoeuvre in the world. Once again the added layer of their sexual orientation complicates even the most mundane circumstances they find themselves in. The trials and tribulations each couple faces in their daily lives are unique for each couple within this group of participants.

As the women spoke of their lives together as couples, patterns began emerging. The double lives of those living in the margins of the closet can be depicted as the couple relationship and the outside world being seen as two separate spheres. Those whom they count on for support exist between the two domains. Couples who live their lives more outside the closet also spoke of their boundaries as "bumping up against the edges" with other people they encounter in their lives. As well, Barbara Ann spoke of

“compartmentalizing” her life. The spheres, edges and compartments came to be understood as the boundaries the couples maintain in their lives.

Relationship. The most obvious first boundary for the women participants is their couple relationship. The couples spoke often of the importance of their relationship in their lives. Although Gail resists the idea of “merging” with her partner because she perceives herself as an independent woman, her relationship with Joan is “... incredibly important” in her life. Other couples also discussed how their relationship offers the support and nurturing atmosphere where they can grow as individuals and together and they can “just be there” with their partner.

The couples use many descriptors when they talked about their relationships. Ann talks about her relationship with Susan as being “effortless.” Barbara Ann talks about the “... complete trust.... (and) honesty” she shares with Miguasha. Claire depicts her relationship with Myr´as, “very natural, part of my identity.... uncomplicated.” TJ describes Paula as, “... my heartbeat and the air that I breathe.” The couples’ descriptors illustrate the love and caring they share with their partners.

The love and physical caring for each other in their relationships was obvious to me as an observer as well. I watched Diane hold Jeanie’s hand when Jeanie was coughing. I witnessed Paula fixing TJ’s collar on her shirt as TJ talked and TJ moving a stray hair on Paula’s cheek. The care and attention to detail for the other was very noticeable to me as an onlooker. The couples also shared knowing glances with each other, finished each other’s thoughts, and countless small things to show they cared about each other as only two people who love each other can. The women’s words and actions

reveal that their relationships are central in their lives and this centrality is a source of strength for them, both in their everyday lives and when difficulties occur.

When the couples were asked about what their health means to them, the couples responded using many descriptors that exemplified their sense of well-being. Miguasha lists the essentials for health as being “happy in your work, happy in your relationship (and) happy with yourself.” Myra acknowledges physical elements, however, she feels that well-being encompasses “peace and quiet and a balance of our needs.... (and) a general sense of wholeness.” She also feels that her quality of life increases with the time she spends with Claire. Joan and Gail also talk about how diet and exercise has increased their sense of well-being. However, they too discuss how important communication and “feeding each other’s emotional needs” lead to a sense of “connectedness” that sustains them in their well-being. Joan also insists that health is “not just your physical health” and includes her love of music and books as being part of her sense of health. As well, Joan sees “...emotional and psychological health.... as being core to developing a good relationship.”

It seems, then, that the women’s sense of health and well-being is more inclusive of the social and emotional determinants of health, rather than merely the physical elements. According to the Federal, Provincial, and Territorial Advisory Committee on Population Health (1996), well-being includes psychological and emotional elements and is associated with resistance to disease. (Please see Health, Appendix A for further description.) In the case of these 7 couples, their own words suggest agreement with that of the work mentioned above. They measure their sense of health not only by how their

physical body feels, but rather, by how their emotional sense of themselves and their world around them are connected and in balance with one another. In this manner their sense of health revolves around their couple relationships, as a factor that nourishes and builds their strong couple relationship and in turn, nourishes them individually.

Mutuality and supportive relationships. The lesbian couples in this study believe in supportive relationships. Although the women did not discuss times when they felt unsupported by their partners, the very caring nature of the women, as couples, was evident throughout the interviews. They have supported each other in many ways, both physically and emotionally and the support has been reciprocated by their partners without expectation of compensation. In this manner their supportive relationships are considered to be mutuality, defined by Henson (1997), McDaniel (1995) and Sohler (1986) as a give and take exchange and sense of connection, rather than solely reciprocally supporting. Power differentials are therefore downplayed and joint accountability for the maintenance and moving forward in the relationship are prevalent (McDaniel).

The couple participants indicated they were there to be supportive to their partner in any way they could. For instance, when Jeanie was reluctant to seek further medical care for a persistent lump in her breast, Diane sought out alternative treatments that would be more acceptable for Jeanie. Diane explains, "... we support each other in every possible way." In another instance when Jeanie was ill for an extended period of time, she talks about feeling Diane's support and acceptance. Jeanie states,

I felt horrible.... and Diane was just completely loving and completely accepting.

It just made it so clear that it didn't matter what condition I was in, she would love me.... I was so sick and my biggest terror was of being a burden.... It was not an issue at all.

The couple's supportive relationship demonstrates how mutuality also includes being accepting of each other's health problems even when one partner feels "unlovable." For Diane and Jeanie, they feel they are "in it for life" and support each other even at the most difficult of times.

Gail talks about how Joan gave her a gift certificate for a massage therapist because of the pain she was feeling in her neck. Joan felt that massage therapy would be something that Gail could benefit from since it enhances her sense of health. In this manner, Joan supports her partner's well-being. Susan indicates that her and Ann's support for each other is very important because they are a lesbian couple and outside support is not always available for issues relevant to their lives. Susan feels that while supporting her partner it, "... ends up sustaining you in your relationship. Rejuvenating it." Ann continues that for her, supporting each other "... is like grieving..... No effort." Susan interjects that supporting each other is taken on "... without question.... and unconditionally."

Myra and Claire spoke often of their supportive relationship. Claire discussed how their circumstances might appear to be that she supports Myra in her career at this time, however, she feels privileged to have time to discover more of what she wants in her own career. Claire states; "... I feel it's a give and take." As well, the couple discussed how Myra was ill and required regular visits at a clinic when they first began

their relationship. Claire supported Myra throughout the ordeal by attending the visits each time, despite living in different cities with a significant drive between them. Claire continues, "... I could not ever have imagined not going with her.... I organized my time so that I would be able to go with her.... It seemed like a natural thing to do."

One of the most telling stories of mutuality came from Barbara Ann and Miguasha. They talked about the time Barbara Ann wanted to give something special to Miguasha for their anniversary. Barbara Ann gave Miguasha the gift of a winter camping trip on a 4,600 foot mountain. This was a very large gift as Barbara Ann had never gone winter camping before and Miguasha is an outdoor enthusiast and had guided groups on this mountain previously. Due to their work schedules they arrived at the mountain late. Therefore, the hike on the first day was in the dark. Although Miguasha had hiked this section in the dark before she wasn't sure she was still on the trail because of the snow and ice. She did not want to make any mistakes that would detract from the experience for Barbara Ann. As Miguasha says,

... going in in the dark and getting lost in the dark are two different things.... I was panicking there, and (Barbara Ann) wasn't.... (I was thinking) the first time I take Barbara Ann, of all people Barbara Ann, I'm going to get us lost.

Miguasha told Barbara Ann that they needed to go back to a certain point to get their bearings and make sure they were on track. The extra hike took about one hour in the dark and cold winter night.

For Barbara Ann's part she talks about how, "... I have such implicit faith in (Miguasha's) ability.... if I'd been with anybody else I would be second guessing the

person.... (I had) absolute reliance on her skill.” The end result was that they were on track. They made it to the camp where Barbara Ann delighted in “... watching (Miguasha) enjoy herself.” The next day when Barbara Ann had doubts she was capable of hiking up and down the mountain, Miguasha had implicit confidence that Barbara Ann could make it.

Barbara Ann and Miguasha’s gift to each other exemplifies mutuality. By creating experiences to give each other, they take joy in the other’s happiness. Miguasha opened Barbara Ann up to herself and showed her the joy of accomplishing something Barbara Ann thought she could not do. Although they each had their moments of panicking, each trusted the other’s ability to see them through. They laughed at the end of recounting this story because they said they could have sat in a Chalet in front of a fireplace, shared a bottle of wine and rented a video. Instead they chose to do something special and gave each other something without a price tag.

Care, nurturing and mutuality are evident throughout all of the participant interviews. The support the women partners give each other is essential for their well being, both physically and emotionally. The supportive environment each couple creates is especially important for the couples who live in the margins of the closet as their support systems are less extensive than the couples who live out of the closet. The inner strength of the couple becomes even more important under these circumstances.

The highly supportive nature of the couples in this study are indicative of their love for one another. As well, it is their desire to create meaningful relationships that allow them to grow both individually and as a couple. In this manner, their co-creating

led to loving, supportive environments where their sense of health is maintained and nourished, thereby building capacity for the couples to withstand times of stress.

Commonality. One facet of the relationship assisting the couples in this study to flourish, is the common female experiences and perceptions the women share. Although each woman is an individual in her own right, each brings with her the female socialization she received as a child, and the physical and emotional concerns that many women commonly share. These common female experiences are only part of the glue that bonds the couples. Other issues, such as different cultural upbringing and varying occupations, set them apart. However, the women agree that part of what makes their relationships special is their common female understanding of the world around them.

The couples discuss their relationships in terms of being “in tune” with each other and how woman to woman understanding affects their communication. Ann and Susan tell how their commonality increases their communication and how the depth of their understanding of each other is in turn increased. On the other hand, they also state that much goes unsaid because of their instinctive knowledge of each other. Ann and Susan feel they have a “mind/soul connection” that is a very important and supportive part of their relationship. They go on to say that they doubt gay men have the same connection because they feel woman-to-woman dynamics are unique to women.

Paula and TJ agree that they feel “bonded and connected” with each other. Paula states that a woman “... can’t share everything with a man. He won’t be able to relate to it.” The shared understanding and “sympathy” for issues such as premenstrual symptoms (PMS) creates further bonding for the couple. Paula goes on to describe a man’s reaction

to PMS as "... oh no. It's that time of the month. Oh please. Spare me." Whereas both Paula and TJ have experienced this common female malady and therefore can be more understanding and sympathetic to each other.

Oral communication is only one aspect that the couples feel is enhanced by their sense of commonality. Joan states that because she and Gail "function in a world which oppresses women, (they) understand each other's experiences much more than somebody who's from the oppressor (side)." As well, Heidi discusses how, "... even as friends, women are better at sort of reading people's minds.... With Rachel, just maybe the way that I put down my cup.... she just kind of knows that look. 'She's tired'." The small gestures, or flush of skin, therefore become something the women notice and attend to. Noticing and understanding in this way becomes a means for the couples to develop further depth in their relationships.

As women, the couples have "shared histories" that contributes to their relationship. Their sharing of understanding moments deepens their ever-growing sense of being couples, which, in turn enhances their personal sense of well-being. Spoken words take on greater understanding and unspoken words are expressed through "a look" or the placement of a cup. Even "silly little things" such as understanding the need for a comfortable bra make the difference between cursory closeness, and the type of in depth closeness the couples in this study desire and achieve.

While commonality is an important positive aspect of the participant couples' relationships it is also important to note that the women feel strongly about their individuality as well. To say that because they are all women and therefore their

commonality overrides their individuality would be a mistake. Rather, it is the strength and combination of their common female experiences, as well as their individual experiences that comprise this group of women and fosters their dynamic and loving relationships.

Egalitarian relationships. Part of being in a couple relationship means that everyday household chores need to be accomplished. The division of labour for lesbian couples is somewhat different from heterosexual couples in that there are no preconceived ideas that one will look after the car and mow the lawn and the other will cook the meals and do the laundry. Although these preconceived ideas also vary from one heterosexual household to another, rigid roles are irrelevant for lesbian couples. Deciding 'who will do what' becomes a co-creation for each lesbian couple as they make the unfamiliar familiar to them.

Jeanie states that "sexism in general imposes that men do certain jobs and women do certain other jobs." Diane adds that "... lesbians and gay men are at the cutting edge of redefining what relationships mean" as far as couples being able to maintain egalitarian relationships. In attempting to have an egalitarian relationship the couple knows each other's strengths thus offsetting the other's inability for certain tasks (i.e. one being too short to reach the top shelf). Their difficulties arise when both claim to like "women's work" and then resort to "kitchen wars." The wars are different from sexist arguments. Both women *want* to be in the kitchen and be accountable for putting dinner on the table, instead of one thinking it is the other's job to take on that type of work.

Unlike Diane and Jeanie, Joan and Gail resist the notion of doing "women's

work” and struggle with dividing what they see as gendered roles. Joan discusses heterosexual division of labour as being about power, gender and class. She continues that lesbian relationships can involve class and race differences thereby making egalitarian relationships more difficult. In their own case, the couple takes equal responsibility for ensuring household tasks get done although there have been times where this has not been possible. As well, at times one partner has contributed to the household earnings more than the other partner. Joan states “... we’ve sorted (unequal sharing of household tasks and earnings) out in a way.... (that) we can both feel that we contribute but, not actually contribute the same.” Both Joan and Gail like to think of themselves as independent and responsible women, therefore, they were surprised that they overcame their temporary monetary differences to the satisfaction of both. The strategy the couple used to resolve their household contributions exemplifies liberation from using power differences, as was also found by Hall and Gregory (1991) and Sullivan (1996) in their studies. Although the couple overcame monetary differences, Joan feels that physical dependency would be another matter that would “fundamentally change” their relationship, should it occur in the future.

Claire and Myra are another couple who faced differing monetary issues. They find their relationship to be egalitarian, though Claire is staying at home instead of working at this time. The couple found a balance for what works best for them and support each other in their career goals. They see their present situation as temporary and Claire appreciates the opportunity to take time in deciding what her next career move will be. Claire feels their relationship is “very equitable.” Each does what they are most

naturally good at and what they enjoy doing rather than having any preset rules for household tasks. Their style for dividing household tasks mirrors the studies by DePoy and Noble (1992) and Sullivan (1996). In all these cases the women rejected preconceived notions for divisions of labour and co-created methods that best suited their relationships. Myra and Claire enjoy doing housework together although they agree that doing tasks separately might be more efficient. Both feel it is important to be independent and accountable for their own part in the relationship. Therefore, they find a balance in the contributions each makes to the day to day running of their household.

Two other couples in the study, each of whom are presently contributing equally financially, talk about control and stake holding. Barbara Ann feels that when control issues come up with lesbian couples, “women are more willing to take one another on and solve the issue of control and recognize it for what it is.... (Lesbian) women are on a level playing field.” Miguasha and Barbara Ann acknowledge that control issues do arise with lesbian couples. In their own case, they experience equality and sharing of knowledge, rather than power and control over the other. For Susan and Ann, their relationship lacks stake holding that they commonly see in heterosexual relationships. Ann feels that power is balanced in their relationship. “I find just that the dynamic is, is just so perfect, and that’s why I’m a lesbian. I guess. [laughing].”

None of the couples in this study discussed being faced with major power issues of gender, race and class. Therefore, these possible areas of conflict were not found with this group of women. One woman talked about coming from a working class, rather than middle class background, however, due to education and opportunities she is on equal

footing with her partner. The couples state they have dealt with what differences they do have in their couple relationships satisfactorily. It is a testament to their solid, loving relationships that they have suppressed any inequalities rather than use differences as a weapon during times of conflict. In this manner, the relationship has supported the women and been their resource, both in their times of strength and in their times of need.

Immediate support system. As well as valuing their own relationship, the couples in this study value their relationships with other people close to them. Encompassed in this boundary ring are people the couples trust with the knowledge of their sexual orientation and can be themselves with, including the simple act of holding hands. For some of the couples the support of their lesbian friends helps them to smooth over the rough edges of their relationships. Joan explains, "... other lesbians friends.... (are) really good at helping us work out stuff and we do the same for them." Rallying support from lesbian friends is consistent with previous research (Kurdek, 1988; Trippet & Bain, 1993; & White & Levinson, 1993) and typifies coping strategies that enable lesbians to keep themselves healthy. Therefore, friendships sometimes mean more for the women than having dinner, or going to a movie with friends. Their friends become part of their support system.

Some couples feel that their families are part of their support system as well. Barbara Ann and Miguasha talk about having "total support" from both sets of parents. The couple also recognizes that they are "fortunate" to have family support and talk about others who are not as fortunate. Having a family that embraces their relationship rather than merely accepting it, is something that couples value. With a scarce immediate

support system the women face greater stress in times of need, when they are left to fend for themselves with little supplementary support. An ample immediate support system enhances the couples' coping capabilities at those times.

Outside World. This boundary ring includes people that the couple participants cannot be themselves with, as well as the world population in general. As important as family support is to the couples in this study, some of the women feel that their family fits into this boundary ring. Other couples feel that only one parent, or one sibling fit this ring and the remainder of their family belongs in the immediate support system ring. Gail explains how although she feels close to Joan's parents, she would not feel comfortable holding hands in front of them. Therefore, Gail holds herself back and compartmentalizes how she behaves with different people, including Joan's parents who remain relegated to the outside world. This finding supports the results of DePoy and Noble's (1992) qualitative study which found their participants feeling more comfortable with their friends, as hand holding could be taken as a taboo act with their families of origin. In these instances with family, when small expressions of love are excluded, larger rifts can develop over time despite closeness in other realms of the relationship.

Other couples describe parents who are much more tenuous with their support. For instance, Claire discusses how her parents were reluctant to accept her sexual orientation and relationship initially, but still helped them when they requested assistance. Claire explains, "... my father was still not able to mention Myra's name, but he would refer to us as 'the two of you'." Having her parents accept her in a relationship with Myra was a disturbing process for Claire who sought out support from others at the time she

could not count on support from her own family. Although Claire's relationship with her parents has improved, there is still some trepidation about being fully open and holding hands in front of her parents and the memories of her parent's reaction to her sexual orientation remains fresh.

For most of the couples, the realm of the outside world also includes health care professionals. For instance, Claire talks about how, while seeking a medical certificate of health, she encountered a physician who was "condescending.... and imposed her own cultural values," rather than accept Claire for who she is. After the physician asked a routine question about whether Claire was sexually active, she then asked whether she had "one or many boyfriends." Claire told her that she had a girlfriend. Later, the physician warned her against too much exercise and expressed that "I would become like a boy. It wasn't the kind of understanding that I needed to have from a physician." In this instance, the physician's assumption that she was heterosexual and her insensitive remarks, ensured that Claire would not return to her for care. The visit also left her feeling that physicians required more than a basic education regarding giving care to lesbians.

Some of the couples feel that Pap smears are less relevant for them because they are only having sex with women. One of the participants admitted to never having had a Pap. Claire discusses a time when she thought having a Pap smear would be proper, in light of her desire to prevent illness and promote her own health. The physician at the clinic began recounting stories about nuns and told her that "paps are 'frill' for lesbians." As a result, it was some time until Claire was able to find a physician who would give her

the type of services she required, in the manner she was comfortable with. These type of instances exemplify the results found in other studies of negative health care encounters and perpetuate the myth that routine health screening, which includes Pap smears, are not necessary for lesbians (Conway & Humphries, 1994; Stevens, Tatum, & White, 1996).

Rigid boundaries. Couple participants who describe themselves living in the margins of the closet also tend to have rigid boundary lines. They are less able to go outside their relationship and especially outside their immediate support system for support when a crisis occurs within their relationship. As well, their immediate support system has a limited range because of a lack of people who know about their relationship. For Barbara Ann, living in the margins of the closet means she is unwilling to declare herself and Miguasha as a couple and resists applying for same sex benefits from her employer. She is reluctant to apply because, "... there's office workers.... and I don't trust them." Therefore, although same sex benefits are available in many companies, couples who live more closeted are unable to benefit from such packages for fear of reprisals from their place of employment.

Heidi talks about how someone outside of their immediate relationship would not understand to the same extent about issues in their life as they do about each other. Therefore they have difficulty going outside their relationship for support in times of need. Another example is Paula and TJ. Although they go to the same physician, TJ is open about her sexual orientation and Paula remains closeted to this health care professional. The physician is unaware that they are partners. In this instance Paula's increased desire to remain closeted prevents her from telling her doctor and TJ, who is

more open about her sexual orientation, keeps Paula's secret for her. Therefore, their web of secrecy remains intact and they go about their outside lives separately.

The manner in which Paula and TJ access health care without informing the physician of their relationship is reflective of Stevens' (1994) study of 45 lesbians in which the women felt they were protecting themselves from possible mistreatment by health care providers. In the case of both Stevens' study, as well as Paula and TJ, the non-disclosure of sexual orientation is seen as being necessary for survival in a predominantly heterosexual world. Although in the long run this coping method may be detrimental due to additional stress and the physician's lack of full knowledge for decision making, the short term benefit is that the couples do access health care when required. Without this coping mechanism the women might choose to forgo medical care until their situation was dire, thereby leading to further morbidity.

Despite the fact that Paula and TJ, and Heidi and Rachel live in the margins of the closet, they all state that if serious illness struck they would come out of the closet. There would be nothing left to lose. As Heidi explains about Rachel's scare with an abnormal pap smear and the ensuing treatments, "... if something happened to her.... I don't think I would have hesitated in a second to tell people." Their love for one another would force them to come out of the closet even though they normally would stay in the margins of the closet. All of the implications for living out would fall away and be insignificant in the face of losing their partner.

Relaxed boundaries. For the couples who live either out, or out with a degree of carefulness, their boundaries are more relaxed and flexible. In times of crises they are

more able to go outside their relationship to request support. These couples also have a larger immediate support system because they have a wider range of people who know about and can support their relationship. As well, they are able to go into the boundary ring of the outside world to gather the support they require.

Joan discusses how although she lives most of her life outside of the closet, the health care system was a more difficult place for her to be open. Therefore Joan explains, "... (it was) one of the last places that I came out because it took me a long time to find a doctor that I trusted." For Joan and Gail, finding a physician they could trust and feel comfortable with outweighed the fact that Gail initially would have preferred going to separate physicians. Gail is now more comfortable with the fact that they have the same physician who is aware of their relationship. She explains, "... if there were some crisis it would feel a lot better than some doctor I didn't know." The benefits appear to be twofold as the couple is more comfortable and open with the physician and healthcare professionals can be more attuned to the care necessary for the couple. Joan's difficulty coming out to a physician is an example of Hitchcock and Wilson's (1992) finding that complex issues need to be handled before lesbians come out to their health care professionals. Without a level of trust, even lesbians who live out with a degree of carefulness, such as Joan, have trouble sharing their true identity with health care providers, who are then left to make assumptions that might affect the type of care the women receive.

Jeanie and Diane live their lives out of the closet and have very relaxed boundaries. When Jeanie's breast lump grew more suspicious and she required surgery,

they went to the physician together. They were open with their relationship and when Jeanie went into the operating room, Diane was at her side. Jeanie talks about the physician, "... (the doctor) was really clear that having Diane there would be the best thing for me and, in fact, for her too.... I would have her support." In this instance the couple was able to go into the outside world to ask for support for not only Jeanie but, for the two of them as a couple. Both of them were delighted with the openness of the surgeon and felt very satisfied that their needs were met. The experience also allowed health care professionals the opportunity to learn how to support a lesbian couple in their time of crisis and the couple's supportive relationship proved to be a strong resource for their well-being. If they had been a more closeted couple, this scenario might have had a different outcome and left healthcare providers in the dark as to the type of support that was required.

The lesbian participant couples have definite boundaries that either include or reject others in their lives. The inclusion of boundaries into their daily lives is an indication of their need to compartmentalize those people inside their immediate support system and those outside. Whether the couple is closeted is a large factor in their ability to seek support from outsiders in times of need and can be very significant when couples consider health care professionals to be outsiders. If boundary lines remain rigid, a health provider will lack full knowledge of the woman's reality and will then be less able to give appropriate respectful care.

The issue of boundaries is another instance where making the unfamiliar familiar and co-creating the bridges for the gaps is relevant. The bridging is very significant for

the couples living in the margins of the closet. None of the couples are islands unto themselves. They, like everyone else, require support at times of crises. The instance with Barbara Ann and Miguasha is a good indication that although the system is in place to support lesbian couples, they are not able to access deserved benefits for fear of reprisals. Therefore, the couples have the additional burden of finding resources they are comfortable enough with, in order to receive support.

Creating Comfortable Environments for Living

As seen previously, creating a comfortable nurturing environment for the couples require supportive partners. Environments that are supportive both physically and emotionally, outside the couple relationship, also assist the couple to live their everyday lives with greater ease. Without a supportive outside environment the couples may face further stigmatization and homophobic reactions leading to further isolation from the community in which they live. Unsupportive and isolating environments can also be a part of the break down of some lesbian couple relationships. I acknowledge that there may be difficulties that they women chose not to share with me, however, according to the information gathered, it appears that any major relationship problems have not been the experience of the couples. The years together in their relationships and the positive stories they shared with me are an indication that the couple relationship increases the women's resilience and capacity to deal with outside negative forces. As well, the women are able to situate themselves and create the best possible environments for them to live.

Ann and Susan describe their move from one section of town to another as a

positive change. The move enabled them to feel comfortable in a neighbourhood where more gay and lesbian people live and where they no longer feel anonymous and isolated in their home. The couple's neighbours at their old home were unknown to them and the couple felt a lack of connection to others in their neighbourhood. Connecting with other female couples they saw in the supermarket or elsewhere appeared impossible, therefore adding to their sense of isolation. As Ann states, "... I used to feel invisible.... (now) I feel a little bit more visible.... I feel all of a sudden *a lot* safer and yet, feel a lot less anonymous." Their added comfort level in their new home gives them a sense of belonging to the community and enhances their sense of well-being.

Since the couple's move, their home has become their sanctuary where Ann says she "recharges (her) batteries" after long work days. Their home is not where they go to hide. Rather, Ann and Susan's comfortable home life in their new neighbourhood is "the platform" that enables them to go out into the world with a sense of pride and acceptance for whom they are as women and as lesbians in a couple relationship. The environment outside their home assists them to feel safe and able to live openly as a couple.

When Ann and Susan moved, they also decided to change physicians to someone who was lesbian positive and closer to their new home. The couple notes that finding a physician is difficult because many of the physicians who advertize in the gay and lesbian press turn out not to be taking new patients. They found the physician through networking with friends, which is in keeping with previous studies that report similar findings (O'Hanlan, 1995). Once they found a new physician, they discovered that being able to see her when they were suddenly ill, was not possible. Instead they were told to go "to an

urgent care clinic” by the receptionist. Ann and Susan find this frustrating and unacceptable. They feel the number of physicians they can pick from is limited by “the nature of a small insulated (lesbian) community.” Therefore, Ann and Susan have difficulty finding someone they can trust to give them the care they need in a timely manner. The inaccessibility of appropriate care is an issue, despite the couple’s best intentions to great a comfortable environment for health care.

A hostile environment can lead to further stress. Therefore, TJ and Paula, a couple who live in the margins of the closet, found it necessary to come out to their landlord. Coming out allowed them to create a safe and comfortable place where they can be themselves. Creating this space was especially important for this couple as their boundaries between the outside world and their relationship are quite rigid. Without this space they would be further restricted and oppressed with nowhere to go to find solace from the pressures of the heterosexual world.

In an attempt to create a comfortable health care environment and find a physician who “listens to who you are”, Claire and Myra searched for and found a female “self declared feminist physician.” The experience left them feeling disappointed. Although they found that the doctor was interested in knowing them as people, Myra states “the principle was good, the execution left a lot to be desired.” In effect, the “20 feminist questions” became “a formula and (it) didn’t really work all that well.” They have since found a physician who as Claire states “is straightforward.... (and) seems to remember who you are from one (visit) to the next.” As well, the couple does not feel they are like “cars being serviced.” Rather, they are being treated as whole individuals with complete

lives that influences their sense of well being, which includes their emotional and physical health.

Heidi and Rachel, another couple who live in the margins of the closet, find that the atmosphere of Provincetown in Cape Cod, considered to be a mecca for gays and lesbians, offers them an environment where they “let loose.” As Rachel states, “... this is *our* time, our space.... to get recharged....” Rachel concludes that the outside positive environment found in Provincetown influences their relationship and promotes a sense of happiness about who they are, when they arrive back home from vacation. Heidi concurs by stating “positive will create more positive.” Still, coming home from vacation leads the couple to return to the margins of the closet. Therefore, their sense of freedom in Provincetown is short lived.

Joan and Gail feel that different situations and unsafe environments sometimes affect the couple’s ability to live out. Although they live out with a degree of carefulness most times, they too have felt homophobic reactions that take them further into the closet at times. The couple talks about the time they lived in California. They felt especially comfortable in the lesbian friendly environment of California until one day while walking down the beach hand in hand, they received “the look.” Joan and Gail realized what had been missing in California that they were accustomed to receiving elsewhere. It was the look of homophobia that had been absent in their lives. After the experience on the beach the couple came to understand the difference that environments can make in their lives. They had become accustomed in that environment to being able to hold hands, something which they usually do not do elsewhere. Forgetting about homophobia when it was not

present in their everyday lives was easy for them. However, after receiving this homophobic reaction, the couple understood the “palpable difference” between assumed acceptance and living in a generally homophobic world.

Living out of the closet is dependent upon one’s station in life. Being a couple that live out always, Diane and Jeanie understand that openness is not possible for all lesbians. Diane described how, living in the part of the world and sector of society they live in, aids in their ability to live openly. Diane goes on to say, “for some people (living out) is much rougher than for others.... I live a very privileged life.” As well, Joan feels that working in a privileged field where they are protected from being fired means that they can live out, although career opportunities may be limited.

The environments in which these couples live have an influence on their ability to live openly or closeted, as well as their comfort level in their individual situations. Therefore, the environment influences the fluctuating degree of outness in which the couples perceive themselves to be living. As couples experience various levels of acceptance in their day to day lives, they also portray various degrees of outness. In effect, the couples “slide” along the spiral, ever-changing environment, toward living further out or further closeted depending on their situation. When the environment is accepting and comfortable, the couples reciprocate by being open and letting their boundaries down. When they perceive homophobia, the couples respond by moving further toward the closet and erecting boundaries which shut others out. They then rely more on each other and less support can reach them from the outside world. As suggested by Greene et al. (1999), the movement towards more rigid boundaries and a

greater reliance on the couple relationship is a positive coping mechanism, rather than a dysfunctional one. The strength of their relationship enables the women to feel comfortable enough to find an environment that will support their degree of outness which, together, becomes a resource for their sense of health.

The environment can greatly influence a couple as they live their lives as individuals, as well as the way they relate to each other as a couple. In some cases the couples can create part of their outside environment by moving, or by putting supportive people around them. In other cases they are at the mercy of their present environment. The couples in this study have adapted their lives in order to cope with adverse and beneficial environments and their relationships afford them the additional comfort level in which to live their lives.

Putting The Themes Together to Find Meaning

Making the unfamiliar familiar and co-creating the bridges for the gaps is the finding that frames the couples' lives as they decide how out and how close to others they want to live. The women support each other as they share common female experiences in their egalitarian relationship and in their environment, while still living in a homophobic world. Having very few guidelines upon which to base their relationship, enables the couples to be themselves, by themselves and this is where the meaning for their relationship is situated. Acknowledging fully who she is as a lesbian means living life as that whole person. From there, she becomes part of a couple relationship where each individual co-creates their everyday living together. With their lives well grounded in who they are as lesbians, they can have all of themselves to share with their partner. The

women's sense of health and well-being revolves around their couple relationships, as a factor that nourishes and builds their strong couple relationship and in turn, nourishes them individually. The privilege they feel by being in full relationship with each other is the simple beauty of being together as all of who they are.

While sharing their stories, the women described their relationships most eloquently. Claire talks about her "being in full relationship" with Myra. She expands on the notion of "full relationship" as being open and honest, with a complete sharing of each other in all aspects of their lives. TJ describes what her full relationship means to her.

All of the hassles, all of the problems.... are all worthwhile because (Paula's) at home. I can get through them all because I know she's there.... cause our strength is in many ways derived from the fact that we have each other...

Paula finishes by saying,

.... We find value and meaning through the relationship.... The bottom line for me is that if I'm not, like absolutely, if there is a word 'crazy' that describes how I feel about her, and if I didn't care about her the way that I do and I'm just in love with her. So, I think that because of that, and because I know she loves me, it's a two way street with us.... It's the way that she reacts to me and the way I react to her that shows this bonding, this love, this thing that we have together. That's what has allowed us to be, and to have become the individuals that we are today. Through this love, through this relationship.

According to Sartre, meaning and value are only created in the space between a

person's past, present and future and their everyday reality before they even think about it (Palmer, 1995). Therefore, it is the everyday being together that brings meaning to the couple's relationship. The sheer pleasure of sharing good times together in full relationship with each other makes everything else they may encounter in their lives worth it to them. In this manner, their relationship becomes their resource for not only their own happiness but, their resource which creates, promotes, nurtures and maintains their sense of health and well-being.

Chapter Five

The seven lesbian couples in this study opened their doors and then their hearts, to enable an extensive understanding of their everyday world. Their stories formed the basis for this study. The findings confirm that the rich, full lives lesbians live with their partners is something to be acknowledged, rather than swept under the rug as an insignificant part of their lives. This chapter begins by giving a summary of the study, followed by implications and recommendations. Directions for further research is presented next and the thesis will conclude with some final reflections.

Study Summary

Lesbians couples were defined in this study as women who have an ongoing relationship with another women and self identify as a lesbian. Living with a minority status, the couples in this study flourish in their relationships and in their outside lives. In making the unfamiliar familiar, the women have co-created the bridges for the gaps successfully. Bringing together their past, present and future allows the women to forge their unique lives in today's society, although their early socialization leaves few guidelines for them to build upon. Co-creating never ceases as the women live together and share their journey.

As the couples shape their relationships, they make decisions and choices that seem most reasonable to them and gives them an element of control in their lives. One of the choices includes how open to the world they will be. Some of the couples believe the margins of the closet is most appropriate for them. They feel the stress of constantly having to watch their words and actions. However, they feel safer keeping their sexual

orientation private in order to avoid homophobic reactions. The couples who live out with a degree of carefulness also believe there is safety in disclosing their sexual orientation to others. They worry less about benign homophobic reactions, such as inappropriate comments and jokes, although they are acutely aware that their openness could make them targets for more violent homophobia. The women who live out with a degree of carefulness also feel the stress of having to come out again and again every day of their lives. Most of these women choose to come out rather than be assumed heterosexual, which they see as a form of erasure of their reality. The one couple who made the political decision to live out always see this way of living as providing more perks than staying closeted, although there have been instances where homophobic reactions have come up in their lives too.

The degree to which the women live openly as lesbians also influenced what became known, as the findings evolved, as boundary rings. More closeted couples choose to have more rigid boundary rings which, in effect, keeps the outside world at bay. Another way of perceiving this is that the degree to which the women feel oppressed as lesbians, keeps them in their place; out of view from society. Therefore, the women are left compartmentalizing their lives into the inside and outside worlds, with very little left for an immediate support system. As a result of rigid boundaries, the women found it more difficult to ask for support from others, including health care professionals, in times of crises, or to accept their right to legislated benefits to which they are entitled. Access to appropriate respectful health care is an issue as well for these couples whether they choose to hide, or disclose their sexual orientation. The women seem to take this all in

stride, as a normal course of events for people living in the margins of society. The pain is felt, however, when parents become relegated to the outside world due to their inability to accept their daughter's sexual orientation or, more importantly, are not even made aware of it.

The couples who live out, or out with a degree of carefulness, have much more "fuzzy" and fluid boundaries which enable them to ask for support much more easily. As well, the circle of people in their immediate support system is much larger, giving them the opportunity to receive more assistance in times of need. Still, for some couples, the health care system seems to be the last bastion for being open about who they are. For others, however, their determination to live out always, leaves them open to receive support whenever and from whoever support is needed. They may be reluctant to see this as educating others as they feel they are just "living their lives." However, the end effect is education for those who may not be aware of the needs of lesbians. Only with fluid boundaries can sharing of information and support be the result.

Whether living in the margins of the closet, out, or somewhere in between, the couples in this study exemplified mutuality and supportive relationships. The mutuality results in sustaining both partners because giving of themselves results in receiving as well. The highly supportive nature of the couples' relationships is an experience that builds capacity for the women to carry them through the trials and tribulations of their lives, as well as any health crisis. Their added capacity empowers them to be able to rely on themselves when they need to as well as allows them to grow both individually and as a couple. Self reliance and self-care are especially important for the women who live in

the margins of the closet with more rigid boundaries. However, the additional capacity and resilience to detrimental forces is an important factor for all of the women. Social and emotional determinants of health which includes well-being, are what influence the couples' sense of health, which is promoted due to the mutuality of their relationships and the capacity it builds in their lives. The sense of control they feel about their choices contributes to their well-being, even if increased stress levels due to homophobia may be detrimental to health.

Regardless of the couples' ability to create a comfortable environment within their relationship, the couples still need to live in the world at large. Fortunately for these women, they are able to create environments where they can live comfortably because of the privilege of education and monetary ability. For some, the road to this comfortable place has been rougher than others. As well, environments change when couples move around in their everyday lives. Therefore, the woman's degree of outness changes with the environment she is in. Less accepting environments, including health care settings, mean that the boundary walls of the closet increase and visa versa in safer and more supportive environments. Environmental changes also influence the amount of support and reliance on each other that the couples experience. Therefore, how safe a woman perceives herself to be will influence how she governs herself in the rest of her life. This factor is especially important for health care settings where a lack of safety can lead to different results. In some cases the women may not feel open to be themselves, however they continue to see the health care professional without giving full and accurate descriptions of themselves. In other cases the women may come away with a conviction

never to return, and they never do.

The women's ability for mutuality is assisted by the commonality they share as women. The depth of their relationship is enhanced by their heightened ability to understand issues that come to the forefront everyday. Whether the issue is emotional or physical, the women understand and can empathize with their partners because of the commonality of women's experiences. Commonality is part of the cement that bonds the women in their relationships. Together with mutuality, the women's capacity to endure times of stress, as well as times of illness, are enhanced.

Having egalitarian relationships is very important for the women in this study. Some couples find that this is an easy process for them. For others, there was a need for discussion that would allow them to create environments where they both feel they are contributing equally to the everyday running of the household, even though this may not be the real situation. The reality for these couples, though, is that they all *want* to share equally in the daily routines and obligations of their households. Power issues are handled with an eye to minimizing them, as the women are acutely aware of how power imbalances and stake holding can be detrimental to their relationships. As a result, the couples feel they are at the leading edge of defining true egalitarian relationships as there are few guidelines on which to base job distribution, when both members of the couple are female. Co-creating, therefore, is a major factor when division of labour issues arise.

One factor that is most detrimental to the couples' lives and sense of well-being is homophobia. Actual homophobic occurrences do not have to occur for the women to feel the effects of it. The awareness that homophobia exists and the reality of heterosexist

attitudes are enough to keep some of the women living in the margins of the closet. For others, the threat of homophobic reaction is not enough to keep them from living openly. In any case, the constant drone of a society which is generally unaware of lesbian couples, or actually homophobic, is something all of the couples live with everyday of their lives. Only when situations are very comfortable for them can they forget about not being accepted by society's majority. Otherwise they remain, at the very least, aware of their living in the world, if not vigilant for signs of homophobia. This is something other sectors of society have difficulty comprehending. However, living in the margins of society offers this view.

Through the day-to-day issues the couples in this study face, they make the unfamiliar familiar by co-creating the bridges for the gaps in knowledge. Their sense of health remains positive. For physical health is not the only component, nor the sole determinant, of a person's sense of health. "Health is influenced by the total environment within which a person lives" (Mardiros, 1994, p 133). Therefore, it is incumbent upon nurses to promote social justice for lesbians living in our society by implementing activities that increase knowledge and acceptance for these women.

Recommendations and Implications

The recommendations in this section come from the results of the study and are influenced, as well, by the principles of primary health care so essential for health promotion and social justice in the community (Stewart & Langille, 1995). Communities, groups and individuals can benefit from primary health care principles. The principles are: accessibility, public participation, intersectoral and interdisciplinary

collaboration, appropriate technology, and health promotion and illness prevention.

Communities. Some of the couples discussed the decreased need for Pap smears because they are having sex only with women. At least one of the women has never had a Pap smear because she believes Paps are mainly for heterosexual women. It is therefore important that advance practice nurses working in the community recognize that many lesbians will not seek health promoting interventions, including Pap smears. Being aware of this, the nurse can explore alternative methods for promoting health that may be more acceptable for the women. By putting herself "in the path" of the lesbian population, the nurse would have an opportunity for sharing health promoting information. This may mean attending Gay Pride Parades, or lesbian community events and setting up a booth where the women can pick up brochures and ask questions. The opportunity to collaborate with the organizers of the events may lead to further health promotion occasions and increase the participation of the community in health promoting activities.

If resources were targeted to address lesbian reality, health care professionals could truly give inclusive care for entire communities and increase accessibility for health care by lesbians. By making the assumption that everyone is heterosexual, nurses and other health care professionals are effectively erasing lesbian couples' realities and, in so doing, miss opportunities to give appropriate, respectful care. Health promotion and illness prevention require an open and honest approach where participation can be enhanced. Only when health care providers understand how lesbian couple relationships are a resource for the women's health and use this positive aspect to promote the health of the community, can they also begin to give appropriate, respectful care when it is required

for individuals.

When dealing with population health issues and health promotion for communities, it would be beneficial for advanced practice nurses to target lesbians as they would any other minority group, thereby increasing accessibility to health promoting activities. For instance, breast self examination pamphlets need to be inclusive of woman only relationships, rather than merely show a picture of a young heterosexual couple. Without being able to see herself in the health promotion ideal and having the experience of her health promotion needs negated in the past, a lesbian may forgo the information because it does not address her needs and apply to her. Her participation in health promoting activities requires the woman to have a sense of belonging, rather than merely the recipient of information.

Groups. Another significant area where advanced practice nurses can influence the care given to lesbians, is education for other nurses, in order that lesbians and lesbian couples receive appropriate, respectful care. This teaching role is especially important for nurse educators at all levels. Young student nurses need to understand that their female patients may be lesbians (even in obstetrical wards) and they require the knowledge to deal with situations appropriately. Lesbian couple education could also be instituted in Family Systems classes. In this manner, nurses would be armed with the appropriate “technology” to assist clients respectfully and thereby increase the woman’s sense of health.

In relation to interdisciplinary collaboration, nurses in positions of authority could educate other health care professionals about homophobia and how appropriate,

respectful health care for these women is essential. When health care professionals attempt to understand and put into practice the notion that lesbian relationships can be complex, stable and valid relationships, whose intricacies need to be understood, they will be more likely to give respectful, appropriate care. As well, a consideration for nurses is to institute a zero tolerance policy for homophobia they witness, just the same as they would for racial prejudice and sexist remarks. By developing personal and institutional policies, nurses could deal with homophobic behaviour directly if it is noted. Intersectoral collaboration in developing policies would go a long way to increase the knowledge base for all concerned, as well as open a venue for discussion on oppression in general.

Individuals. Some of the women in this study use complementary, or alternative therapies, instead of visiting medical facilities. If health care professionals reinforce self-care health promoting activities which lesbians are following, the health care provider would be in partnership with the women. In this manner, the women would retain control of their situation. Should the woman decide to seek care in a more mainstream setting, questions need to be asked about prior methods for dealing with their problem or health promoting strategy, thereby limiting conflictive therapies. However, it is incumbent upon the health care professional to honour the choices the woman makes for her own well being.

As seen in this study, not all women are willing to come out to their health care professional. Therefore, by keeping an open mind and conveying openness to women's experiences, many lesbians may be willing to come out, thereby disclosing the support

system they have available to them in times of need. Also, it is important to accept that a lesbian may never come out, no matter how open the nurse may portray herself to be. Boundaries can be very rigid, especially with extremely closeted lesbians who may not even use the word “lesbian” to describe themselves. More than having the “correct” set of questions to ask lesbians, an accepting attitude will promote accessibility to health care professionals in times of need, and enable the women to feel comfortable in the surroundings. The health care professional gains an accepting attitude by clarifying her beliefs and values about gays and lesbians. Only through values clarification can the healthcare professional hope to extend an open door for lesbians.

To encourage values clarification, The College of Nurses of Ontario could offer a section on this topic in their Standards of Practice documents which would then influence Reflective Practice Guidelines. In this manner, nurses would have a basis to reflect on their own practice. Presently, there is a scenario which depicts a lesbian experience included on page 11 in the Guide to Nurses for Providing Culturally Sensitive Care (College of Nurses of Ontario, 1999). Although the scenario appears appropriate, its placement in a guide for cultural issues can be questioned, as lesbianism cannot be considered a culture, similar to one’s ethnicity, race, or religion. Therefore, the scenario may be better placed in either the Standard for the Therapeutic Nurse-Client Relationship (College of Nurse of Ontario, 1999) on page 7, or on page 7 in the Resuscitation Standard for Nurses in Ontario (College of Nurse of Ontario, 1999). As well, The Ethical Framework for Nurses in Ontario (College of Nurses of Ontario, 1999) could refer to issues of concern for lesbians in Client Well-being on page 6, or Client Choice on page 7.

By including lesbian issues in a variety of areas, nurses would encounter opportunities for learning and reflecting on their practice when dealing with women and lesbians. As well, a learning plan could be instituted if the nurse required further learning about lesbian lives and/or values clarification.

To be more accessible to lesbian clients, nurses need to use inclusive language that might lead lesbians to tell the nurse about their resources and their support system, whatever that may be. Inclusive language would include talking about a “partner”, rather than a husband when discussing supportive relationships, or asking whether a woman has sexual relations with a man, woman, or both. Furthermore, the nurse can invite an accompanying partner into the discussion. Responding to the answers to the questions and accompanying partners would require a calm, accepting manner. In this way nurses would be better able to assess the social supports and resources of the clients they are treating. This, of course, is relevant to the care given to all clients.

Public participation and accessibility to appropriate health care are diminished when nurses only have partial understanding of their clients' reality. The myth among many health care professionals is that lesbian relationships are not an important aspect of the care they give to women (numerous personal communications, 1995 - 2000). One can see how incomplete information can influence the care given, if one imagines this situation to be similar to assuming an elderly widow has no support system at home. Only after careful examination can a thoughtful nurse realize that the client has been living in the same apartment building for twenty years. Longstanding friendships with her neighbours have now blossomed into a complete support system with neighbours

calling on each other daily and keeping tabs on the activities in the building. In effect, this client has a very complete support system and rather than needing placement, the client only requires a visiting nurse to check on the progress of the client. In this manner, complete, open-minded history taking is essential for a full picture of the client's reality.

This study has attempted to counteract the belief that the only valid relationships are legally sanctioned heterosexual ones. However, this is not meant to stereotype single lesbians as being automatically at increased risk because they do not have a partner. Rather, whether in couple relationships or not, lesbians, like all people, need to be treated respectfully. Therefore, the importance of appropriately assessing resources cannot be overstated.

Directions for Further Research

Included in the findings of this study are some areas that lead to a need for further explication. As well, some findings beg the answer to other questions. This section will, therefore, offer some directions that further research could take.

As the couples ranged in degree of outness from living in the margins of the closet to living totally out, the women's experiences ranged greatly as well. Therefore, further studies that grouped degree of outness as a single phenomenon, would be helpful to more fully understand the issues prevalent for each group. Finding very closeted lesbian participants would be a definite challenge for this study. However, with further understanding, research could uncover the nuances and practices that have led to and keeps lesbians closeted. Stress levels could be examined in each group as well and recommendations to assist the women at various degrees of outness could then be

instituted.

One aspect of the interviews that puzzles me is the couples' use of laughter. In the first interviews the women laughed approximately 675 times. As this was outside of the topic of this study, I pursued the issue of laughter only on a cursory level. When questioned about their laughter during the second interviews, the women suggested it could be their expression of nervousness from being interviewed. One couple suggested that it could be a reflection of their happy, stable relationships and added that they would not be laughing if there was tension between them. Therefore, researching laughter among lesbian couples might be an interesting topic for future research as the results could possibly explain the coping style of the women.

One of the women in this study strongly identified with her ethnic cultural background. Therefore, her stories and concerns were somewhat different from the other women. Although the subjects she raised were interesting and important, addressing them in this study would have been too revealing and breached her anonymity. Therefore, it is recommended that a further study only examine the experiences of lesbians from non-Caucasian backgrounds. As a result, the issues of the women can be revealed while still protecting their anonymity. As well, this type of study would be very relevant for women who identify strongly with an ethnic group that reflects a pronounced sense of homophobia.

All of the couples in this study were Caucasian. Therefore, another opportunity for research could be found with multiracial couples. The intricacies of their lives as they manoeuvre in a society that is still sometimes biased toward Caucasian people, would

lead to a better understanding of the stressors present in their lives. In this same vein, one could examine the economic circumstances these women find themselves in and whether this differs from ethnically homogenous couples.

Most of the couples in this study were well educated and financially stable with many of the women having PhDs and high paying careers. Therefore, repeating the premise of this study with lower socio-economic couples would offer another view of lesbian couple life and build further on existing knowledge. As well, this type of research would lessen the bias of studying more socio-economically advantaged participants, something this present study was not able to accomplish.

The relationships examined in this research were depicted by the participants to be happy and stable ones. Exploring relationships in which the women were experiencing difficulties that may lead to relationship breakdown, would open another avenue for inquiry. This added dimension to the experiences of the women would increase nurses ability to institute interventions that would appropriately assist those experiencing relationship instability, as well as other couples.

Although some of the women had experienced past illnesses, this aspect of the study was not examined in depth. Therefore, a study that examined lesbian couples undergoing life threatening or major illnesses would capture how couples deal with the stress of the illness. As well, the study could reveal how their relationship either adds to, or alleviates the stress of a major illness. This type of study would augment the previous study by Mullineaux and French (1996).

Another study that would add to the knowledge base about lesbians and their

health would be research that compared lesbians who are in couple relationships with those who are single. The study could be either qualitative or quantitative in nature and examine the differences in coping, quality of life issues and stress levels of the participants. One would come to a greater understanding then whether the lesbian couple relationship increased quality of life and what, if any differences there might be in the women's general sense of health.

Only through further research can there be a greater understanding for lesbian life. Until more is known, theories for respectfully and appropriately caring for this sector of society will elude nurses. The time for studies that focus on the negative aspect of the care received by lesbians has passed. Further research needs to examine and celebrate the lives that lesbians lead while maintaining a forward trajectory towards assisting lesbians to lead long and healthy lives.

Final Reflections

The study presented in this thesis speaks of the here and now of these 14 women. Their "truth" will change everyday, as will all our truths. Therefore, this study only describes and attempts to elucidate the couples' reality, not to categorize them or other lesbian couples to one way of being. Rather, the study is meant to open readers minds towards a deep sense of understanding for the reflected reality of these women's present lives. With this understanding, it becomes clear that these couples experience the richness of their woman-to-woman relationships as a resource for their well being and their sense of health.

My own journey with this study took me from having my own ideas about lesbian

couples, to building a new understanding for what was “real” for these seven couples. As I entered their homes and their lives, I experienced new ways of looking at issues. Being a lesbian myself created an atmosphere in the interviews where there was a tacit understanding of some issues. However, their own way of viewing the world took precedence over my initial thoughts. Entering their homes as a “native,” also in a couple relationship, meant that the couples could begin their stories at a deeper level as there was a commonality of experiences. I refrained from sharing my own stories until the second interview because I wanted their stories to come out without direction from me.

However, by the second interview, the women were anxious to know what my partner and I, as well as other couples, experienced in our everyday lives. The connection we created helped to build relationships that enabled further discovery of issues on all of our parts. I respect the choices they have made and continue to make in their lives. This “speaking *to* each other” is what created the findings such as they are. Another researcher would have built other connections and may have found other issues to delve into.

When I speak of these couples, I speak of myself as well. Their experiences have sometimes been my experiences. I share many of their thoughts and feelings and my relationship is also a rich resource that nurtures my sense of health and well-being. I have lived in the margins of the closet and paid the price of not being true to myself. As well, I have felt the pride of being open and honest about my sexual orientation. The angst of reaching out to others so that my partner and myself can be supported in our times of need is also an experience I have been acutely aware of. The support of my partner in everything I do rings true for these 14 women as well. Their laughing has been my

laughter. Their struggle to fit in a world that is not always accepting is my struggle as well. We live our lives day to day, sometimes in the shadows and sometimes out in the open. I nod to their experiences as having been my own. Making the unfamiliar familiar is a journey, rather than a means to an end.

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Appendix A

Concept Descriptions

Bisexual	A person who is sexually attracted to both males and females (Avis, Drysdale, Gregg, Neudeltd, & Scargill, 1983).
Co-create	Defined for this study as: the act of both members of the lesbian couple working together to create a mutual relationship where the relationship can flourish and they feel insulated from the outside world.
Health	Includes “physical, social and mental well-being, and not merely the absence of disease or infirmity... Health is a resource for everyday life, not the object of living. It is a positive concept emphasizing social and personal resources as well as physical capabilities.” (World Health Organization, [WHO], 1998, p. 1). As well, in this study, sense of health and well being are terms used to mean the woman’s emotional and social sense of wellness within herself. Well-being “implies a certain level of vitality and resistance to disease. Examples are measures of psychological well-being, self-esteem, sense of control over our own lives, or job satisfaction” (Federal, Provincial, and Territorial Advisory Committee on Population Health, 1996). This study, therefore, focuses on social and emotional determinants of health, rather than physical elements.

Health behaviour	“Any activity undertaken by an individual... for the purpose of promoting, protecting or maintaining health, whether or not such behaviour is objectively effective towards that end” (WHO, 1998, p. 8).
Self help (treat)	“Actions taken by lay persons to mobilize the necessary resources to promote, maintain or restore of the health the individuals or communities ... may also encompass mutual aid between individuals and groups. Self help may also include self care - such as self medication and first aid in the normal social context of people’s everyday lives.” (WHO, 1998, p. 19).
Sexism	The system that keeps male dominance and control (patriarchy) in the social construction of today’s western society (Pharr, 1988).
Social networks	“Social relations and links between individuals which may provide access to or mobilization of social support for health.” (WHO, 1998, p.19).
Social support	“That assistance available to individuals and groups from within communities which can provide a buffer against adverse life events and living conditions, and can provide a positive resource for enhancing the quality of life.” (WHO, 1998, p. 20).
TransGendered	Originally defined as a pre-operative transsexual who has no desire to have Sexual Reassignment Surgery. It later became a catchword for transvestites, transsexuals, female and male

impersonators, drag queens, intersexuals, gender dysphorics, and those that do not fit any gender label. (Sexuality.org, Society for Human Sexuality, 2000).

Appendix BConcepts Used by Sartre and Their Descriptions (Palmer, 1995)

- | | |
|------------------------------------|---|
| 1) Being-for-itself | A form of consciousness which is part of a person's past, present and future. |
| 2) Being-for-others | The notion of being objectified by others. |
| 3) Being-in-itself | Reality before human intervention, without meaning or value. Meaning and value are only created in the interval between being-for-itself and being-in-itself. |
| 4) Being-in-itself-for-itself | A god-like being that is simultaneously full and empty waiting to be filled. |
| 5) Being-in-the-midst-of-the-world | When an individual chooses to be seen as an inert object (being-in-itself) rather than being-for-itself. |
| 6) Being-in-the-world | The notion of choosing oneself as a real being, actualized in ideas, beliefs, activities, desires and meanings. |

Appendix C

Sample of Open Ended Questions

1. What is it like for you to be in a lesbian relationship?
2. What does health mean to you as a lesbian couple?
3. What is it like for you to support your partner in her health?
4. What it is like to be a lesbian couple seeking health care?
5. What is it like to be a lesbian couple seeking to stay healthy?

Verbal and non-verbal gestures such as head nods and “uh-huh . . . uh-huh” will be used to encourage conversation. Other gentle prompts will be used for the couple to expand on certain themes. They may include:

1. Tell me more about that.
2. Explain what you mean by . . .

Couple Information

Name		
Pseudonym		
Age		
Years ID as a lesbian:		
At age:		
Years together as a couple		

Appendix D

Guidelines for Interviews

Interview One

- 1) Gain a rapport with participants.
- 2) Gather relevant data, i.e.: age, number of years self identifying as a lesbian and as a couple.
- 3) Actively seek out a broad collection of ideas and concepts by asking broad open ended questions..
- 4) Be open to positive and negative aspects of the women's stories.
- 5) Get a sense that the couple feels that I have a good understanding of their stories.
- 6) Leave the door open for the next interview.

Interview Two

- 1) Get reacquainted with the couple.
- 2) Summarize the events of the first interview.
- 3) Have the couple further describe and clarify their stories from the first interview to ensure understanding of the themes.
- 4) Suggest further topics that have become themes from other interviews to gain further depth of the subject.
- 5) Stop when there is no further new information forthcoming from the couple (saturation).
- 6) Opportunity to confirm, or refute this researcher's understanding of their experiences and resulting themes.

Appendix E

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**Lesbian Couples and Their Health: A Phenomenological Feminist Study
Information Sheet (Part of Consent Form)**

My name is Karen Polansky and I am a graduate student at the University of Ottawa. As part of the requirements for my Masters in Nursing, I am conducting a research study. You are invited to participate in a research project on lesbian couples and their health. This project will try to gain understanding into the realities of living as a lesbian couple and explore your relationship in your everyday life. The research will focus on how you live your lives as a couple and how this effects your sense of health. During these interviews you will be asked to talk about what it is like to live as a lesbian couple and your views about maintaining your health as a couple.

Two interview sessions are planned, with a possibility of a third telephone interview if there is a need. The first and second sessions will take approximately 2 hours and the third session may take up to 1 hour. All sessions will be done at a time and location of your convenience. All three interviews will be audio taped, then transferred into writing, and coded to guard your anonymity and confidentiality. I, Karen Polansky, will destroy the audio tapes after the analysis and report is complete. Any information that is obtained in connection with this study that can be identified with you will remain strictly confidential. You will have an opportunity to choose a false name for the purposes of the study. Only Karen Polansky will know your real name. Marilyn Mardiros (Thesis Supervisor) would be the only other person who may need to hear the tapes to verify the findings.

Findings from the study will be shared and may be published. Your name will not appear in any documents. Only anonymous quotations will be used when writing the report, and any identifying information will be deleted or changed to protect your identity. You will have an opportunity to clarify and verify my understanding of your experiences at the end of the second, or during the third interview. You will be provided with a summary of the results and have access to the final report.

You are free to refuse to answer any questions during the interviews and you may withdraw your consent and terminate your participation at any time, without penalty. You have the right to request that all, or part of the tape recordings be erased at any time. To ensure that this study remains for couples only, should you decide to withdraw from the study, your partner will be withdrawn as well.

There may be no direct benefits to you as a participant in this study, but the study may contribute to a better understanding of the health care needs of lesbian couples following the completion of the project. There are no anticipated risks for you stemming from this study and it is not expected that you will experience discomfort from your participation. Talking about personal lives and relationships may be emotional for some, however. If this should be the case, I am prepared to provide emotional support during and following the interview. The tape recorder can be turned off at any time until you feel ready to continue, or we can reschedule the interview. Should the emotional issues be beyond the scope of this researcher, professional counseling will be suggested.

You may contact Dr. Roger Proulx, President, Human Research Ethics Committee, University of Ottawa at 613-562-5800, ext. 4251 if you have any questions regarding human subjects rights approval by the University of Ottawa for this study.

Karen Polansky, RN, BScN., University of Ottawa MScN Student

Appendix F

Page 1 of 2

Informed Consent Form (See Information Sheet for Further Details)

Project Title: Lesbian Couples and Their Health: A Phenomenological Feminist Study

Investigator: Karen Polansky, RN, BScN, MScN student Phone: 613-748-3889

Investigator, Supervisor: Marilyn Mardiros RN, Ph.D., Adjunct Professor, Thesis Committee Chair Phone: 250-638-4082 Ext. 303

Affiliation: University of Ottawa

I have been invited to participate in a research project on lesbian couples and their health. This project will seek to gain understanding into the realities of living as a lesbian couple and explore my relationship in my everyday life. The research will focus on how I live my life as a couple and how this influences my sense of health. During these interviews I will be asked to talk about what it is like to live as a lesbian couple and the views I hold toward maintaining my own and my partner's health as a couple.

Two interview sessions are planned, with a possibility of a third telephone interview if there is a need. The first and second sessions will take approximately two hours and the third session may take up to one hour. All sessions will be done at my convenience.

There may be no direct benefits to me as a participant in this study, but the study may contribute to a better understanding of the health care needs of lesbian couples following the completion of the project.

THIS IS TO CERTIFY THAT I, _____ (print name)
HEREBY agree to participate as a volunteer in the above name project. I have read and understood the information sheet. I understand there will be no health risks to me resulting from my participation in the research.

I hereby give permission to be interviewed and for all three interviews to be tape-recorded. I understand that all information will be kept confidential. My name and any names that I mention, will not be recorded in the transcription, or identified with me in any way. I understand that the tapes will be erased at the end of the study, when the results are written. I understand that the information obtained in this study may be published, but my participation in the study will remain anonymous.

I understand that I am free to refuse to answer any questions during the interviews. I also understand that I am free to withdraw my consent and terminate my participation at any time, without penalty. To ensure that this study remains for couples only, if I should decide to withdraw from the study I understand that my partner will be withdrawn as well.

I have been given the opportunity to ask whatever questions I wish to, and all questions have been answered to my satisfaction. I may contact Dr. Roger Proulx, President, Human Research Ethics Committee, University of Ottawa at 613-562-5800, ext. 4251 if I have any questions regarding human subjects' rights approval by the University of Ottawa for this study. I understand that I will receive a summary of the results of this study and that I will have access to the completed report.

I may contact the principle investigator, Karen Polansky at the School of Nursing, University of Ottawa, 451 Smyth Road, Ottawa, Ont., K1H 8M5, or at her home phone 613-748-3889 at any time. I may also contact Dr. Marilyn Mardiros, at 250-638-4082 Ext. 303, if I have any further questions.

I acknowledge having received a copy of this consent form and information sheet.

Participant

Witness

Researcher

Date