

Practised Ways of Being: Theorising Lesbians, Agency and Health

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Transcript notations

[pause] Non-verbal cue or words added by the author to make the context clear

[laughter] Interviewer's interjections

... Indicates words deleted or omitted

¶ Indicates paragraph number from web page

– Marks self-interruption or change of direction in sentence

SD Introduces interviewer's question or speech in indented quotations

The American Psychological Association (APA) Fifth Edition style has been used throughout this document for referencing and layout.

Abstract

The contemporary field 'lesbian health' was shaped by a range of social and political changes in the last third of the twentieth century, as well as by discourses originating in the historical regulation of lesbianism. In discourse, lesbians have been produced as invisible, passive victims of heterosexist and potentially homophobic health-care providers. This project sought to understand how lesbians produce and manage their own health, and their interactions with doctors and other health-care providers. The research questions asked how discourses about lesbianism and the construction of the lesbian health field influence the ways in which lesbians construct and manage their own health, and how lesbians position themselves as they negotiate clinical spaces. Using semi-structured interviews, 19 women, aged between 22 and 64 years, who identified as lesbian, gay, same-sex-attracted and queer were interviewed. Interview data were analysed using discourse and content analysis.

When they engaged with the health-care system, some participants produced their lesbianism as a social matter of no relevance to health; while for others their lesbianism was central to their health. An analysis of power relations revealed the complexity of ways the participants used agency to speak or remain silent about their sexual orientation. This was motivated by complex embodied understandings about the potential for emotional, physical or ontological harm involved in coming out in clinical spaces. Some chose to remain silent all, or some of the time, others to assertively identify themselves as lesbian. This depended on a range of contemporaneous factors including safety concerns, past experience and personal judgement. Whether to come out or not in the medical encounter was not necessarily a conscious decision, but was shaped by the individual's embodied 'sense for the game'. While the health-care system had frequently provided less than optimum care, these women were not passive, but used agency to decide whether or not their sexual orientation was relevant to the medical encounter.

Statement of Authorship

Except where reference is made in the text of this thesis, this thesis contains no material published elsewhere or extracted in whole or in part from a thesis submitted for the award of any other degree or diploma.

No other person's work has been used without due acknowledgement in the main text of the thesis.

This thesis has not been submitted for the award of any degree or diploma in any other tertiary institution.

All research procedures reported in the thesis were approved by the Human research Ethics Committee at La Trobe University.

Signed:

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Date:

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