LESBIAN EXCLUSION: ‘I DIDN’T LEARN IT IN A COGNISANT SENSE, I ABSORBED IT THROUGH MY SKIN’

SUZANNE DYSON

Abstract

This article explores the ways in which a group of women in a study about lesbian health negotiated their sexual identity over time. This occurred through experiences of exclusion, being rendered unrecognisable as lesbian subjects and by embodying normalising and homophobic discourses that produce lesbianism as deviant. Many of the experiences related by the women happened early in their lives, but the impact remained with them in the present. These experiences affect the ways in which they negotiated the health care system and their own sexual subjectivity. The paper draws on the work of queer theorist Judith Butler in relation to survivable subjects, intelligible genders and domains of speakability. It concludes by drawing attention to the implications for this in clinical practice.

Key Words: Lesbian identity, recognition, subjectivity, exclusion, speakability, Butler

Introduction

This paper draws on qualitative doctoral research carried out between 2001 and 2006 that sought to understand how a group of lesbians from the state of Victoria, Australia, produced and managed their own health, and to understand their interactions with health-care providers. Lesbian health discourse has tended to focus on lesbian invisibility in health services being responsible for poor service provision and less than optimal health outcomes for many non-heterosexual women. Nineteen women were interviewed to understand the ways in which discourses about lesbianism and constructions of the lesbian health field inflected the ways in which lesbians construct and manage their own health, and how lesbians position themselves as they negotiated clinical spaces. Ethics approval was obtained from the Human Ethics Committee at La Trobe University to conduct this research.

While the women in this project had no problem identifying with lesbians as a group, a minority actually claimed a lesbian identity, preferring instead to identify as dyke, queer and gay, or to refuse identity altogether. Few saw themselves as invisible. They managed their interactions with health care providers (including counsellors) strategically, making a choice to come out or remain silent about their sexuality depending on whether they judged the provider to be trustworthy and conditions to be safe.

One of the questions I asked in interviews was about how participants first learned that there might be something wrong with their feelings of attraction or desire for other women. Three themes emerged – lack of recognition, exclusion, and embodied knowledge.

Being out or passing are both options for sexual minorities, unless they choose to be visible, lesbians can go unrecognised. Butler (1997) raised the issue of “survivable subjects”:

One ‘exists’ not only by virtue of being recognised, but, in a prior sense by being recognisable. The terms that facilitate recognition are themselves conventional, often through exclusion and violence, the linguistic conditions of survivable subjects (p. 5).

Stereotypes, assumptions and representations of lesbians transgressing gender norms can operate to shape the lesbian sexual subject by limiting what is acceptable feminine appearance and behaviour. Regardless of the time, acceptable expressions of sexuality appear to be inextricably linked with the limits of nor-
malised femininity and gender roles, and the threat of transgressing these norms also functions to regulate homoerotic attraction and desire. In relation to this Butler (1990) introduced the concept of ‘intelligible genders’:

‘Intelligible’ genders are those, which in some sense institute and maintain relations of coherence and continuity among sex, gender, sexual practice and desire ... certain kinds of ‘identities’ cannot ‘exist’ – that is, those in which gender does not follow sex and those whose practices of desire do not ‘follow’ from either sex or gender (p. 17).

Butler also argued that subjects who transgress the limits of normative gender are constructed through exclusion, because they fail to conform to unspoken normative requirements. These can be seen as hegemonic, in that they constitute a common, meaningful material framework within the social order (Binford 1998).

For the women in this study it was often the thoughtless words and immature teasing that were most powerful in regulating their behaviour and suppressing subjectivities. The outcomes the women in this study ranged from depression to concealment, and even suicidal ideation.

**Recognitional**

The stereotype of the mannish lesbian has a long history of functioning to limit the boundaries of acceptable gender and sexual expression for women. Colleen (64) and Jenny (32), while being a generation apart in age, both identified this stereotype as having an impact on them as sexual beings.

Colleen’s mother’s disapproval of women who transgressed gender norms played a key role in Colleen’s perception of her own sexuality well into her adulthood. Colleen’s mother was vocal in her disapproval of women wearing what she saw as ‘masculine’ clothes. I asked if there was ever a time in her life when she had discussed sexuality with her mother, to which she replied:

> Oh, no, no, she didn’t approve because, you know, we used to go and watch the tennis and I wanted Navratilova’s autograph. I did get it, but [mother] said to me, oh, you’re not going after that man, are you? So I said, oh, mum, you just don’t like sport, and she didn’t, you know. That’s all she said about it. She didn’t approve of her. She thought that was sort of too mannish.

The presence of Navratilova as a high-profile lesbian and a strong muscular woman became a focus for her mother’s disapproval of what she saw as masculine women. This appears to have been connected with a perception of a deviant performance of gender/sexuality and Navratilova was constituted by Colleen’s mother as not ‘existing’ as a woman (as described by Butler above).

One possible way of viewing Colleen’s mother’s disapproval of women wearing slacks is as an effect of her generation, in which women were less likely to wear pants. However, the association between lesbianism and masculinity also affected Jenny (32) who was half Colleen’s age. Jenny related how, when she was a younger woman, her mother had communicated her disapproval about lesbians:

> Lesbians ... the visible ones that I saw would be the ones that my mum would be quite horrified with. [She would say] ‘that Martina Navratilova, she’s really butch [laughter] and she looks like a man’. And so lesbians to me were people who wore steel cap boots and short hair and leather jackets.

It was apparent that for both of these parents the emergence of Navratilova served as an archetype of the mannish woman (read lesbian). She thus provided an exemplar they did not want their daughters to emulate.

Despite the ‘gender bending’ fashions of the 1980’s and 1990’s, these mothers’ used these discourses to communicate ‘normal’ gender and sexuality for their daughters. In this way,
they acted to regulate their daughters’ sexuality, not necessarily from conscious understanding, but from their own embodied understanding about the ‘rules of the game;’ perhaps knowing that if their daughters did transgress, they would be seen as deviant.

Exclusion

Lesley (47) witnessed others being victimised through homophobic bullying at school. She described herself as being aware of “quite strong attractions” to a girl at her school whom she “kept thinking about for a long time”. Although she had these feelings of same-sex attraction, she did not act on them until much later. I asked her, “was there a point when you started to think that being a lesbian might not be seen as normal, or might be seen as different in some way that was negative?” She replied:

Oh, yeah. I mean I think I probably would have come out a lot earlier if this hadn't happened. I can remember at school, and it’s one of those things that I feel really shameful about. There were these two girls and everybody talked about them, being in a relationship... they were labelled and they were sort of slightly ostracised, and in order to sort of be part of the bigger group I participated in that.

The way in which Lesley’s peer group labelled the two girls (who may or may not have been in a lesbian relationship) also operated indirectly to inform Lesley about what could happen if she broke the unspoken rules about the limits of acceptable intimacy between girls. The girls who transgressed were regulated by exclusion and name-calling. This also acted to constrain others who might transgress. Thus, she says, she would have come out a lot earlier if it had not been for witnessing and participating in ostracising the other girls on the basis of their perceived difference.

Unlike Lesley, who participated in ostracising others, Candace (28) directly experienced bullying at school because of her sexuality. At fifteen she and a girlfriend fell passionately in love. Candace was a naïve fifteen-year-old who had never heard of lesbianism and acted only on her desire:

I was at school and it was my best friend actually and she said, Have you ever had lesbian tendencies? and I didn’t even know what a lesbian was. I’m like, and this was at 15, I was very sheltered. I said, oh, what’s a lesbian? and she said, oh, well, you know, it’s a woman who loves a woman, and I’m like, oh, yes, I love women all the time, you know, not realising.

She and her girlfriend went to the same school and because they were openly affectionate, others quickly found out they were a couple. I asked her about the experience:

That was shocking. It was a very, very intense relationship, I suppose passionate would be the word. And I think what happened was, it caught on... I think [first] it was name-calling and then they found a letter... What else? So yes, so that got around the school and the teachers — and that was fabulous — and yes, just the usual name calling, I guess. We were never like, bullied in a violent way or, you know, anything like that, thank goodness, but verbally is pretty bad anyway especially over three years. It can get to you after a while, yes, so I came away feeling pretty crappy about myself and left school, you know.

Being violently recognised and publicly humiliated by her peers because of her difference had an effect on her emotional health and Candace described being depressed because of the bullying, to the extent of planning her suicide.

Embodied Knowledge

The subject who comes to understand that her innermost sexual feelings and desires are constituted as deviant by those around her can experience exclusion, shame and fear, and in an attempt to fit in and belong, can go through various stages of hiding, or not acting on her desires. Although sexual subjectivity is shaped by many influences over time, a number of the participants in this project alluded to ‘just knowing’ that their sexual feelings...
were unacceptable without being able to recall any specific incident or experience that compounded these feelings.

Colleen (64) had felt attracted to other girls from when she was very young. An only child raised in a strict Catholic family in the 1940s and 1950s, Colleen was sent to an all-girls school, where the nuns effectively policed sexuality by ensuring that the girls were never left alone in situations that could become sexual with boys or with each other, although Colleen only understood this as an adult. She said:

You’re brought up with girls as girls, yeah, but we weren’t allowed to go round two together. Always had to be more than two together and we never understood why, you see. Till you grow up you don’t realise that, but they did, yes, yes, you know, girls, two of you together. No. The nuns watched that very carefully. There was always three or four or five of us, you know, little groups. Yeah.

Colleen made it clear that she always knew she was attracted to women but was always aware that she was under surveillance. I asked if she had ever had a relationship with a man, to which she replied:

No, not really, no. Never been, couldn’t be bothered, you know, yeah. I was sort of always home under the watchful eye of mum and dad who watched me like a hawk all the time, yeah.

In discussing who knew she is a lesbian, Colleen mentioned that she has a cousin who is an out lesbian. I asked how she had found out about this:

I’d heard about her in the family because I heard mum talking to her mother and saying, oh, she ran off with another woman. My mother never told me that. I just sort of over-heard her say, you know, yeah.

Without any direct action Colleen’s parents successfully managed to convey their disapproval of any kind of expression of sexuality. It was not until after her mother’s death that Colleen came out by joining a lesbian social group.

Shona (35) also experienced early foreclosure concerning lesbianism, she did not come out to her family until she started her first serious lesbian relationship at age twenty-five, even though she had been ‘exploring her sexuality’ since her first year of university seven years earlier. Her first recollection of homophobic foreclosures, were in the form of comments made in her hearing, by her father:

I had heard [my father] make a lot of homophobic comments as I was growing up and I just couldn’t deal with telling him ...

Shona heard her father’s homophobic comments as containing an implicit message, that if she was like the people he vilified, he might hate her, or stop loving her. When she went to university, she sought counselling:

When I was first thinking about my sexuality I did see a, um, psychiatrist for a while. It was in the context of sort of broader depression really ... but clearly I was sort of concerned about sexuality. When I brought that up, she was kind of very dismissive [and said] "oh, no, I’m sure that you’re not a lesbian".

The psychiatrist’s dismissal of the possibility of her being lesbian constituted another foreclosure, and in counselling the issue of her depression was never explored in the context of her sexuality. In doing this, the psychiatrist placed lesbianism outside the domain of speakability, thereby rendering it deviant and pathological. Shona internalised these seemingly minor incidents, and it was not until she was in her first serious relationship that she was able to broach the matter of sexuality with her parents.

It is interesting to note that Shona’s (belated) coming-out did not lead to the kind of homophobia she had feared from her family:

... having been kind of very homophobic, [my Dad would] be now sort of like ‘well I just don’t understand why they won’t let you marry’,
[laughs]. And so – ah, and I have them, you know, writing letters to politicians around gay law reform and stuff so that all – it was much more positive than I expected ...

Deb (39) is from a working-class rural family and is a survivor of childhood sexual abuse. Her mother died when she was seven, and she was raised by her older siblings and a largely absent alcoholic father. She related how in her childhood the object of her desire was always other girls:

... that sexual experimentation stuff, for me, um, it was always girls that I was sexually interested in and I say that, you know, I was sexualised at a very young age um, and there was another little girl up the street that I went through primary school with and ... we had pretty constant sexual contact with one another ...

When she went to secondary school, a Presentation convent, Deb formed a close friendship with another girl:

... I developed the biggest crush on this girl. I still feel really fondly towards her, but it was an all girl secondary school. It was [a Catholic girls'] college and we were called Presso lessos [laughs] and so the negative connotations of what it would mean to have emotional or sexual feelings towards a girl were just not worth it ...

I asked her, when did you know sexual contact between women was not acceptable?

I've asked myself. When did I know that it wasn't okay to be a lesbian um [pause seven seconds] [sighs] I think [pause two seconds] I feel like I didn't learn it in a cognisant sense, but I absorbed it through my skin, um, not that it wasn't okay to be a lesbian, but that female sexuality was for the purpose of men's pleasure and men were in charge and women had to be available ...

Deb's shame about her sexual feelings led to her denying her feelings for other women for many years, during which time she was unhappily married to a man, and had a child. Deb was the first person in her family to finish high school, and she valued her education. At age thirty she went to university, and a chance event there constituted a discursive break for her:

I had a university tutor and we all used to have coffee, you know [he was a] very bohemian sort of man. And in the caff one day and he said 'well I go both ways' and for me if a guy could accept themselves as being bisexual, I thought 'oh my god, he's not ashamed, he doesn't hate it'. And I grabbed that term [I thought] I'm allowed to explore this now.

This positive reference to sexual diversity opened a door for Deb:

It was like I could breathe, I had this voice in my head that said 'okay, now you be who you are'. And I rang up Gay line and my fear was still that my sexuality was some monstrous thing, and I use that in an academic sense, I had this monstrous sexuality that would devour other women and, and was wrong ...

Symbolic violence and exclusion can also play out in subtle ways, that act both internally and externally to shape sexual subjectivity. Other women in the study had no recollection of overt experiences like those described above, but "just knew" that their sexual attraction to women was wrong. For these women there was no specific experience that they could recall, but their embodied knowledge still had the power to separate them from others because of their difference.

As a child, Sandy (52) recalled having erotic dreams about a woman that evoked feelings of shame:

I had dreams when I was about fourteen and I was, you know, dreaming about a woman in the Sunday-school group [laughs]. I didn't talk about it with anybody but I felt really, you know, like 'oh my God, that shouldn't have happened'. Like I shouldn't be dreaming like that [laughs] ... I knew there was definitely something not acceptable about that... Just ah, you know, it really sort of frightened me...
Each of these women ‘just knew’ that her desire or behaviour was not normal. Regulation was not understood as being imposed externally, but they felt separated from others by their feelings, because of their embodied understanding about the consequences of difference.

**Discussion**

This embodied understanding about the consequences of being different is probably present in all of us, but for those of us whose desires are stronger that the regulating power of normalisation, it can be harmful.

For lesbians, visibility and invisibility are the products of speaking out or silence about sexual orientation. Colleen, Jenny, Shona, Sandy and Deb have all successfully negotiated ‘being’ lesbian on their own terms today. Lesley and Candace not only survived overt exclusion in their youth, but have gone on to thrive as adult lesbians. These women have both recognised their feelings of sexual attraction, and negotiated being lesbian in their social worlds. It is of note that the resulting way of being for each of these women is quite different. They have used power productively and demonstrated a range of responses, reactions and results; in doing this they are agents who act to shape their own social worlds.

Being cast out of the domain of the recognisable is harmful. In clinical settings it is important for workers to understand some of the subtle and embodied damage done to members of sexual minorities throughout their lives by both inadvertent heterocentricity and overt homophobia. Counsellors and therapists also need to be aware of their own values and attitudes in their practice, including sexism, homophobia and hetero-sexism. Clients from sexual minorities are unlikely to fully engage in the therapeutic process unless trust is established, and this means being open to the possibility of a range of sexual attraction, behaviour and identity in their clients.

Research has identified mental health as a significant health issue for lesbians. Not because of any essential psychological, physical or genetic difference between lesbians and heterosexual women, but from the stress of living in a society that labels those who do not conform to gender or sexual norms deviant. Service providers should be aware of never making assumptions, firstly about orientation, and secondly about her sexual practices, both past and present. Even if a woman comes out as a lesbian in a consultation, she may have children from a heterosexual relationship, or within a lesbian relationship.

In the dynamics of a developing clinical relationship, for the service-provider, knowing what works with a person presenting for care is territory that cannot always be clearly articulated. The service-provider who tries to successfully negotiate this relationship is likely to find that what works well with one person will not necessarily work with others. The participants in this study who had negotiated a clinical relationship that worked had not had access to longer consultations, or special treatment. The relationship had developed over time in an environment that was inclusive of difference, in which she felt respected and heard, and in which communication was easy and open.

**Author Note**

Sue Dyson, PhD. is a Research Fellow at the Australian Research Centre in Sex, Health and Society at La Trobe University , Melbourne. Her work concerns the social and cultural meanings of the lived experience sexuality and gender. Sue’s research has focused on lesbian health, gendered violence, young people and sexual health. Contact: ARCSHS, La Trobe University, 215 Franklin Street, Melbourne, Victoria, 3000, AUSTRALIA. Email: S.Dyson@latrobe.edu.au

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