Sexual Orientation: Its Relevance to Occupational Science and the Practice of Occupational Therapy

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This article examines how sexual orientation may be relevant to the study of occupations and the practice of occupational therapy. It is suggested that a lesbian, gay, or bisexual orientation may influence the occupations in which a person engages, the symbolic interpretation of those occupations, and the environmental contingencies of those occupations, and thus is an appropriate topic for occupational scientists to address. With the use of clinical reasoning studies and literature on authentic occupational therapy, it is argued that a person's lesbian gay, or bisexual orientation may be relevant to the therapeutic process if therapists are to truly achieve an intersubjective understanding of the patient's world and create an environment in which the patient is able to live a meaningful life. Given this argument as a foundation, the article explores why sexual orientation may be overlooked in some of the theoretical perspectives that guide practice. The narrative perspective on identity is introduced as one potentially valuable way that occupational therapy researchers and practitioners may understand sexual orientation and its relationship to occupation. Specifically it is suggested that sexual orientation may be understood, in part, as a symbolic theme of meaning that informs values and convictions that may then be expressed in one's choice of occupations.

The purpose of this article is to explore the relevance that sexual orientation may have for the occupational therapy profession, both in its theoretical discourse and in its therapeutic practice. To begin this exploration, I will present three compelling stories, based on actual experiences, with the intent of piquing the reader's curiosity as to whether and how sexual orientation may influence occupations. In this sense, the stories set the stage for the ensuing discussion. I do not suggest that these stories or any particular story can portray all lesbian, gay, and bisexual experiences. Rather, they may begin to suggest possible ways that sexual orientation and occupation intersect and, in doing so, encourage further thought about the topic. To maintain confidentiality, pseudonyms have been used throughout the stories.

The Heterosexual Ball

The first story takes place at Parkplace, a university residence hall. This particular residence hall is headed by two very dedicated faculty advisors who believe that a comfortable community for graduate students, offering intellectual stimulation and social respite from academic work, will enhance both the students' lives and the university community. Parkplace's unique penthouse ballroom, with its dome ceiling and adjoining terrace that overlooks the city, had been under construction and off limits for the past 4 years. Renovations had just been completed at the opening of the 1993-1994 academic year, and it was ready to be showcased to the community of students and faculty members with an elegant, semiformal ball. Residents were alerted to the importance of this event to their stay at Parkplace by the 4-foot banner announcing the ball that was placed in the foyer of the building. Semiformal attire, usually interpreted as women in dresses and men in modified suits, was the only suggested requirement for attendance. Most important, this festive event was to bring students together to solidify a sense of community.

Nine o'clock came and the ball was everything the advertisements implied. Subtle romantic energy filled the room. Soon, faculty members arrived and the dancing began with the waltz and fox trot. Students and faculty members engaged in pleasant conversation as they mingled. Couples or potential couples and friends came together and partied in conversation and dancing. The community was coalescing and, as one resident commented later, "all the residents this year looked normal."

But the evening had a different set of meanings for Marcia. She was one of two lesbians who attended this ball. Marcia was quite nervous because her position as an assistant to the faculty advisors required that she help to create a welcoming environment for the new students. Yet fear of being asked to dance by a man and her refusal...
being interpreted wrongly by him as a personal rebuff caused her to cling to the only other woman in the room whom she knew was lesbian, her partner. As the evening progressed, Marcia’s anxiety increased as, having just arrived from another country, she longed to be accepted as part of this community— but accepted in an honest way. For this event, an honest acceptance meant dancing and being with her partner.

Marcia never did relax that evening. Yes, she wanted to participate in the occupation of dancing. Both she and her partner were experts at it, but she stood and watched instead. Yes, she met people, smiled politely, and even engaged in some borderline interesting conversation, but she remained hesitant and on guard. Yes, she was physically part of the community, but relationships with others were strained at the very least and had a feeling of dishonesty at worst. That night she stood on the sidelines of the community, not because she didn’t have the desire or skill to belong, but because there was something present that excluded her.

When analyzing this experience, one may begin by asking: Is there something in the form of this occupation, namely the ball, or its historical significance and social context, that inadvertently excluded some lesbians and gay men from full and enjoyable participation? Does the occupation itself, when used as a central focus of community building, contribute to the already present notion in society that men and women belong together or that heterosexual existence is more natural? Does it inadvertently exclude from full participation those who are not heterosexual? Does sexual orientation influence one’s experience of occupations?

Grandma’s Chocolate Chip Cookies

As she walked up to the front door of Tom’s apartment, Jamie thought to herself, “I wish he’d eat more. I don’t care if AIDS [acquired immunodeficiency syndrome] is the cause of weight loss, he needs to eat.” She walked in, and he grinned from his position on the couch but didn’t move. She leaned over, gave him a hug, and began to engage him in conversation, while noting that he was listening to a religious station on the radio, odd for a man who questioned an afterlife.

Not more than 3 minutes after she arrived, in a voice that resembled that of a 5-year-old, Tom asked Jamie to make chocolate chip cookies with him. As the activity took shape, Tom, who had originally promised that he would help, was only able to prop himself up on the stool and lick the beaters. Yet he began to embark on a mental journey and reminisced about his childhood. Longingly, he described to Jamie how baking chocolate chip cookies had been a special occupation shared between his grandmother and him. He was not sure, but he thought that after he grew up his grandmother might have known that he was gay. He knew she loved him, and this love was important to him because growing up gay in his town was hard. Not that the persons who lived there were necessarily mean hearted, it was just that they did not understand. Tom went on to reproduce the entire routine in which he and his grandmother partook 30 years ago. He described in detail the layout of the kitchen and explained that he always got to lick the beaters while sitting on her lap. He recounted the ritual in which he was the privileged one who got to taste the first warm cookie that came out of the oven. He even recalled that his sister never liked to spend time in the kitchen with his grandmother, thereby granting him a special relationship with his grandmother.

Interspersed between the memories of Grandma’s chocolate chip cookies, Tom struggled with the memories of how growing up in a community that was naive about his being gay influenced his life. In his hometown, persons subscribed to the view that being gay was wrong, sinful, an aberration of God’s plan. He played with this image against the one he held of the young boy experiencing the love of his grandmother through baking chocolate chip cookies. Perhaps most important, in his present narration of this childhood event, Tom had inserted that his grandmother knew about his sexual orientation and that the love between the two of them still remained strong.

Tom died 6 months later, but not before returning home and saying good-bye to his grandmother. Although she had dementia and couldn’t remember her own children from day to day, she had a vague sense of, as she put it, “the boy who sat and held my hand.”

In a sense, Tom participated in two occupations the afternoon that Jamie visited: one in the present, making chocolate chip cookies with a friend, and one in the past, making chocolate chip cookies with his grandmother. Could these occupations have been enacted without the detailed symbolic meaning that they held for Tom’s life? In other words, can we separate the actual doing from the symbolic significance that the occupation holds? In what ways did the occupation of chocolate chip cookie making relate to Tom’s living with or preparing to die with AIDS? In this sense, was chocolate chip cookie making therapeutic and could it have been equally therapeutic without acknowledging how issues of sexual orientation were woven into the actual doing of the event?

In The Clinic

A perplexed occupational therapist, having recently obtained her degree and eager to provide good occupational therapy, is troubled by the fact that sexual orientation is rarely, if ever, addressed in occupational therapy treatment sessions at the spinal cord unit where she works. When she asked about this, her supervisor answered, “Well, it’s not that we’re insensitive to lesbian and gay issues, but the urologist deals with all questions about...
sexuality." This response evokes the ultimate questions: Does sexual orientation affect occupations other than sexual occupations? Do occupational therapists need to consider sexual orientation in treatment?

Approach of Article

The questions posed by the above stories will be discussed in the remainder of the article. First, I will provide evidence to suggest that sexual orientation is integral to the study of occupations, if the philosophical principles on which occupational science is based are to be upheld. Next, I will draw upon literature by Yerxa (1985) that addresses authentic occupational therapy and upon literature on clinical reasoning to demonstrate how sexual orientation has a place in occupational therapy clinics. Given that foundation, I will present a few ideas as to why I believe sexual orientation has remained relatively invisible in the occupational therapy profession and one way that this invisibility may be eradicated.

It is important to clarify four concepts from the outset. First, although I have focused on how a lesbian, gay, or bisexual orientation is relevant to occupations and occupational therapy practice, many of the issues raised in this article may be pertinent to heterosexuals and can be interpreted as such. However, because lesbians, gay men, and bisexuals are considered a sexual minority, their sexual orientation may affect occupations differently than does that of heterosexuals. Furthermore, differences exist between the experiences of lesbians, gay men, and bisexuals. Realizing that these differences exist, for the most part, I address the similarities in experiences that arise because of one's existence as part of a minority group. Second, I have focused primarily on lesbian literature, using it as an example for each of the issues I discuss. Although I have chosen literature on lesbians to be the exemplar, literature on gay men and bisexuals could provide similar evidence. Third, occupation is defined as "chunks of culturally and personally meaningful activities in which humans engage that can be named within the lexicon of our culture" (Clark et al., 1991, p. 301). Fourth, as I will present in more detail later in the article, a narrative perspective on identity (Giddens, 1991; Mishler, 1992; Polkinghorne, 1988; Rosenwald & Ochberg, 1992) is being used. According to this perspective, a person's identity comprises a variety of themes that are meaningful to varying degrees throughout his or her life. These themes are expressed in the person's actions and the narratives that accompany those actions. For some persons who are lesbian, gay, or bisexual, sexual orientation may become one among many themes in their lives that affect occupations. Thus, in this article, a lesbian, gay, or bisexual identity does not refer to a person's total identity but rather to one theme of meaning that influences his or her actions.

Sexual Orientation in Occupational Science

To explore the relevance of sexual orientation to occupational science, three concepts central to occupation will be summarized briefly. After each summary, a discussion of how sexual orientation relates to the concept will be presented.

The statement, "Individuals are most true to their humanity when engaged in occupation" (Yerxa et al., 1990, p. 7), reflects what Yerxa and her colleagues claim to be a fundamental assumption of occupational science, namely that inherent in human existence is the need to be occupied in purposeful activity. Building on this notion of occupation as an essential element of humanity, occupational scientists are concerned with how a person adapts through engagement in occupations that reflect both the person's values, commitments, and meaning, and the social context of his or her particular family, communities, and country. In this sense, each person's pattern of occupations becomes an outward manifestation, to varying degrees, of how that person views himself or herself within the larger social context. Realistically, persons engage in a lifelong challenge to choose and balance occupations that are consistent with their commitments, dreams, and all-around vision of a good life.

If occupational scientists seek to understand the human's existence as an occupational being, then it seems appropriate that they begin to acquire knowledge about how persons who are lesbian, gay, or bisexual conceal, deal with, reconcile, and reinforce their homosexual sensibility through what they do. For example, Weston (1991) found that some lesbians maintain their commitments to one another by sharing dinners on a regular basis. In these situations, the occupation of dining, which embodies a sense of community, become a vehicle through which familial bonds are created and maintained. Weston's finding serves not only as an example of how some lesbians adapt to the tension or rejection that exists within their own biological families but also as a chance to explore the occupation of dining and how that occupation becomes an outward expression of their lesbian identity.

A second concept central to understanding human engagement in occupation is the notion that humans are authors (Yerxa et al., 1990) or narrators of their own lives. From the inception of our profession, the strong belief in the potential of the human to create an acceptable life through daily occupations has inspired the ethical principles and treatment approaches of occupational therapy. Reilly (1962) expressed this belief when he stated that it is through the use of mind, will, and hands that humans influence the state of their own health. She not only acknowledged the adaptive potential of humans but also encouraged occupational therapists to take responsibility for nurturing the human spirit to act in the face of adversity. Occupational science, too, is based on the principle
that humans are not preprogrammed organisms but rather are persons who make choices as to how to spend their time, based, in part, on their commitments, will, interest, motivation, and curiosity (Clark et al., 1991; Yerxa et al., 1990).

Although human agency is valued, Yerxa (1991) acknowledged that humans are "not decontextualized entities" (p. 200) but rather "act on and interact with a myriad of environments, using occupation" (1991, p. 200). Bruner (1990) suggested that, whereas human action is inspired by beliefs, desires, and intentions, humans function as participants in a larger social order from which these beliefs, desires, and intentions are negotiated. Thus, a person's choice for action can be thought of as the dialectical interplay between that person's quest for an acceptable life and the social-political stipulations of his or her particular local and global community. Occupational patterns, both over one's lifetime and on a daily basis, become the expression of this interplay. In the end, human agency is acknowledged in occupational science both in the ability of the person to adapt his or her actions to the particular social arena and the ability of the person to transform the environment, including its physical form, political laws, social ideologies, and spiritual traditions to create a more habitable world.

By virtue of their sexual orientation, persons who are lesbian, gay, or bisexual often find themselves immersed in a life-style that is at odds with mainstream notions, creating a special tension in their lives. Homophobia can be expressed in multiple forms including (a) formal laws that prevent access to housing and jobs, (b) unwritten social norms that legitimize oppression such as the negative stereotypical images displayed in the media or the denigration of a person for overtly labeling himself or herself as homosexual, and (c) personal attitudes that assume homosexuals ought to be "pitted as unfortunate beings that are powerless to control their desires... that they are psychologically disturbed, genetically defective, unfortunate misfits, that their existence contradicts the laws of nature, and that they are spiritually immoral" (Blumenfeld, 1992, p. 4). Regardless of the particular form, the way lesbians, gay men, or bisexuals manage to maintain a life that is personally authentic when confronted with homophobia is, at times, manifested in their occupational patterns. In the end, to fully understand how persons who are lesbian, gay, or bisexual are authors or narrators of their occupational regime, one needs to explore the dynamics that these persons use to maintain a life that is authentic while existing within their particular environments, whether these environments are supportive or destructive. Furthermore, occupational scientists need to glean greater insight into how certain physical, social, political, and spiritual contexts enable or constrain persons who are lesbian, gay, or bisexual in their attempts to pursue daily activities in the context of their homosexuality.

Third, occupational science acknowledges the symbolic nature of occupation. As Clark et al. (1991) have stated, "When we attempt to study occupations unsaturated with meaning, we miss their essence" (p. 303). In other words, daily occupations are more than a list of activities. Persons infuse meaning into what they do with their days and with their lives, and this meaning becomes inseparable from the action itself. For example, in the story of Grandma's chocolate chip cookies, Tom and Jamie engaged in different occupations, separated only by the meanings that were attached to each. Chocolate chip cookie making became both a reconstructed memory that represented the acceptance of Tom's gayness by his grandmother and a symbol of present love and friendship with Jamie. For Jamie, this shared occupation had yet another meaning: it became part of an ongoing project of making memories: memories to hold in her mind after her friend had died. To the observer, Tom and Jamie would appear to be enacting the same occupation; however, by focusing on the multiple meanings it held for each of them, we can see that the meaning that each brought to this event, based on his and her past and present situation, became intricately entwined with the physical doing of the task. In the end, to present that afternoon's occupation without taking into account the multiple meanings that it embodied would be, as Clark et al. claimed, to "miss its essence" (p. 303).

Yerxa (1991) further underscored the importance of attending to the symbolic nature of occupations in her statement that

researchers studying occupation need to adopt ways of knowing that preserve the symbolizing, imaginative qualities of human beings, because humans live by and for symbolic causes. To circumvent the symbolic level is to diminish human beings and to ignore the eternal human quest for meaning (Campbell, 1988), a quest that is often expressed through occupation (p. 202).

For persons who are lesbian, gay, or bisexual, sexual orientation may become a symbolic cause in and of itself that is directly expressed in, for example, efforts to change social institutions. On the other hand, sexual orientation may simply serve as a meaningful theme in one's life that influences, for example, which books one chooses to read or with whom one spends time sharing a Sunday brunch. The important point is that if, under any circumstance, being lesbian, gay, or bisexual is embraced as a symbolic cause or a meaningful life theme, then a genuine understanding of that person's occupational nature can only be attained if his or her sexual orientation is addressed.

In conclusion, one mission of occupational science has been described by Clark et al. (1991) as elucidating the "substrates, form, function, meaning, and sociocultural and historical contexts of occupations" (p. 302). The three concepts described above, that engagement in occupation is central to humanity, that humans are narrators of their lives, and that the interpretive nature of
occupation is central to the human experience, are fundamental to occupational science as it has emerged thus far. The above discussion begins to suggest that, for persons who are lesbian, gay, or bisexual, sexual orientation may influence their choice of occupations, the context in which occupations are carried out, with whom they share occupations, the function those occupations play in their lives, the historical significance of those occupations, and the meaning they attribute to occupations. If this relationship between occupation and sexual orientation does exist, then understanding the "substrates, form, function, meaning, and sociocultural and historical contexts of occupations" (Clark et al., p. 302) requires studying issues of sexual orientation. Although the influence of sexual orientation on daily occupations will vary immensely among persons, if occupational scientists are to understand the nature of the human as an occupational being, then this aspect of occupation needs to be seriously considered as part of their analysis.

Sexual Orientation in Occupational Therapy Practice

Adaptation through engagement in occupations that are individually and socially meaningful is a central theme for occupational therapy practice. Through the overriding concept of adaptation, occupational therapists have not only been concerned with what persons do throughout their days and lives, but also with how they experience, and the meaning underlying their activities. Yerxa (1985) accentuated this notion in the following statement: "Authentic occupational therapy is based upon a commitment to the client's realization of his own particular meaning and his potential in accordance with that meaning." (p. 110) Building on this idea, Yerxa (1985) stated, "understanding patients' views of themselves, their worlds and their sources of satisfaction is central to the therapeutic process." (p. 152) One could conclude that if occupational therapists are to provide authentic occupational therapy, then they must, first, begin to enter the worlds of meaning in which their patients exist and, second, understand how meaning is lived out in each person's life through engagement in particular occupational patterns.

Clinical reasoning studies have provided a greater understanding of the process that occupational therapists use to enter their patient's worlds of meaning in order to make clinical judgments and carry out treatments (Crepeau, 1991. Fleming, 1991, Mattingly, 1991a, 1991b). The work of Mattingly, Fleming, and Crepeau has begun to shed light on the complex reasoning process in which clinicians engage, yet cannot readily articulate, when treating patients. Drawing upon a concept originally described in the anthropological literature, Mattingly (1991b) noted that the illness experience, which she defined as "the meaning that a disability takes on for a particular patient, that is, how disease and disability enter the phenomenological world of each person" (p. 983) is a central concern in the occupational therapy clinic. To work with the illness experience of their patients, she found that therapists engaged in a narrative reasoning process that entailed creating a shared image of what this particular disability meant within the specifics of the person's life. A truly effective therapeutic process required therapists to enter the inner worlds of their patients and grasp the most essential elements of their lives. Pulling these threads together into an "existential picture" (Mattingly, 1991a, p. 1002) depicting an imagined future about the patient's possibilities for living his or her particular life with a disability served to guide choices for the present treatment. Mattingly (1991a) named this process a "prospective treatment story" (p. 1001) in which the patient's past, present, and future are brought together within the larger social context of family and community.

Through the prospective treatment story, Mattingly (1991a) introduced a temporal element to the therapeutic process. She suggested that whereas therapists encounter their patients for only a brief period of time in their life histories, for therapy to be effective, that brief encounter must provide a connecting link between the patient's past occupations and his or her expectations for future occupations. Furthermore, she placed the patient's illness experience within a larger social picture, noting that therapists need to consider not only the patient's own experience of disability but also how "it [disability] enters and changes the life story of his or her family" (1991a, p. 1000).

Occupational therapy, as depicted above, demands complex skills from the occupational therapist. Among those skills is the ability to move in a fluid manner among different modes of reasoning while codesigning effective treatment activities with the patient (Crepeau, 1991; Fleming, 1991, Mattingly, 1991a, 1991b). One mode of reasoning requires therapists to be able to use frames of references or theories effectively as a lens for understanding possible problem areas and treatment procedures (Fleming, 1991, Mattingly 1991a, 1991b). In addition, therapists need to be able to assume a mode of reasoning that enables them to take the perspective of the patient as a means for accessing his or her experience of disability. In the same vein, the therapist needs to understand the particular social and cultural context that informs the patient's life world; a concept initially discussed by Schutz and Luckman (1973) and later interpreted by Crepeau (1991) for use in the clinical reasoning process. As Crepeau has pointed out, it is the ability to take a reflective stance and grasp the patient's perspective that is most challenging, as it requires both insight into one's own unconscious set of meanings that constitute reality and the skill to achieve an intersubjective understanding of the patient's life-world.

When the clinical reasoning process is addressed
with respect to persons who are lesbian, gay, or bisexual, a number of considerations emerge. First, as stated before, effective clinical reasoning requires a shared world between the patient and therapist (Crepeau, 1991; Fleming, 1991; Mattingly, 1991b). The patient’s commitment to treatment is dependent on the enactment of this shared vision through therapeutic occupations that make sense within the larger picture of the patient’s future (Mattingly, 1991a). Yet this type of therapy is only possible within safe, respectful environments in which persons are comfortable sharing their innermost selves. For some persons who are lesbian, gay, or bisexual, secrecy is often a response to the stigma that prevails throughout society at large. This response becomes particularly important for occupational therapists working in medical institutions when they begin to consider the strong evidence that deeply homophobic attitudes permeate medical institutions. For example, studies that examine attitudes of various health care professionals show that lesbians are often seen as wanting to be men, exploiting their lifestyles, having an overzealous desire to seduce heterosexual women, transmitting AIDS, and acting in pathological and immoral ways (Ellason & Randall, 1991; Eliason, Donelan, & Randall, 1992; Matthews, Booth, Turner, & Kessler, 1986; Randall, 1989; Robertson, 1992; Stevens, 1992). In addition, evidence exists that lesbians receive poorer health care services than do heterosexual women, that some health care providers are ill-informed about relevant issues related to being lesbian, and that prejudicial attitudes of health care providers can create hostile environments in which lesbians are afraid to fully discuss health issues (Cochran & Mays, 1988; Dardick & Grady, 1980; Potter, 1985; Robertson, 1992; Stevens, 1992; Stevens & Hall, 1988; Zeidenstein, 1990). Furthermore, suicidal ideation among lesbian and gay adolescents has been linked, in part, to the behaviors and attitudes of health care providers (Department of Health & Human Services, 1989). Without certainty that health care professionals will accept this aspect of their lives, patients who are lesbian, gay, or bisexual may be hesitant in sharing this aspect of their identity even though it may greatly affect their experience of disability. Consequently, without an open, honest sharing, the therapist may not be able to achieve an intersubjective understanding of the patient’s life-world and, through that understanding, create shared visions of the patient’s future as a person with a disability. Therapeutic interventions that enable patients to realize their own particular meaning through occupation may be impossible to achieve if being lesbian, gay, or bisexual is important to them yet cannot be openly explored. Certainly the prospective treatment story will fall short of being accurate if a patient is hesitant to discuss how his or her disability fits into the larger social context of a lesbian or gay family and community.

Second, Crepeau (1991) pointed out that the power differential inherent in the health care professional–patient relationship can, at times, be a disadvantage to patients in the communication process that is necessary for good therapy. In her statement, “the therapist must set the stage so that the patient is willing to share his or her knowledge and experience” (p. 1021). Crepeau has carefully reminded therapists of their responsibility to create a safe, respectful environment in which shared visions might emerge. Given the pervasive homophobic attitudes in medical institutions, it is unreasonable to expect the patient to take the initiative to share how homosexuality influences his or her life without some noticeable indication on the part of the therapist that the occupational therapy clinic is a safe place to discuss lesbian, gay, and bisexual issues. Yet, occupational therapists are at a disadvantage with respect to understanding how sexual orientation may influence occupations when this subject has not been addressed sufficiently within the occupational therapy curricula or journals. Unless this knowledge is part and parcel of the therapists’ life world, a basic understanding of how homosexuality may be relevant to occupations, friendship networks, jobs, or spirituality is needed to provide the therapist with some groundwork for promoting open discussions. Thus, if therapists are to be responsible for setting the stage so that patients who are lesbian, gay, and bisexual are willing to share these experiences within the therapy process, then it may be necessary for occupational therapists to acquire a beginning understanding of how sexual orientation may be integral to the life activities, support networks, and family in which that patient participates.

Finally, it has been suggested that the clinical reasoning process requires a reflexive stance on the part of the therapist. As Crepeau (1991) pointed out, patient–therapist interactions are interpreted by the therapist based on his or her life world, that is the “background assumptions from which people [therapists] act” (p. 1017). She also said that “because of the tacit nature of the life-world, these differences [between the patient’s life world and the therapist’s life world] may not be recognized, thus leading to difficulty in the achievement of intersubjective understanding” (p. 1017). If occupational therapists are to engage effectively in the clinical reasoning process with persons who are lesbian, gay, or bisexual, it seems reasonable that they may need to be aware of their own basic assumptions about sexual orientations and how these assumptions may facilitate or compromise intersubjective understandings of their patients’ life worlds.

In the end, to engage in authentic occupational therapy, therapists need to be responsive to the personal meaning systems of persons with disabilities and facilitate the enactment of meaning through occupation. This mandate becomes considerably more difficult to enact when the full realm of culturally specific experiences of certain groups of persons has remained relatively invisible to the profession. Of particular concern is the perva-
sive absence of references to lesbian, gay, or bisexual orientation within the occupational therapy literature, even though this aspect of the person may have a profound effect on his or her orchestration of occupations and sense of meaning. This is not to say that all persons who are homosexual can be singularly categorized. A variety of lesbian, gay, or bisexual experiences exists in the world. For some, sexual orientation may be an empowering theme of meaning that inspires their choices for action. For others, it may be relatively insignificant to their lives. And for others, it may be a source of tension, infusing a sense of duplicity in the everyday world of occupation. In any of these cases, occupational therapists need to have a commitment to create accepting environments that encourage these persons to realize their own potential in accordance with their lesbian, gay, or bisexual themes of meaning, whether it is expressed overtly or is operating at a private level. This commitment is unattainable when occupational therapists are unaware of the relationship of sexual orientation to occupation or when they choose not to discuss it.

Factors Contributing to the Invisibility of Sexual Orientation in Occupational Therapy

Historically, sexuality has been, for the most part, left out of the occupational therapy profession. The founders of our profession were concerned with enabling persons to return to productive activities that would reconnect them with society and ultimately foster a sense of personal pride in their accomplishments (Meyer, 1977). Purposeful activities could be classified as work, rest, and play; they did not include sex. In developing the occupational behavior frame of reference, Reilly (1969) introduced role theory into the profession’s knowledge base and specifically noted occupational roles as the focal point for occupational therapy practice while rejecting other role systems including sexual roles. In making this stipulation, Reilly remained in concert with the founding notions of occupations. More recently, in Willard and Spackman’s Occupational Therapy, Kielhofner (1993) defined occupation as the “dominant activity of human beings that includes serious, productive pursuits and playful, creative, and festive behaviors” (p. 84). He noted that sexual, social, survival, and spiritual activities remain outside the domain of occupational therapy, although he acknowledged an interrelationship between occupation and these four types of activities. It could be argued that by excluding sexuality from the specific discourse on occupation, the authors may have, however unintentionally, contributed to a continuing eclipse of sexual orientation within the profession. (I do not wish to imply that sexuality has been ignored in occupational therapy clinics, but rather that it has not been part and parcel of the notion of occupation, the central concept in occupational therapy.)

Consigning sexuality to a position outside the professional concerns of occupational therapy in and of itself does not imply an exclusion of lesbian, gay, and bisexual concerns from its corpus of knowledge. Exclusion follows only if homosexuality is construed purely in sexual terms. However, given the prevailing notions of homosexuality in society that simply relate it to physical intimacy with a person of the same gender, it is understandable that exclusion has occurred, and to some extent continues to occur, within the occupational therapy profession. These beliefs about lesbian, gay, and bisexual existence were certainly prevalent at the time of Reilly’s writings, and thus it can be expected that they were, for the most part, embedded in the common stock knowledge that informed occupational therapy theory and practice that was based on her frame of reference. Furthermore, because the topic has never been in the forefront of scholarly discussion, a limited interpretation of sexual orientations with respect to the sexual act itself has prevailed.

In the end, it is possible that the interaction of the two issues—the view of lesbian, gay, and bisexual identity exclusively in terms of sexuality and the exclusion of sexuality from the domain of occupational therapy—contributed to the invisibility of sexual orientation throughout the profession. It would be misleading to suggest that simply broadening the definition of occupation to include sexual acts would be a desirable solution to the problem. In order to eradicate this omission in a manner that is consistent with the beliefs of the occupational therapy profession, occupational therapists may need to preempt the limited mind set about sexual orientation with a broader, more detailed understanding of how a person’s lesbian, gay, or bisexual sensibility informs beliefs, values, and convictions—all of which have the potential to influence occupations.

Sexual Orientation as a Theme of Meaning

To begin exploring how a lesbian, gay, or bisexual sensibility may become an overarching perspective from which one interprets and enacts occupations, I will introduce the narrative perspective on self-identity. Subsequently, I will explore the notion that being lesbian, gay, or bisexual can be a symbolic theme of meaning that is central to a person’s sense of self and that influences what he or she does.

Polkinghorne (1988) noted that recently, human disciplines have endorsed the notion that the “self is a concept defined as the expressive process of human existence, whose form is narrative” (p. 151). By defining the self as a process of human existence, personal identity becomes embodied in human action, the specific configuration of events that constitutes one’s life and the symbolic significance of those actions. Giddens (1991) supported this notion, stating that “Reflexive organized life-planning becomes a central feature of the structuring of self-identity” (p. 5). He proposed that because
pluralistic societies offer a greater variety of so-called authorities than do traditional societies, the importance that choices about daily activities have in constituting identity is accentuated. His notion of reflective emphasizes the importance of constructing self-narratives in the process of identity formation. It is the meaning that persons attribute to various events in their lives that becomes the cohering force unifying their personal narratives. In this sense, personal identity becomes embedded in meaning and the enactment of that meaning through specific actions.

Mishler, who addressed identity within the narrative tradition, has begun to explore the notion of “part identities” (1992, p. 57) or the various components that make up one’s total identity. Ethnic identities, religious identities, family identities, sexual identities, or identities such as being a humanitarian or adventurer are all examples of part identities. Constructing identity with respect to part identities acknowledges the fact that persons are embedded in a web of conflict over the value-laden tugs and pulls of the multiple domains in which they exist (i.e., work and family spheres). The notion of part identities allows one to conceptualize identity as consisting of a variety of themes that are meaningful to varying degrees throughout one’s life and are lived out in action. For example, Kaufman (1986) conducted a study on the sources of meaning in the lives of elderly persons. She found that these persons drew upon a number of themes that “explain, unify, and give substance to their perception of who they are and how they see themselves participating in social life” (p. 25). Themes for these persons ranged from achievement, sense of aesthetics, self-determination, creativity, and need for relationships, to a value of education, family survival, and ethnicity. To varying degrees, these themes were manifested in their current daily occupations.

Identity, according to a narrative perspective, is not an individualistic concept that is developed in the absence of one’s community. To the contrary, personal narratives embody meanings that are public and shared by other members of the community. Thus, personal identities often embody social traditions that are expressed in dominant narrative discourses, such as that of a young man who, after college, procures a stable job, becomes legally married, and has children. On the other hand, dominant discourses do not fit the experiences of all persons. As many feminist authors have pointed out, so-called universal world views are more truly reflective of the perspective of one social position—that being traditional, male, white, and middle class (Harding 1987; Smith, 1987, 1990). These world views become inaccessible or personally unrecognizable to those who do not fit the above social position. Thus, although culture provides a repertoire of narrative plot lines, all persons do not automatically endorse these specific story lines, but rather, they adapt the cultural stock to provide meaning to their specific situations. In the end, cultural heritage and idiosyncratic personal experiences, as well as the interpretation of those experiences, interact to support an evolving sense of identity.

A narrative perspective of personal identity encourages the notion that (a) identity comprises a variety of constituent themes that may be meaningful to varying degrees throughout one’s life, (b) identity is expressed through the enactment of occupations and the narrative interpretation associated with those occupations, and (c) identity embodies a negotiation of cultural stories that provides meaning and coherence to what one does. Given this narrative construction of identity, I propose that one’s lesbian, gay, or bisexual orientation may work as a symbolic theme of meaning in that person’s identity that affects occupations. Insight from lesbian literature will be used as an example to support this contention. Specifically, the literature has indicated that some lesbians do view being lesbian as a vital aspect of their identity, although how it is manifested in occupations may shift throughout their lives. Second, the literature has suggested a few ways that a lesbian identity is enacted in occupation and affects the opportunity for occupation. Finally, the literature has begun to address how class, ethnicity, and historical periods affect the ways in which a lesbian identity is expressed in occupation.

Bennett (1992) conducted a study in which, among other things, she asked her participants if being a lesbian was a central aspect of their identity. Nine of 10 participants responded positively, and all ranked it as one of the top themes that influenced a core sense of self. Similarly, Kreiger (1983), who studied a midwestern community of lesbians, found that participants expressed their lesbian identity in terms of the feelings and ideas that they held about themselves, feelings and ideas that shifted and changed over time yet remained as a sort of rough coherence to their lives. She also demonstrated the struggle that these women experienced between a pride in their lesbian identity and a rejection of that identity. These two studies imply both the importance of a lesbian theme in some women’s lives and the shifting nature of that identity.

Other studies that attend to various aspects of lesbian life either demonstrate or imply that being a lesbian influences politics, work, family configurations, and communities, indicating that identifying as a lesbian will potentially affect one’s actions (Bennett, 1992; Kreiger, 1983; Lockard, 1986; Weston, 1991; Wood, 1990). For example, both Kreiger and Lockard, who delved into the dynamics of lesbian communities, have illustrated the essential role that intense social networks play in linking lesbians with one another to provide emotional support, friendships, information about community leisure activities, and medical services. Women’s bookstores, music festivals, political activities, bars, or athletic events have become central institutions or sites of occupations that
offer a place to congregate and that facilitate information exchange. These events do not imply that all persons who are lesbian, gay, or bisexual are intricately linked to lesbian and gay communities. In fact, Lynch (1987) illustrated a growing trend of some gay male couples to feel more connected with their middle-class urban identity than with their sexual orientation. They claimed to be less concerned with collective activities based on sexual identities than with their individualistic orientation with respect to career, home ownership, and monogamous relationship. In this example, being gay influenced these men’s occupations, but the influence was different and less central to their decisions than were other symbolic themes.

Furthermore, assuming a lesbian, gay, or bisexual identity has been shown to affect the types of opportunities that are available in one’s community. An open lesbian, gay, or bisexual identity occurs within a context of power inequalities and social devaluation and for this reason may evoke negative social-political consequences. This inequality is exemplified by the explicit laws that prohibit certain expressions of sexuality, the types of jobs one can acquire, and the places in which one can choose to live. Perhaps on less overt bases than explicit laws are the covert messages that identifying as lesbian, gay, or bisexual in certain arenas comes with a cost. Stevens and Hall (1988) illustrated this phenomenon within medical settings through documentation of situations in which medical care has been compromised for patients who are lesbians. As one woman stated:

I was in the hospital and the nurses would never come down to my room. I was told later that they had specifically talked about not wanting to care for me because I was a lesbian. I was surprised. I was always surprised when these things actually happen. (Stevens & Hall, p. 72)

Likewise, in a study of lesbian physical educators at various high schools, Wood (1990) documented that jokes around the lunch tables as well as the use of labels such as “dyke” to denigrate students or teachers served as clear messages that being lesbian was not an acceptable identity. These examples illustrate that an open lesbian, gay, or bisexual identity can limit or create opportunities available for engagement in occupations, depending on its acceptance or rejection by the community.

Finally, it is important to note that living a lesbian, gay, or bisexual identity does not occur in isolation of other identity components, nor does it occur in an historical manner. Lesbians of color have written compelling arguments depicting how ethnicity and sexual orientation intersect, creating different types of constraints and opportunities for lesbians of color than for lesbians who are white. Lesbians with disabilities have fought against their invisibility among both heterosexuals with disability and lesbians without disabilities (Hillyer, 1993). Furthermore, Faderman (1991), who conducted a historical analysis of lesbians in America, acknowledged how factors such as class may interact with sexual orientation and be expressed in what one does. For example, at the turn of the century, women from upper-class backgrounds had the luxury of private homes at which they could entertain their female friends. Dinner parties became one core occupation around which meetings occurred and relationships developed. Women from working class backgrounds did not have such luxuries; for them, lesbian bars became a central meeting place requiring a different set of rituals and codes. In addition, the political climate of a particular historical period influences the expression of lesbian identity. The fear associated with disclosing one’s sexual orientation during the McCarthy era was quite different from contemporary times in which some women who are lesbian have greater latitude to disclose without severe repercussions (Faderman, 1991).

In sum, the narrative approach to understanding identity provides a rich foundation supporting the notion that homosexuality may serve as a symbolic theme that contributes to personal identity and bears upon daily occupations. This perspective enables occupational therapists to explore how various themes of meaning, which may emerge from, for example, cultural backgrounds, family values, personality, and life events, intersect and influence both the occupations in which the person engages and their symbolic significance. Viewing lesbian, gay, or bisexual existence in this manner appears to be a more accurate reflection of the complexities of sexual orientation itself and the relationship of sexual orientation to occupations that is a view that simply equates it with the mechanics of sexual activity. This perspective also encourages a view of identity that recognizes that self-identity is negotiated from a cultural stock of knowledge, values, and conventions that is neither ignored by the person nor unconditionally assumed. In this sense, openly embracing a lesbian, gay, or bisexual identity can greatly influence the person’s opportunities for participation in occupation. In the end, the narrative perspective appears to be consistent with occupational science’s underlying beliefs about humans and occupations.

Conclusion

I have argued that sexual orientation, when viewed as a symbolic theme of meaning that is either expressed in occupations or the stories told about occupations, does become important to a science that claims to study the “substrates, form, function, meaning, and sociocultural and historical contexts of occupations” (Clark et al., 1991, p. 302), or a practice that is “based upon a commitment to the client’s realization of his own particular meaning” (Yerxa, 1985, p. 170). I have suggested that the narrative approach to identity may provide one of many theoretical bases for understanding how sexual orientation affects occupations. I have begun to support this notion with empirical evidence that sexual orientation is a core theme
in some lesbians’ lives that does affect occupations, their meaning, and the environmental opportunities and constraints for participation in occupations. Given this foundation, I propose that for occupational scientists who are ultimately concerned with how persons express the various themes of meaning they embody through their particular configuration of daily occupations, understanding the nuances of how a lesbian, gay, or bisexual orientation may affect daily occupations becomes a central issue for study. Furthermore, for occupational therapists who aim to create accepting environments that encourage persons with disabilities to recreate their lives after a life disruption, knowledge about weaving one’s lesbian, gay, or bisexual identity into daily occupations may be crucial to the rehabilitative process.

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References


Steinow, P., & Hall, J. (1988). Stigma, health beliefs and...


