



Diversity among occupational therapists: Lesbian, gay, bisexual and queer (LGBQ) experiences

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Sexual orientation in occupational therapy

Sexual orientation has received scant attention despite recent attention to cultural diversity in occupational therapy. There is very little published literature exploring the experiences of clients and therapists who identify as lesbian, gay, bisexual or queer (LGBQ). (The marginalization of trans-people is even more extreme, but the issues they face are distinct from those of LGBQ persons and warrant a more focused and in-depth discussion than this article can provide.)

In 2000, Clare Taylor argued: “There is a need to demonstrate openness and acceptance so that lesbian and gay colleagues can feel comfortable in what is often a heterosexist world” (2000, p. 411). She noted that sexual orientation is not simply an individual’s sexual preference, but as much a cultural identity as race, ethnicity, religion or social class. The same year, Jeanne Jackson (2000) released the only published account of the work experiences of LGBQ occupational therapists. The lesbian therapists in her study reported that their interests and values differed from those of their predominantly heterosexual colleagues. They rarely experienced outright discrimination, but rather struggled with everyday assumptions that left them feeling marginalized, not quite belonging. For example, staff room conversations centred on marriages, babies, struggles with male partners about housework and so on. When lesbians tried to enter into those conversations, they were often met with bewilderment. And when they talked about their relationships or outside-of-work events, this was seen as ‘flaunting’ their sexual orientation. The lesbian therapists tended to withdraw from casual conversations at work, losing personal and professional connections.

Heterosexism versus homophobia

Jackson’s (2000) work highlights that heterosexism may be more damaging than homophobia in an occupational therapist’s

work environment. Homophobia is fear of and/or dislike/hatred for LGBQ people, their sexual desires and relationships. It may manifest as discrimination, intolerance, verbal or physical abuse. Heterosexism is the belief that everyone is (or should be) heterosexual, ignoring other sexual orientations or seeing them as lesser. It is the conscious or unconscious (often unintentional) exclusion of LGBQ existence and realities. The everyday occupational meanings and engagements of LGBQ people are marginalized and made invisible when everyone is unquestioningly presumed to be heterosexual.

Heterosexism is usually unintended. When we are part of a statistical majority or socially dominant group, we easily forget that we see the world through a particular lens or world view not shared by all. We make assumptions and act out of unexamined biases. Nonetheless, heterosexist assumptions, though unintentional, make the environment less safe for those who identify as LGBQ.

Sexual orientation as cultural

One of the tricky things to grasp is that sexual orientation is not just private or individual, and not just about sex. Certainly gay or lesbian identity is partly about same-sex desire and romantic love, and bisexuality is partly about attraction to either sex, just as heterosexuality is partly opposite-sex attraction. But beyond attraction and romance there are cultural aspects to sexual orientation. Those who identify as LGBQ often identify as having shared history, activities, art, music, celebrations, poetry, fiction, heroes and so on. Despite diversity within LGBQ communities, there are common cultural experiences, ways of being, norms and values. When LGBQ realities and worldviews are marginalized in a workplace, it is not just sexual lives that are rendered invisible; it is whole lives, whole selves and cultural realities.

About the authors

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Experiences of LGBTQ occupational therapists

We have gathered a few examples of everyday work experiences of LGBTQ occupational therapists, from our own lives, and those of people we have talked with:

“For a number of years I lived in two different and separate worlds – my professional world and my personal world. Coming out to my professional friends and colleagues was scary. I did not look or act different, but I sure felt different. I fit better in my skin and was happy...but I was concerned about how ‘coming out’ would change my professional image and acceptance.”

“I am comfortable with who I am as a lesbian. I have a partner of 14 years, great friends and community. I’ve just never told anybody at work about that stuff.”

“I was an eager, passionate new faculty member, somewhat conflicted about whether or not to be ‘out’ with students, though I had always been out in previous work settings. How could I be out and authentic while not conveying to students that I was sharing with them a deep, dark secret? When I discussed my dilemma with a more experienced gay faculty member the response was, ‘Why do students need to know your private business?’ I felt very let down.”

“While sitting around the lunch table at the hospital cafeteria, one of my occupational therapy colleagues asked me if I had a husband or boyfriend. When I said no, my colleagues immediately started talking about plans for their ‘single girls night on the town’ and invited me along. There was little opportunity in the conversation to ‘come out’ and correct their assumptions about my sexual orientation. The situation felt uncomfortable and threatening. In five years at that hospital, I never came out to my colleagues and avoided personal conversations. In all other aspects of my life I was open about my sexual orientation – this situation left me feeling like a coward and a liar.”

“Entering a client’s room in an acute care facility, I heard some nurses making jokes about gays and lesbians at the nurses’ station. I knew this client identified as gay, but I was afraid to challenge them, lest he receive poorer quality care.”

“I was a new grad, co-facilitating a life skills group on sexuality with a small group of men. Shortly into the session, one of the participants bellowed out, slamming his fist on the table, ‘This better not be about faggots – who gives a shit about god-damned faggots. If I ever found one of them, I’d cut their balls off. There better not be any faggots here!!!”

“A very ‘out’ gay student approached me knowing that I am lesbian. He had a fieldwork placement coming up in a remote rural area. He knew his presentation of self was pretty effeminate – he looked, sounded, acted gay. He wanted advice on how to handle potential homophobia in his rural placement.”

“A client saw a photo of me and my partner on my desk at the private clinic where I work. She asked in belligerent tone, ‘Who’s that?’ I avoided the topic somehow, but later talked with a colleague at lunch who said, ‘Perhaps you shouldn’t have that photo in your office.’”

Why does this matter for occupational therapy?

The exclusion and marginalization of LGBTQ occupational therapists and their realities matter because it is very difficult to create an authentic relationship with clients, colleagues or students if a major part of who you are is hidden and silenced. How do you connect with clients meaningfully if you feel you must hide important parts of yourself? How much more effort does it take to be always guarded? How engaged can you be? We suggest the toll can be considerable.

Furthermore, we believe that when LGBTQ therapists feel pressure to render themselves invisible at work, the therapy environment is also rendered less safe for LGBTQ clients. How well can you advocate for clients’ safety if you yourself do not feel safe to be ‘out’ at work? Does the presence of ‘out’ colleagues help shift the workplace climate to make things safer and more comfortable for clients, too? Does it help encourage everyone to think about non-inclusive language, forms, assumptions and so on?

Occupational therapy has always championed the disadvantaged and cared about diversity. This sentiment is stronger than ever in the profession. But we cannot ask diverse people to enter a profession and then keep hidden those things that mark them as different. It means the whole profession fails to benefit from existing diversity amongst its practitioners. Currently the profession may not be learning from its LGBTQ members, wherever those members feel unsafe and silenced.

It is not sufficient to say that LGBTQ therapists should simply be ‘out’ about their sexual orientation and everything will be fine. This puts the onus for change on the group at greatest risk of rejection, marginalization and discrimination. The responsibility for change lies at least equally with those who identify as heterosexual to find ways to be allies to LGBTQ colleagues. Even if you don’t know whether any of your colleagues are LGBTQ, routinely using inclusive language, challenging thoughtless assumptions and trying to alter your own worldviews can help create safer workplaces. Assume 10% of your students, colleagues, and clients are LGBTQ and see if that makes a difference!

References

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