

# Health Worker and Homophobia

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## ABSTRACT

Homosexuality is one of the most discussed dimensions of humans sexual life. It was accepted as a disease category, starting from the end of the 19th Century, and efforts were spent to cure it, until removed from being a disease category by the World Health Organization, in the year 1992. Nevertheless, negative attitudes and judgments, connected to various beliefs, considering homosexuality as a psychiatric disorder, a perversion, a disease or a degenerate behavior, are encountered in every segment of the society. It can be seen in many researches that homosexual individuals are discriminated and stigmatized because of negative attitudes and viewpoints. An important reason that lies behind the negative attitudes and viewpoints towards homosexuality is homophobia. Homophobia is an expression used to describe the fear or negative feelings and attitudes towards homosexuals or the concept of homosexuality. Homosexuals are subjected to humiliation in all societies in which homophobia is displayed in an open manner, or most frequently in an implicit manner.

As each culture have some norms related to sexual orientation, attitudes about this issue reflect on the behaviors of individuals in Turkish society also. The outlooks of healthcare professionals on this issue affects from the viewpoint of the society. In the studies it is shown that homophobic attitudes and behaviors are also common among healthcare professionals, their knowledge about homosexuality and sex is insufficient and as a result homosexual individuals might be mistreated in the healthcare system. Homosexual individuals don't trust the principle of privacy of the healthcare system because of the negative attitudes of healthcare professionals and therefore, they hold off benefiting from healthcare services.

**Key words:** health worker; homophobia

## SAĞLIK ÇALIŞANI VE HOMOFOBİ KAVRAMI

### ÖZET

Eşcinsellik, insan cinsel yaşamının üzerinde çok tartışılan boyutlarından biridir. Yoğun tartışmalar sonucunda XIX. Yüzyıl sonlarından başlayarak bir hastalık kategorisi olarak kabul edilmiş, 1992 yılında Dünya Sağlık Örgütünc hastalık kategorisi olmaktan çıkarılıncaya kadar tedavi edilmeye çalışılmıştır. Buna rağmen toplumun her kesiminde eşcinselliğin psikiyatrik bir bozukluk, sapkınlık, hastalık veya dejenere bir davranış olduğuna dair çeşitli inançlara bağlı olumsuz tutum ve yargılara rastlanmaktadır. Olumsuz tutum ve yargılar nedeniyle eşcinsel bireylerin ayrımcılık ve damgalamaya uğradıkları çok sayıda araştırmada gösterilmektedir. Eşcinsellere karşı gösterilen olumsuz tutum ve yargıların altında yatan önemli bir neden homofobidir. Homofobi; homoseksüellere ya da homoseksüalite kavramına karşı korku ya da olumsuz his ve tutumlar anlamında kullanılan bir terimdir. Heteroseksüeliteli tercih etmeyen homoseksüeller; homofobinin açık ya da çoğu zaman örtülü biçimde sergilendiği tüm toplumlarda aşağılanmalara maruz kalırlar. Her kültürün cinsel yönelimler konusunda normları olduğu gibi Türk toplumunda da bu konudaki tutumlar bireylerin davranışlarına yansımaktadır. Sağlık çalışanlarının konuya bakışları toplumun bakış açısından etkilenmektedir. Yapılan çalışmalarda, homofobik tutum ve davranışların sağlık çalışanlarında da yaygın olduğu, sağlık çalışanlarının aldıkları eğitim süresince eşcinsellik ve cinsellik ile ilgili yetersiz bilgi sahibi oldukları; bu nedenle eşcinsel bireylerin sağlık sisteminde mağdur olabildikleri gösterilmektedir. Sağlık çalışanlarının olumsuz yaklaşımları nedeniyle eşcinsel bireyler, sağlık sisteminin gizlilik ilkesine güvenmemekte, bu nedenle de sağlık hizmetlerinden yararlanmaktan çekinmektedirler.

**Anahtar sözcükler:** sağlık çalışanı; homofobi

**G**ender identity determines the gender which an individual perceives himself/herself in his/her inner world. Sexual orientation is determinative in the selection of sex object. Sexual orientation can be homosexual (orientation towards the same sex), heterosexual (orientation towards the opposite sex) or bisexual (orientation towards both of the genders) (1,2).

Even though American Psychology Association removed homosexuality from Diagnostik and Statistical Manual of Mental Disorders (DSM) classification system and accepted it as a sexual choice in 1973, viewpoint of societies to this matter in certain countries including Turkey has not changed much. One of the reasons might be inadequacy of lessons related to sexuality and homosexuality at faculties and academies where medical staff received basis of their education. 30% of homosexual individuals who consult to a psychologist and psychiatrist at any part of their

life state that homosexuality is considered as an 'illness' by psychologists and psychiatrists. As such persons become obliged to hide their homosexuality because of potential negative attitudes of medical staff, they devoid of necessary health services (3,4).

Health personnel who meet homosexual individuals requiring treatment service at psychiatry emergency treatment units, polyclinics and psychiatry services can help them for receiving necessary treatment by evaluating these individuals with regard to the psycho-social aspect. At the same time, they can contribute to the emotional welfare of individuals when making such evaluation. Social and professional awareness can be increased by making research activities, organizing trainings and broadcasts for medical staff, in order to reduce stigmatizing behaviors in the society and health institutions, which may be caused by the discrimination arising from sexual orientations in the society.

### The concept of homosexuality and illness

For centuries, homosexuality has been considered as a shameful item which is not accepted for societies, and male or female homosexuals have been stigmatized and excluded from the public (5). Consideration of homosexuality as an illness emerged in the XVIII. century, and it maintained in the beginning of XIX. and XX. centuries. Even though homosexuality is considered as a deficiency or deviation from the normal, no agreement is reached on the estimated pathology. Even if biological factors are addressed, studies mainly focused on psychodynamic explanations. It is claimed that homosexuality is associated with developmental standstill, wrong education by families, or certain subliminal conflicts. Even though Freud stated that homosexuality is not an illness in his famous letter which he wrote to a woman with a homosexual son in 1935, he added that it was a sexual variation arising from a halt in sexual development (6,7).

In the world, homosexuality was defined as an 'alternative' lifestyle in western societies after 1945. In 1960s, homosexuality was addressed as a tendency experienced at extreme ends. Beginning from the first half of 1970s, it was started to be considered as a psychiatric disease. In 1973, homosexuality was removed from the classification of 'illness' by American Psychiatry Association, while it was removed from 'International Diseases Classification' by World Health Organization (WHO) in 1992, and the same was removed from 'psychiatric diagnosis classification' of WHO in 1990 (2,3,8,9,10).

Even though science world accepted that the homosexuality is not a disease and homosexuality was removed from illness classifications, the claim of treating homosexuality survives within certain religious, medical and political environments. Religious groups such as Exodus International and organizations such as NARTH (National Association for Research and Therapy of Homosexuality) claim that homosexual behaviors can be resisted by means of appropriate therapies despite biological predispositions. In Turkey, certain establishments, centers and doctors still claim that homosexuality is an illness which can be treated and they implement various therapies for this purpose. Even though it is removed from the classification of illnesses many years ago, homosexuality is still tried to be treated in certain societies, which demonstrates that homosexuality is affected and pressurized by not only medical, but also political, religious and cultural biases, beliefs and disciplines (2). Even if homosexuality is no longer defined as a mental disease scientifically, it is not sufficient for certain professionals to internalize and reflect the same on their behaviors. Being concrete sign of the heterosexist world, homophobia still survives in the society and health sector.

### Mental health and homosexuality

29 people were interviewed who received treatment in England after 1950 to change their homosexual choices (behavioral attitudes, detestation therapy with electric shock, estrogen treatment for purpose of reducing libido, psychoanalysis, religious consultancy, electro-convulsive treatment, hypnosis, psychodrama, phobia treatment etc.) and it was stated that such attempts had long term negative effects on lives of these people (11,12). Also in the section of the same study, performed this time with health employees who performed the treatments, it was found that many of those employees believed that having an interest to people from the same gender is in rapport with mental health, and that a small minority believed that it is possible for persons who desire it to become heterosexual. Authors emphasized that social and political pressures and assumptions lie under situations which are accepted as mental pathology in certain cases (12,13).

While rehabilitation therapies intending to make homosexuals heterosexual continued, changes emerged in the field of mental health in 1960s. As it is discussed what is normal and what is illness, point of view of psychiatry towards psychiatric illnesses started to change. Discussions emerged in the psychiatry world, concerning the availability of homosexuality in illness classifications. After all, unsupported

theories and biased works lie under acceptance of homosexuality as an illness (14). Subsequent studies did not demonstrate any connection between homosexuality and psychopathology. In a study where homosexual and non-homosexual men were evaluated with Rorschach test, no difference was identified between the groups. In other studies where standardized psychological scales were used, no connection was identified between homosexuality and psychopathology (15). There are studies which demonstrated that there is not any difference between control group and homosexuals and lesbians with regard to psychiatric disorder, whom were implemented Minnesota Multiple Personality Inventory. Again, in a study where homosexual individuals were evaluated with 16 Personality Factor and Eysenck Personality Inventory, authors did not identify any pathology in participants (16). In another study where homosexual and lesbian individuals were evaluated with Adjective Checklist, heterosexual control group and homosexual and lesbian individuals were compared and no difference was identified between them with regard to psycho-pathology (17).

As a result of these developments, viewpoint of psychiatry to homosexuality started to change. Place of homosexuality in classification was started to be queried, which was listed among sexual perversions together with transvestism, pedophilia, fetishism and sexual sadism in the first edition of DSM, and which was listed in the category of personality disorders as a sexual perversion in DSM-2 (second edition) in 1968. During a meeting which was held on 1973, Spitzerf stated that homosexuality did not conform to two criteria, which are expected to be available in mental diseases- subjective stress development and deterioration in functionality (18). In the meantime, an American psychiatrist named Judd Marmor, was working with homosexuals visiting his office in order to change their sexual orientation. In the year 1973, American Psychiatric Association declassified homosexuality as a disorder, through the great role played by Marmor, who, in time, started to argue that homosexuality is not a disorder. During the recent years, debates concerning homosexuality have taken on a different dimension, and it has been started to emphasize whether homosexuality is a choice. What is debated is, abstaining from giving homosexuals equal rights with other individuals, if it is a choice, and giving homosexuals equal rights with other individuals, if homosexuality is not a choice. This debate is fairly thought-provoking, when observed from both of the angles. Although capital punishment or imprisonment is still applied to homosexual individuals in some countries, and hate crimes against homosexuals are committed

frequently in many societies; during the recent years, the opinion on homosexuality has mellowed when compared to the previous times, by courtesy of the efforts displayed by many non-governmental organizations and associations defending the rights of homosexual individual, and the changing social political norms. However, generally, the cultural acceptance and bias existing in the society against homosexuality, still alienate homosexual individuals from society in many fields, debar them from fundamental human rights and freedoms and negatively affect them psychologically (2,19).

### **Sociological approaches to the concept of homophobia**

Within the framework of a masculist society, the orientation of sexualities and feelings of gays and lesbians to persons from the same gender, means they diverge from the category they have to belong as a rule, in other words, from heterosexuality. Homosexuality is a feature despised by society; in other words, it is a stigma. Dall'orto states as follows: "In the eye of the society, a homosexual person, is to put it simply, a failed heterosexual; homosexuality, is, simply put, the lack of perfect heterosexuality" (20).

There are various expressions used in order to explain negative feelings, thoughts, attitudes and behaviors. One of them is "homophobia". Homophobia refers negative, fearful or hateful attitudes and social exclusion behaviors against gays and lesbians (2). The concept of social exclusion is a concept which has started in the UK and it has been discussed in the world in recent years. Social exclusion is the negativities experienced in accessing and using the most basic human rights. It refers being deprived of materially and emotionally; so it refers being pushed away from the social life and it also refers the absence of the institutions which protect their rights. Some people may be socially excluded because of their sexual identity at some stage in their lives or during their whole life (10). Homophobia previously was dealt individually like any phobia in terms of psychology. But later, it has been revealed that homophobia is not just an individual fear but it also has social components. (28).

Studies have shown that; attitude towards gay people is affected from various variables. Cultural and social norms define different sexual orientations as perverse life styles and therefore they exclude them. Common culture creates homophobic attitudes and marginalizes to those who have different sexual orientations.

It is stated that the commitment to traditional male role is related to the increased level of homophobia. The studies show that homophobic men react more physically violent and angry than non-homophobic men against any gay action. It is also informed that there is a negative correlation between the homophobic attitudes and establishing close relations with a gay individual, getting to know that individual (3).

It is shown that those who have homophobic attitudes have strong religious or conservative religious ideology, they support more traditional gender roles, they believe in that sexual orientation is not a personal choice, they are older and they have lower educational level and they usually live in rural areas. In addition it is also known that; heterosexual males are more prejudiced against the homosexuals - in particular against gays- in comparison with heterosexual females (26).

Homophobic attitudes also vary from person to person. Herek suggested that homophobia is a complementary component of the heterosexual masculinity. However, there are some evidences in the literature that there is a relationship between homophobia and masculinity. The commitment to traditional male role is related to an increased level of homophobia (29). In studies which compare the sexes, it is shown that stronger commitment to gender roles is related to a high level of homophobia (12). The case called "hyper masculinity" reflects man's tendency to participate in exaggerated sex-specific performances (30). Threatening to masculinity of a person triggers that person's desire to prove his power and dominance in relations with men, women and the society and it increases physical and sexual aggression (31). It is proved that homophobic men react more aggressively and angrily against any homosexual attitude in comparison with non-homophobic men. However, the specific relationship between homophobia and hyper masculinity is not fully evaluated yet (12).

### **The ethical consideration of the concepts of homophobia and health**

Homophobia, which is a concrete sign of the heterosexist world, still rules in society and health. The fact that homosexuality is seen as a disorder, leads the health employees to seek an answer to the question "why a person becomes homosexual?" on the subject, and to evaluate the situation as something to be treated.

As for health employees, who don't receive any training concerning different sexual orientations and sexual education, they can develop negative attitudes and judgments, in relation to faiths, that homosexuality is a perversion – a disorder or a degenerate behavior. (1,4,22,23) Their desire to see homosexuality as a changeable and correctable concept, due to it being an innate feature, lies behind this judgment. It was determined that patient dissatisfaction is high in homosexual individuals. Similarly, it was determined that gays and lesbians received preventive health services at a lower level, when compared to women and men. Homosexual individuals do not trust the confidentiality principle of the health system due to the negative attitudes of health employees, and are shy about benefitting from health services due to this reason (1,22,23). It is stated that this situation arises due to the homophobic approaches of the health personnel and their lack of knowledge. Researches carried out indicate that homosexual individuals are treated unequally in the reception of health service (23). In a study conducted by McNair et al., in the year 2001, the inability of homosexual individuals from benefitting from health service in an equal manner is associated with stress, labeling, homophobia and insufficient social support (24,25).

Scientific researches point out that, homosexual individuals face a higher level of risk, when compared with the general population. In a study they conducted with 215 homosexuals and 189 heterosexuals, Heeringer and Vincke reported that homosexuals and bisexuals displayed suicidal thoughts 2 times more than heterosexuals and they displayed suicidal behaviors 4 times more than the homosexuals. They stated that homophobia has a serious negative influence, particularly on psychological state, and causes depression, anxiety disorder and a decrease in self-respect (26).

In a study, it was found that the substance usage frequency, which is between 10 and 12% in heterosexual individuals, was between 28 to 35% in gay individuals. The fact that homosexuals suffer social isolation, pushes them to smoke and to use illegal substances. According to a study carried out in the year 1998, with 500 homosexual individuals between the years 20 and 29 in Australia, the usage of alcohol and substance in homosexuals is 2 to 4 times more, when compared to heterosexuals (21). In WHO's report on "the training of health professionals on the subject of sexuality" (WHO 1975), the necessity to initiate sexual educations addressed particularly towards health students, physicians and other health professionals, was emphasized.

Their lack of sexual health education addressed towards homosexuals, and these individuals' inability to benefit from health institutions and organizations due to various reasons, cause homosexuals to catch sexually transmitted diseases. In a study carried out with 2408 homosexual and bisexual individuals, they stated that 89% did not receive any education on lesbianism and 82% on homosexuality, during the sexual education provided during school, 31% stated that they didn't go through a sexual education, which would fit their needs and 22% stated that they had been minimally informed on the subject of sexuality. Production of a singly type of condom, overlooking of homosexual individuals' needs in the health sector, consultancy services in the sexual health field being charged and/or inadequate, the inability to find lubricants, and lastly, the inability of male-to-female transsexuals, to go through a sex correction operation unless they can prove their infertility, if they have served in the army and had children, are problems encountered by homosexual individuals in the field of health (2). Another period, which is particularly important and risky in the lives of homosexual individuals, is the period of adolescence. Due to being exposed to involuntary psychiatric treatment and their encounters with inexperienced/insufficient health personnel during this period, may have an effect on these individuals later, in that they display behaviors such as abstaining from receiving the health service they need. Adolescents, which are unable to receive enough support, create risk in terms of depression, suicide, social anxiety, body dysmorphic disorder and substance abuse (10,28).

At the stage of self-knowledge and self discovery of LGB youngs, they suffer in discovering that their sexual orientation is different than their peers, because of social pressure and exclusion. Their access to sources of information is quite limited. Considering that sexual education is not sufficient even at schools where sexual education should be given, adjustment disorders may develop associated with this situation, which cause them seek help (10). Six women between the age of 28-59 were interviewed for purpose of researching experiences of lesbians regarding unveil of their sexual orientation to general practitioners.

Consequently, it was identified that lesbian patients could unveil their sexual orientation to their doctors, but that they encountered certain obstacles and that it would facilitate it if doctors created an open and safe environment (32).

Even if homosexuality is no longer defined as a mental disease scientifically, it is not sufficient for certain professionals to internalize and reflect the same on their behaviors. Stereotyped behavior patterns of male dominant societies also cover healthcare employees. It is known that homosexuals who want to receive health service encounter negative and destructive experiences because of knowledge, attitudes and behaviors of healthcare employees related to homosexuality (23). It is essential that persons working in the health sector should accept and support homosexual individuals. Education of professionals working at hospitals and in the field of mental health is very important. Healthcare workers sometimes feel anxious when a homosexual individual applies to them for treatment/care, or when they become obliged to speak about such issues (10). As a result, these people experience mental health, self-esteem and identity related problems; therefore their suicide risk and their tendency to live in streets increase. Neglecting this problem, thinking that "they deserve this" or do not consider them as target group in health services mean only considering the people whose life styles are socially accepted.

## Conclusion

Homophobic attitudes and behaviors towards homosexuals are commonly observed among healthcare personnel, which constitute an important part of the society.

It should be known that homosexual individuals, who are under higher risk compared to the general population, might have different health requirements than heterosexuals. In order to prevent suffering of such individuals in the health system, current education should be improved and awareness should be generated with regard to sexual education, homosexual health and sexual orientations at faculties and academies which offer education on health.

## References

1. Balsam K, Mohr J. Adaptation to Sexual Orientation Stigma: A Comparison of Bisexual and Lesbian/ Gay Adults. *Journal of Counseling Psychology* 2007; 3: 306-319.
2. Kaos GL. Homophobia in the Media Last, *Ayrıntılı Basimevi* 2010: 1-15.
3. Minuto V. Shame of Homosexuality and Overcoming This Shame, *Happiness/ Unhappiness Of Gay And Lesbian* 2007: 8-16.
4. Yıldız S, Atamer A, Yavuz MF. Correlates of negative attitudes of undergraduate students towards gay men and lesbians 2003; 136: 290.
5. Vern L, Bullough A. Sex and the Medical Model. *The Journal of Sex Research* 1975;11: 291-303.
6. Freud S, Eğrilmez A. çeviren.: Mental Sources of a Woman Homosexuality Fact. *Freud Kitaplığı Olgü Öyküleri, Payel Kitabevi*; 1920: 321-357.
7. Freud S. Historical notes: a letter from Freud *Am J Psychiatry* 1951;107:786-787.
8. Berrill KT. Antigay violence and victimization in the United States: an overview, in *Hate Crimes: Confronting Violence Against Lesbians and Gay Men*. Edited by Herek GM, Berrill KT. Newbury Park, CA, Sage; 1992: 19-45.
9. Berrill KT, Herek GM. Primary and secondary victimization in anti-gay hate crimes: Official response and public policy: in *Hate Crimes: Confronting Violence Against Lesbians and Gay Men*. Edited by Herek GM, Berrill KT. Newbury Park, CA, Sage; 1992: 289-305.
10. Yüksel Ş. Approach to Homosexuality, Social Exclusion and Mental Health Problems. *Kaos GL Dergisi, Ankara*; 2010: 36-38.
11. Siegel K, Krauss B, Kara D. Reporting recent sexual practices: gay men's disclosure of HIV risk by questionnaire and interview. *Arch Sex Behav* 1994; 23:217-30.
12. Smith G, Bartlett A, King M. Treatments of homosexuality in Britain since the 1950s—an oral history: the experience of patients; 2004: 328(7437):427.
13. Kaplan HI, Sadock B. *Synopsis of psychiatry*, 8th edition. Williams&Wilkins: Maryland, USA 1998.
14. Dean L, Mayer IH, Robinson K, Sell RL, Sember R, Silenzio VMB. Lesbian, gay, bisexual and transgender health: findings and concerns. *J Gay Lesbian Med Assoc* 2000; 101-51.
15. Dixon-Woods M, Regan J, Robertson N, Young B, Cord C, Tobin M. Teaching and learning about human sexuality in undergraduate medical education. *Med Educ* 2002; 36:432-40.
16. Güner U. Human rights report of LGBTT individuals, Ankara: *Ayrıntı Basimevi*, 2009; 35-45.
17. Tamam L, Akbaş D, Özpoyraz N. Homosexuality and Suicide, a Case Report, *Kriz Dergisi* 1997; 5: 33-36.
18. Doğan S, Doğan M, Beştepe E, Eker E. Improvement of homosexuality attitude scale, validity-credibility work. *Anatolian Journal on Psyciatric* 2008; 9: 84-90.
19. Hart TA, Heinberg RG. Presenting problems among treatment-seeking gay, lesbian, and bisexual youth. *Journal of Clinical Psychology* 2001; 57: 615-627
20. Dall'Orto G. *La Fenice, Milano: Babilonia*, 1996:105.
21. Franzoi SL. *Social Psychology*. (3.Ed.) Ch.8, Prejudice and Discrimination. NY: McGraw-Hill, 2003:85-92.
22. Aydın O. Project on colors of life, law and discrimination report; Ankara 2007.
23. Mitrani A. Negative Attitudes Towards Homosexuals: Features Related to Occupational Groups , *Adli Bilimler Dergisi* 2008; 7:23-30.
24. Logan C. Homophobia, homophobia. *Journal of Homosexuality* 1996;31:31-53.
25. McNair R, Ruthborn L. The politics of inclusion of lesbian health into medical education. *National Women's Health Conference, Melbourne*; 2001. 40-47.
26. Vincke J, Heerinden K.: Suicidal acts and ideation in homosexual and bisexual young people: a study of prevalence and risk factors, *Social Psychiatry epidemiology* 2000; 35: 494-9.
27. Cüceloğlu D. *Human and behavior, Remzi Kitabevi*, 1993: 326-400.
28. Candansayar S. Medicalizing the Sexuality as an Otherizing Practice, and Homosexuality. *International Anti-Homophobia Meeting, Anti Homofobi Kitabı. Ankara: Ayrıntı Basimevi*, 2009: 69-72.
29. Herek GM. The psychology of sexual prejudice. *Current directions in psychological Science* 2000; 9: 19-22.
30. Sakallı N. The relationship between section and attitudes toward homosexuality a sample of Turkish college student *Journal of Homosexuality* 2002; 42.
31. Sanchez NF, Rabat, J, Sanchez IP, Hubbard S, Kalet A. Medical Students Ability to Care for Lesbian, Gay, Bisexual, and Transgendered Patients. *Medical Student Education* 2006; 38(1).
32. Bjorkman M, Malterud K. Being lesbian - does the doctor need to know. *Scandinavian Journal of Primary Health Care* 2007; 25: 58-62.