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Résumé

La divulgation du lesbianisme : le bousculement des a priori

Carol McDonald

Le but de cette enquête interprétative est de favoriser la compréhension de l'expérience que vivent les lesbiennes qui divulguent leur orientation sexuelle. L'étude, fondée sur l'herméneutique gadamérienne et la pensée philosophique féministe, s'inscrit au créneau de la santé des femmes. Selon la perspective féministe de la santé des femmes, l'expérience de la santé est indissociable des expériences quotidiennes de la vie sous toutes ses facettes et est composée des réalités que vit chaque femme sur le plan social, matériel et discursif. L'étude a été réalisée à partir de conversations auxquelles ont participé 15 femmes qui se sont identifiées comme lesbiennes pour les fins de l'enquête, ainsi qu'à partir de témoignages portant sur les femmes dans les médias, et le journal de réflexion de la chercheuse. Les résultats nous font voir de nouveaux points de vue concernant les multiples significations du mot « lesbienne ». Ils invitent vivement le personnel infirmier à considérer les catégories binaires de l'homosexualité et l'hétérosexualité comme des signifiants qui décrivent inadéquatement les réalités vécues par les femmes, à tenir compte des composantes particulières de la vie de chaque femme et à délaisser les a priori hétérosexistes dans le but de réduire l'impact néfaste de l'exclusion sociale, l'isolement, la discrimination et la stigmatisation comme déterminants de la santé.

Mots clés : lesbienne, divulgation, herméneutique, féministe

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Lesbian Disclosure: Disrupting the Taken for Granted

Carol McDonald

The purpose of this interpretive inquiry was to generate understandings about the experience of lesbian disclosure. The inquiry relied on Gadamerian hermeneutic and feminist philosophical thought and was situated in women's health. In a feminist understanding of women's health, experiences of health are inseparable from the everyday experiences of an embodied life and are constituted within each woman's social, material, and discursive realities. The study was informed by conversations with 15 women who self-identified as lesbian for the purpose of the inquiry, accounts of women in the media, and the researcher's reflective journals. The findings move us towards new understandings about the multiple meanings of "lesbian." They challenge nurses to consider the binary categories of homosexual and heterosexual as inadequate signifiers for the reality of women's lives, to consider the particular arrangements of each woman's life, and to disrupt assumptions of heterosexism in order to reduce the negative impact of social exclusion, isolation, discrimination, and stigmatization as social determinants of health.

Keywords: lesbian, disclosure, heteronormativity, hermeneutics, heterosexism, feminist

Introduction

"The health of a nation, physically and emotionally, can only be as good as the health of its most vulnerable and stigmatized citizens. While culture, class and religion are known to affect how illness may appear and be understood, sexual orientation has been less well researched or understood as a mediator of health and illness." (Forstein, 2003)

In this paper I will report on a study that was intended to open to question our understandings of the interrelationship of lesbian life, the process of disclosure, and experiences of health. In this study the experience of disclosure was understood as central to lesbian life and disclosure was understood as an ongoing process through which a woman makes her lesbian orientation known to herself and to others. The process of disclosure might include overt verbal disclosure, covert or taken-for-granted disclosure, public disclosure, disclosure in relationships, and the decision to withhold disclosure. The breadth of this understanding of disclosure is beyond a temporally located "coming out" event.

The inquiry was based on an understanding of health that goes beyond a biomedical definition, to the emotional, social, interpersonal, mental, and spiritual realms. Experience of health is not merely the experience of disease or absence of disease from our bodies or our minds. It is increasingly accepted that the social and economic conditions of a person's life influence not only access to health care but the experience of health and illness (Wilkinson & Marmot, 2003). The social determinants of health as identified by the World Health Organization include social and economic realities that construct the environment or context in which a life, including a lesbian life, is lived. Several of these social determinants are particularly important when one considers that the lives of lesbian women are lived in ways that do not conform to the heterosexist social norm. In particular the World Health Organization states that "continuing anxiety, insecurity, low self-esteem, social isolation and lack of control over work and home life have powerful effects on health" (Wilkinson & Marmot, p. 12) and that "social exclusion" resulting from "discrimination and stigmatization" has a deleterious effect on health (p. 16). These threats to health and well-being, constituted in social environments, are particularly significant for the lives of lesbian women as they negotiate their way through a heterosexually determined landscape and face daily decisions regarding the disclosure of their sexual orientation. In addition to the social determinants of health that make up our material world — such as housing, employment, economic realities, social relationships, addiction, means of transport, and circumstances in early life — the experience of health is constituted through the influences of dominant discourses in society that attribute meaning to our lived experiences. The meanings attached to being a lesbian woman in a particular historical context influence the way in which a woman lives her life and the ways in which she and others view her life. It is perhaps these discursive realities that most profoundly affect decisions surrounding disclosure and influence the experience of health and wellness. This conceptualization of social determinants of health — both material and discursive realities — leads one to wonder what it is like for lesbian women to live their lives as a marginalized population in a heterosexist society (Hall, Stevens, & Meleis, 1994; Hitchcock & Wilson, 1992; Misner, Sowell, Phillips, & Harris, 1997; Radonsky & Borders, 1995; Robertson, 1992; Stevens, 1995).

Purpose of the Study

The purpose of the study was to create space for conversations that might generate new understandings of lesbian life as it is lived in a heterosexist society. Disclosure is assumed to be a central and ongoing

experience in lesbian life, mediating lesbian identity and dominant heteronormative discourses. It is through disclosure of lesbian orientation that the voice and visibility of lesbian existence come into being. The research question was, then, *What is the experience of disclosure of lesbian orientation in a heteronormative society?*

Self-disclosure of a lesbian orientation is the acquisition of self-knowledge that changes irrevocably how one is situated in the world. This assumption is intended not to support an essentialist belief in a lesbian experience of self-disclosure, but to say that disclosing a lesbian orientation, even to oneself, locates a woman outside of the dominant societal assumptions of heterosexuality.

This experience of being situated outside of heteronormativity raises concerns about the health experiences of lesbian women. The present study was built upon a belief that health is constituted in our experiences of a life lived in a body and in our interpretations of those experiences. Health is constructed as we live our lives in interpersonal relationships, in couples, in communities, and in families. It is enmeshed in our sense of self, our sense of worth, and our sense of belonging; it is embedded in and constituted through our everyday experiences. The experience of living outside of a dominant cultural norm has the potential to affect both one's health and the health care that one receives. It is my assumption that nurses in practice, in education, and in research, as well as other health-care providers, have a limited understanding of the lives of lesbian women and that this lack of understanding compromises the health care that is provided to these women (Mathieson, 1998; Stevens, 1994a, 1994b, 1995).

Background

"All gay people, to one degree or another, travel down the road of coming out to themselves and others about their sexual orientation. The journey lasts a lifetime and is profoundly affected by societal inculcated homophobia." (Scasta, 1998, p. 87)

Disclosure Constructed as Health

The practice literature that addresses lesbian self-disclosure overwhelmingly correlates disclosure with health. Articles that report on research studies (Jordan & Deluty, 1998; Kahn, 1991; Morrow, 1996; Radonsky & Borders, 1995), theoretical articles (Deevey, 1993; Saddul, 1996; Scasta, 1998), and articles that review studies (Taylor, 1999) describe self-disclosure as positively associated with psychological and emotional health and authenticity in relationships. Radonsky and Borders, for example, state unequivocally that "coming out to friends and family…is crucial for self-

esteem and self-acceptance" (p. 19). The harmful effects of non-disclosure can include feelings of shame and anxiety, depression, and disrupted interpersonal relationships (Jordan & Deluty). This picture of disclosure as constitutive of health and well-being is by no means straightforward or uncomplicated. It could be argued that the correlation of disclosure with self-esteem and self-acceptance contributes to a view of non-disclosure as pathological. This is a contentious implication given that the risks of disclosure in a heterosexist society include threats to personal safety, loss of relationships, discrimination in housing, employment, and health care, and irrevocably disrupted family functioning (Gramling, Carr, & McCain, 2000; Radonsky & Borders; Saddul; Stevens & Hall, 1988). And so, while self-acceptance and self-esteem are desirable, they are not unconditionally the result of high levels of self-disclosure. The decision whether to disclose is meaningful and understandable in the context of the lives of lesbians, and may even play a role in their mental health. Closely related to this issue is the fact that disclosure has become valorized among some groups of lesbians as exemplifying gay pride and defiance of heteronormative assumptions. This politicization of disclosure, though a reality of lesbian life, is seldom addressed in the literature. The essentializing of disclosure as always the "right thing to do," whether in the name of health or in the name of political ideology, negates the circumstances and experiences of each lesbian life and divests the woman of the opportunity to exercise agency in her own life.

Assumption of Heterosexuality

One cannot understand the experience of disclosure without considering the sociocultural context in which each lesbian life is lived. Heterosexism, which is grounded in the belief that heterosexuality is representative of sexual orientation, fuels the assumption that all women either are or wish to be in sexual/intimate relationships with men. It is a process of oppression through which heterosexual persons are given a privileged position and non-heterosexual persons are considered "other" (Gray et al., 1996).

From a review of the literature it is apparent that there is a pervasive assumption of heterosexuality underlying the health-care structure; the lesbian population is frequently an invisible minority in the health-care system (Hitchcock & Wilson, 1992; Radonsky & Borders, 1995; Robertson, 1992; Stevens, 1995). The assumption of heteronormativity is problematic for women in general and for lesbian women in particular, leaving little space in health care for the reality of lesbian life. The norm of heterosexuality is reflected in sexual and reproductive health-care practices, in demographic forms and interviews, and in the posters and pamphlets found on the walls and on the desks of health services. In

research studies published over the past 20 years, lesbian participants report instances of neglect, discrimination, and abuse by health-care providers (Stevens, 1994a, 1994b, 1995) and report that their life experience appears to be poorly understood by those who deliver care (Mathieson, 1998). The experience of being poorly understood is constructed within the dominant discourse of our health-care culture and our society, which presumes heteronormativity.

The work of Stevens and others over the course of a decade indicates that the decision whether to disclose is more complex than the metaphor of being in or out of the closet suggests, and that it must be guided by the particular lived lives of lesbian women. Most recently, Stevens, Tatum, and White (1996) conclude that health-care practices directed towards women should move beyond unexamined categories of identity to consider the particular behaviours that influence the health of each woman.

Methodology

This inquiry relied on Gadamerian hermeneutics and feminist philosophical thought (Butler, 1990, 1991, 1999). Hermeneutics compels us to think about what is at work in our world. Feminist thought creates the space to problematize and historicize gender categories in a way that the male-dominated hermeneutic tradition has not (Butler, 1991; Scott, 1999). Feminist conceptualities thus extend the hermeneutic project of disrupting the taken for granted and opening up possibilities for how we might interpret and understand our world. According to Gadamerian hermeneutics, as we encounter a world and consider how it came to be, we develop an understanding of it and of ourselves as situated in it. Instead of following a set of methodological procedures to capture understandings, we are guided by Gadamerian hermeneutics to "clarify the conditions in which understanding takes place" (Gadamer, 1998, p. 295). "Understanding the lived experience is about understanding the structures and relationships that construct our lived realities, the meanings we create from the context in which we find ourselves" (Ceci, 2000, p. 68).

In hermeneutic inquiry, text is interpreted in such a way that new understandings are generated. The inquiry rests on gathering and accumulating the texts that will inform the interpretation. In the present inquiry, the texts were generated through research conversations with lesbian women, accounts by women in the media, and reflective journaling by the researcher, and the notion of the interview was replaced by that of conversation, as a means of both gathering data and beginning the process of interpretation.

Written informed consent for participation and for audiotaping the conversations was obtained from each participant. The primary texts for the study were generated through conversations between the researcher and the participants. Through conversation, each woman was invited to explore her experience of disclosure of lesbian orientation in order to uncover and generate meanings that the experience held in her life. The purpose of questioning in this hermeneutic inquiry was to stimulate reflection and deeper exploration of the experience. The in-depth exploration produced the meanings and the understandings of a particular experience. In the conversations the women moved beyond describing their experiences, to reflect on the meaning of them (Bergum, 1989), thereby opening up space for new understandings and interpretations of the experience.

The audiotapes of the conversations were transcribed verbatim. The transcripts became the primary data for the study and were used alongside the media accounts of lesbian life and my own reflective journaling. Unlike other approaches to qualitative research, hermeneutic inquiry does not prescribe a procedural, step-by-step method for analysis (Gadamer, 1998). Rather, the researcher "dwells with" the research data, moving between the parts and the whole. This perpetual movement, referred to as the hermeneutic circle, is central to the process of interpretation and understanding. Gadamer defines Heidegger's explication of this reflection or movement between the parts and the whole as an account of the way in which understanding is achieved. Interpretation means following the relationship between particular, shared, experiences and the contexts in which the meanings of these experiences were generated. In the present analysis, the intention was not to recite the experiences of the 15 participants, nor to provide the reader with a set of themes that consistently emerged in the conversations. The interpretations do not stand in for the story of lesbian disclosure, although each interpretation has something to say about that story. Rather, the findings consist of interpretations of what could be transpiring for any lesbian woman and the possible implications of this for her experience of health.

Participants

Conversations were held with 15 women who responded to advertisements for the study posted in women's centres and bookstores and on a university campus in western Canada. Of the participants, some chose to name themselves lesbian and some spoke of being lesbian as central to their identity, giving direction to the journey "a way to have a life." Nine of the participants were in a committed monogamous relationship with another woman; for several of those participants, this was their first

lesbian relationship. Six of the participants were not currently partnered. Of the 15 participating women, many had previously been in sexual relationships with men, including having been married to men, and six became mothers during those heterosexual relationships. One woman had previously lived as a man and become a father. One woman became a mother with her female partner. All of the participants had repeatedly faced decisions about disclosure of their orientation.

The participants had, during their lives, spent varying lengths of time in intimate relationships with women. Isis had been out to herself for 29 years. Alex was 49 years old when she sought out a sexual encounter with a woman. Taylor was married to a man for 23 years before she and her two daughters all identified themselves as gay. Jade and Tracey came out to themselves as young women.

The women's ages spanned four decades, ranging from 26 to 56 years. There were no participants in their teens or early twenties. One woman identified her home country as located in Central America; the remainder of the participants identified themselves as of European extraction. Most of the women were employed. Eight had been to university and three were currently students. One woman was a stay-at-home mother. One woman was being supported by social assistance.

Each of the participants had created a life for herself in which intimate/sexual/affectionate relationships with women were valued if not central to the way in which she lived her life. All of the women had passed "under the sign of lesbian" (Butler, 1991, p. 14) and some had chosen to stay and "establish residency there." When one embarks on such a journey, questions of naming and of telling are inevitable. The person has inhabited the terrain.

Findings

The horizons of the study were expanded immediately by the diversity of the women who responded to the call for participants "under the sign of lesbian." A decision was made to include any person who called herself lesbian. I have become familiar, in our culture, with the taken-for-granted meaning of lesbian as a category of sexuality — that is, a woman's object of desire is another woman. Female homosexuality is defined as the manifestation of sexual desire towards a member of one's own sex (*Webster's New Collegiate Dictionary,* 1980). Although all of the women responded to the call for participants as "lesbians," they practised being a lesbian in notably different ways. Many of them had had previous sexual relationships with men and several did not rule out the possibility of relationships with men in the future. Half of the participants were currently in a relationship with a woman and half were not in a relationship.

Several had never had a sexual relationship with a woman. One woman who identified herself as lesbian could also be named transgendered, having previously lived as a man. This group of people standing together as lesbians disrupts the stability of the category. If a lesbian is no longer a woman who manifests sexual desire towards another woman, then what does it mean to say, "I am a lesbian"?

The experiences of women in the world give us some indication of how we might understand disclosure. The possibilities are many, not only for how disclosure might be taken up by different women, but also for how it might be taken up by the same woman. The participants generated multiple meanings of disclosure. They saw disclosure as truth telling, as activist naming, as constituting the self, and as creating lesbian space.

Disclosure as Truth Telling

In the conversations with the women about disclosure to self and to others, there emerged an epistemological discourse of truth. Some women had come to believe or to act as if there were an indisputable truth to be discovered about their sexuality, the confirmation of which placed them under pressure to "tell the truth." One participant, Clara, wanted to tell her mother that she considered herself a lesbian, that she was attracted to women, even though she knew this would jeopardize both her son's and her own relationship with her mother. For Clara, "honesty is the most important thing." Jade said, "To actually put the truth out there is an incredible journey." Jade had lost her family and her job; she had moved across the country to make a new start; her mental health was precarious. Rose said, "I can't raise a daughter who is true to herself when as a mother I am not true to myself." Rose's male partner had accused her of being an unfit mother and vowed to reduce her to poverty. Rose went to jail to defend her truth. Judith spoke of having plunged her family into a crisis with her disclosure and of their disbelief over her truth; her mother had said, "I raised you and I would know if you were a lesbian — you've just had bad marriages." What is the effect of a mother's denying the identity of her daughter? Does it undermine the daughter's sense of herself, particularly in view of her discovery of having, even joyously, found a way to make a life for herself, to make sense of the life that she lives?

This incitation to confess assumes that "there is such a thing as a literal account, the final truth of the matter, stripped of connection with other matters, told without metaphor" (Gadow, 1995, p. 213). Lives as they are lived clearly illuminate "truths" as constructed in relationships, as inseparable from the social, material, and discursive realties in which those lives are lived.

In the practice literature, disclosure is positively associated with psychological and emotional health and authenticity in relationships (Deevey, 1993; Jordan & Deluty, 1998; Kahn, 1991; Morrow, 1996; Radonsky & Borders, 1995; Saddul, 1996; Scasta, 1998; Taylor, 1999). The conversations with the women in the present study, as well as McWhorter's (1999) reading of Foucault, complicate this correlation of health and disclosure. In fact, McWhorter is wary of the findings in the practice literature: "What we're always told, of course, is that knowledge is the first step towards health, happiness, and freedom, because the opposite of knowledge is repression." She suggests instead: "Knowledge is the first step toward discrimination" (p. 13). This point is made not to support the notion that discrimination will always follow on the heels of disclosure, but, rather, to speak to the assumption that interpersonal relationships should be grounded in an authenticity that derives from honest interaction and the belief that living with a secret impinges on authentic interpersonal engagement (Yalom, 1985).

There is no doubt about the broad compliance to the incitation to confess the "truth" of one's sexuality, particularly to those whose understanding or acceptance the woman especially values. Paradoxically, it may be within the relationships in which a woman has the greatest emotional investment and thus the most to lose that she feels compelled to disclose the "truth" of her membership in a particular historically and socially constructed category.

To suggest that a woman is "living a lie" or that her relationships are less than authentic if she does not always and everywhere disclose her sexuality is to reify a narrow understanding of truth. Like categories of sexuality, truth itself can be considered an epistemological construction. Instead of deriving the "truth" of sexuality from an internal identity, we could understand the truth of a woman's sexuality as historically constructed in her particular social, material, and discursive world. Depending on a woman's situatedness, it may be more constitutive of her health to construct the truth as "I am living with a woman," or even as "I love a woman," than as "I am a lesbian."

Disclosure as Constituting Self

Some of the participants spoke about disclosure as a way of being in the world, as the means by which they intentionally and inadvertently presented themselves to others "under the sign of lesbian." While disclosure can be seen as a manifestation of wishing another to know (presumably, the "truth"), it can also serve to remind a woman of who she is. In the study, reminding or reconstituting of self was presented most clearly in the non-verbal lesbian disclosure. Tattooing the sign of lesbian on one's body, wearing the rainbow colours, or wearing jewellery constructed of

two female symbols was meant not only to disclose to others but also to remind the woman herself of her identification with the sign of lesbian. Disclosure through wearing a lesbian symbol, acting demonstratively with another woman in public, or verbally telling are ways of practising/being lesbian. Repetition of disclosure re-enacts lesbian. Jade wore her lesbianism tattooed on her body, literally and figuratively:

> *I have incredibly short hair — it's a buzz. I dress in jeans and shirts. I don't wear the rainbow necklace for everyone to see that I'm a lesbian. I don't have the tattoo for everyone to see that I'm a lesbian. I have it for myself. It's difficult to explain. I went through a lot of crises because of my lesbianism, and I deserve to be able to say, yeah, I'm a dyke and I'm very proud of that. I've earned the right… It's about every single day; you have to fight to say I'm okay to be here. There's nothing abnormal about me. I'm just me, you know… I don't care what you think about me because I'm a great person, and it's your loss if you don't want to get to know me…but every day I still struggle with that.*

Disclosure as Active(ist) Naming

Some women practise lesbian disclosure as an obligation. The participants spoke of their responsibility to not only raise the lesbian flag but to stand under it, to claim allegiance as a way of disrupting taken-for-granted heteronormativity. There is a belief that heteronormativity would topple and discrimination against homosexuals plummet if people discovered that their mother/teacher/sister/friend/neighbour/professor/aunt/roommate/minister was a lesbian. There is a desire to counteract the image of lesbians as evil or pathological and to demonstrate to non-lesbian people that lesbians are similar to them in many respects. Judith, a university professor, described her activist role of using every available opportunity to educate others:

> *It's part of my feminist perspective. It's part of my convictions as a psychologist about our larger responsibility to society. I see it as a part of my work to educate, and my sexual orientation has become a part of my work…and what I see as my career goals or what I integrate into my role as a psychologist…educating people and encouraging more open understanding.*

Disclosure as Creating Lesbian Space

"Lesbian space" is a place or places where lesbian women experience respect, acceptance, and safety. Within such a space, heterosexual dominance recedes and, at least temporally, the power of heteronormativity is contested. Lesbian space can be manifested in diverse places and mediums: an office door in a nursing faculty or a hospital unit where

a "positive space" rainbow decal promises respect for sexual diversity, literature in which lesbian realities are accurately portrayed, formal and informal gatherings during which lesbians play and dance and celebrate their lives. The participants spoke repeatedly of belonging, joining, visiting spaces where they felt fully accepted as lesbian women. They also spoke about ways in which their own disclosure had opened discursive and social lesbian spaces.

The creation of these spaces in our society is seldom happenstance; it is more likely to result from deliberate, strategic effort. And while it would be remiss to not acknowledge the contribution of non-lesbian women to the production of lesbian spaces, lesbian disclosure is one of the strategic practices through which safe and respectful spaces are created for lesbian women.

After 21 years in a heterosexual marriage, Alex left to live her life as a lesbian. She spoke of a life that no longer served her: "I could not stay in my life. I could not pretend any more. I felt really wonderful because I felt like I truly found myself and wouldn't everybody be so happy for me?" Instead, however, Alex experienced rejection by family members and friends: "I was ostracized…a lot of people I have never heard from since." Yet Alex was committed to her own disclosure and to providing a space in which she and other women could celebrate their lives:

> *I am very open in disclosing still. I felt that this was important enough to me to always continue to be open, which I have always been, in every situation… Okay, no matter how much I had felt hurt…this is my life. I have nothing to be ashamed of. I'm proud to be a lesbian. I feel like this: I've waited all my life to know who I am, and so, you know, I mean, I've done nothing wrong and I'm a good person. What do I have to hide? I have nothing to hide.*

Nursing Situatedness

In writing about difference as a feature of the world of nursing, Ceci (2003) reminds us of nurses' position of access to the lives of others: "As nurses, we encounter people in their most vulnerable moments and so have the opportunity to cause harm by unthinking adherence to the false and damaging beliefs and assumptions often contained in categories and labels" (p. 428). The unexamined beliefs of health-care providers, often imbued with erroneous voices from the past, contribute to our complicity in maintaining authoritative and inaccurate discourses. The willingness of care providers to question our own assumptions about difference instigates the disruption of taken-for-granted categories and labels.

Nurses might also view themselves as in a position to engage in strategic practices to destabilize heteronormativity and the unthinking use of categories of sexuality in the health-care environment. Nurses' knowledge of and place in the power structures of the health-care system positions them to effectively participate in destabilizing practices.

Implications for Nursing

The results of this study may be useful to nurses involved in direct patient care, in education, and in research endeavours, by disrupting the norm of heterosexuality in nursing discourse and questioning the adequacy of categories of sexuality to speak to the realities of women's lives. We are challenged to consider the possibility that any given woman may be living a life outside of the dominant norm of heterosexuality, and to engage with this reality as we encounter women as colleagues, patients, students, and research participants.

As nurses come to understand heteronormativity and the effects of categorization, our complicity in maintaining these discourses is challenged and new possibilities for practice are generated. Disruption of the assumptions of heterosexism is a means for nurses to reduce the deleterious impact of social exclusion, isolation, discrimination, and stigmatization as social determinants of health (Wilkinson & Marmot, 2003). How would health-care practices be altered if space were created to consider the differences in women's lives and experiences of health? Posters, pamphlets, and films would reflect women partnered with women, women partnered with men, men partnered with men, people not partnered, people with and without children; medical history forms would have a space for significant relationships, family practice would include all families, and the health-care system would ensure equal rights and privileges for every type of partner. Health-care providers would have conversations with all women about the alternatives available for having children, and all women would receive accurate information and intervention about their sexual health, based on their past and current sexual practices. Relationships with health-care providers would be a safe place for lesbians to talk about their relationships with lovers, friends, and family. Domestic violence in women's relationships would be addressed as seriously as other forms of violence against women. Women who name themselves lesbian would feel safe and supported in their relationships with health-care providers.

Nurses who engage in interpretive practice consider the multiple meanings that may be at play in a woman's life. We are challenged to question the assumptions that are attached to labels and categories and to become vigilant as to the ways in which received language misrepresents

the lives of women. The results of the present inquiry point to an understanding of all women's lives as constructed of multiple and complex realities: realities constituted under social, material, and discursive influences. We cannot escape history. Categories of classification and scientification are our inheritance; they are alive in our world. We are not, however, destined to dutifully, unquestioningly accept our inheritances. Rather, we are invited to unpack the categories, to disrupt the taken-for-granted meanings that have been handed to us from the past and to remain open to the future as it unfolds.

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