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An Examination of the Discourse of Homosexuality as Reflected in Medical Vocabularies, Classificatory Structures, and Information Resources

Abstract: Societal construction of homosexuality forged the delineation of the body of knowledge that defines the practice of gay and lesbian health care. This relationship is an ongoing one that has evolved relative to advances in social tolerance -- if not acceptance -- of homosexuality. The purpose of this study was to examine and describe the nascent recognition of the health care needs of a special population as evinced in the evolution of controlled vocabularies and classificatory structures founding the discourse of homosexuality as well as the emergence of specialized information resources devoted to gay and lesbian health. This paper explores the historical progression in the treatment of homosexuality relative to cultural and linguistic implications. Within this context, the relationship between the delivery of health care and organization of knowledge is examined.

1. Introduction

The purpose of this study was to examine and describe the emergent recognition of the health care needs of a marginalized population as revealed in medical vocabularies, classificatory structures, and specialized information resources. In particular, the authors were interested in examining the biomedical literature concerning homosexuality as it relates to the delivery of health care to this subgroup. This snapshot of published works regarding one medically underserved population serves as a model for looking at other subgroups as health care delivery to them is reflected in the biomedical literature. The purpose of such a representation is to identify, analyze, and document the relationship between the delivery of health care and organization of knowledge. Gay men and lesbians possess health care needs that are both the same as and different from the heterosexual population. The same is true of bisexual and transgendered individuals, but only gay men and lesbians were addressed in this study. In order to deliver the best possible health care to this population, the unique needs of homosexual individuals have been well documented in the literature. Moreover, the literature regarding the delivery of health care services examined in this study matches the needs as they have been described by various researchers. Listed below are the scientifically documented unique health care needs of both gay men and lesbians.

Gay men and lesbians:
- Avoidance of routine physical examinations and age-appropriate preventive services;
- Psychological problems resulting from leading a dual life, made necessary because of the risks associated with "coming out";
- Higher risk for suicide than the heterosexual population;
- Increased threat of violence either from gay bashing or from domestic violence;
- Higher rates of depression and bipolar disorder than the heterosexual population, which may correlate with increased alcohol and other drug abuse.

Gay men:
- Increased risk for various gastrointestinal infections;
- Increased risk of hepatitis B;
- Increased risk of both anal and hepatocellular neoplasms;
- Greater risk of developing eating disorders than their heterosexual counterparts
Among gay male street youth, higher risk of engaging in "survival sex" or prostitution than heterosexual youth.

Lesbians:
- Higher risk of breast, ovarian, and endometrial neoplasms among lesbians than heterosexual women;
- Increased risk of all neoplasms whose etiology is linked to tobacco use, owing to a higher rate of smoking among lesbians than other women (Harrison & Silenzio, 1996);
- Higher risk of alcoholism than their heterosexual counterparts (Hall, 1990).

2. Background
Ideology framing homosexuality has matured over time. As is true with other bodies of knowledge, the content of thought has changed. And as the ideas, notions, and perceptions founding the body of knowledge have grown, categorical structures have adjusted. Much of this metamorphosis is a direct result of society, since “...the dominant modes of thought are supplanted by new categories when the social basis of the group, of which these thought forms are characteristic, disintegrates or is transformed under the impact of social change” (Mannheim, 1936, p. 82-83).

The American Psychiatric Association (APA), after much debate, removed homosexuality from its listing of psychiatric disorders contained in Diagnostic and Statistical Manual (DSM) in 1973. In 1981, the American Medical Association (AMA) officially embraced a more progressive view of sexual orientation in a report concerning patient policy recommendations (AMA, 1981). In the ninth revision of the World Health Organization’s International Classification of Diseases, the instructions regarding the statistical coding of homosexuality stated “code homosexuality here whether or not it is considered as a mental disorder” and did not state that homosexuality should be viewed as a disease (van Drimmelen-Krabe et al, 1994). Homosexuality was completely removed from ICD’s tenth revision as a reason for contact. “It was a historic step to have homosexuality changed from a medical anomaly to a psychological impairment in the early part of the century, and an equally significant step to have homosexuality removed from DSM-3 and ICD-9 in the early 1970s and later 1980s” (Patton, 1990, p. 3).

2.1 Medical Subject Headings
A literature search of the entire MEDLINE database, 1965-1999, was conducted in November 1999. The purpose of the search was to determine the extent of the literature concerning health care delivery to the gay and lesbian population. The search strategy follows: Delivery of Health Care OR Health Services AND Homosexuality BUT NOT HIV Infections. All search terms were exploded so that the term itself, and all narrower terms included in the hierarchy, were included in the retrieval. Retrieval was limited to English language documents. The search retrieved 689 documents; significantly, the term HIV Infections accounted for 89,684 items, and even after omitting these, eleven more that concerned some aspect of HIV disease were excluded from the data set.

Data from the full set were analyzed by the number of items produced per year and type of publication (e.g., letter, editorial, review). A data set consisting of only review articles was extracted. In this set of sixty-seven items, the number and rank of Medical Subject Headings (MeSH), stripped of all subheadings, were noted, as were the number and rank of subheadings.

2.2 Data Analysis
Examination of the full data set of 689 items revealed that the number of items produced per year showed a general upward trend. They ranged from a low of one item in
1965 to a high of fifty-four items in 1996, with the median's being eighteen. In sixteen of the thirty-four years from 1965 to 1998, fewer than eighteen items were produced in the biomedical literature. However, the median was exceeded each year 1990-1998.

Most interesting from the standpoint of the objectives of this study was examination of the indexing of the sixty-seven review articles. When stripped of subheadings, a total of 322 MeSH headings were used in the set. The first seven MeSH headings -- Human (67), Female (57), Homosexuality (57), Male (49), Adolescence (26), Adult (20), and Homosexuality, Female (20) -- represent demographic data and account for 31% of all the headings used in the review articles. Coming next, however, well ahead of Homosexuality, Male (13) and all the age headings were Prejudice (19), Attitude of Health Personnel (17), and Sex Behavior (16).

Likewise, subheadings revealed specific proclivities. Twenty-one subheadings were used in indexing the review articles; by far the most common was psychology, accounting for sixty-three uses, or 43 percent of all uses of subheadings in the sixty-seven articles composing the data set. Distant seconds were epidemiology (14) and prevention and control (11).

3. Discussion

All human beings share similar health care needs across gender, age, and cultural lines; however, certain identified subgroups possess unique health care needs that must be addressed for optimal health and well-being. Controlled vocabularies and classificatory structures allow for the documentation of these unique needs in the medical literature and for their examination over time, particularly in a sociocultural context. However, the fact that addition and deletion of indexing terms lags behind sociopolitical evolution creates challenges and political tension for librarians, researchers, and members of communities. This study indicates the usefulness of such structures for examining aspects of health care in a subgroup of the population.

For example, the data indicated that gay men are a particular marginalized group in terms of their health care needs unique from HIV disease. Fully forty-five percent of the search retrieval was eliminated once the term HIV Infections was removed from the total. No one would question the severe impact the HIV/AIDS pandemic has had on the gay male population in the United States; however, the majority of this group remains uninfected. Moreover, the study looked at literature dating from 1965. As would be expected, given the emergence of the epidemic in the United States, mention of HIV disease did not appear in the literature until 1981. Yet, the analysis of subject headings from the review articles showed that Homosexuality, Male appeared only thirteen times, the same number as Sexually Transmitted Diseases. Some discussion undoubtedly appears in articles where Homosexuality is a subject heading, but the preponderance of attention has been paid to the subset of the gay male population that is infected with the human immunodeficiency virus.

The majority of literature devoted to psychological, psychiatric, and mental health issues of gay men and lesbians not only is commensurate with the particular health care needs of this population but also with a social construct that throughout most of the twentieth century has demanded invisibility of this group and continues to persecute them. The recent appalling deaths of Matthew Shepherd in Wyoming and Private First Class Barry Winchell in Kentucky attest to the deadly turn homophobia can take in the United States. Clearly, "social and mental distress [in the gay population] is rooted within the structure of society and not within the individual" (Robertson, 1998, p. 38).

High-profile crimes, and the fear they engender, coupled with the jeers and taunts teens receive from their peers in schoolyards and neighborhoods, rejection by family, and self-doubt lead a significant number of gay and lesbian teens to contemplate or attempt suicide, run away from home, or engage in risky behaviors of all sorts. At the very least, keeping the secret of a stigmatized sexual identity leads to both internal homophobia and inability to
express emotions, both of which result in low self-esteem and difficulty maintaining relationships far past adolescence (Robertson, 1998). Indeed, high rates of alcoholism and other drug abuse, depression, and unsafe or promiscuous sexual practices in all age groups may reflect behavior that results when society pronounces an entire group of people marginal and imposes stigma ranging from social ostracism to prison and murder for openly declaring and living one's identity. The closet is far less common than it once was, but it still exists, and the harm done to an individual who lives a lie extends to all who are associated with him or her, magnifying the damage. For example, gay men who marry to try to make themselves "normal" and conform to society's expectations create "enormous conflict and stress in their lives" (Robertson, 1998) as well as the lives of their wives and children. Presumably, the same trauma undoubtedly permeates the lives of lesbians who marry as well as their husbands and children, though it was not documented in the literature examined for this study. In spite of laws, executive orders, and a generally more tolerant stance on homosexuality in many areas of society, the prejudice that still exists leads to significant morbidity, mortality, and suffering for gay men and lesbians, their families of origin, their community, and society as a whole.

One of the unexpected facts revealed in this study was the large amount of literature in nursing and family practice journals that outlines for primary care providers appropriate ways to approach and care for the health of their gay and lesbian patients. Prejudice continues to exist among many providers and in medical schools as well (Wallick, Cambre, Townsend, 1995), but increasing numbers of voices are urging understanding, tolerance, and ultimately, acceptance of gay men and lesbians. Most importantly, homosexual men and women must feel safe in openly declaring their sexual orientation to their health care providers, or their health care suffers (Harrison & Silenzio, 1996). The increasing number of articles published, as revealed through the sets examined in this study, is an encouraging sign.

The emergence of information sources has mirrored the movement to provide professional support for the special health care needs of gay and lesbian patients. In 1974, the Journal of Homosexuality began publication; it was followed by the Journal of Gay & Lesbian Social Services and the Journal of Gay, Lesbian, and Bisexual Identity in 1994 and 1996, respectively. With assistance, guidance, and perseverance, the discourse of homosexuality has been forced to evolve beyond classifying this sexual orientation as a pathology, overtly, if not covertly. In the context of classificatory structures, the study illustrates the political character of vocabularies, how they can be used to gauge societal thinking, and how they can become powerful tools in the hands of activism.

References
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