

Depression Among Lesbians: An Invisible and Unresearched Phenomenon

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ABSTRACT. Despite the research emphasis on depression among women, there has been virtually no focus on depression among lesbians. This article reviews evidence for factors that might place lesbians at increased risk for depression as well as factors that would protect lesbians from depression. Additionally, it discusses the research on suicide attempts, alcoholism, and physical and sexual abuse of lesbians, all disorders related to depression. Homophobia, the coming out process, and the lesbian community are presented as issues not faced by heterosexual women. Depression among lesbians who are non-white, not middle class, and not young adults is discussed. Finally, the article presents evidence for the role of therapists and self-help groups in affecting depression rates among lesbians.

In the past two decades, there has been a tremendous proliferation of research on depression among women (c.f., Nolen-Hoeksema, 1987; Rothblum, 1983; Weissman & Klerman, 1977, for reviews). Research has focused on depression rates among women in community surveys (Amenson & Lewinsohn, 1981; Weissman & Myers, 1978) as well as on women who seek treatment for depression (Williams & Spitzer, 1983; Weissman, Sholomskas, Pottenger, Prusoff & Locke, 1977). Studies have examined whether the gender difference in depression, with prevalence rates for women generally twice as

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high as those of men, could be due to societal discrimination (e.g., Radloff, 1975), sex role socialization (e.g., Gove & Tudor, 1973), or learned helplessness (e.g., LeUnes, Nation & Turley, 1980), among other theories.

In contrast, research on depression among lesbians has been virtually absent. In one of the only studies that assessed depression among 57 lesbians and 43 unmarried heterosexual women (Saghir, Robins, Walbran & Gentry, 1970), 44% of the lesbians and 35% of the heterosexual women had had depressive episodes. A recent national lesbian health survey (NIMH, 1987) found that the most common reason why lesbians sought counseling was for depression, with half the sample reporting this reason. The purpose of this article is to discuss the evidence for factors that might place lesbians at increased risk for depression as well for those factors that would protect lesbians from depression, relative to heterosexual women.

In an earlier article (Rothblum, 1983) I reviewed factors that place women at risk for depression. These include the absence of social support, marital status (married women are at increased risk for depression compared with women who have never married), marital disruption, motherhood, and lack of paid employment. These factors will be reviewed as they pertain to depression among lesbians.

Second, in contrast to the paucity of research on depression among lesbians, there has been some research on other mental health disorders among lesbians, notably suicide, alcoholism, and sexual abuse. These areas, all of which bear some relationship to depression, will be discussed.

Third, lesbians face some life experiences that differ from heterosexual women. Lesbians experience hostility and invisibility from the heterosexual macro-culture. The process of coming out as a lesbian requires an active sequence of events, different from the relatively passive, "default" process of becoming a heterosexual. And lesbians must find the lesbian community, it is not as easily identifiable and ubiquitous as the heterosexual community. This article will discuss the implications of these processes on depression among lesbians.

Next, the article will describe populations of women that have generally been ignored by researchers: those lesbians who are non-white, those who are adolescents, those who are older,

and those who are in prison. Depression among these groups of lesbians will be discussed. Finally, the articles will discuss the role of therapists and self-help groups in influencing depression rates among lesbians.

I. General risk factors for depression

Social Support

The quantity and quality of sources of social support affects people's ability to cope during times of adversity (Leavy, 1983). A number of studies have found a relationship between clinical depression and lack of social support. Brown's research in England (Brown, Bhrolchain, & Harris, 1975; Brown & Harris, 1978) found that women who did not have an intimate, confiding relationship and who were experiencing life stress were ten times more likely to experience depression than those women who were stressed but who had an intimate partner. People who sought help from their family physicians for depression were less likely to have social support than a control group which did not consult their physician (Miller & Ingham, 1976). Among depressed psychiatric hospital patients, having a close intimate relationship was related to faster improvement in depressive symptoms (Surtees, 1980).

Research on lesbians by Kurdek and Schmitt (1987) indicated that lesbians who perceive a high level of social support were less psychologically distressed (on the Symptom Checklist 90-R, that includes a subscale on depression). Both lesbians and gay men listed their friends as the most frequent providers of social support, followed by their partner, family, and co-workers (Kurdek, 1988). However, sources of social support for some lesbians and gay men in this study included therapist, therapy group member, minister, neighbor, expartner, cat, dog, sister-in-law, classmate, partner's parents, advisor, professor, cousin, grandmother, Alcoholics Anonymous, physician, nephew, clients, God, ex-spouse's current spouse, partner's ex-spouse, partner's brother-in-law, secretary, and partner's stepfather (Kurdek, 1988). Lesbians were three times more likely to rate friends rather than family members as providers of

social support. This contrasts with data on heterosexuals, who tend to rate friends and family members equally as sources of social support (Kurdek & Schmitt, 1987).

Kurdek (1988) interprets this difference in light of family members having difficulty accepting the lesbian and her partner, as well as the lesbian couple's need to keep distance from the family to avoid discovery of their lesbianism. Only 28.4% of lesbians have come out to their mothers and even fewer (19.3%) to their fathers (Albro & Tully, 1979). The major reasons cited by lesbians in this study for not being out to parents are fears of misunderstanding and rejection. Furthermore, lesbians were rarely out to employers, colleagues at work, teachers, students, or neighbors. This lack of disclosure would limit the sources of social support that lesbians have.

Partner Relationships

There is some evidence among heterosexual women that being married is a risk factor for depression. Being married increases the probability that heterosexual women will have increased rates of mental health disorders, including depression, agoraphobia, nervousness, insomnia, inertia, and sexual abuse (c.f. Rothblum, 1983 for a review of this literature). Possible reasons for increased distress among married women have been postulated to be either the role of housewife (e.g., Gove, 1972) or the combination of employment plus full responsibility for housework and childcare (e.g., Radloff, 1975). Although 24% of lesbians have been married previously (Ettorre, 1986), most lesbians are not currently married to men. Lesbians, like most unmarried women, are not housewives; and lesbians in couples are more likely to share housework and childcare than are married couples (Peplau, Cochran, Rook, & Padesky, 1978). Despite tremendous societal pressure for women to be married, mental health statistics reveal that being single is psychologically "healthier" (U.S. Department of Health, Education, and Welfare, 1970, in Donelson, 1977). Thus, fact that lesbians are usually not married may serve a protective function against depression.

Involvement in a relationship with a partner is related to positive adjustment and mental health for lesbians. Leavy and

Adams (1986) found a positive correlation between involvement in a lesbian relationship and self-esteem, self-acceptance, and social support.

Among heterosexual women, experiencing marital disruption in the form of separation and divorce is a risk factor for depression (c.f., Rothblum, 1983, for a review of this literature). Disruption in lesbian relationships is similarly stressful. For women who are not affiliated with a lesbian network, their lesbian lover may be their only confidant. Thus, depression may be a greater risk factor for rural lesbians or lesbians who are not out to many people outside of their partner.

Interestingly, Martin and Lyon (in Gartrell, 1981) have speculated that lesbians adapt better than do heterosexual women after the termination of a relationship. This is because lesbians have had to be self-reliant for economic and social support, so they are less likely to be financially and socially incapacitated by the end of a relationship. Furthermore, lesbians, by actively choosing their lifestyle (rather than the more passive mode of choosing heterosexuality in our society) have more adaptive coping skills than more traditional heterosexual women.

Nevertheless, society at large tends to define a relationship according to the presence of sexual activity. If two people are not having sex, then they're not a couple (in contrast, the legal status of marriage defines married heterosexual couples as a unit regardless of sexual activity). This may place pressure on lesbians to be in a relationship, and lack of sexual activity in a relationship may indicate to a lesbian that something is wrong with her relationship, or that her relationship no longer exists.

Mothering Young Children

The presence of young children in the home is a major risk factor for heterosexual women, due to the stress of child-rearing and the fact that women tend to have most of the responsibility for childcare (c.f., Rothblum, 1983, for a review of this literature). Since lesbians are less likely to have children than are heterosexual women and since lesbian couples tend to share housework and childcare (Peplau, Cochran, Rook, & Padesky, 1978), mothering may be less of a risk factor for lesbians. However, several issues confront lesbian parents that are not as fre-

quently concerns for heterosexual parents: custody battles over competency to rear children, homophobic remarks made by others to the children, lesbian partners relating to the children, rearing male children, and coming out to children (Hall, 1981). Most of all, lesbian mothers do not fit the family mold presented by our society. Lesbian mothers lose 80% of all custody battles in lower courts (Morgan, 1984). Thus, for lesbians who do have young children, the stress may be significant.

Employment

Research on depression among heterosexual women indicates that full-time employment serves a protective function against depression (Rothblum, 1983). Employed heterosexual women reported more satisfaction (Hall & Gordon, 1972) and if depressed, recovered faster than homemakers (Mostow & Newberry, 1975). A large percentage of lesbians are employed full-time (70-85%; Hall, 1986). Unlike heterosexual women, they cannot legally marry their partner and thus there is no lesbian equivalent of the role of "housewife." Furthermore, lesbians often cannot share their partners' assets or benefits, and since women earn less than men, few lesbians would be financially able to support a partner (Hall, 1986). Finally, lesbians may not be as restricted as are heterosexual women by societal socialization, and thus may select jobs that are non-traditional for women.

Although there has been no research on employment as it relates to depression among lesbians, some researchers have demonstrated that the workplace may not be a secure place for all lesbians. About half of all lesbians in Albrow and Tully's (1979) survey reported the fear of losing their jobs if their lesbianism were known to their employers. Others stated that their jobs would become more difficult, or that they had actually lost jobs due to their lesbianism. Thirteen percent of the lesbians in the Lesbian Health Care Survey (NIMH, 1978) felt they had lost their jobs because of their lesbianism.

Hall (1986) interviewed 13 lesbians who were employed by large corporations. Subjects reported hiding their lesbianism at work, needing to be vigilant around co-workers in case questions of their personal life were discussed, hearing anti-gay

jokes and comments in the workplace, feeling anxiety, anger, or the discomfort of not fitting the corporate stereotype, and needing to separate work and their social life. About half of the lesbians in large surveys indicated that they had not come out to any coworkers; if they were out, they were generally self-employed (Hall, 1986).

II. Societal processes unique to lesbians

Alienation by Heterosexual Society.

Clearly, lesbians face some of the same stressors faced by heterosexual women: coping with difficulties in relationships, terminating relationships, coping with death of a friend, partner, or family member, moving, or changing jobs. However, a major stressor experienced by lesbians and gay men is the strain of dealing with the heterosexual macro-culture.

A number of studies indicate that U.S. society is extremely homophobic. Levitt and Klassen's survey (1974) found that the majority of people (about three-quarters) in our society considered sexual activity between two people of the same gender to be wrong, and felt that homosexuals should not be allowed to work as court judges, schoolteachers, ministers, medical doctors, or government officials. Similarly, Nyberg and Alston (1976) found that 75% of the population disapprove of homosexuality. Public attitudes about the "wrongness" of homosexuality did not change significantly from 1973 to 1977 (Glenn & Weaver, 1979), the period immediately following the APA decision to remove the diagnosis of homosexuality from the *Diagnostic and Statistical Manual of Mental Disorders* (APA, 1987).

When respondents were asked to rank the "deviancy" of homosexuality and lesbianism separately, homosexuality was considered the most deviant of all categories, whereas lesbians were rated as less deviant than were drug addicts, alcoholics, prostitutes, murderers, and criminals, but more deviant than were juvenile delinquents, the mentally ill, "perverts," communists, and atheists (Simmons, 1966). In a more recent study (Laner & Laner, 1980), gay men were also found to be rated

more negatively than were lesbians, and lesbians were disliked more when they appeared less traditionally feminine.

People holding more favorable attitudes toward homosexual-ity tend to be under 30 years of age, living in large cities, and college educated (Nyberg & Alston, 1976). Thus, lesbians in rural settings who interact with older and less educated heterosexuals are at particular risk for homophobia.

In response to societal homophobia, lesbians are reluctant to trust the heterosexual macrosociety. Albro and Tully's (1979) research indicates that over 72% of their respondents were concerned about the fact that lesbian activities were against the law. About three-quarters of lesbians felt isolated from the heterosexual society, and even felt it was important that they be accepted by the heterosexual macroculture. Sophie (1987) mentions several coping strategies that lesbians use who are in the process of coming out. These include cognitive restructuring (enhancing the positive meaning of lesbianism), avoidance of the term lesbian until this identity has assumed positive meaning to oneself, self-disclosure to significant others, interactions with other lesbians, and habituation (viewing lesbianism as "ordinary") (Sophie, 1987).

Coming out

Because of widespread societal homophobia and discrimination against lesbians, many lesbians choose to keep the fact of their lesbianism hidden, or to remain in the "closet." Consequently, the closeted lesbian needs to live a double life that includes denying her sexual orientation to others, concealing her true feelings for her partner in public, and coping with the dilemma she is viewed as a single and available woman by her male friends and colleagues (Gartrell, 1981). Smith (1988) has postulated that depression and dysthymia may result from the conflict that closeted lesbians face living this "double" lifestyle.

When lesbians choose to be open about their sexuality or to "come out," the process can be stressful. Coming out may entail opening up one's lifestyle to public scrutiny by uninformed and curious heterosexual friends and acquaintances. There may be realistic fears about negative repercussions involving employ-

ment, child custody, and rejection by family members (Gartrell, 1981). "...Coming out involves a willingness to combat social, personal, legal and political discrimination against lesbian women" (Gartrell, 1981, p. 506). Nevertheless, in the long run, being out as a lesbian increases the chances that women will come in contact with other lesbians who share similar concerns and life experiences. Being out gives lesbians a sense of self-worth and identity in a hostile society.

Thus, the process of coming out has positive and negative elements. Among gay men, those who informed others of their sexual orientation and those who were comfortable with their gay identity were less likely to be depressed than were those who were more closeted and uncomfortable with being gay (Schmitt & Kurdek, 1987). There has been no corresponding study of lesbians who are out.

Integration into the Lesbian Community

Since lesbians are more likely to rely on friends than on family members for social support, and since the heterosexual macro-society is generally not supportive of lesbianism, it becomes very important for lesbians to have a supportive lesbian community. Many lesbians vividly remember the feeling that they were the only lesbian in their community and the concomitant isolation, before they came in contact with the lesbian community (Albro & Tully, 1979).

Albro and Tully (1979) found that the major reason stated by lesbians for joining lesbian and gay organizations was for the feeling of support they got from other lesbians and gays. Leavy and Adams (1986) found a positive correlation between participation in feminist activities and self-acceptance among lesbians. In a study that surveyed five gay men and four lesbians as they joined a gay organization and compared them with members who had been part of the organization for one year or more, Greenberg (1976) found that self-esteem remained unaffected by membership whereas alienation decreased initially but started rising again after one year.

Women's access to the lesbian community is through lesbian friends (Albro & Tully, 1979); thus, knowing other lesbians is often a prerequisite for involvement in the women's community.

Lesbians who are in the process of coming out, those who are isolated in rural areas, and those who cannot risk being out (for example, for fear of losing custody of their children) will be at risk for alienation and depression.

III. Mental health disorders related to depression

Suicide Among Lesbians.

Despite a lack of research on depression among lesbians, a number of surveys have focused on suicide among lesbians and gay men. Since sexual orientation of people who have actually committed suicide is rarely known, most of the statistics about lesbian suicide rates are from women who have attempted suicide but lived. Caucasian lesbians are two and a half times more likely to report having attempted suicide some time in the past than are heterosexual women (Saunders & Valente, 1987). The National Lesbian Health Care Survey (NIMH, 1987) found suicide rates among black and Latina lesbians to be 27% and 28% respectively, and higher than those of white lesbians (16%).

Saunders and Valente (1987) discuss behaviors that place groups at risk for suicide. These behaviors include demographic factors, previous suicide attempts, alcohol and drug use, and interrupted social ties (Saunders & Valente, 1987). Of these risk factors, alcohol use is high in the lesbian community. Saghir and Robins (1973) report that the combination of depression, alcohol use, and previous suicide attempts among lesbians should be of particular concern. Furthermore, lesbian relationships do not in general last as long as those of heterosexual women (Blumstein & Schwartz, 1983). Lesbians' feelings of alienation in a homophobic society, with limited access to rights and privileges, may increase self-destructive feelings particularly if they are not part of an affirmative lesbian community (Saunders & Valente, 1987). Buhrich and Loke (1988) have reported that being single, being childless, and abusing alcohol are risk factors for suicide attempts among lesbians and gays in Australia. There is some evidence that a strong religious affiliation may serve a protective factor against suicide (Saunders &

Velante, 1987). Lesbians and gay men are not often part of organized religious institutions, in part because of the homophobic attitudes that religions have about homosexuality. Finally, Buhrich and Loke (1988) speculate that the threat of blackmail, criminal proceedings, and public exposure may increase suicide among lesbians and gay men.

Alcoholism Among Lesbians

Although few studies have obtained prevalence rates of alcohol use among lesbians, those that have indicate high rates of alcohol abuse. Saghir and Robins (1973) found 30% of lesbians to report drinking alcohol excessively compared with 5% of heterosexual women. Fifield (1975) found that one out of ten lesbians and gay men in Los Angeles "abuse alcohol to problem proportions" (page 27). In the National Lesbian Health Care Survey (NIMH, 1987), 14% of the sample expressed worry about their use of alcohol, and alcohol use was higher among lesbians aged 55 or older and among those who earned \$40,000 or more.

Alcoholism has been related to depression among lesbians (Glaus, 1989). In interviews with ten lesbians, Diamond and Wilsnack (1978) found alcoholism among lesbians to be related to depression and low self-esteem.

There are a number of reasons why alcohol use among lesbians is high. First, the most visible evidence of the lesbian and gay community is often the gay bar; thus, it is there that newly out lesbians may go to socialize and meet other lesbians. Non-drinking alternatives to the gay bar may be by invitation, and women would need to be part of the lesbian network to be aware of these activities (Glaus, 1989). Fifield (1975) found that 90% of people going to gay bars in Los Angeles had no other contact with gay organizations. Bar users in her study went to bars an average of 19 times each month and drank six drinks per visit. They went to bars to socialize and meet new people. The bar user on average had spent ten years in gay bars (Fifield, 1975).

Second, heavy drinking may be a coping mechanism to combat the social stigma and homophobia to which lesbians are exposed (Saunders & Valente, 1987). There is some evidence

that self-acceptance among lesbians is related to lower use of alcohol (Saghir & Robins, 1973). Similarly, Fifield's research (1975) found that there was a positive relationship between alienation and alcoholism among lesbians and gay men.

Sexual and Physical Abuse of Lesbians

In the Lesbian Health Care Survey (NIMH, 1978), statistics indicate that 37% of lesbians had been beaten or physically abused at least once. Half of black and Latina lesbians had been abused, compared with one third of white lesbians. Forty-one percent of lesbians had been raped by men. Black lesbians were more likely to have been raped as children than were white or Latina lesbians (NIMH, 1978).

There are no data comparing rates of physical and sexual abuse experience by lesbians to those of heterosexual women. Because lesbians have fewer relationships with men, this may decrease their risk for battering. Research on the prevalence of violence within lesbian relationships is just becoming available. Battered lesbians experience the same extreme trauma as heterosexual women, and in addition may be misunderstood by the mainstream health and mental health care system, may be isolated from the lesbian community, and may not trust future relationships with women (Hammond, 1989). It may be difficult for friends to understand that lesbians can be batterers, and the battered lesbian may be depressed and lose contact with her social support system (Hammond, 1989).

Half the sample of lesbians in the Lesbian Health Care Survey (NIMH, 1978) reported verbal attacks for being lesbian, and 6% had been physically attacked for their lesbianism.

General Psychological Adjustment

It is important to emphasize, however, that lesbians do not differ significantly from heterosexual women on general psychological adjustment. In 1971, Thompson, McCandless, and Strickland matched male and female heterosexuals and homosexuals on age, gender, and education, and presented them with several personality measures. There were no significant differences between heterosexuals and homosexuals of either gender

on personal adjustment, self-confidence, and self-evaluation. In fact, there was a tendency for lesbians to be more self-confident than female heterosexuals. In general, subsequent research comparing lesbians and heterosexual women has not found consistent differences in mental health (Cabaj, 1988; Ross, Paulsen & Stalstrom, 1988), with the exception of lesbians' higher self-esteem (Hyde, 1985) and greater independence (Hopkins, 1969). Given the extremely homophobic societal views, it is amazing that lesbians have coped so well.

IV. Lesbian populations ignored by the research literature

Issues Facing Lesbians Who Are Non-White

Albro and Tully (1979) described the typical lesbian in their survey as white, 27 years old, single, living on the East coast, college educated, professionally employed, and unaffiliated with an organized religion. Clearly, lesbians who are non-white, older, adolescents, or working class may feel isolated in the lesbian community.

The research on mental health problems above indicates that black and Latina lesbians are at increased risk for suicide attempts and childhood sexual abuse. Yet most research has virtually ignored ethnic minority women who are lesbians. Grahn (1986) has written about the eradication of the history of lesbianism in Native American tribes. She states (page 43): "Out of 99 tribes who kept written records, 88 made reference to homosexuality, with 20 including specific references to lesbianism. The latter references are more remarkable considering how little information has been recorded about anything concerning women." Nevertheless, her research found that the tribes that exposed early to white Christian culture were most likely to deny evidence of homosexuality. Thus, ethnic minority groups may not be aware of lesbianism in the history of their own culture.

Issues Facing Lesbian Adolescents

Lesbian adolescents rarely have access to the lesbian community, since most communities are adult-oriented (Kourany, 1987). Lesbian adolescents may not have access to lesbian resources, may be dependent on their school system or parents for information about lesbian issues, and may be punished or not taken seriously for their lesbianism.

Adolescent lesbians are three times more likely to have attempted suicide than are adult lesbians (Saunders & Valente, 1987). Kourany (1987) asked psychiatrists to speculate on reasons for increased suicide risk among lesbian and gay adolescents. About 60% of the psychiatrists reported that they had no opinion on the subject, no experience working with lesbian/gay adolescents, or that the subject matter was irrelevant to their practices. Those who did report having experience working with lesbian/gay adolescents indicated that suicide risk would be higher for reasons of depression, social isolation, rejection from family or peers, or self-hatred (Kourany, 1987).

Issues Facing Older Lesbians

There are estimated to be between 1.75 to 3.5 million older lesbians and gay men in the U.S. today (Berger & Kelly, 1986; Friend, 1987). Older lesbians are less likely to disclose their sexual orientation (Albro & Tully, 1979). They have lived through oppressive times, when coming out would have meant loss of a job, family and friends (Berger & Kelly, 1986). This also makes older lesbians more difficult to locate for research studies, since questionnaires are usually distributed via friendship or lesbian organization networks. Furthermore, there has been more research on aging among gay males than among lesbians (Friend, 1987). Nevertheless, many older lesbians have come out publicly since the 1970s.

Friend (1987) has discussed some factors facing lesbians as the result of the combination of ageism and heterosexism. Older lesbians who have been forced to conceal their sexual identity may be more isolated than younger adult lesbians. Lesbians who are not in a partnered relationship may be confronted with the stereotype that being old and a lesbian means

being lonely and physically unattractive. Lesbians who are in a coupled relationship may be traumatized by their partners' illness or death, and may find societal institutions unhelpful. They may dread the homophobia of traditional nursing homes or care facilities. Finally, women, lesbians included, do not generally earn high incomes and so old age may be compounded by poverty (Friend, 1987).

However, older lesbians may have advantages over heterosexual women. Friend (1987) has argued that lesbians and gay men have struggled successfully with coming out and adjustments in roles and family relationships. Such "crisis competence" (Page 311) has instilled coping mechanisms that are effective in dealing with old age. Lesbians also have more flexible gender roles than do heterosexual women, and thus can cope better with new tasks as the result of living alone and with assuming responsibilities formerly assumed by their partner.

Lesbians in Prison

There has been little research attention paid to the lesbian in prison. Moss (1986) has discussed issues facing women (including lesbians) in prison, including overcrowding, minimal health care, and physical abuse. Leger (1987) compared lesbians and heterosexual women prisoners, and found lesbians to have more previous prison confinements, longer sentences, arrests at an earlier age, and a higher level of arguments with inmates, staff, and authority. Climent, Ervin, Rollins, Plutchnik and Batinelli (1977) found lesbian prisoners to have higher rates of suicide attempts than heterosexual women in prison, while the latter group was more likely to have a history of alcoholism. However, lesbian prisoners were also more likely than heterosexual women prisoners to be feminists (Leger, 1987), and feminism has been shown to correlate with greater self-acceptance (Leavy & Adams, 1986).

V. Issues in the treatment of lesbians who are depressed

About 80% of lesbians have consulted a counselor or therapist at some point in their lives (Albro & Tully, 1979). Although

most of the lesbians in this survey reported that their therapist had been accepting of lesbianism, some indicated that the therapist was unaccepting or tried to "reorient" them to be heterosexual. Ministers were the least accepting counselors, indicating that lesbians who are religious and seek counseling from religious leaders are more likely to experience negative attitudes on the part of the therapist (Albro & Tully, 1979).

It is important to point out that, although the *Diagnostic and Statistical Manual of Mental Disorders* (APA, 1987) has eliminated homosexuality as a mental illness, all therapists practicing today were trained at a time when either homosexuality or "ego-dystonic homosexuality" were considered mental illnesses. Furthermore, the International Classification of Diseases (WHO, 1977) still lists both homosexuality and lesbianism as mental illnesses.

Fifield's research (1975) found that staff at alcoholism agencies who had traditional attitudes towards women's roles also had negative attitudes towards lesbians. She also found few lesbians and gay male staff members in these agencies and a lack of awareness of lesbian and gay male participants. Finally, self-help groups such as Alcoholics Anonymous are the way in which many women, including lesbians, cope with distress resulting from alcohol and drugs. Nevertheless, such self-help groups consist overwhelmingly of male members and may be overtly homophobic (Glaus, 1989). Although lesbian AA groups exist in some large urban areas, they are unavailable to most lesbians in the U.S.

CONCLUSION

In summation, the evidence for depression rates among lesbians comes indirectly from a variety of related research topics. There has been virtually no research directly on depression among lesbians, and this should be a priority for the mental health field.

Regarding general risk factors for depression among lesbians, there is indication that they may have fewer categories of social support than do heterosexual women, and are thus more dependent on lesbian friends and partners. Thus, being part of a lesbian community becomes important for lesbians. Since most

lesbians are not married to men, their unmarried status would seem to lend a protective factor to the risk of depression. Nevertheless, lesbian relationships are shorter in duration than heterosexual relationships, and the termination of partnered relationships is a significant risk factor for depression. Lesbians are less likely than are heterosexual women to rear young children, a major risk factor for depression among the latter group. For those lesbians who are mothers, however, societal homophobia and fears of losing custody of children may make the motherhood process very stressful. Finally, lesbians have high rates of employment, a protective factor against depression, but some lesbians may experience discrimination and job insecurity in the workplace.

There is evidence that lesbians have significantly greater rates of suicide attempts and alcoholism than do heterosexual women. Both suicide and alcoholism are related to depression. Furthermore, the reasons why lesbians attempt suicide and abuse alcohol may be similar to reasons why lesbians become depressed: societal homophobia and feelings of isolation.

The process of being a lesbian in an alien macro-culture, coming out as a lesbian, and finding and integrating into a lesbian community are processes that heterosexual women do not experience and that may place lesbians at risk for depression. Although the coming out process is stressful for many lesbians, there is evidence that once lesbians are out they are at an advantage psychologically and socially.

There has been little research on lesbians who are not white, not young adults, and not middle class. Problems experienced by lesbians who are members of ethnic minority groups, adolescents, older women, or women in prison need to be examined more closely. The double burden of being a lesbian in this society in addition to differing demographically from the lesbian community may increase rates of depression.

Finally, there is some evidence that neither therapists nor members of self-help groups are experienced in helping lesbians who are depressed or who present with related problems. Despite the complex problems that may increase, and the others that may decrease depression among lesbians, there is strong evidence that lesbians do not differ significantly from heterosexual women in general psychological adjustment. Smith

(1988, page 61) has stated: "What is notable is the resiliency of the human spirit in the face of such adversity and the strength of character attained by so many of the survivors" of the stigmatizing process experienced by lesbians. Although research on depression among lesbians remains to be done, it seems clear from the evidence reviewed in this article that eradication of homophobia and promotion of lesbian-affirmative policies would serve to decrease emotional distress, including depression, among lesbians.

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