

ORIGINAL RESEARCH

Invisibility, safety and psycho-social distress among same-sex attracted women in rural South Australia

J Edwards

Spencer Gulf Rural Health School, University of South Australia, Australia

Submitted: 23 September 2004; Revised: 25 November 2004; Published: 23 March 2005

Edwards J

Invisibility, safety and psycho-social distress among same-sex attracted women in rural South Australia

Rural and Remote Health 5: 343. (Online), 2005

Available from: <http://rrh.deakin.edu.au>

ABSTRACT

Introduction: Available work from North America indicates that same-sex attracted (SSA) individuals enjoy aspects of rural life but nonetheless report encountering homophobia and experiencing isolation from SSA networks. The experience of prejudice and social isolation are often associated with psycho-social distress among the general population of same-sex attracted individuals. Little is known of how SSA women experience life in rural areas of Australia and how this influences their psycho-social wellbeing.

Methods: This was a small-scale qualitative study using guided interviews to explore the experience of SSA women living in rural areas of South Australia. Seven women identifying as same-sex attracted were interviewed. In addition, a woman who provides a counseling and support service for same-sex attracted women was also interviewed. All interviews were audiotaped and transcribed verbatim and were then analysed for emergent themes. Summaries of the interviews, based on the emergent themes, were sent to all interviewees so that they could verify or challenge the validity of the emergent themes, as well as to allow them to remove any information they felt might identify them.

Results: Most women had felt 'different' while growing up; almost unanimously describing themselves as having been 'tomboys'. However, the lack of visible SSA role models in rural areas, together with a lack of SSA social networks, did not allow some of the women to identify and name their same-sex attraction. For many of the women in this study, it was visits to the state capital, where they had the opportunity to meet other SSA women, which precipitated them identifying themselves as same-sex attracted. In light of this new knowledge, some women denied their same-sex attraction and entered into heterosexual relationships, often entailing marriage. Other women entered same-sex relationships but tried to keep them invisible within their communities. Rural communities are frequently close-knit environments, where 'everybody knows everybody'. In such settings, much of the conduct of daily life is visible to other community members and may be closely scrutinized. In such locations, women initially try to keep



their same sex attraction invisible. Women rarely comment on the threat of violence that underpins the attempt to keep same-sex identity or relationships secret. Nevertheless, even while it remains a largely unarticulated factor, it was a powerful one fueling the maintenance of their invisibility. Fear of violence ranges from the threat of overt physical violence to more commonly voiced concerns over 'mundane' harassment. Fear of social violence, in the form of rejection and ostracism, is the most frequently nominated factor motivating women to keep same-sex attraction invisible in rural settings. While keeping their same-sex identity and relationships invisible offers women some safety from physical and social violence, it may pose dangers for their psycho-social well-being. Trying to keep SSA relationships invisible within communities involves women censoring their behaviour while in public. Invisibility also gives rise to isolation, since women do not have the opportunity to form same-sex attracted social networks. Furthermore, some women experience great psycho-social distress as their awareness of their same-sex attraction becomes increasingly incongruent with the established pattern of their lives. Women find it very difficult to seek appropriate forms of help if they do experience psycho-social problems. Concerns over confidentiality means that women are extremely reluctant to seek help and support locally. Distance is a powerful mediating factor in both women's experience of distress and their capacity to seek help to ameliorate it. For women who live in closer proximity to the state capital, the capacity to meet other SSA women and engage in same-sex attracted social activities helps ease their sense of difference and isolation. Likewise, should they wish to utilize counseling or support services, it is relatively easy for them to do so. However, women living at greater distances from a capital city experience greater isolation and loneliness. Moreover, their ability to confidentially access appropriate services is markedly curtailed.

Conclusions: Same-sex attracted women living in rural areas need social contact with other SSA women, where their safety and confidentiality can be assured. They also need access to safe, confidential and appropriate services. Telephone and internet services are one way of anonymously and confidentially giving women access to information and support. Peer support networks, internet and telephone networks need to be further developed. Ways in which specialist gay and lesbian services and locally based health and human services could collaborate to provide accessible and acceptable services and to help women develop safe and confidential social networks need to be identified and trialled.

Keywords: help-seeking, homophobia, invisibility, rural communities, same-sex attracted women, violence.

Introduction

The experience of same-sex attracted (SSA) individuals living in rural areas has received little attention. In North America, SSA men and women enjoy the benefits of rural lifestyle, but nevertheless report dissatisfaction with the homophobia of many rural communities and with the fragmented and invisible nature of same-sex attracted communities in these settings¹. Prejudice, fear or experience of rejection, concealing same-sex attraction and internalized homophobia are factors that explain the comparatively high levels of psycho-social distress observed among same-sex attracted individuals in North America². Brown et al. suggest that the discriminatory attitudes and social isolation that may

be experienced by SSA individuals are risk factors for psycho-social distress³. (The term 'psycho-social distress' is used as an alternative to the more commonly used term, 'mental health disorders' since I wish to avoid linking mental health issues and same-sex attraction. Same-sex attracted women may experience psycho-social distress because of public attitudes to same-sex attraction, but this does not necessarily mean they have a mental health problem.)

In America, homophobia and lack of social support impel many SSA individuals to leave rural areas for metropolitan ones⁴. Despite this, SSA people continue to live in rural settings^{1,5}. Little is known about the experience of SSA



individuals living in rural areas of Australia. The small amount of existing work suggests that, in many instances, communities or even informal networks for same-sex attracted men do not exist⁶. Thorpe found that SSA men reported intense feelings of isolation and discrimination in rural Australian settings⁷.

Almost nothing, however, is known of the experience of same-sex attracted (SSA) women living in rural Australian settings. Australian rural communities are generally regarded as close-knit, supportive social environments. People living within them generally comment on the friendly, cohesive and supportive nature of their towns^{8,9}. One consequence is that everyone knows everyone else^{10,8}. An often under-commented on dimension of these dense, close-knit ties is the constant visibility of people within them. Young people, for example, comment on the friendly nature of their communities while also acknowledging that they feel somewhat 'policed' within them¹⁰.

What is the experience of SSA women in rural settings? How do they begin to recognize and act on their same-sex attraction? What kind of issues do they encounter as they try to negotiate this 'identity' in rural communities? What implications do these factors have for their well-being? This article reports on a small-scale, exploratory study, using qualitative methods that investigated the social experiences of SSA women living in rural areas of South Australia.

Methods

Seven women who identified as SSA were interviewed. One woman who provides counseling and support services to SSA women, including those living in rural areas, was also interviewed. The interviews were guided ones, exploring broad ranging questions derived from existing theory on the social contexts of identifying and claiming an 'identity' as SSA in close-knit communities^{11,12}. Guided interviews are minimally directive and aim to facilitate both researcher and participant identifying key themes¹³.

Respondents were recruited through a gay and lesbian counseling and support service which distributed information and recruitment sheets containing my contact details and women then contacted me. Interviews lasted between one and two hours. The interviews were audiotaped and transcribed verbatim. The transcripts were analysed for emergent themes. The emergent themes were identified after a colleague and I had independently read a transcript each. Once themes had been defined we each 'blind' coded another of the other transcripts to verify the accuracy and validity of the codes. I then used these codes to analyse the remaining transcripts. Summaries of the interviews based on the emergent themes were sent to all the women to allow them to verify the validity of the emergent themes, and so that they could remove any information they felt might identify them.

According to the 'Accessibility, Remoteness index of Australia' (ARIA), five of the women lived in rural areas classified as 'highly accessible', while two women lived in an area classified as 'remote'¹⁴. (The woman who provided counseling and support services lives in a metropolitan area and was not given an ARIA score.) The women's ages ranged from early twenties through to early forties, although most were in their late thirties or early forties. All but one of the women was in paid employment and all were from English-speaking backgrounds.

In any non-probability sample, the possibility of selection bias exists and the women interviewed for this project were a self-selected and somewhat homogenous sample. However, any influence of selection bias in this study is open to multiple interpretations. Most, though not all, of the women in this study had sought contact with a gay and lesbian counselling and peer-support service. This could indicate that the psycho-social difficulties they experienced in 'coming out' and the lack of support they experienced in their communities made them somewhat atypical. Other SSA women, who did not consult a counselling and support service, may have found support within their communities. Alternatively, it may be that the women I interviewed are rural 'success stories'. The fact that most of them made



contact with a counselling and support service might indicate a psychologically healthy resolve to accept their same-sex attraction and to seek help to integrate that 'identity' into their lives within rural communities. It is possible that SSA women who do not seek the support of counselling and support services have worse psycho-social outcomes and that these remain publicly unacknowledged.

Results

Identifying and naming difference

Almost all of the women I interviewed reported feeling that they felt 'different' while growing up. This devolved around gender 'discrepancy'; almost unanimously they recalled being 'tomboys'. Paula's (all person and place names are pseudonyms) account is typical:

Knowing all along from a little kid that I was different...I wanted to ride a boy's bike, not a girl's bike. I didn't want to wear skirts...I lived outdoors and that was encouraged. But as you go through you see that you feel too different.

Being a tomboy is acceptable for young girls. Dempsey et al. found that young girls who did not always exhibit typically feminine behaviour were often given the label 'tomboy'¹². This, however, did not equate with them being considered SSA. For women, 'tomboy' status is compatible with heterosexuality in a way that being a 'sissy' is not for young men¹². Indeed, Jones argues that young girls are forced to become tomboys to take part in rural childhood¹⁵. The congruence between being a 'tomboy' and the culture of rurality was one factor that caused difficulty for the women I interviewed in nominating what their sense of difference meant.

However, the capacity of women to identify what their sense of difference meant was also hindered by the lack of visible SSA role models in rural areas. D'Augelli has noted that until relatively recently the lack of role models for SSA

women has impeded women's capacity to positively validate their own same-sex attraction⁵. In one of the few studies undertaken on the experience of coming out (acknowledgment of same-sex attraction to self and others) as SSA women in rural areas, D'Augelli considers, 'The social isolation experienced by lesbian women in a rural setting intensifies the complex relationship [and] development issues lesbian women generally face'⁵. Paula's narrative points to the way in which the lack of role models denied her a framework in which her sense of difference could be identified and named. In retrospect, she feels that if other SSA women had been more visible in the rural communities in which she grew up, it might have allowed her to identify and act on her same-sex preference earlier. In her words:

If there had been other people. If I'd actually had the opportunity to meet a teacher, other kids, you could have talked about it...and I could have listened and been part of that. Then I might have seen who I was...But the whole thing all the way through for me was there was no-one to talk to and no role models. I don't remember ever seeing or meeting another lesbian.

It is well documented that the process of 'coming out' is positively associated with being able to seek out and have contact with other SSA women^{5,16}. However, given their invisibility in rural settings, identifying other SSA women who can be role models is very difficult and it is therefore not surprising that many women find coming out difficult in rural locations⁴.

It is significant that most of the women interviewed began to recognise and name their same sex attraction after trips to a city, where they met other SSA women who were relatively open about their sexuality. Paula's sense of difference, for example, began to make sense when she had the opportunity to attend a conference in Adelaide (the state capital; a city of about one million people). Same sex attracted women were at the conference and it was something of an epiphany for Paula:



They were all quite open in their talking, so I was just all ears. And so I heard and was with for three days a bunch of women who were very happy with who they were. Who laughed and sang songs and it was a big celebration... And I didn't say, you know, 'Here's a bunch of lesbians' but I just knew that somehow they were different...So that made a really big impact on me...I recognized there was a me in these other women.

Karen also provides an illustration of how going to the state capital and meeting same-sex attracted women helped crystallise her own sexuality:

...I went down and started playing some sport in Adelaide...I realised there were people out there that were like this. Realising how many people were the same [as me].

Negotiating same-sex identity in rural areas: denial and invisibility

Seeing other SSA women in cities was an important catalyst to women identifying and naming their own same-sex attraction. The women I interviewed then had to decide how to negotiate this new knowledge. For the most part, this involved them either denying their same-sex attraction or, where they became involved in SSA relationships, it entailed trying to keep them invisible. Typically, people in rural communities are well known to each other and transparency about their identity is taken for granted and, in fact, demanded^{8,9}. Moreover, knowledge about people and their identity is embedded in a history that is woven through the community. Kirsty, who provides support services to SSA women in rural areas, is articulate in pointing to the 'weight of tradition' they encounter:

...often women and their families have lived in that community for a long time, so there's an accumulated understanding from that community of who that family are and how they behave and what they're involved in what their importance is in the community

and what they contribute to the community....And so it's much more the experience for women there [in rural areas]... that they are not able to reveal who they are.

It is not surprising that some women simply ignore their same sex attraction in the face of communities that are frequently conservative and homophobic^{12,17}. By the time she was in secondary school, Kathleen, for instance, was aware of her same sex attraction. However, she was equally, '...conscious ...of the anti-gay bias at school. It was very much frowned upon'. Kathleen could and did utilise the 'tomboy' role, because of her interest and skill in the kinds of activities in which boys were engaged. This gave rise to a perception that she was heterosexual, '...I used to hang around with the boys a lot...And the girls used to get really pissed off 'cause I'd have all the cute boys. Like, we'd be riding our motorbikes'.

Notwithstanding her apparent 'success' with boys, Kathleen remained aware that '...it was the cute girls I had my eye on'. Dempsey et al.'s study of young SSA people found that young SSA women 'remain captive' to their capacity to accommodate heterosexual relationships, despite their attraction to women¹². In the face of her same-sex attraction Kathleen, '... made a real effort. I'd go to the drive-in every Saturday night like the rest of them...Got married and settled down at twenty-one'.

Gayle's story illustrates the way her interest in same sex relationships was deferred in the interests of living as a heterosexual:

I can remember playing lesbian games with my girlfriends when I was ten and eleven and like sort of pseudo-sex games. Nothing serious but— So you take that, and then this my first long-term same sex relationship which started three years ago when I was thirty-six. So ten to thirty-six, what happened in the interim was I had through my teens and twenties a lot of flings with women. One-night stands with women in between blokes [men] or not, as the case



may be. And at the same time [I] had sort of fairly reasonably long-term monogamous relationships with men. When I was thirty I hadn't had a same-sex fling for a while and I started to think that I might be sane, so I sort of had a last-ditch effort at getting into the mainstream by getting married at thirty. The marriage lasted six years.

Karen, too, tells of having relationships with men because she felt it was expected of her rather than because she wanted to:

Having one night stands with guys and I thought 'Well, I don't really like this much [but it's] what I am supposed to do'. And when someone [male] was attracted to me, I thought, 'Well, ok, here we go. I'll be cured perhaps'.

The phenomenon of SSA women being involved in heterosexual relationships is not exclusive to rural areas. However, given the relative invisibility of SSA women in these locations and the absence of social networks of same-sex attracted women, the capacity to name and act on same sex desire is probably harder in rural settings. In addition, the relatively homogenous and conservative nature of many rural communities makes it harder for women to be open about being SSA. In some instances, women's capacity to render their same-sex attraction invisible and to accommodate to heterosexual relationships led to considerable psycho-social turmoil when they found—after several years of marriage—that they were unable to continue to deny their same-sex attraction.

Keeping same-sex relationships invisible

Some women did not deny same-sex attraction, but went to elaborate lengths to keep their relationships invisible in environments where visibility is often a feature of life. As Hillier and Harrison point out, 'One of the most pervasive characteristics of a small town is the public nature of the lives of the population'¹⁰. Jodie had a same-sex relationship during her adolescence, but made sure it was secret. She tells

of the way she and her girlfriend evaded visibility, during Jodie's visits into town from the farm on which she lived:

...my Aunty lives right next door to K's mum, so if I stayed in town we would duck out the window after everybody had turned the lights out and that is how we met... I don't think the parents and the other friends realised the extent to which the relationship went.

Margaret also reveals the lengths to which she went to keep her relationship out of public view:

Well, we hid her car. Her car was hidden around the back of the house...And when we were driving around town, I would hide on the floor. I know I've done that once or twice before, so we weren't seen.

However, in small communities, trying to maintain invisibility is not always possible as Gayle reveals:

...then K started coming over pretty regularly and spending nights. And that's how he [Gayle's estranged husband] found out, 'cause her car would be there at night and it would be there in the morning. And I felt really uncomfortable about that...

Invisibility and self-censorship

Invisibility also requires monitoring and modifying behaviour in public. According to Jodie, she and her partner must put on a mask for their community:

...going out to the pub for tea with a group of people, even though we may be going with a group who all know we are in a relationship, it is still that fear of who else is in the room [whereas in the city] you don't have to have that mask on, you don't have to watch your words and watch your actions and watch your body language...



Gayle and Karen love the community in which they live and feel comfortable there; however, they acknowledge that to some extent they monitor their behaviour in public. In Karen's words, 'Touching is probably-well, we don't walk hand in hand or anything'. For Karen, this is not too problematic, since she considers that heterosexuals holding hands publicly in her community would not be common practice.

Gayle, however, points to a difference between public and private displays of affection:

Initially, I struggled with it. But I don't now. But then we do touch more in public than we did at the beginning. It's not over the top or overt or anything 'cause that just wouldn't be a normal thing to do...And certainly around the family, we're just normal. Normally affectionate around the family. Yeah.

Christie offers an example of the overt way in which she and her partner modify their public behaviour to satisfy the norms of their local community:

When we go shopping, we don't go holding hands or anything like that. When we go out, if we go to the movies or something, if we do anything in public we are straight...

While these women told of the way they scrutinised their words and action in public, they rarely commented on the sense of danger that impels such behaviour. Underlying the practice of keeping same-sex attraction invisible is the threat of social or physical danger. Kirsty tells of the way threats of overt violence are a danger for some SSA women in rural areas:

And there's been a couple of women who I have had contact with who are really fearful of their family's reaction and particularly the men's reactions in their

families and how about—like access to guns and all that sort of stuff.

Life-threatening physical violence is the most extreme expression of homophobia directed at SSA women and, fortunately, none of the women interviewed reported encountering this level of violence. However, the women in this study indirectly pointed to the fear of harassment or ostracism as a prime reason for keeping their same-sex attraction relatively invisible.

Jodie's comments reveal how much fear of less dramatic, more mundane, violence structures women's experience and behaviour in environments where diversity is frequently not well tolerated:

...Cow town is still an area where you walk down the main road and you still have young louts shouting expletives at you as they drive past and that is just walking down the street. The two of us walking hand in hand down the street; they would probably throw things...they want to pick on people who are different.

In the context of communities where identities are somewhat fixed by the force of shared history and where transparency is highly valued, women who challenge the identity and role for which they have always been known do face dangers. Violence and discrimination against same-sex attracted individuals is not confined to rural areas. However, in such settings public spaces where SSA women can safely meet, frequently do not exist, severely limiting the options for safe social interaction. Even trying to establish informal social networks among SSA women in rural areas is fraught with the risk of being publicly identified as SSA⁵.

Paula testifies to the way in which the risk of harassment stops SSA women being able to form social networks, despite the isolation many of them endure. According to her, 'There is no open community here in Haven Town. We were trying to get a few women together - it's bloody impossible'. If Paula advertised her name and telephone number in the



local press she considers she would face, ‘...half the ratbags [troublemakers] in town ringing me up for months and months’.

Jodie and Christie also tell how the need to remain invisible as SSA women inhibits forming networks with other SSA individuals in their community:

Going to [SSA] events in Cow Town, we would have more trouble going to them because it is too close to home, there are too many people in Cow Town that are going to find out and you would find that there wouldn't be many people accepting....

Women also fear less direct and less overt forms of violence—ostracism and social isolation. While urban areas house sufficient plurality that SSA women can find spaces where same-sex attraction is visible and accepted, the homogenous nature of many rural communities rarely affords this option. Kathleen's chronicle shows how the fear of rejection and ostracism can prevent women in rural areas being open about their sexuality. Her awareness of her same-sex attraction became increasingly painful and incongruent with her life in her community. After considerable turmoil, she admitted herself to hospital when she became suicidal:

I was a very well respected teacher. I was a wife, a community member; the full lot. And no-one to talk to and very isolated. And you expect, and I expected, and I knew with my decision [to be open about her sexuality]...that I was probably going to lose all my friends and the possibility that I would lose some of my family. But it got to the stage, where after the breakdown, where I realised I couldn't live a lie; that I had to be who I was or I wasn't going to be at all.

Karen too tells of her fears of rejection when her same-sex attraction became known to some people in her community:

...in terms of...going to the club or going to a cricket team or the RSL dinners or whatever. It might be like

a scenario where nobody talks to us. You know, you might wander into the club and sit at the club table and nobody ever speaks to you.

Margaret recalls how, when gossip about her sexuality began to circulate in the town in which she lived, she experienced negative responses from some people:

...on night duty...I can remember this young bloke who said...he'd read my nametag... 'oh you're Margaret'. I often repeat that story because he looked at me as if had six eyes and three noses and that sort of thing.

Invisibility and intensifying distress

While keeping same-sex attraction invisible may afford women some protection from physical or social violence, it poses dangers to their psycho-social wellbeing. As the desire to explore a same-sex identity, if not a same-sex relationship, increased many of the women in this study became increasingly dissatisfied with their lives. The women who were in heterosexual marriages—about half the study sample—experienced increasing dissonance within them. They also experienced alienation from their usual social networks and intensifying psycho-social distress.

Paula articulates how maintaining the invisibility of her same-sex attraction resulted in a sense of profound isolation:

...because you're different, you do build up this real shell around you and you're never actually honest. You don't realise until later on when you can be honest...that you've lived your whole life just being a bit reluctant...and so protective and paranoid about anybody finding out.

According to Gayle, she had married as ‘...a last ditch effort to get into the mainstream’. The marriage was not happy and, towards its end, she began a relationship with a woman. It was only when she entered this relationship that she



allowed herself to recognise her dissatisfaction with her life. In her words, "...experiencing the nature of our relationship made me realise how poor my marriage was, how destitute it was and how lonely I was and how dead I was really to myself".

Kathleen's life felt increasingly barren, 'You become such a closed personality. It's horrifying, I never had a deep conversation with anyone because I just wasn't used to sharing how I felt'. Her distress continued to escalate:

I got to the stage where that's what I was thinking about all the time, 'I wonder what its like to sleep with a woman'...There was this thing missing in my life and that was what I thought about all the time. I had this list of all these things that I was going to do...weird travel and scuba diving and whitewater rafting and all these things that, you know, were supposed to fulfill something and none of them ever did.

Difficulties in help-seeking in rural areas

It is not surprising that some of the women I interviewed suffered considerable psycho-social turmoil, as they struggled to reconcile their same-sex attraction with their existing relationships and their lives in their communities. However, living in rural settings made seeking help and support difficult because women felt they could not use local sources of help.

Karen, for example, had been in a long standing same-sex relationship (maintained in secrecy for the most part) that came to an end. Her narrative has a couple of noteworthy points. The first is that because her SSA relationship was kept secret from her community, she did not get the support that she would likely have got had a publicly acknowledged heterosexual relationship ended. The other element of note in Karen's story is a familiar one of the difficulty of seeking help for stigmatised issues in rural communities¹⁸. Karen sought counselling in Adelaide (approximately 80 km

distant) because seeking help locally was not possible. In her view, seeking non-local help was preferable because:

...it was a bit more anonymous at that time. What if you know the [local] person? I think here, because I've been here so long, I know so many people in this area, that, yeah, to go and see someone local for counselling, I just wouldn't have been able to do that.

For women living at greater distances from the city the options for seeking help may be markedly more reduced. As Paula's awareness of same-sex attraction became increasingly difficult in the context of her heterosexual marriage, she had telephone and email contact with a peer-support service operating out of Adelaide (approximately 700 km away). While she found it helpful, she also needed locally based support that was more constantly available. However, she felt unable to utilize local sources of support. In her words:

...the preference would have been to have someone local, 'cause it's just that day-to-day stuff...Adelaide's just too far. When it is really tough you need someone there. In a country town you have to be careful who you talk to and being well-known in this community, you don't just rock up to a local mental health nurse.

Kathleen's inability to talk to anyone culminated in her becoming suicidal and she was hospitalized. However, as the following quote reveals, hospitalization was the end result of a long and unsuccessful search for contact with services that Kathleen felt were appropriate for her situation:

I had no one...I [had] looked through the telephone book a thousand times and the only local counsellors were all people I knew. Parents of kids I taught and so on. [When Kathleen's situation deteriorated]... Mum tried to get some mental health help. She made something like 30 phone calls that Thursday trying to get someone to talk to and just got shunted from department to department. And there was



nothing...So in the end she drove me to [a regional centre] and we'd been recommended the name of this doctor who was a nice bloke. I went in there and just told him, "I don't feel safe". So, they wacked me in hospital and I had a week in there, in the fruitcake ward, much to the nurses' disgust.

Conclusions

Same-sex attracted women in this study reported difficulty in identifying and naming their same-sex attraction. In part, women experienced this difficulty because living in rural areas there are fewer role models and fewer SSA social networks available than is the case in most metropolitan areas. It is significant that most of the women in this study only began to name their same-sex attraction after visits to the city allowed them to see other SSA women who were relatively open about their sexuality. Women then had to negotiate this 'new' information about themselves. For some women, this entailed denying their same-sex attraction, usually by entering heterosexual relationships. Other women engaged in same-sex relationships, but exercised a variety of means of keeping them secret.

Secrecy, whether it entails women keeping knowledge of their same-sex attraction secret or making sure their relationships remain relatively invisible, offers women some freedom from harassment or the possibility of ostracism. However, as the narratives of many of the women I interviewed revealed, secrecy also frequently gives rise to psycho-social distress. Those women in heterosexual relationships reported increasing dissatisfaction with them. Moreover, the effects of continuing to deny their same-sex attraction results in women feeling isolated and internally fractured.

To some extent, women's psycho-social distress in these circumstances is mediated by their distance from the state capital, Adelaide. For women who lived closer to Adelaide, the effects of keeping their same-sex attraction somewhat invisible in their local community were less harmful to their wellbeing. For one thing, being able to visit Adelaide occasionally allowed them to meet other SSA women, as

well as to take part in SSA social events. These opportunities helped ease their sense of difference and isolation. In addition, for those women who wanted to use them, it allowed easier access to counselling and support services. For women who lived in locations at greater distance from the city, however, their inability to meet other SSA women intensified their sense of loneliness and isolation. Their capacity to seek relief for the problems associated with feeling alone, by using counselling and support services, was significantly restricted.

Same-sex attracted women in rural areas need access to social contact with networks of other SSA women, as well as to appropriate services. Telephone and internet services may offer means of anonymously and confidentially giving women access to information, support and counselling. Further development of telephone and internet-based peer support networks would also help ease SSA women's sense of isolation. Research needs to be undertaken to identify ways in which specialist gay and lesbian services located in metropolitan areas and locally based health and human services could collaborate to provide accessible and acceptable services and to help women themselves develop social networks in which confidentiality and safety are guaranteed.

Acknowledgements

Funding for the project was provided by the Spencer Gulf Rural Health School (University of South Australia and University of Adelaide). Thanks to Truffy Magginis and Marie Kennedy for their help with the practical organization of this research. I am grateful to the three anonymous reviewers for their helpful comments and criticisms. Finally, my thanks to the women who were interviewed for their generosity in sharing their time and their stories.

References

1. Oswald R, Culton L. Under the rainbow: rural gay life and its relevance for family providers. *Family Relations* 2003; **52**: 72-79.



2. Meyer I. Prejudice, social stress, and mental health in lesbian, gay and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin* 2003; **129**: 674-697.
3. Brown R, Perlesz A, Proctor K. Mental health issues for GLBTI Victorians. In: *What's the difference? Health Issues of concern to gay, lesbian, bisexual, transgender and intersex (GLBTI) Victorians*, Ministerial Advisory Committee on Gay and Lesbian Health. Melbourne: Vichealth; 2002: 29-35.
4. Oswald R. Who am I in relation to them? Gay, lesbian and queer people leave the city to attend rural family weddings. *Journal of Family Issues* 2002; **23**: 323-348.
5. D'Augelli A. Lesbian women in a rural helping network: exploring informal helping resources. *Women and Therapy* 1988; **8**: 119-130.
6. Roberts R. Men who have sex with men in the bush: impediments to the formation of gay communities in some rural areas. *Rural Society* 2 (online) 1991. Available: <http://www.csu.edu.au/research/crsr/ruralsoc/v2n3p13.htm> (Accessed 17 September 2004).
7. Thorpe A. Out in the bush: rural health and homosexuality. In: L Briskman, M Lynn, H La Nauze (Eds). *Challenging Rural Practice: human services in Australia*. Geelong: Deakin University Press, 1999: 177-193.
8. Dempsey K. (1993) *Smalltown: a study of social inequality, cohesion and belonging*. 2nd edn. Melbourne: Oxford University Press, 1993.
9. Poore M. *Being Ceduna: Survival on the far west coast of South Australia* (PhD thesis). Canberra, Australia: Australian National University; 2001.
10. Hillier L, Harrison L. The girls in our town: sex, love, relationships and rural life. In: L Briskman, M Lynn, H La Nauze (Eds). *Challenging rural practice: human services in Australia*. Geelong: Deakin University Press, 1999; 194-205
11. Montini T. Compulsory closets and the social context of disclosure. *Sociological Perspectives* 2000; **43**: 121-133.
12. Dempsey D, Hillier L, Harrison L. Gendered (s)explorations among same-sex attracted young people in Australia. *Journal of Adolescence* 2000; **24**: 67-81.
13. Grbich C. *Qualitative research in health: an introduction*. St Leonards: Allen and Unwin, 1999.
14. Commonwealth Department of Health and Aged Care. *Accessibility/Remoteness index of Australia (ARL)*, Occasional Papers Series No. 6. Canberra: Commonwealth Department of Health and Aged Care, 1999.
15. Jones O. Tomboy tales: the rural, nature and the gender of childhood. *Gender, place and culture: A journal of feminist geography* 1999; **6**: 117-137.
16. Bringaze T, White L. Living out proud: factors contributing to healthy identity development in lesbian leaders. *Journal of mental health counselling* 2001; **23**: 162-173.
17. Wainers J, Chesters J. Rural Mental Health: neither romanticism nor despair. *Australian Journal of Rural Health* 2000; **8**: 141-147.
18. Fuller J, Edwards J, Procter N, Moss J. How definition of mental health problems can influence help seeking in rural and remote communities. *Australian Journal of Rural Health* 2000; **8**: 148-153.