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Kuang, Mei-Fun

Graduate School of Human-Environment Studies, Kyushu University

Nojima, Kazuhiko

Fuculty of Human-Environment Studies, Kyushu University

<https://doi.org/10.15017/915>

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出版情報 : 九州大学心理学研究. 4, pp.295-305, 2003-03-31. 九州大学大学院人間環境学研究院  
バージョン :  
権利関係 :

# Mental Health and Sexual Orientation of Female in Taiwan : Using Internet as the research tool

Mei-Fun Kuang (Graduate School of Human-Environment Studies, Kyushu University)  
Kazuhiko Nojima (Faculty of Human-Environment Studies, Kyushu University)

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This study is focused on the mental health of female in Taiwan with different sexual orientation using the Internet as the research tool. The result presented that the same sex orientation female in Taiwan are feeling more stress for being female and lesbian in the family, school and work. However they also showed more reluctant to seek the professional psychological help and medication. This study also analyzed the difference between self-identified lesbian gender role in order to have more understanding about the relationship between lesbian sub-culture and mental health. The result showed that the butch lesbian reported the highest stress but the lowest mental health concerns. On the other hand the pure lesbian expressed the highest rate of mental health problems.

**Keywords:** mental health, sexual orientation, female, gender role, Taiwan

## 1. Problem and goal

The lesbian, gay and bisexual (LGB) mental health issues have been studied from a non-pathological view in United States and Europe since the "homosexuality" has been removed from the official list of mental disorders of Diagnostic and Statistical Manual of Mental Disorders on December 15, 1973, the American Psychological Association (APA) adopted the official policy that homosexuality per se does not imply any kind of mental health impairment and urged mental health professionals to take the lead in removing the stigma of mental illness that had long been associated with lesbian and gay sexualities in 1975. Then in 1984, the APA approved the establishment of Division 44, dedicated to the psychology study of LGB issues. (Perez, DeBord and Bieschke, 1999) In 1998, the British Psychological Society's (BPS) Lesbian and Gay Psychology Section were also officially inaugurated at the BPS London Conference on 18th December 1998. (Coyle and Kitzinger, 2002) The homosexuality was not been treated as a stigma in psychological field any more, but as an arena for psychologists to study and explore. Along the perspective changes, the psychologists' view toward lesbian issue has moved from traditional Freud's pathological view to non-patient view such as Kinsey and Armon, seeing lesbian not as a small group of psychiatric patients but was part of the sexual experience of many persons. (Ponse, 1978)

The mental health of Lesbian has long been approved to be not only as healthy as heterosexual female, even with some

distinct qualities. Hopkins compared lesbians with heterosexual women and found that lesbians were more independent, resilient, reserved, dominant, bohemian, self-sufficient and composed. (Hopkins, 1969) Loney's study of non-patient lesbians led her to the conclusion that most lesbians were involved in stable ongoing relationships. (Loney, 1972) Also Seigelman's study corroborated the findings of Hopkins, Freedman, Saghir and Robins, and Thompson, McCandless, and Strickland. Found in a comparison between heterosexuals and lesbians that 'the lesbians are better adjusted than are the matched control group of heterosexual women.' (Seigelman, 1972; Ponse, 1978) When the psychologists have developed the basis for a balance view toward lesbian's mental health issue, further studies have been able to work toward the healthy mental life of lesbian.

In the last decade, the focus toward lesbian is about the relationship between social stress and lesbian mental health. Such kind of research is based on the presumption that though homosexual female have the normal mental health as heterosexual female, they are more easily to face social stress and oppression due to their sexual orientation. The sexual orientation and mental health recently have begun to focus on social oppression as a factor contributing to depression and hence risks of suicidality among homosexual and bisexual females and males (Cochran & Mays, 2000). Homosexual female are more prone to face the self-identity, development, coming out and social stress issues than heterosexual female; they could even more easily to face biased treatment when they seek the professional mental help. (Perez, DeBord and Bieschke,

1999) Psychologists have started to study the social oppression felt by homosexual people as the near post trauma experiences happened during the identity and developmental stages

However the mental health of homosexual female in Asia is still a subject under fully development. There are studies held in States and Europe about comparison of mental health of lesbian between States, Europe, Asia and all the other continentals, the data of Asian are not as flourished as the areas above. Compared with the data numbers and academic maturity in United States and Europe, the mental health of Asian lesbian do need more study and concern. (Mathy, 2002)

### 1.1 The mental health of lesbian in Taiwan

The goal of this study is the mental health and social stress of lesbian in Taiwan. The lesbian issue in the traditional Taiwan and Chinese culture is a subject with fewer concern and understanding, even been viewed as a group do not actually exist. (Chan, 2000) Influence by the Lesbian and Gay activism in the western world since seventies and the Taiwan local homosexuality right events, there have been more academic researches about lesbian published within the last decade. The studies in the psychology field are mainly from the counseling and guidance and focused on the identity issue using case study as research tool. (Jeng, 1997; Jian, 1997 and etc) Kao, Jia and Liu all used the school counselor cases as the subject to analyze the opportune attitude toward homosexual inclination clients. (Kao, 1994, Jia, 1886, Liu, 2000, Ye, 2001 and etc) The cases in the studies above were almost the same sex orientation clients had needed psychological help or requested to accept counseling. The data and analysis toward non-patient population in Taiwan are scarily found. The research about the normal lesbian population is a necessary and important step in order to understand the mental health of lesbian,

One of the goals of this study is to test the mental health status of female between different sexual orientation and try to analyze the social oppression felt by the same sex orientation female in Taiwan from a non-patient angle. Though numerous data have been approved that the mental health status are similar in different sexual orientation in the United States and Europe, such data has not been approved enough in Taiwan. This study is going to retest the difference of the mental health status female in different sexual orientation and compare the social stress felt by female in the family, school and

working environment.

### 1.2 Gender Role: Butch vs. Femme

The other goal of this study is to test the mental health and social oppressions felt by lesbian in different gender role. Since the Lesbian activism and Queer theory have been flourished, the gender roles of Lesbian have often been a debate subject due to the intrinsic of gender role, political rightness and etc. The studies of lesbian identity showed that there are lesbian follow the role play and form the specific sub-culture, there are also lesbian who without such role definition lead a different culture style. (Jian, 1997) According to the academic report and lesbian web site vocabulary, the gender roles of lesbian are still an existing and lively phenomenon in the Taiwan lesbian culture. This study is no tending to discuss the intrinsic issue of gender role, but would like to analyze the mental health status between the self-identified gender roles of lesbian. The case studies of lesbian in Taiwan have mentioned the various social pressure felt by the different gender role lesbian. (Jeng, 1997; Jian, 1997 and etc) For example, the butch lesbian would face the direct pressure from their outfit and dress code, and the femme lesbian would be forced to come out when they were seen being with the butch lesbian.

The gender roles of lesbian have been categorized as several types, normally including butch, femme and pure. The woman who plays the masculine role is called the butch, while the femme plays the stereotypical traditional female role. These terms are of loose definition and full of various interaction behaviors. Butch and femme are also interpreted by some women simply in terms of a role that one plays. The gender role of lesbian remains an issue that women in the lesbian subculture may take into account in the formulation of their own identities... A sense of playfulness, fun and experiment characterized the role adaptations of some women. (Ponse, 1978) Lesbian sexual relationships often involve a differentiation of partners' roles as either "top" (active) or "bottom" (passive). "... The top is the person who conducts and orchestrates the episode. The bottom is the one who responds, acts out, makes visible or interprets the sexual initiatives and language of the top" (Newton and Walton, 1984, p. 246). Preference for the active or passive sexual role in lesbians has been related to adult gender identity; butch" lesbians tend to prefer the active sexual role, while "femme" lesbians preferred the passive sexual role (Bailey et al., 1999; Singh et al., 1999). The lesbian also interprets the pure as the people do not play either masculine or female role,

which is called the 'no difference' in the Chinese language in Taiwan.

The gender role has been an issue full of debate; studies indicating that the lesbian population does not show difficulty to categorize themselves when been asked to describe themselves. 'We found that it was possible to classify homosexual women into two self-reported categories: those who regard themselves as having a "butch" outlook and those who regard themselves as having a "femme" outlook...most participants in this study appeared to intuitively understand what we were referring to by these classifications and most of them, when asked, appeared to readily identify more with one than the other. (Brown, Finn, Cooke, and Breedlove, 2002) This research is to analyze the mental health and pressure of the different gender role lesbian felt in order to lead to further understanding of the mental health and relationship between lesbian life style and sub-culture.

## 2. Research Method

### 2.1 Instrument

The homosexual population is not very visible in the real world due to the social oppression and stigma, but in the Internet world this population is more obvious in certain website, homepage or chat room. This study uses the Internet as the research tool to get in touch with both the same sex orientation and heterosexual female and implement the undisclosed character of Internet behavior to help repliers to answer the sensitive questions such as sexual orientation and mental health status.

There are two versions of questionnaires in the study in order to test and compare the self-identified heterosexual and same sex orientation female. When studying the lesbian population, one of the challenges is the lack of control group for comparison. '... Inherent to research on this population, there is truly no perfect control group. Although the two groups were similar with respect to demographic variables and many were recruited from programs that service high-risk youth, there is no heterosexual equivalent of a support program for sexual minority youth.' (Safern and Heimberg, 1999) The situation is similar when studying the lesbian population but not only the youth people. This research used the heterosexual questionnaire to investigate the heterosexual female as the control group to study the same sex orientation ones, however the heterosexual female should not be taken as the 'normal' group in related to the lesbian group, since the

sexual orientation is not a deficiency factor in the mental health but as a sub-cultural group.

Both questionnaires versions were adapted and revised from the Internet research questionnaire: Human Sexuality Study in the permission of designer Dr. Mathy. (Mathy, 2002; Cooper, Cherer, Boies, & Gordon, 1999). The questionnaires have been revised and translated into Chinese in order to fit the study goal and Taiwan culture. There are fifty-five questions in the homosexual version and forty-five questions in the heterosexual part including the basic data collection, mental health history and self-report stress in the close answer format using HTML web design interactive language and location in paid data center. The replier had to select the answer in order to move to proceeding page and finally chose the 'send' bottom to finish the whole process. All the send out information were automatically saved in the web data center.

### 2.2 Sample

All the samples were self responded to the research postings on the lesbian forums, bulletin board systems, individual homepage (self-disclosed lesbian), personal Internet newspaper, heterosexual commercial portal website and recreation websites and etc. Repliers could link to the questionnaire web page to start the response procedure. Within seven days, there were 308 persons answered the heterosexual questionnaire and 302 persons to the homosexual one. On the posted slogan about the homosexual questionnaire, the snowball technique has been used for contacting with the sexual minority. The slogans mentioned the goal of the study and requested the viewer to answer the questionnaire and recommend the research page to lesbian friends. The snowball technique, a method that for the use of referrals as a means to build a sample, proved to be effective and has been successfully utilized in other studies with similar minority populations. (Radonsky&Borders, 1995 ; Weiss, 1994) The snowball technique is often used in study the more invisible population and minorities. Using Internet as the research tool could decrease the possibility of the concern of the coming out and privacy, but on the other hand, there are the accuracy and sincerity doubts about the results.

### 2.3 Measures

The research consisted of eleven categories: (1) demographic information; (2)sexual orientation and lesbian gender role; (3)intimacy and family relation status; (4)self-identity, (5)participation in community activities and social

life; (5)current concerns and worries; (6)substance use; (7)mental health and depression, (8)psychotherapy and counseling; (9)suicide; (10)stress and (11)outfit and dress code. The research is mainly analyzed by the average percentage and tested by the T test and TDIST.

### 3. Results-Discussion

#### 3.1 Sexual orientation as variance

##### Demographic information

The average age of the lesbian participants are 22.3576 (n.l=302) and the mode age is the group between 16-20 years old which is nearly 3 years younger (2.2776) than the hetero-

**Table 1**  
Age

Age	Lesbian N=302		Heterosexual Female N=308	
	Number	Percentage	Number	Percentage
0-10	3	0.0099	12	0.0391
11-15	6	0.0199	15	0.0489
16-20	122	0.4040	55	0.1792
21-25	101	0.3344	71	0.2313
26-30	45	0.1490	108	0.3518
31-35	15	0.0497	33	0.1075
36-40	9	0.0298	8	0.0261
41-45	1	0.0033	5	0.0163
46-50	0	0.0000	0	0.0000
51-55	0	0.0000	0	0.0000
56-60	0	0.0000	1	0.0033
60+	0	0.0000	0	0.0000
Sum	302		308	
Average		22.3576		24.6352

**Table 2**  
Vocation, Revenue and living area

	Lesbian N=302		Heterosexual N=308	
	Number	Percentage	Number	Percentage
<b>Vocation</b>				
Clerk	9	0.0298	46	0.1494
Informaiton	24	0.0795	55	0.1786
Student	164	0.5430	87	0.2825
<b>Revenue (NT\$)</b>				
0-19999	191	0.6325	114	0.3701
20000-29999	44	0.1457	49	0.1591
30000-49999	49	0.1623	107	0.3474
<b>Living Area</b>				
Taipei City	64	0.2119	108	0.3506
<b>Living Environment</b>				
Urban	245	0.8113	254	0.8247
Suburban	33	0.1093	42	0.1364
Rural	24	0.0795	12	0.0390

**Table 3**  
**Sexual orientation and relationship**

	Lesbian N=302		Heterosexual N=308	
	Number	Percentage	Number	Percentage
<b>Sexual Orientation</b>				
Lesbian	226	0.7483	12	0.0390
Heterosexual	4	0.0132	273	0.8864
Bisexual	64	0.2119	17	0.0552
Non	8	0.0265	6	0.0195
<b>Relationship</b>				
Married	13	0.0430	55	0.1786
Married with fair	2	0.0066	1	0.0032
Committed relationship	115	0.3808	68	0.2208
Committed with fair	22	0.0728	19	0.0617
Single and date	37	0.1225	64	0.2078
Singe no date	113	0.3742	101	0.3279

sexual group that the average age is 24.6352 years old (n.h=308) and the mode is 26-30 years old group. (Table 1) The education background and revenue status are similar between these two groups that the mode are all on the college and university level and the group beyond two thousand New Taiwan dollars (NT\$) (63.25 % and 37.01 %). However there are 54.30 % of lesbian participants reported that they are students, only 28.25 % of heterosexual ones belonged to the same vocation, though this is also the mode group in the heterosexual category. In the heterosexual group, the people selected clerk, information industry and students are totally more than 61.04 %. In the living area questions, almost twice the heterosexual respondents reported being from the capital of Taiwan, Taipei city than the lesbian respondents. The geographic distributed are more average in the lesbian group than in the heterosexual female. This inclination also represented when requested to explain the living area as urban, suburban or rural; twice the people selected to explain their living area as rural in the lesbian group than the other. (Table 2)

#### **Sexual orientation and intimacy relationship**

This questionnaire categorized the female sexual orientation as four groups: heterosexual orientation, same sex orientation, bisexual and none of the above (Table 3). Since the self-identified sexual orientation and daily sexual behaviors are not indeed related and been an issue full of debating, there is the column as none for the people refuse to identify their sexual orientation. (Ponse, 1978) In the lesbian questionnaire, 74.83 % of people chose to identified them as same sex

orientation, 21.19 % as bisexual, 1.32 % as heterosexual and 2.65 % as none of the above (n=302). In the heterosexual questionnaire, 3.9 % of people chose to identified them as same sex orientation, 5.52 % as bisexual, 88.64 % as heterosexual and 1.95 % as none of the above (n=308). Though the result of the heterosexual questionnaire could not indicate the real population percentage of same sex orientation and bisexual people in Taiwan, it could still be a reference as the sexual minority people percentage in the Internet world since this questionnaire was posted in the commercial portal website which is not limited to the sexual orientation.

In the intimacy relationship, the most obvious difference between the sexual orientation is that 38.08 % of the lesbians reported to have a committed relationship, which is 1.69 times of the numbers by the heterosexual female. On the other hand, the heterosexual female reported 1.73 times of single and dating status than lesbians. (Table 3) This result could be an explanation that lesbians are prone to have committed relationship than heterosexual female, though there are still more social factors to consider in order to lead to such explanation. But it could also be a reference when studying the intimacy relationship pattern of lesbians.

#### **Substance use**

Respondent were requested to report the frequency of the use of tobacco and alcohol in this category. Data are represented in the Table 4. The date are not shown obviously difference when considering the sexual orientation, however the

**Table 4**  
**Substance use**

	Lesbian N=302		Heterosexual N=308	
	Number	Percentage	Number	Percentage
<b>Smoking</b>				
Everday	60	0.1987	50	0.1656
Once a week	19	0.0629	10	0.0331
Once a month	18	0.0596	1	0.0033
less then once a month	47	0.1556	10	0.0331
not at all	158	0.5232	237	0.7848
<b>Drinking</b>				
Everday	8	0.026490066	17	0.0552
Once a week	24	0.079470199	19	0.0617
Once a month	43	0.142384106	20	0.0649
less then once a month	131	0.433774834	116	0.3766
not at all	96	0.317880795	136	0.4416

**Table 5**  
**The items that lesbian are similar to heterosexual female**

	Lesbian N=302		Heterosexual N=308	
	Number	Percentage	Number	Percentage
Past psychiatric experiences	28	0.0927	26	0.0844
Past psychotherapy experiences	29	0.0960	29	0.0942
Past doubted depression	150	0.4967	141	0.4578
Past consider psychotherapy	88	0.2914	90	0.2922
Past consider counseling	113	0.3742	115	0.3734
Current psychiatric condition	14	0.0464	20	0.0649
Current doubt depression	67	0.2219	70	0.2273
Current considering psychotherapy	40	0.1325	47	0.1526
Current considering counseling	52	0.1722	57	0.1851
Considered suicide	146	0.4834	147	0.4773
Really wanted to die	113	0.3742	110	0.3571
No idea how to seek help	100	0.3311	115	0.3734
Prefer female counselor	226	0.7483	229	0.7435

people who do not use tobacco at all are much higher in the heterosexual group more then in the same sex orientation group. (78.48 % in the heterosexual and 52.32 % in the same sex orientation) Also the people who do not drink alcohol at all are higher in the heterosexual group as well. (44.16 % in the heterosexual and 31.79 % in the same sex orientation) This inclination is possible related to the lesbian sub-cultural of the lesbian bar culture since the lesbian bar is one of the important meeting and activity place for lesbians and people

would be easy to be in touch with the tobacco and alcohol in such environment. The use of bars for lesbians as a social resource was widely available to lesbians in the current study. (60%) (Bradford, Ryan and Rothblum, 1994)

#### **Mental health Issues**

##### **Lesbians as similar to Heterosexual Women**

In the mental health, depression, psychotherapy, counseling, suicide and stress categories, respondents were requested

to answer the questions in the yes and no format in both groups as represented in the Table 5. Analyzed by the T test, the respondents were shown similar outcome in the following questions no matter their self-reported sexual orientation in the anticipation of social activities and some mental health issues. As shown in the Table 5, both group represented the similar percentage in reporting the history of medications for a psychiatric condition, history of psychotherapy, self-doubt of depression, had ever considered to take psychotherapy and counseling. The samples also presented the similar current psychiatric condition, present self-doubt of depression, considering taking the psychotherapy and counseling. This similarity is similar as the results of past studies of depression among different sexual orientation female. Such as the study of the Bradford, Ryan and Rothblum in 1994 about the national lesbian mental health care taken in United States that the high rate of depression among lesbian was similar to heterosexual women.

The questions about considering taking suicide and the serious attempt while considering suicide have expressed the similar rate by the two groups. The results explained the similar percentage of experiences of thinking of taking suicide. As the table 5 shown, the people who had attempted to suicide, actually did not perform as high percentage as suicide when they were asked about if they did want to kill themselves. This data are similar as the formal research of Safren and Heimberg in 1999 that '...persons who reported a past attempt (42% sexual minority, 66% heterosexual) indicated that they attempted to kill themselves but did not really hope to die.' (Safren & Heimberg, 1999) Participants also presented the similar response while asked about the psychotherapy and counseling knowledge which shows that female in Taiwan are sharing the similar knowledge in how to seek psychological help and medication. Participants also ex-

pressed the similar high percentage in demanding the female counselor when requesting counseling.

#### ***Lesbians as different from Heterosexual Women***

Respondents showed obviously difference in the past experiences of depression; the lesbians represented much higher rate than heterosexual female. (14.57% > 10.71%, T test = 0.076, P<0.05) (Table 6) The lesbian respondents also expressed higher past committing suicide experiences. (34.44% > 28.25%, T test = 0.049, P<0.05) This result matches the past studies about the suicide attempt rate of sexual minority implemented in the United States. (Safren & Heimberg, 1999, D'Augelli & Hershberger, 1993 & etc) The lesbian respondents were similar as the heterosexual female in the attempt of taking suicide, however showed obviously higher rate in committing experiences. This result shows that the lesbian are more active in taking suicide and more determined in the action taking.

The heterosexual female expressed higher rate of current psychotherapy situation than same sex orientation female. This result could be possible influenced by the average and vocation between these two groups; the heterosexual group was older and more prone to career women than the lesbian group so they could be more possible to afford the psychotherapy fees and be able to control their own medication decision. More than half of the lesbian participants were students and they possible not able to afford the psychotherapy and counseling due to the national medication system in Taiwan only including the psychiatric medication in the insurance mechanism.

When been asked about the pressure as being female in the family, the lesbian subjects showed much higher stress felt than the other group. In the Chinese culture, being female in

**Table 6**  
**The items that lesbian are different from heterosexual female**

	Lesbian N=302		Heterosexual N=308	
	Number	Percentage	Number	Percentage
Past depression experiences	44	0.1457	33	0.1071
Current psychotherapy	12	0.0397	23	0.0747
Past suicide experiences	104	0.3444	87	0.2825
Stress for being female in family	133	0.4404	112	0.3636
Stress for being female in school and work	92	0.3046	127	0.4123
Happy for being female	235	0.7781	265	0.8604



the family means the different role expectation from the male members. Men are expected to continue the family lineage and name (Chan, 1989; Tremble, Schneider, & Appathurai, 1989) by marrying and having children. Women are expected to recognize their importance and derive satisfaction in the role of dutiful daughter and, ultimately, wife and mother (Chan, 1992). Though there not studies about the relationship of family expectation and sexual role expectation, this result shows a possibility for further studying. In the school or working environment, the heterosexual female reported more stress felt than the lesbian respondents. They also show much higher happiness of being female than lesbian. (86.4 % > 77.81 %)

### ***Feminine, masculine or androgyny***

This category requested the respondents to report if they have been explained as feminine, masculine or androgyny. The results show that the heterosexual female reported higher rate of being called as feminine than the lesbians. (61.69 % > 34.77 %) (Table 7) In the reverse, the lesbians reported higher rate of being explained as masculine than the other group. (63.25 % > 37.01 %) However the lesbian group also represented much higher rate of androgyny than heterosexual female. (84.77 % > 55.52 %) Among the lesbian group, the highest rate is being called androgyny and in the heterosexual group the highest rate is being called feminine.

## **3.2 Lesbian only questions**

### ***Stress and counseling***

However the lesbian respondents reported higher rate of

happiness of being lesbian than being as female. (83.77 % > 77.81 %) (Table 7) This result shows that lesbian is possible to be more inclining to the sexual orientation identity then sex role identify in the present Taiwan society. Lesbian group show similar preference of female counselor (74.83 %) and lesbian counselor (74.5 %) when they request the counseling help.

### ***Coming out and dress code***

Lesbian respondents in this category were asked about the visibility of the sexual orientation by the outfit and behaviors with partners. In this category, 44.04 % (Table 7) of lesbian reported that they felt the coming out possibility by the outfit and dress code, also 75.5% the people reported the possibility when they are accompany with the partners or girlfriends. This data shows that lesbian could feel the stress of coming out by the dress and life style; they still lead such life even they feel the possibility of forced coming out.

### ***Stress and sexual orientation***

When been asked about the stress of being sexual minority in family, school and working environment and being with the peers, the respondents reported the highest stress in the school and working environment (n=302, 75.7 %) (Table 7), then in the family (n=302, 53.31 %) and the least among the peers. (n=302, 32.45 %) To understand the stress of the outside environment is important in realizing the mental health of lesbian since the social stress is a crucial factor influenced the lesbian. Understanding the role of outness in the lives of lesbians has important implications for mental health. (Bradford,

**Table 7**  
**Femme, Masculine and Androgyny and lesbian questions**

	Lesbian N=302		Heterosexual N=308	
	Number	Percentage	Number	Percentage
Called femme	105	0.3477	190	0.6169
Called masculine	191	0.6325	114	0.3701
Called androgyny	256	0.8477	171	0.5552
Stress for sexual orientation in family	161	0.5331		
Stress for sexual orientation in school and work	228	0.7550		
Stress for sexual orientation in peer	98	0.3245		
Prefer lesbian counselor	225	0.7450		
Come out by appearance	133	0.4404		
Come out by being with partner	228	0.7550		
Trying to make breast invisible	113	0.3742		
Happy for being lesbian	253	0.8377		

Ryan, and Rothblum, 1994)

### 3.3 Lesbian gender role: Femme, Butch and Pure

When considering the lesbian gender role as influence factors in considering the mental health status using the T test to check the variance, there are some obviously differences between self identified femme, butch and pure. The percentage of femme, butch and pure population in this study is about 21.52 %, 47.69 % and 26.16 % (n=302) (Table 8). The definition of lesbian role play is loose and various (Jian, 1997), but the life style and self expectation shown in this research do show that lesbian do have different stress, self-

identification, life style and behavior patterns according to different gender role.

#### *Femme vs. Butch*

The self-identified expressed higher rate of past consideration of taking psychotherapy and also reported higher rate of attempting suicide and actual suicide behaviors than the butch. (As shown in the Table 8) Femme lesbian expressed higher mental problem and suicide experiences but they also expressed higher happiness of being female and lesbian than the butch lesbian. The femme lesbian reported higher rate of

**Table 8**  
**Femme, Butch and Pure**

	Butch N=144		Femme N=65		Pure N=79	
	Number	Percentage	Number	Percentage	Number	Percentage
Past psychiatric experiences		0.0764		0.0769		0.1392
Past psychotherapy experiences		0.0903		0.0923		0.1139
Past depression		0.1250		0.1231		0.1899
Past doubted depression		0.4514		0.5231		0.5316
Past consider psychotherapy		0.2292		0.3385		0.3418
Past consider counseling		0.3125		0.3692		0.4684
Current psychiatric medication		0.0486		0.0308		0.0506
Current psychotherapy		0.0417		0.0154		0.0506
Current doubt depression		0.1736		0.2462		0.2278
Current considering psychotherapy		0.0972		0.1846		0.1266
Current considering counseling		0.1319		0.1846		0.2152
Considered suicide		0.4167		0.5692		0.5063
Past suicide experiences		0.3125		0.4154		0.3291
Really wanted to die		0.3264		0.4000		0.4557
No idea how to seek help		0.3264		0.3231		0.3165
Prefer female counselor		0.7222		0.7692		0.7722
Prefer lesbian counselor		0.7361		0.7385		0.7848
Come out by appearance		0.7292		0.0462		0.2278
Come out by being with partner		0.8542		0.7231		0.6076
Trying to make breast invisible		0.6042		0.0615		0.2152
Called femme		0.1736		0.7231		0.3291
Called masculine		0.8125		0.2000		0.6456
Called androgyne		0.9722		0.5231		0.8734
Stress for sexual orientation in family		0.5486		0.5692		0.4810
Stress for sexual orientation in school and work		0.8542		0.7231		0.6076
Stress for sexual orientation in peer		0.3403		0.3077		0.2532
Stress for being qualified butch or femme		0.3889		0.2462		0.2785
Happy for being female		0.6944		0.9385		0.8354
Happy for being lesbian		0.8264		0.9077		0.8608

being called as feminine and this result matches the definition of femme which is the lesbian playing the more feminine role.

On the other side, butch reported more stress felt in the school and working environment and expressed more pressure of being a 'qualified' butch than femme. Butch lesbian reported higher rate of trying to make the breast not very visible and being called by others as masculine and androgyny. They also reported higher rate of considering being forced come out by recognizing the behaviors with the partners.

#### ***Butch vs. Pure***

Compared the result from butch lesbian and pure lesbian, the pure expressed obviously higher mental health concern and the need of psychological help. In the questions about past psychiatric medication status, past need for psychotherapy and counseling, the pure group showed the highest need in the lesbian respondents. They also presented current need for counseling. When asked about if they really want to die while suicide attempt, 45.57 % of pure showed the serious attempt. (n=79) They also represented higher rate of happiness about being female than the butch and the less pressure in the school, work place and peers due to the sexual orientation. On the other hand, butch showed higher percentage in the self-recognized masculine and androgyny appearances. The further study about the mental health and identity of pure would be an important and interesting subject.

#### ***Femme vs. Pure***

In the mental health and suicide categories, the femme and pure represented similar outcome, but they were different in the self-recognized appearance. While been asked about the appearances, the pure reported more masculine and body concern than the femme. However the femme expressed more stress in the school and work place for the sexual orientation. (72.31 % > 60.76)

### **4. Conclusion**

The result of this study basically matched the result of past study about the mental health comparison between different sexual orientation female in United States and other continents, that female with various sexual orientation and sexual identity are owning the similar mental health situation. However the result also shows that the lesbian inclined to have more past experiences of mental health problems and suicide intentions. This could be the result of the sexual orientation and social stress that the lesbians are feeling more stress and

identity concern for being the sexual minority. To live a two-world existence requires a great deal of psychic energy and is thereby inherently stressful. (Bradford, Ryan & Rothblum, 1994) The respondents also reported lower willing to seek psychological and mental help. This could be influenced by the lower average age of lesbian respondents that half of them are students so they could not afford for the mental health professional help. The other possible reason could be that the lesbians are tended to be reluctant to seek psychological since the concern of disclosure and the stigmatization of same sex orientation. This inclination would be a reference for the clinical psychologists and counselors for facing the lesbian clients and concern of the sexual minority mental health.

Considering the lesbian role-play as the influence factor of mental health, the femme lesbian reported the highest suicide intentions among the three role groups. The pure lesbian represented the highest mental health problems and highest need of seeking professional psychological services. However the butch groups showed the highest rate of pressure felt in the family, school, work place and peers. The result showed that the people who felt the highest stress but reported the lowest rate of help seeking. There is need and necessity for considering the lesbian mental health and take the gender role as an influence factors since the lesbian tend to have different identity, psychological and behavior patterns.

For the limit of the Internet research characters, there are possibilities of over report and fabrication due to the self-report and Internet invisibility. On the other hand, the invisibility offers an environment of safe and privacy to answer the sensitive questions such as sexuality and mental health status. In the end of the Internet question, there have listed the available mental health institutions and same sex orientation hot-line for the respondents for reference in order to decrease the pressure of answering the harsh questions.

This study is a just a start for understanding the lesbian mental health in Taiwan; the revealed results represented the need for further work and study in this area. There are also more concerns about the identity, mental health, Chinese culture and etc. The lesbian history in Chinese culture have been a long story and it is the time to care and study this population been long forgotten.

**Note:** The authors would like to express special thankfulness for the kindness comments from Professor Kitayama of the

Faculty of Human-Environment Studies in Kyushu University.

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