

# health & wellbeing

## Associates in Recovery

Janet K. Brown, M.A., C.A.D.C.  
LICENSED PSYCHOLOGIST - MASTER  
CERTIFIED ALCOHOL AND DRUG COUNSELOR

Jean Townsend, M.A., L.C.M.H.C.  
LICENSED CLINICAL MENTAL HEALTH COUNSELOR

Milton, Vermont  
(802) 893-4816

Burlington, Vermont  
(802) 863-8162

## Healing Bodywork

Swedish • Reflexology • Polarity • Reiki Master

Revel with abandonment to a truly great  
massage rarely found anywhere.

And be your best again.

Prince Jhorev

(802) 785-2244

James R. Nelson MACP  
Psychotherapist

Professional  
Confidential

(802) 651-7764  
Burlington, VT 05401

Iren Smolarski  
MA Psych.; Ph.D. Lit.

658-8401

## Toward Intimacy Group

for LGBT  
now forming

Individual & Couples  
Psychotherapy

Fee based on  
Individual Means

## Lesbians Challenging Barriers

### • Making Western Medicine More Accessible - Part III

BY CHRISTINE DEROSIERS AND  
JOY D. GRIFFITH

On a more general level, there are several things that can be done to make Western medicine and physicians more accessible to older people. First, there needs to be a breakdown of the stereotypes and assumptions held by society regarding older individuals. Younger people need to stop expecting certain simplistic behaviors of older people and stop being surprised when experiencing someone with a more complex personality. As S. T. lamented, "please see me as a person." A. P. is often angered by the condescension present in words like "cute."

Younger people must also stop being blinded by the more positive-seeming stereotypes. Both A. P. and J. G., who are politically active in their community, are angered by the classic "wise old woman" image. They often find that people say things about them being wise, but then ignore them during committee meetings, or, as J. G. remarked, they are simply token members of the board and have to fight to be heard and respected. They also find that a younger woman will go to one of them, expecting to have her problems solved, and then disappear afterwards.

One way to help break down these stereotypes is through contact between the generations. This decade has shown that as family ties loosen, and older and younger people cease to work or belong to religious institutions together, there is less and less intergenerational contact,

which results in older people "being seen through" rather than as individuals of worth. Personal attitudes become generalized for the aged as a class. If intergenerational contact is increased, then stereotypes will be challenged and eventually become archaisms. This breakdown of stereotypes will eventually extend into health care, as well, leading to better care for an aging population. (Eventually, Gerontology might become a sought after medical career!) Not only will the situation for those already at and past retirement age improve, but the younger generations will stop shooting themselves in the foot...their "old age" prejudice will turn on themselves and their scorn and artificial hurdles placed in front of "seniors" will be there for them to resolve. Of course, this kind of change would take many generations to be realized in a nation such as ours, but it is a goal that can be worked toward now in many different, personal ways.

The way to improve the older generation's health care is to change the way doctors are trained. Medically an anthropological approach would offer primacy to sickness through recognizing sociocultural issues in treatment and healing, and incorporating these differing viewpoints into a treatment plan satisfactory to all diverse parties. As with increasing intergenerational contact, the incorporation of anthropological medicine is many generations away from its goal, but it is also not an impossible effort. The fact that there is a toll-free lesbian and gay doctors' hotline suggests

that the bastion of white patriarchy is already opening up. (The GayLesMed phone number: (415)255-4547)

When faced with the triple-jeopardy of being female, lesbian and part of an older generation than your doctor, the prospect of finding good health care can seem daunting. In liberal areas, a little effort on the individual's part can reveal a number of ways around mainstream medicine's usual host of barriers such as Women's Medical Centers that include lesbian doctors and lesbian friendly doctors. Also, state monies are given to counties where medical field workers are trying to establish projects to insure medical-attitudes "for" lesbians. Not all older people who face challenges in obtaining health care, regardless of gender or sexual orientation, are fortunate enough to have the options as the interviewees in this article do. Changes must be made in society and in the medical establishment so as to better meet older individuals' needs. When these changes are accomplished, all facets of society will benefit from the inclusion of currently marginalized people and from decreased negativity associated with a process every human must endure. Refers to O.L.O.C. (Old Lesbians Organizing for Change) see OITM's May 1998 issue!

## The Mostly Unfabulous Social Life of Ethan Green

by Eric Orner

