EVEN THE CLOSET IS IN THE CLOSET: Homosexuality Among Migrant Farmworkers

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After working as a therapist in New York City for twelve years, where an average number of my clients (about 10%) was homosexual, I moved here to Florida and began to work building a small mental health service for migrant and seasonal farmworkers in Homestead, where no other mental health services were available for farmworkers or other poor people. Most of my clients are Mexican and Mexican American.

This has been an incredible experience, and I have learned a lot from it. When this conference was announced, and I began to inquire about farmworkers and homosexuality, I assembled some very interesting information.

Although I had seen a few gays and lesbians among farmworkers, and a few of these had become my clients, I realized that homosexuality was an issue that was so far underground and taboo, that it was basically never talked about. My inquiries were met

with comments like: that doesn't exit; on, no one ever talks about that Bobbi, don't rock the boat; or, I don't know anything about that, and have never known a farmworker who was homosexual. Many of my informants assumed that I was referring only to men, and could not even conceive of the possibility of a female farmworker who was homosexual.

Believe me when I say that there is virtually nothing in the literature (that I know of) on this subject. In fact, there is precious little in writing about farmworkers and mental health at all. One of the few articles I found on mental health, was in the NASW Encyclopedia, and I will quote from that:

> Migrant and Seasonal Farmworkers
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> Over the years, the plight of the farmworker—especially the migrant farmworker—has been brought to the attention of the public with special force. In the 1960s, television documentaries such as Edward R. Murrow's "Harvest of Shame" and "NBC White Paper: Migrant" described vividly the conditions under which migrant farmworkers live. For the most part, these conditions still exist and, in some cases, have become accepted: thus, it is difficult to generate efforts to address them directly. Farmworkers work long hours at low wages. In most cases, the labor of children contributes to the family's income. Unusually hazardous working condi-

tions exist; powerful pesticides and complicated heavy farm machinery, which contribute to higher crop yields and profits, are being used more and more.

Although mechanization has somewhat decreased the need for migrant labor in the past decade, many crops still can be harvested only by migrant and seasonal farmworkers. Despite the importance of migrant farmworkers to agriculture, they are among the most exploited and neglected of populations. They work long hours under hazardous conditions and inadequate or nonexisting sanitary facilities and receive low wages.

Mexican Americans are the largest group of migrant farmworkers and blacks are the second largest. However, the proportion of farmworkers in a specific ethnic group varies from region to region. For example, a few years ago, 95 percent of the farmworkers in Texas were Mexican American. In recent years, the number of migrant farmworkers from Haiti and other Caribbean islands has increased markedly.

These changes in population are reflected in the languages spoken by farmworkers and by the number and types of human service problems encountered in migrant health, education, and other programs.

Many migrants work for six to eight months. They travel in family groups, and most or all family members, including the children, do some work in the fields. The children must work because of the families' low income. The average size of the families of migrant farmworkers ranges from 4.2 to 6.4 members; Mexican American families tend to be slightly larger than black families.

Programs and Special Needs

Health. The health of migrant farm-

workers is of special concern because of the epidemiologic consequences of a migratory pattern of employment.

*The infant mortality rate is 25 percent higher than the national average.

*The miscarriage rate is seven times the national average.

*The death rate from influenza and pneumonia is 20 percent higher than the national average.

Mental Health Problems. The extreme poverty, high mobility, and the detrimental environment of the labor camps make migrant farmworkers a group that greatly needs special mental health services.

> ....it is our view that these [mental health] needs are frequently the result of systemic stresses which put farmworkers at enormous and continuing disadvantage in our society. Locked in such a terrible cycle of poverty and despair, it is a tribute to their strength and fortitude that they survive at all. . . . not only do the uncertainties of intermittent employment produce mental health consequences similar to those caused by unemployment, they also produce economic hardships for the farmworker of overwhelming proportions.

Although the literature on migrant and seasonal farmworkers and their families describes migrant farmworkers as having "low self-esteem," "anxiety," "depression," and "hopelessness," little empirical data actually exist on the state of their mental health.

Vega, Warheit, and Palacio's survey

> (1985), which utilized the Health Opinion Survey, concluded that the Mexican American farmworkers in this sample appeared to be experiencing psychiatric symptom levels that placed them at extraordinary risk.

I subsequently interviewed one of the authors quoted in this article, Dr. William Vega, of the University of Miami's Sociology Department, himself a Mexican-American. He says that migrants are basically conservative people with strong working class values. Their roles are rigidly defined, because in marginal classes, people need clear roles in order to survive in our society. They make allegiances and stick to them. Thus, rigid male-female roles are defined: the male is macho: the protector, provider; the woman is nurturing and provides emotional guidance.

There is a fear, according to Vega, among Mexican, Chicano and Mexican-American males, of reaching out to other males. It's known as the <u>impenetrable mask</u>, as described by Mexico's prominent philosopher, Octavio Paz. This impenetrability, or machismo, is the wall that keeps a male inside of himself, and permits no exchange. As a result, a child raised in such a traditional family who might be gay or lesbian will find his or her preferences totally unacceptable and will have to pursue his or her sexual preferences in total secrecy and isolation from the

family. And this is a problem, because the family is very important. The child of a very poor family has to leave the fold. The isolation is less in middle class families, where there may be more assimilation, more flexibility and more acceptance. But few migrant families are middle class.

I knew that the issue of homosexuality was just a little <u>too</u> taboo, and pushed at the edge of an extreme. Could migrants be more homophobic than other groups? If so, why? I was utterly convinced that an average number of homosexuals occurred in this group, but that it was more repressed than in other groups. I began to interview people I know in the migrant community. My first interview was with a 49 year old man who has been my client for three years. He has been a practicing homosexual all his life, but his secret is guarded well. "If my family knew that I was gay, I would be kicked out." At age nine, he was sexually abused by his father. He found out that his father had also raped his four older brothers. The wisdom among the brothers was, "Don't tell, because if Dad finds out, he'll kill you." They lived on a farm in Texas, out in the boonies. He fell in love with his father during this period of time when it was his turn to be used sexually. He said, "It was like being in love

for the first time, I was totally in love. Then I saw my father with his gay lover, and I felt betrayed. , In retaliation, I started to have other lovers -- I'll go with anyone I want!" He was about 11 or 12 at this time. The family then moved from the farm to a town. His sexual activities with other males increased. I asked him why being gay was considered so very terrible in his family. "It's like being Catholic -- it's tradition -- if your grandmother thought you changed religions, she'd turn over in the grave." Here is Dr. Vega's implication spelled out that social forms are very rigid.

Presently, this man is divorced. He is not promiscuous, and doesn't go to bars. He's been in a monogamous relationship for 12 years. He had male lovers through his marriage. He married in order to appear normal. He was able to function sexually with his wife, though he prefers men. Living a double life is the solution for many migrant homosexuals. He tells me there is a subtle recognition of gays among farmworkers, but they don't show it openly. He says that in spite of this father's sexually initiating him, he fears his father would shoot him if he knew he was a practicing homosexual. He knows gays who have been beaten up by their macho counterparts. "He would never understand," he says. This intelligent, articulate man says he regrets he's gay,

and envies married men who are happy with their heterosexuality. He says, "Why me?" I asked him what he knows about lesbian farmworkers. He has a relative who's a lesbian. She too lives a double life. She lives with a woman roommate, but sees men to prevent suspicion.

I then spoke to a family physician at Martin Luther King Clinic in Homestead. His first reaction was laughter! "What's so funny?" I asked. "I guess it exists, but I've seen nothing at all. It must be pretty well hidden. I've never seen any gays presenting with problems or concerns about the issue. It's the most obscure thing to get a handle on. No one to refers to it, or talks about it." He thought my time could be put to better use, investigating things that were really important.

Another interesting testimony came to me from a priest who used to work in a migrant parish. He told me that homosexuality among migrants not only exists, but is quite prevalent, a big change from the kind of responses I had been getting. He said that there was a great deal of the raping of sons, as well as daughters. He believes that unlike the population at large, where 8-11% are gay or lesbian, in the migrant community, there

is at least a 20% incidence. He believes there are several reason for this:

- Poor, downtrodden males have a need to dominate, be on top, show their strength. Hence, the high incidence of all types of family violence.
- That males need love and affection from other males, but since this natural need is taboo, it goes underground.
- There is virtually no privacy in many families. Kids see everything and any kid is up for grabs. If Dad also has any kind of substance abuse problem, there may be an attack on whoever is arbitrarily handy.

TWO CLINICAL VIEWPOINTS

What is the affect on families of such a strong social taboo against homosexuality juxtaposed with what may be at least an average amount, but possibly an inordinate amount of homosexual activity?

CASE #1

Jorge is a tall, attractive and very feminine - appearing 19

year old man. He was referred for counseling by his employer because he was experiencing conflict about his desire to go to college. The youngest of 12 children of a Mexican couple, he was fortunate to have graduated high school, not an easy task for kids whose families never stay too long in one school district.

But Jorge's very bright, and managed to keep up with the work. He felt frustrated because his older brothers and sisters had designated to him the role of remaining at home with his parents indefinitely and providing them with most of the income he earned at what to them was a tremendous social advantage, a clerical job. But Jorge wanted to continue his education, which Mom and Dad forbade, and Jorge could not think of disobeying them. Unfortunately, he developed suicidal ideations.

The superficial conflict he presented seemed to mask the one that even he did not appear to be conscious of. While he knew for certain that he did not want sex with women, and obviously chose a rather feminine way of dressing, he would not or could not conceive of himself as gay.

His main priority was preserving the integrity of his parents' values, at no matter the cost to himself. To my knowledge, his situation and conflict remain unresolved. He went

with his family "up the road" to Texas, and still has not returned to Homestead this season.

CASE #2

A 16 year old girl was brutally beaten by her father. This man had previously beaten and hospitalized his wife several times before she left him. He intimidated her into lying about his abuse. When she left him he would not let her take her 2 children, and threatened to kill the children if she tried to keep them. As the children grew up, his attacks on them increased and they began to run away. Authorities kept bringing them back to their father because no bruises showed so HRS could remove them from their father's custody. I was to counsel both of them until they could be reunited with their mother.

The youngest boy was having suicidal thoughts and violent outbursts. But Sarah was in serious trouble too. Many other kids accused her of being a lesbian. She said that was disgusting and sick, and she would prove she wasn't! Her father, she told me, wanted to be sure she wasn't a lesbian too, so he rented pornographic movies to show his daughter how men and women had sex. Sarah said she hid her eyes "in the nasty parts."

Did this father sense what Sarah's friends sensed? Did he

hate and beat his daughter to express his rage and disgust at her possible homosexuality? Would Sarah ever be able to accept her possible homosexuality without homophobia? One wonders, as her vehemence was great.

Clinical Implications

The fact that the closet is so much in the closet in regard to homosexually among farmworkers poses grave clinical problems, especially during the AIDS crisis. How are we to help people with a problem if they are avoiding and denying there is a problem? What does this deception do to the minds and psyches of young homosexuals who are finding themselves rejected because of who and what they are?

The results are depression, suicide, identity crises, lots and lots of substance abuse, living in fear, living double lives, prejudice, violence and pain. All of this is a waste of lives. People need to obtain help in adjusting to our world and contributing the best they have to it. The kind of rejection experienced by farmworker homosexuals adds fuel to the fire, and it is our job as mental health workers to bridge this additional gap in our clients' lives. As more and more AIDS patients find

their way to our offices as the crisis deepens, we will be facing this issue, whether we like it or not. Are we prepared to deal with clients and families about homosexuality in a subculture where the subject is not even discussed? Can we as clinical social workers pass this difficult test as we have passed many others?

In order to do so, we must educate ourselves about the realities of homosexuality. It is no longer considered a disease by the medical profession and this is only right, because innocent babies are simply born homosexual. It is wrong to be prejudiced against homosexuals, just as it is wrong to be prejudiced against any other kind of people because they are different. Helpers must examine their own biases and make a commitment to overcoming them. We must also realize that homophobia -- the fear of being homosexual oneself --- is at the root of much of this prejudice. Every human being has both male and female aspects. Why should we fear what is unnecessary to fear? Let us help our gay and lesbian clients with the same dedication and caring as we would help anyone else.