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SEXUAL IDENTITY AND HEALTH
OF YOUNG GAY MEN AND LESBIANS

by

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# Dedication

I dedicate this thesis with love to my father, Dr. Chi Hung Mok, who died during the time of my candidature for this degree. I wish that he had been able to offer his advice and support in person along the way, and there are still many things I'd love to be able to ask him. Instead, I thank him for all his love and devotion, and the lessons I learned from him that helped me just get to the starting point.

My dedication also to "Ursula", another I lost along the way.

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# Abstract

This study utilised a grounded theory approach to explore relationships between life-experiences, sexual identity and health of young gay men and lesbians. The sample was gained using a snowball technique; all informants were aged between 18 and 25 and identified themselves as gay or lesbian. Thirteen people were interviewed using a recursive in-depth technique. Through these in-depth interviews, six major themes emerged from the data collected: (i) concerns of sexual identity; (ii) coming out; (iii) social and sexual relationships; (iv) social support; (v) health issues; and (vi) experiences in the education system.

It was clear that the process of realising sexual identity had a significant impact on respondents' lives. Most felt that they had grown up in environments that were relatively hostile to their emerging sexuality. Issues pertaining to coming out were among those that had most affected the respondents. Both hiding and disclosing their sexuality were reported as being very stressful; no informant, however, felt regret about coming out. The relationships that informants had with their parents remained very important to them. Fear about parental reactions to coming out was common. Isolation to some extent was prevalent with regards to friendships, with most informants reporting both negative and positive reactions from friends on coming out. Lack of social support was a problem expressed by many informants, especially during the time they were coming to terms with their sexuality. In their interactions with health practitioners, informants had often been assumed to be heterosexual, which had adversely affected the level of care provided to them. Generally, the health concerns of the young lesbians related to gynaecological issues, whereas for the young gay men, sexually

transmitted diseases were of greatest concern. The lack of accurate and inclusive information about sexuality in curricula and the common failure to acknowledge the presence of gays and lesbians in schools were felt to be important concerns by the informants, and most reported having felt alienated and isolated to some degree while at school.

The main conclusion of this study was that young gay men and lesbians face a range of challenges and difficulties as a result of widespread homophobia and heterosexism in the community. It is clear that there is need for a broader understanding of the types of support that might be required to improve the overall health of young gays and lesbians in a predominantly heterocentric society. Several implications were proposed for future research and for practice.

# Chapter 1: Introduction

Dealing with sexuality is a task common to most people during adolescence and young adulthood. Although most young people will develop a heterosexual identity, a small but significant percentage will develop a homosexual one. Homosexuality has often been considered primarily an adult phenomenon. The experience of being young and gay or lesbian has been neglected in youth research and in youth and young adult service provision. There is a lack of knowledge and understanding regarding the lives and experiences of young gay men and lesbians, and little is known about the health consequences of growing up lesbian or gay in a predominantly heterocentric society.

Sexual identity aquisition is a fundamental experience in the developmental stages of adolescence and young adulthood. Along with the physical and psychological changes that occur on the way to adulthood, social forces shape young peoples' sexualities by affecting what behaviours are seen as 'normal' or 'valid', and those that are seen to be 'undesirable' or 'improper'. It is quite clear in Australian and other societies that heterosexuality is the cultural norm when it comes to sexual identity.

Heterosexuality is largely the norm in public education, health care and popular culture. For the small but significant percentage of young people who are gay or lesbian, positive self-identity and health may be difficult to achieve. While members of other minority groups in the community tend to have support, role-models and advocates, a young man or woman who is gay or lesbian and who suffers discrimination and harassment because of their sexual orientation is likely to receive far less

support. The combination of these and other factors leads to the near-invisibility of young gay men and lesbians in the community.

A number of studies have been undertaken which tackle issues of adolescence and young adulthood, and which look at a diverse range of factors, such as basic health characteristics, risk-taking behaviours, mental health, sexual behaviour, life-skills, perceptions of competence, drug use and fitness (Centre for Adolescent Health, 1992; Poole and Evans, 1988). Until recently, there has been a paucity, however, of research carried out that examines factors relating to homosexuality in these age groups (Boxer and Cohler, 1989). There is a lack of knowledge and understanding regarding the lives and experiences of young gay men and lesbians, and little is known about the health consequences of growing up as a lesbian or gay man in this society where heterosexuality is the norm (Bradford et al., 1994; Rothblum, 1994; Sullivan, 1994). The aim of this thesis is to examine the connection between the life-experiences, sexual identity and health of young gay men and lesbians.

Chapter 2 provides a background in the literature and theory on the experiences of young gay men and lesbians. This chapter addresses issues of relevance to adolescents and young adults as a broad group, particularly the development of sexuality. Issues of special relevance to homosexual young people are also investigated, including parental interaction, religious influence, the education experience, homophobia and harassment, mental health issues such as suicide, eating disorders and depression, gender-specific concerns, and issues of safe sex and HIV/AIDS.

Chapter 3 serves to clearly describe and justify the research approach and techniques. This study uses a grounded theory approach. Data was collected using in-depth interviewing which was conducted in a recursive manner. Data was analysed using 'open-coding'. Using qualitative research techniques such as in-depth interviewing and open coding can elicit rich and detailed data, and enables a much more contextual understanding of the experiences of the informants than would any quantitative techniques.

Chapter 4 details the results, that is, the meanings that a group of young gay men and lesbians attach to their life experiences. These meanings are grouped into themes, and are described in the respondents' own words, using data from the transcript files which were elicited through the interviewing process.

The final chapter draws the themes together by further relating them to the body of literature reviewed. Implications of the findings for practice and further research are also explored.

# Chapter 2: Literature Review

## Introduction

In trying to gain an understanding of the issues facing young gay men and lesbians, it is essential to understand the social world into which these young people have been born, and the historical context of their world (Moore & Rosenthal, 1993). It is also important to realise that for this group of young men and women, sexual identity is central in some ways and yet secondary in others (Dempsey, 1994). After all, first and foremost, they are adolescents and young adults. Being gay or lesbian is, to them, secondary to being young people (Pilkington & D'Augelli, 1995)).

Sexuality is central to many of the processes involved in growing between childhood and adulthood. Many of the important social events and rites of passage in young peoples' lives are centred around the sexual and social maturation process, and around meeting and getting to know others with a view to forming closer or more intimate relationships (Moore and Rosenthal, 1993; Rose and Frieze, 1989). School dances or debutante balls are more formal examples of these rites of passage, but even every-day activities like 'hanging out' with friends or going to the movies may play roles for young people in meeting others and exploring their sexuality.

Young people are overwhelmingly assumed to be heterosexual. Almost everything that children and young people are shown or taught about growing up assumes this heterosexual outcome for them, whether it be in sex education, storybooks or set reading lists in schools, or in family

discussions and expectations, television programs or advertising (Anderson, 1995; Brown et al., 1990). When homosexuality (or other non-heterosexual outcomes) are mentioned, it is rarely in a positive way. The effects of these assumptions on young men and women, and especially on those who are developing a homosexual identity need to be understood (Herdt, 1995; Hammelman, 1993). By examining issues of adolescence, young adulthood, development of sexuality, as well as those specific to growing up gay or lesbian, a more detailed and richly textured picture emerges about the well-being and development of gay and lesbian young people.

The purpose of this chapter is to give a broad overview of the issues, problems and challenges facing young people who are gay or lesbian. This chapter is divided into a number of sections. The first of these explores the developmental and health issues facing adolescents and young adults. The second section focuses on the development of sexuality and on the beliefs and attitudes held by adolescents and young adults regarding sex. The third section explores homosexuality and how it has been regarded by our society. The fourth section looks specifically at identity formation for homosexual adolescents and young adults. Section five is an overview of the social context of homosexuality, and of the consequences facing young people who develop homosexual identities. In the most significant sixth section, I review the body of literature and research on the many different health issues challenging gay and lesbian youth.

# Developmental and Health Issues in Adolescence and Young Adulthood

Adolescence and young adulthood act as transitory or bridging phases between childhood and adulthood, but on closer examination, each of these stages is a time for important developmental changes and resolutions (Howe 1986). The developmental tasks specific to each stage are outlined by Erikson (in Moore and Rosenthal 1993) in his developmental theory. According to this theory, during childhood it is important to develop trust, autonomy, initiative and industry. Identity formation is the primary task during adolescence. Identity, in this case, refers to a coherent sense of self, which has its basis in commitment to present and future roles, ideology, and values with regards to future relationships (Moore and Rosenthal, 1993: p.30). Young adulthood, however, is a time for the development of intimacy, marked by the ability to compromise with another, to share goals, and to share a close physical 'intimate' relationship. The important developmental tasks of middle and older ages are generativity and integrity, respectively.

An important notion to consider is that the success with which earlier tasks have been resolved may affect the likelihood of successful efforts at later stages of the life cycle. For example, if a young child is unable to develop a sense of trust, he or she will be likely to have trouble behaving autonomously. Similarly, if an individual does not develop a patent sense of self or identity, he or she will most likely have difficulty establishing intimacy. Success in life-tasks and life-skills may be achieved in degrees, and for the adolescents and young people involved, the degree of success may influence self-esteem, self-appraisal and self-perception (Poole and Evans,

1988). Not only do these successes affect future life-task achievement, but they can also have a bearing on the mental and social health of the individual.

There are many specific health issues affecting adolescents today. To find locally relevant examples of what these issues are, we can look at the results of a survey conducted by the Centre for Adolescent Health in 1992, which looked specifically at the health of young people in Victoria (Centre for Adolescent Health, 1995). The sample consisted of 2524 year 7, 9 and 11 students from a range of schools. The results showed that there are many different health issues affecting Victorian adolescents. Among these were that up to 70% of older adolescents drink alcohol, with binge-drinking being relatively common; by year 11, about 35% of students smoke cigarettes, with more girls reporting that they were regular smokers than boys; nearly a third of year 11 students reported having ever used marijuana; by year 11, between 36% and 38% of adolescents reported having had (hetero-) sexual intercourse; most reported having had sexual intercourse only a few times, and mostly with only one partner; 70% of girls and 60% of boys in year 11 report always using a condom during sex; no questions were asked about homosexual sexual orientation or behaviour; over half the students reported having some health problem in the past year; half the girls and two-thirds of the boys reported having an accident or injury in the last year; most students participated in sport or exercise, with boys doing about twice as much vigorous exercise as girls; anti-social behaviours, such as getting into fights, carrying weapons, vandalism and stealing were much more common for boys; dieting and binge-eating were reported by far more girls than boys, and girls more than boys saw themselves as overweight; depression was more common in girls than in boys, especially among the older students; low

self-esteem was also more common for girls than boys in the year 9 and year 11 students; and deliberate self-harm was more likely to occur when adolescents were depressed or emotionally disturbed (Centre for Adolescent Health, 1995 : pp. 1-3). Taken together, these results paint a picture of the many health issues challenging adolescents today.

A study that looked at the health issues facing young adults, as opposed to adolescents, is that of Fish and Nies (1996). They examined the health promotion needs of students aged 18 to 21 in college environments in the southern states of the US. Major risk behaviours in this age group cited in the literature they examined were unintentional injuries, homicide and suicide. Many of the accidents, injuries and deaths involved alcohol, drugs, firearms and motor vehicles. Other risky behaviours entered into included the consumption of tobacco, marijuana, alcohol and other drugs, and unprotected sexual intercourse, which may lead to unplanned pregnancies and disease transmission. Interestingly, when questioned as to their perceptions of their own health promotion needs, few participants cited human sexuality, or tobacco, alcohol or other drug use as issues needing specific health promotion attention. More participants believed that nutrition, physical fitness, mental health, communicable and non-communicable diseases and accident prevention warranted specific attention. The implication from this finding is that individual groups of young adult students perceive health promotion needs for themselves which are not congruent with the high-risk behaviours identified for this population in the literature (Fish and Nies, 1996). Although this study was undertaken in the United States, it has relevance to other young adult populations in Western society. Young adults tend to possess independence not available to adolescents who tend to rely more on others such as parents

for their financial and other support. This increase in independence has consequences in terms of behaviours, specifically risky ones, likely to be undertaken by this group (DiIorio et al., 1992).

To understand the situation for today's adolescent or young adult, it is essential to take into consideration some notion of historical context. The experiences of adolescence and young adulthood today differ from the past. Physically, the age at which the onset of puberty occurs is decreasing, while young people are delaying marriage or the formation of long-term committed relationships. This results in an extension of the time between physical maturation and the taking up of 'traditional' roles and responsibilities (Moore and Rosenthal, 1993). Compared to only a few decades ago, more young people complete secondary school, and a higher percentage go on to further studies. Unemployment is high for young people, and there is less certainty regarding job acquisition and stability than at other times in the past (Centre for Adolescent Health, 1995). Substances such as tobacco, alcohol, recreational and heavier drugs are more readily available and more used than in the past (Shifrin and Solis, 1992).

Commercial television and other forms of media have the power to affect the attitudes and behaviours of adolescents and young adults. Because of its overwhelming availability, and Western society's general shift to a more sedentary lifestyle, more young people are watching more television than ever before (Brown et al., 1990). Much of the difference in the content of television programs compared to the past has been in the area of representations of sexual behaviour and expectations. Increasingly explicit sexual behaviour is seen as acceptable for the viewing public, and sex is shown as "...glamorous, exciting and risk-free." (Brown et al, 1990: pp. 62-

63). However, there is a stark contrast between representations of sexuality in the mass media, and what is in fact acceptable sexual behaviour in everyday life. Among the many messages created by the television media are those of what behaviour is desirable or acceptable, and what constitutes physical attractiveness (Bearinger, 1990). Young people are susceptible to these messages, and are influenced by them more than in the past (Brown et al., 1990). Indeed, the changes over recent times for young people in the area of sexuality are perhaps greater than changes in other areas of their lives. Changes in social views of morality, acceptability of sexual behaviour prior to or outside marriage, sexuality education and the advent of HIV/AIDS, as well as other developments, have all had an effect on how young people experience sexuality today (Brooks-Gunn and Furstenberg, 1990).

## Sexuality Issues and Attitudes in Adolescence and Young Adulthood

Healthy sexuality, how it develops, and how it can be measured and described are addressed in the literature by a number of authors. Berkovitz (1985) uses the ability of an individual to care empathically and unselfishly for someone else as a measure of sexual maturation. He claims that this maturation takes place only after healthy sexual development in adolescence. This would correspond to Erikson's developmental theory (Moore and Rosenthal, 1993; Collins, 1992; Howe, 1986) whereby development of intimacy in young adulthood is preceded by the development of identity in adolescence. Young people need to be able to merge their sexual feelings, needs and desires with the many other aspects of their selves, so that they can form a coherent and fulfilling identity (Moore & Rosenthal, 1993; Collins, 1992).

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In terms of sexuality, the tasks of adolescence may be seen to be to consolidate sexual identity, to establish relationships, and to reduce self-absorption. Concurrent with these tasks is a need to develop independence and a distance from the influences of parents or parent-figures. Parents, peers, schools, social institutions such as churches, television and popular culture all contribute to the development of sexuality in adolescence and young adulthood, but ultimately it is an individually unique process (Berkovitz, 1985). Lerner and Spanier (in Moore and Rosenthal, 1993) also see adolescents as having tasks, specifically in the area of sexual socialisation. They describe sexual socialisation as " ... the process of becoming sexual, of taking on a gender identity, learning sex roles, understanding sexual behaviour and generally acquiring the knowledge, skills and dispositions that allow a person to function sexually in a given culture." (Moore and Rosenthal, 1993: p.34). Cultural values and norms are powerful in the way they provide a framework upon which young people may build their identities (Howe, 1986). Understanding and expectations of sexual feelings and behaviours are based on the messages that exist in the cultural environment in which young people live. Dominant among these messages are those that advise young people to adhere to patterns of behaviour which are seen as normal and acceptable (Poole & Evans, 1988). Successfully negotiating the transition from childhood to adulthood requires taking into account existing cultural values, norms and expectations, but it is through this process that young people have the opportunity to experience increased independence, self-esteem and social competence (Berkovitz, 1985).

There are differences in the way that male and female young people experience the sexual maturation process. Aside from issues of physicality and biology, expectations of sex roles and behaviour for young men are different from those of young women. In some ways, these expectations are driven by past patterns of socialisation. The parents and educators of the teenagers and young adults of today grew up in a society with different moral and social responses to gender, sex and sexuality. The way in which the children of these parents are socialised is bound to reflect this (Moore and Rosenthal, 1993). Girls were encouraged to become wives and mothers, to protect their virginity, and to take on the role of nurturer. Boys were encouraged to be career-oriented breadwinners, and it was much more acceptable for boys to be sexually active before marriage than for girls. While these expectations have changed, change has been slow, and many still hold on to the beliefs and social and behavioural expectations of decades long gone (Rose and Frieze, 1989).

It is clear that young people are more sexually active and become sexually active at earlier ages than their counterparts in the past. Braverman and Strasburger (1993) reviewed a number of recent studies on adolescent and young adult sexual activity in the United States. The results of these studies show clearly that at least half of all adolescents in the U.S. are sexually active, with the average age of first intercourse being around 14.5 years of age. These figures represent a significant increase when compared to the results of similar studies carried out in the 1970's. The degrees of sexual activity in adolescents and young people in Australia and in the United Kingdom seems to be very similar to that found by Braverman and Strasburger (1993) (Collins, 1992; Kendell and Coleman, 1988). It must be noted that there are variations in the degrees of sexual activity in young

people depending on factors such as socio-economic status, educational levels and ethnicity ((Braverman and Strasburger, 1993).

One expectation commonly held even now is that all adolescents will develop a heterosexual sexual identity. Until recently, little research or education addressed the issue of adolescent or young adult homosexuality, and gay and lesbian youth have remained mostly invisible. However, adolescent homosexual behaviour in our society is quite common, and has always been so, regardless of its reported occurrence (Anderson, 1995; Unks, 1995). Although it is impossible to accurately measure the proportion of young people who do or will identify as gay, lesbian or bisexual, or who will engage in homosexual behaviour, a number of studies have found varying proportions of people to be gay or lesbian (Coleman and Remafedi, 1989; Goggin, 1993). These percentages vary widely, depending on the indices used, but most are between 4% and up to 35%. Among the earliest large-scale research on human sexuality, Kinsey's studies in the 1940's and early 1950's found that about 10% of men were exclusively homosexual for at least three years of their lives, while only about 3% of women described themselves in that way. However, as there seems to be a range of sexual experiences and feelings between exclusive heterosexuality and exclusive homosexuality, it is very difficult to accurately determine the percentage of people that are homosexual (Kinsey & Gebhard, 1953; Kinsey, Pomeroy & Martin, 1948).

Of all adolescents, most will develop a heterosexual sexual identity, and be predominantly attracted to persons of the opposite sex. However, a significant minority of adolescents will develop homosexual sexual identities, whereby the individual will be predominantly attracted to persons

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of the same sex. The word 'homosexual' carries with it a long history of stigma, and most people with a homosexual sexual orientation choose to describe themselves as 'gay' (men or women) or 'lesbian' (women). The term 'queer', once used as a negative label for homosexual people, is now used by some, both male and female, to describe themselves. Reappropriating a word such as 'queer' as a label is seen by some as reclaiming some power over former oppressors (Jeffreys, 1994).

No one sexual identity is necessarily right or wrong, but children, adolescents and young adults are surrounded by social structures and a social environment which is strongly heterosexist, or at least heterocentric. For young gay men and lesbians, or for any young person whose identity does not conform to 'social norms', this environment may make the process of forming a positive and coherent identity difficult and more challenging (Unks, 1995). These young people have feelings which do not always fit into societal notions of 'normal' or 'valid', and the cultural messages which they receive about their sexuality are often mixed or negative (Dempsey, 1994; Goggin, 1993). For these young people, more than for others who are heterosexual, the transition to adulthood and beyond can be a time of uncertainty, fear and isolation (Taylor & Remafedi, 1993; Martin & Hetrick, 1988).

**Young People's Views of Sexuality**

Many factors influence young people's attitudes towards their experiences of sexuality. Questions of how young adults and adolescents feel about sexuality, and about what their expectations are of sex, sexuality and relationships may be answered in part by looking at historical models.

In the past, there was strong social support for the 'double-standard' of expectations for young men and young women. Prior to the sexual revolution in the 1960's, there were pronounced gender differences in attitudes on sex and acceptability of sexual behaviour (Moore and Rosenthal, 1993). Young girls tended to equate sex with love, and were more likely to see sex as acceptable only in a committed relationship. Young boys were much more likely to be accepting of a wider range of sexual behaviours, and to be disposed to more adventurous or casual sex. There was significant social support for these beliefs and attitudes, with departures from these being punishable by withdrawal of social sanction and strong societal disapproval. Findings of more recent studies show that young people today are likely to see sexuality to be influenced more by a private sense of morality than by public righteousness (Keller et al, 1996; Coleman, 1980). There appears to have been a downturn in the support for the 'double-standard' mentioned before. Moore and Rosenthal (1993) note that there has been a rejection of sexual promiscuity and exploitation, and a concomitant embracing of an ideology of "… permissiveness with affection" (p.11). Along with this more generalised acceptance of pre-marital (or out-of-long-term-relationship) sexual relations, there has been an increase in a more gender-neutral acceptance of extra-relationship sex. However, in a recent study of Australian teenagers, Moore and Rosenthal (1992) found that the 'double-standard' lives on, even though young people, especially girls, understand these beliefs to be 'out-of-date' and contrary to notions of equality. Half the young people in the sample for this study expressed a belief that there are different sexual standards for girls as opposed to boys. As many girls as boys expressed this view. There was also a difference in the way that participants described casually sexually active young people. Boys

were likely to be seen favourably as 'studs', whereas girls were criticised as 'sluts' (Moore and Rosenthal, 1992).

Rose and Frieze (1989), in their study of young people's expectations of dating behaviour, found many differences in young women's and men's approaches to, and expectations of interactions with potential partners. Overwhelmingly, the respondents reported behavioural expectations in dating which maintain the traditional gender-power relationship. In the study, young men and women were asked to describe their own dating experiences and expectations, and to describe in order all the actions that they thought would happen as a woman or man prepared for a first date, went out on the date and finished the date. The finished list of actions was called a 'script'. Women's scripts tended to emphasise elements of the private sphere, such as concern about appearance, conversation, and controlling sexuality. Men's scripts tended to stress a need for control over the public domain such as planning the date, paying for food and items, and generally organising the date. Rose and Frieze go on to surmise that the findings of the study indicate that maintaining a traditional gender-power ratio is important in creating a favourable impression. Another finding was that more experienced daters tended to emphasise gender differences in expected behaviour more than the inexperienced respondents. It is not clear whether this implies that maintaining stereotypical behaviours leads to more success in dating, or whether experience leads to a higher acceptance of traditional roles (Rose and Frieze, 1989). It should be noted that in this study heterosexuality among respondents was assumed rather than selected, and that the dating process in question was specifically a heterosexual one.

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Issues of risk and safety in sexual encounters are important in regards to the health of sexually active young people. Sexually transmitted diseases and pregnancy have always been the risks of unprotected sexual activity. However, it is only in the last two decades that much more attention has been given to sexually transmitted diseases, and especially to HIV/AIDS. Changes in the focus of sex education, from pregnancy avoidance and contraception, and towards the prevention of transmission of HIV/AIDS and other diseases, appear to have led to an increasing awareness of the importance of 'safe' sexual behaviour (Keller et al, 1996; Cole and Slocumb, 1995). However, greater awareness or increased knowledge does not automatically lead to behavioural change. For young people, their adherence to safe sexual practice depends on many factors, such as social norms, fear, gratification or pleasure, and availability of condoms (Keller et al, 1996), attitude towards condoms, internal health locus of control, and self-esteem (Cole and Slocumb, 1995).

Many different factors influence the beliefs and expectations of young people regarding sexuality. There are a number of social influences on young people, and the closest and strongest of these are parents and peers. More distant social influences include things which exist in the broader social context, such as the 'youth culture', adult role models (apart from parents), media representations (in film, television and print media) and the main social institutions including school, religion and the law (Moore and Rosenthal, 1993). Parental, other adult and peer influence will be discussed later in this chapter, as will school religion and legal matters.

It is appropriate to discuss the impact of the media and youth culture on attitudes towards sexuality. The media serves (among other things) to "...

create impressions, images, and identities ... What emerges from this creation is a reflection of society as it is and a picture of an imagined future." (Bearinger, 1990). What is known about television and other forms of widely available media as they relate to sexuality is that sexual references have become more and more frequent and increasingly explicit over at least the last decade. These references tend to be of a biased nature; the media's representation of what constitutes 'sexually attractive' is narrow and extreme. Advertising frequently uses sexual desirability and notions of attractiveness to sell products. Tan (1977, in Brown et al., 1990) explored the effects of this type of advertising in the results of his study. Tan showed that a group of high school girls shown 15 of these types of advertisements were more likely than a control group who saw a neutral set of commercials to say that beauty and physical attractiveness were important for them to feel good about themselves and popular with men. Note here that attractiveness to women (ie. lesbianism) was not even considered as a factor in this study. Brown et al. (1990) point out the characteristics of sexual activity on commercial television.

> "In action and adventure shows and music videos especially, heterosexual sexual behaviour is often associated with violence or a display of power and is rarely depicted in the context of a loving or committed relationship or as an expression of mutual affection. Across programming categories, unmarried heterosexual couples engage in sexual intercourse from four to eight times more frequently than married men and women. Contraceptives are almost never referred to or used, but women seldom get pregnant; men and women rarely contract sexually transmitted diseases unless they are prostitutes or homosexuals. Homosexuals, while rarely discussed or portrayed, are ridiculed or stereotyped as victims of violence or as villains."

(Brown et al., 1990: p.64)

## Parental Input

The role of parents as strong social influences is well-accepted, especially in early childhood and early adolescence (Newcomer and Udry, 1985). Generally, parents are accepted to be the principal socialisers of their children, with influence over their children's behaviours and beliefs (Moore and Rosenthal, 1993). There is also a strong assumption that parental behaviours impact on and are mimicked by their children's behaviours (McConaghy and Silove, 1992). McConaghy and Silove carried out a study exploring how much a child's gender atypical behaviours (for example, girls being 'tomboys', boys being 'sissies') affect their relationships with their parents. They found that significantly more people who had behaved in an gender atypical way in childhood had experienced negative relationships with their parents, suggesting that parental feelings and behaviours could also be in response to children's behaviours (McConaghy and Silove, 1992). How much do parents' views and behaviours influence their children's views and behaviours, especially about sexuality? Moore and Rosenthal (1993) note that parents may influence their children's behaviours and beliefs about sex in four main ways. Firstly, parents' attitudes to adolescent sex may affect the adolescents' views and behaviours. Secondly, the marital, childbearing and living arrangement patterns of parents provide role models for their children to follow. Thirdly, the religious and moral milieu of the home can affect adolescents' attitudes and experiences of sex, and can even induce guilt feelings. Finally, the educational level of the parents and their occupational habits can influence attitudes, and may lead to opportunities for adolescent sex (for example, when the parents are at work) (Moore and Rosenthal, 1993).

The sexuality of adolescents presents a challenge for adults at a number of different levels. At a governmental level, policy decisions must be made to provide an official or legal framework on which to base the treatment of young people. Concerned organisations, such as schools and those involved with the provision of care, education or services to young people must decide on how they will deal with the sexuality of those in their care. At the individual level, parents are confronted by the development of sexuality in their own children (Kendell and Coleman, 1988). Sexuality is often a difficult topic of discussion for parents and their children. Adolescents and young people are likely to be reluctant to discuss sex with their parents, as children tend to see their parents as non-sexual and 'uncool', and fear that their parents may judge them or punish them for expressing their feelings on the matter (Newcomer and Udry, 1985). Parents may feel that they lack knowledge on sexuality, that their children will not take notice of anything the parents have to say about sex, or may feel that they would rather not acknowledge their own child's sexuality or sexual development. Parents may be reluctant to face the truths associated with their children's' sexual behaviour. Discussions about sex and sexuality may be uncomfortable for all parties concerned (Fisher, 1988). While it is accepted that parents do influence their children regarding sexuality, there is some debate as to whether actual parent-child discussion and direct communication about sexuality does itself influence the sexual behaviour or beliefs of the children (or adolescents or young people) involved.

In a study conducted by Fisher (1988), little support was given in the results for a positive link between high levels of parental-child communication about sex and lower levels of unsafe sex or premarital intercourse. Newcomer and Udry (1985), in a study of teenagers and their

mothers, found that neither parental attitudes about premarital sex nor parent-child communication about sex and contraception seem to influence teenagers subsequent sexual and contraceptive behaviour. The parents and teenagers who participated in this study also tended to disagree over the types of sex-related conversations that they had. However, in another investigation into parent-child communication about sex, Leland and Barth (1993) found that those adolescents who had talked with their parents about sex were less likely to be sexually experienced, were less likely to have had unwanted pregnancies, had lower numbers of sexual partners, and were more likely to have used condoms in an effort to reduce HIV/AIDS risk. The ways in which parents and the family influence adolescent and young adult sexuality are complex and difficult to investigate. During this life stage for young people it is important to develop a sense of self or individuality, and separation from parents and family, but at the same time it appears that maintaining relationship bonds with parents is also a priority (Miller, 1995). There appears to exist some need for continuity as well as for change in young peoples' development. In terms of sexuality, parental behaviours and beliefs seem to have a significant effect on those of their children This is despite the common desire of offspring to be different from, and to rebel against, their parents.

## Homosexuality

It was not until 1973, under pressure from the gay lobby, and as a result of the general change in attitudes of the time, that the American Psychiatric Association removed homosexuality from its register of psychopathology and psychiatric disorders. Until this change, homosexuality had been seen as an illness that should be 'cured', or a crime

that should be punished. Even though officially seen as a disease not actually caused by individual 'sufferers', there was increasing public hostility towards lesbians and gay men post-WWII, especially in the 1950's and 1960's (Esterberg, 1990). Interestingly, it was widely reported that homosexuality was regarded as acceptable behaviour in ancient societies such as those of Greece and Rome. While people in these cultures were expected to marry and bear children, homosexual relationships were quite acceptable, sometimes in conjunction with these other expectations. Relationships between people of the same sex did not receive the admonishments apparent in later centuries. In fact, soldiers in the armies of ancient Greece were encouraged to cultivate same-sex relationships as it was believed that each man would fight better if he was fighting in front of his beloved. In ancient Native American and Chinese cultures, same sex relationships were acknowledged and even celebrated (Jennings, 1994).

How different were the attitudes towards homosexuals in later centuries! Homosexual acts were made illegal in Britain in the sixteenth century, punishable by death. Since the thirteenth century, many negative references to male homosexuality were made, especially in documents on civil law and in church teachings and sermons. Homosexuality was seen as a crime before God. Lesbians and lesbian acts were seldom mentioned at all, and in fact lesbian acts have never been explicitly illegal under laws in the Western world. This neglect of lesbianism in history may be due to the male-dominated chronicling of history. Most published authors until the nineteenth and twentieth centuries were men, and they tended to represent primarily the male experience. However, women were commonly punished for being 'witches' in the Middle Ages, and there is some speculation that the

concept of 'witch' included some facets of lesbianism (Goggin, 1993; Jennings, 1994).

Homosexuality has been punished in a variety of countries at least since the early part of the thirteenth century. In recent times, homosexual acts are still illegal in a number of states of the United States of America, and even in Australia, it is only lately that homosexual acts ceased to be considered punishable offences in all states (Goggin, 1993). The illegality in some states, provinces or countries of expressions of sex and affection by gay people sends out a clear message to those who may consider acting out their homosexuality in these locales. Even if these laws are not acted upon, there is always a threat of significant legal penalty if caught (Goggin, 1993). This has contributed and continues to contribute to the oppression of homosexual people.

There has been various research conducted concerning homosexuality in the last century. Overwhelmingly, this research has concerned homosexual men only. Only a very small proportion of studies have dealt with lesbians, and it is only relatively recently that even the existence of lesbians has been widely acknowledged (Esterberg, 1990). This paucity of research on lesbian issues is mirrored by the lack of research on women in general. Until the last three or four decades, the vast majority of researchers and investigators were men, and they tended to conduct more studies on men than women do (Jeffreys, 1994). One important area of research has been on the origins of homosexuality. Many different factors have been mooted as those responsible for the development of homosexual sexual orientations. In pre-scientific times, the religious view was that homosexuality was evil, and that homosexual acts were sins in themselves.

Within some Christian settings, these views are still held and taught today (Jennings, 1994). With the advent of scientific inquiry, other explanations were sought. The emerging field of psychiatry began to label homosexuality as a sickness, as opposed to an unnatural sin. Little evidence was found for an organic or biological origin of homosexuality, and no success was had in using biological 'cures', such as hormone courses. Consequently, psychoanalytic and behavioural theories abounded. Concepts such as 'arrested development', 'family pathology' and parental dysfunction were used to explain why some people developed a same-sex attraction. Attempts to cure homosexuals using psychotherapy and, in some cases, electro-convulsive shock treatment and aversion therapy became popular, although as with biological treatments, no long-term success was achieved (Esterberg, 1990; Goggin, 1993; Jennings, 1994). Practitioners still attempt to change peoples' sexual orientations today, but there are many fewer who believe that this is possible or desirable.

Concomitant with the view of homosexuality as an illness was the view of it as a crime, and there were some that linked the two. Some psychiatrists claimed that homosexuality represented a form of social pathology akin to prostitution, alcoholism, psychosis, psychopathology and gambling, and that homosexuals should be grouped along with those involved in desertion, divorce, suicide, migration (!) and child labour (Esterberg, 1990). While there still is no consensus on the reasons why some people are heterosexual and some are homosexual, there is now a wide belief that sexual orientation is determined either genetically, by the time of birth, or in early childhood. There are still no clear causative factors for homosexuality, and there is still little understanding of the way in which homosexuality develops into adulthood (Goggin, 1993; Unks, 1995).

The social climate for homosexuals today is far removed from that of centuries ago. In fact, the cultural milieu for gay men and lesbians now is quite dissimilar from that of even two or three decades ago (Esterberg, 1990). In contrast to the near invisibility of homosexuals in the past, there are now visible gay and lesbian 'communities' in most cities in most countries in the Western world, with their own meeting-places, newspapers and magazines, eateries, sporting and social clubs, friendship groups, community festivals and so on. Laws which make homosexual sexual acts criminal behaviour have been repealed in some jurisdictions; where homosexual acts are not illegal, people may be protected by law from discrimination on the basis of sexual orientation (Goggin, 1993; Jennings, 1994). Increasingly, characters in books, television programs and films are not necessarily heterosexual. Books and films may even strongly target gay and/or lesbian audiences. Examples of these include films such as "In and Out" (1997), "Desert Hearts" (1986), "When Night is Falling" (1995) and "Beautiful Thing" (1995), and a large enough number of books to warrant specialist gay and lesbian bookshops in many cities. Even in more mainstream productions, there may even be gay or lesbian 'sub-plots', such as the lesbian characters in the sitcom, "Friends". Recognition has been given that gays and lesbians are a worthwhile target-audience for goods and services; a number of well-known companies (such as telecommunications companies, car dealerships, funeral services, solicitors) use advertising that is designed to appeal directly to the gay and/or lesbian market, or designed to make the company seem 'gay-friendly' (Connell et al., 1993).

There are many ways in which conditions for today's gay men and lesbians are different or better than those for homosexuals in the past.

Unfortunately, along with all of these positive changes there are still many negative factors that have been far more resistant to change. Male homosexual acts are still deemed to be criminal acts in many places, with penalties ranging from short sentences to long terms of imprisonment or corporal punishment (Vincke and Bolton, 1994). Gays and lesbians are, except in a very small number of localities, unable to marry legally and are ineligible to gain the legal privileges afforded heterosexual couples in their sanctioned relationships (Jennings, 1994). These privileges make many aspects of day-to-day living easier and less complicated, and are taken for granted by most heterosexual people in relationships or life partnerships, yet are very difficult to gain in same-sex partnerships. Overt anti-gay and anti-lesbian harassment is not uncommon in a number of settings, including schools and workplaces, and even in public.

As a way of combating heterosexist education, the use of a 'gay and lesbian panel' has been investigated as a way to increase gay and lesbian visibility and decrease incidences of violence towards homosexual students (Geasler et al, 1995; Chng and Moore, 1991). While the use of these panels seems to increase tolerance and understanding of homosexuality in the short term, they do not tend to bring about permanent attitudinal or belief changes (Chng and Moore, 1991). Less obvious discrimination continues to take place nearly unchallenged. Omissions in school and university curricula, biased coverage of gays and lesbians in the media, anti-homosexual religious teachings, school-yard taunting, family rejection and the everyday assumption that everyone is heterosexual all contribute strongly to gays and lesbians feeling somehow that they are classed as 'lesser' than heterosexuals (Robinson, 1989; Jennings, 1994; Rothblum, 1994). In this context, how does

the young gay man or lesbian coming of age in society reconcile his or her sexual identity?

## Homosexuality and Identity Formation

Many gay and lesbian people report that as children, adolescents or young adults, they were already well aware of their persistent attraction to people of the same sex.  At that stage, they may or may not have been able to label their feelings or themselves as gay, lesbian or homosexual.  However, it is undisputed that many (but not all) young gay men and lesbians were able to recognise their feelings as different from those of most of their peers and role models well before they reached adulthood (Boxer and Cohler, 1989; Martin and Hetrick, 1988).  Despite these findings, homosexual identity is still mainly seen as an adult phenomenon, and it is only fairly recently that issues regarding adolescent and young adult gay men and lesbians were even considered.  Those young people attracted to others of the same sex were seen as going through a transient phase, or as having a pathological disorder (Bidwell, 1988).  There is a small body of research that has been conducted specifically on young gay men and lesbians, but far more information has been gathered using adult participants in research studies, and using retrospective questioning techniques to elicit information about when the participant was young.  Boxer and Cohler (1989) argue that this method is by no means ideal for studying issues relevant to the gay and lesbian youth of today.  In their view, the information gained using that method is unreliable and lacks a current context.  They suggest that "... longitudinal methods will more accurately reflect current experiences of gay and lesbian youth coming of age in a unique historical context." (p.316).  Longitudinal methods using a life-course approach allow researchers to ask

questions about how these people experience their lives as they are being lived, rather than as they are remembered. It would seem that this approach would also be ideal for studying young homosexual and young heterosexual people, and comparing the groups for their experiences. It is difficult to accurately express what is 'normal' for gay and lesbian youth growing up today. It seems that "... conspicuously missing is a developmental understanding of what is normative for gay and lesbian youth growing up in our society today." (Boxer and Cohler, 1989: p.341).

It seems that more effort needs to go into pursuing longitudinal types of approaches. However, problems are involved in researching adolescents and young people, many of whom require consent from parents or guardians to participate. When the intended research deals with sexuality, many parents are unwilling to consent. When the sexual identity of their children becomes a research issue, even fewer parents are likely to consent, even assuming that they know of their child's sexuality. Obviously, while it is still necessary to obtain consent from parents to enable children's participation in longitudinal research into sexuality, it is going to be very troublesome even obtaining an adequate sample (Boxer and Cohler, 1989). The fact still remains though that gay and lesbian adolescent and young people do exist, and that to provide adequate education and service provision, more needs to be known about these young people (Goggin, 1993).

While not all gay men and lesbians are aware of their sexual identity at a young age, many are aware of their own sense of difference (Martin and Hetrick, 1988). How each gay man or lesbian experiences the realisation that he or she is gay or lesbian is unique, but four main stages of identity

development which typically occur for gay men and lesbians have been identified by Troiden (1988). The first of these is sensitisation, which occurs before puberty, and is a time at which children may realise that they are somehow different from their peers. This difference is not perceived to be sexual, but is more generalised and may include the children being attracted to gender-inappropriate behaviour. The second stage is that of identity confusion, which occurs when the children have progressed into adolescence and have begun to associate their 'differentness' with being gay, lesbian or bisexual. It is typical during this stage for these young people to have high levels of anxiety and inner anguish, and to attempt to deny their homosexuality and homosexual feelings. It is also not uncommon for these young people to avoid situations which may increase their same-sex attractions, or to try to be heterosexual, and rationalise their feelings by telling themselves that it is just a phase (Troiden, 1988). The third stage is that of identity assumption, and it is during this time that these young people accept their sexual identity, and may feel able to disclose or 'come out' to selected people. They are also likely to label themselves at this stage as homosexual or perhaps gay or lesbian. Social activities during this stage include other gays and lesbians, and having this positive contact with others like themselves aids in their homosexual identity formation, and assists in easing the isolation they may have felt. However, during this stage, many will lead 'double lives', or attempt to pass as heterosexual whenever they are not around their close circle of accepting friends (Dempsey, 1994). The final stage, of identity commitment, does not usually occur until the person is in his or her twenties, and is heralded by the person becoming committed to their homosexuality as a way of life. They are more likely to live openly as gays or lesbians, and consider their homosexuality as an essential part of their identity in an holistic sense, rather than just in terms of sexual attraction

or behaviour. They have 'come out' completely, and tend not to try and hide their sexual identity any longer (Troiden, 1988; Sanford, 1989).

It is of great concern that these young people must grow up in an environment that is still relatively hostile to their sexuality. As opposed to heterosexual youth, homosexual youth are unlikely to find affirmation of their feelings by society as healthy and legitimate. Young gay men and lesbians have few positive homosexual role models, and few public defenders (Pilkington & D'Augelli, 1995). It is difficult for these young people to explore their own identities openly enough to gain self-acceptance or self-understanding (Bidwell, 1988). In this way, there are many impediments for gay and lesbian youth to achieving the 'normal' tasks of adolescence. At a time in life when belonging, fitting in with, and being accepted by peers is of paramount importance, gay and lesbian young people are at a distinct disadvantage. If they disclose their feelings to others, they risk rejection, ridicule or other homophobic reactions, yet if they choose to keep their feelings secret, they deny their own self-identity and gain acceptance from others only by virtue of their denial.

Traditional social structures such as churches and schools do not tend to support these individuals. Because of irrational fears of 'promoting' homosexuality, schools in particular tend to deny youth access to accurate information about sexuality and non-heterosexual 'lifestyles'. This lack of information, coupled with the dearth of openly gay and lesbian figures in public life, mean that gay and lesbian youth find it more difficult to establish positive identities. They have few positive role models to emulate, and may only be aware of the stereotypes they have heard about from their peers and parents (Dempsey, 1994). Indeed, it is the presence of these stereotypes that

discourages many gay and lesbian adults from providing support for younger gays and lesbians. In cases where adult homosexuals have sought to help young people coming to terms with their own homosexuality, allegations of 'recruiting' and paedophilia abound. Stereotypes of older lesbians preying on young women and of gay men as paedophiles have led to these allegations, and most adult homosexuals understandably want to distance themselves from these images (Gonsiorek, 1988; Martin and Hetrick, 1988).

In the school system, teachers, administrators and student welfare coordinators may lack information about homosexuality and they may be reluctant to bring up issues of homosexuality in the classroom or in policy development as their attitudes often reflect the general homophobia and heterosexism of the wider community. Just as young people in school settings may feel unable to speak out against homophobic actions and language through fear of being labelled gay or lesbian themselves, teachers, counsellors and administrators may be reluctant to intervene when they see instances of emotional or physical abuse based on the perception that the victim is gay or lesbian. In failing to act against this sort of behaviour, teaching and administrative staff in schools send out a tacit message that it is all right to taunt, name-call and abuse people on the basis of their sexual identity (Sanford, 1989; Martin and Hetrick, 1988; Pilkington and D'Augelli, 1995). It is little wonder that those young people who experience feelings of attraction for people of the same gender or those who identify as gay or lesbian are highly likely to keep their emerging sexual identity a secret from family, peers and others, and may even try to deny their own feelings or change them. It is possible that this denial of identity leads to a denial of the normal adolescent processes of identity development (or a denial of

adolescence itself), which in turn has implications for a range of health issues for the young person (Bidwell, 1988).

## Coming Out

In keeping their sexual identity secret from others, including those who usually provide support and care for young people, young gay men and lesbians maintain a state of emotional isolation. Lacking any significant gay or lesbian or pro-homosexual role-models, and having internalised tacit homophobic influences, these young people may believe that they are the only ones who have those feelings, that being gay or lesbian is wrong or sick, that no-one would love them if they knew, and in some cases, that they would be better off dead (Dempsey, 1994). Homosexual youth are influenced by the predominantly negative images of homosexuality put forward by schools, families, peers and society, and this, together with their sense of emotional isolation, leads most to remain 'in the closet', or to continue keeping their sexual identity a secret (Kus, 1985). The socialisation process for the majority of gay and lesbian adolescents includes learning to hide their sexual identities. Having realised that to be open about their sexual identity is to make themselves vulnerable to abuse, discrimination and rejection, most decide, at least for a time, that passing as heterosexual is their safest option (Dempsey, 1994; Martin and Hetrick, 1988). Indeed, to this end, some young gays and lesbians become involved in heterosexual sexual relationships as part of this 'passing', and there are a number of reported cases of young lesbians becoming pregnant and young gays and lesbians getting married (Martin and Hetrick, 1988). These efforts at hiding their sexual orientation may be viewed as attempts at self-preservation. However, those young people who have reached the 'identity assumption'

stage of Troiden's (1988) homosexual development pattern have begun to 'come out of the closet', which means they have begun to feel comfortable enough in their own identity that they can share it with others. At first they tend to tell only the most trusted friends or family members, and usually only those whose acceptance is likely. However, many young people report a reasonable proportion of negative reactions from those they tell of their homosexuality (Anderson, 1995; Martin & Hetrick, 1988).

It is the possibility of negative reactions that stop many young gay men and lesbians from being open with their families, as rejection may lead to the young person's eviction or the withdrawal of their monetary and emotional support (Dempsey, 1994). It has been found that positive reactions to disclosure of a young person's homosexuality may have a positive affect on the young person's self-esteem and their comfort with their sexuality (Savin-Williams, 1988a). Unless they are able to be completely open with their families, gays and lesbians become 'half-members' of families, unable to be completely open and honest, to trust others or to feel affirmation of themselves. Hiding their identity can be highly stressful for gays and lesbians, and this stress is characterised by secrecy, ignorance, helplessness and emotional distance from others (MacDonald (1983) in Savin-Williams, 1988a). Maintaining secrecy and constantly hiding their sexual identity is very difficult for young gays and lesbians, as it requires constant vigilance over speech, behaviour and environment. Maintaining emotional distance leads to further isolation for the young person. Eventually the need to share their secrets and emotional burdens with others, together with a fuller sense of self-acceptance, leads gay men and lesbians to come out. Coming out may be seen as the social component of self-acceptance, as it involves trusting and sharing with others (Vinke and

Bolton, 1994). Interestingly, in a study conducted by Savin-Williams (1988b), higher levels of self-esteem were related to parental acceptance of homosexuality for young gay men, but not related to parental acceptance of a daughter's lesbianism. However, for both men and women, acceptance by parents seemed to relate to a higher degree of comfort with each person's own sexuality (Savin-Williams, 1988b).

**Parental Input**

Gay and lesbian youth are similar to other young people in that they tend to internalise and incorporate into their self-image the perceptions of others, especially family members and parents (Savin-Williams, 1988b). Parents rarely even think that their child will be anything but heterosexual. Parents' verbal and non-verbal communications express the expectation that their child will be heterosexual. Parents, along with most of society, are heterosexually oriented, and social sanction is denied anyone who indicates that they are anything but heterosexual. As a result, many gays and lesbians grow up prejudiced against themselves and with a sense of self-hatred, internally denying their own sexuality (Switzer, 1994).

A parent's reaction to learning of their child's homosexuality may have a strong affect on the child. A study conducted by Robinson, Walters and Skeen (1989) explored the way in which parents of homosexual children dealt with learning of their child's sexual orientation. They found that most parents suffered emotional upset on discovery of their son or daughter's homosexuality, but many progressed through a grief process that ended with acceptance. The grief that these parents feel is related to the loss of their dreams for their children, and the loss of hope that the long term

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expectations that may have been held would be fulfilled, such as the marriage of the child, or the production of grandchildren (Robinson et al., 1989). They found that many parents also feel fear for their children. One main fear for parents, especially for parents of young men, was that their child may contract AIDS. Other fears were that the child may suffer discrimination because of others' fear of AIDS, or that their children would generally find life more difficult.

For young gay men and lesbians who have come out to their parents, there may be feelings of guilt to have caused such emotions. Those gay and lesbian youths who have not come out to their parents may still feel guilt for what they may cause their parents in the future, and this serves as a disincentive to coming out to parents in the future (Unks, 1994). It is evident that parents are a significant factor for gay and lesbian youth in the development of a sense of sexual and social identity, especially in terms of comfortableness with, and acceptance of one's sexual orientation (Savin-Williams, 1989b). Most of the existing literature on coming out tends to ignore or glance over parents as a factor.

## Social Contexts of Homosexual Identity Formation

### Religion

As mentioned previously, the majority of institutional religious organisations have failed to accept or support gays or lesbians. For many years there has been little change in most churches' stances on the issue. No churches in Australia except branches of the Metropolitan Community Church (a gay non-denominational church) will accept sexually active

openly gay men or lesbians as ministers or church leaders. They are seen as doctrinally lesser than their heterosexual counterparts, and as such, unsuitable to hold leadership positions. Many churches also treat women in this way (Clark et al., 1990). At a pastoral level, gay men and lesbians, especially those in committed long-term relationships, find little if any support. Most denominations and religions do not offer any rituals to bless or celebrate same-sex relationships, and lack the acceptance necessary to provide pastoral care (Switzer, 1994). At a doctrinal level, gay men and lesbians fail to find acceptance for a number of reasons. Most denominations do not fully accept anyone who is sexually active but unmarried, so sexually active gay men and lesbians cannot gain acceptance, as they cannot marry. Many religious institutions accept that homosexuals do not choose their orientation, but continue to believe that homosexual acts are sinful and unnatural (Clark et al., 1990).

There are some religiously affiliated groups who claim to be able to 'cure' homosexuals of their 'sickness', and turn them into heterosexuals. These groups hold up the recently 'converted' as proof of their program's effectiveness, and yet all they have managed to bring about is a temporary behaviour change (Young, 1992; Switzer, 1994). Many educational institutions are linked to certain religious institutions, and the religious doctrines affect the curriculum in these schools. Furthermore, our society is founded on Judeo-Christian ideals, and these colour many facets of life in our communities, including prevailing beliefs about homosexuality (Clark et al., 1990). Young people who are involved in these institutional religions, either in worship or in education, will learn that, at best, homosexuality is not equal to heterosexuality, and at worst, that gay men and lesbians are sinners who deserve no respect. Young gay men and lesbians in these

organisations may be afraid to be themselves, or may develop feelings of self-hatred or low self-esteem if exposed to that sort of doctrine. While some churches are trying to address the neglected area of pastoral care for gay men and lesbians (in Australia, the Uniting Church Synod has been debating these issues specifically), most are willing to continue to ignore the needs of gay men and lesbians. When the basic tenets of Christianity are examined (such as tolerance of difference, and unconditional love) it seems incongruent that there should be such a void in concern for one group of people (Clark, 1990; Switzer, 1994).

## Secondary Education

The area of secondary education has already been touched upon in this chapter, but there are many issues that arise in the schoolyard and the classroom for young gay men and lesbians (Unks, 1995; Griffin, 1994). Policies of compulsory education mean that all young people will be a part of the secondary education system, at least for a few years. School have a role in contributing to the development of sexuality in young people (Moore and Rosenthal, 1993; Berkovitz, 1985). In the school environment, the presence of a large and constant peer group enables the tentative exploration of interpersonal relations and growing intimacy, and a limited degree of experimentation with sexuality (Berkovitz, 1985).

While sex education is taught at the vast majority of secondary schools in Australia, the actual inclusion of information about homosexuality is optional, and is an option that few schools take up (Moore & Rosenthal, 1993). Even when schools do cover homosexuality in their curricula, it is seldom portrayed as equal to heterosexuality (Sears, 1992). Young gays and

lesbians do not see their lives reflected in their education (Crowhurst & Seal, 1997). For young people who are aware that they are developing a homosexual sexual identity, school can be a difficult place. Secondary school students tend to hold ignorant, stereotypical and fearful attitudes towards homosexuals, and seem to be quite unaware that a significant number of their classmates are likely to be homosexual (Price, 1982). Gay or lesbian students may not know of any others in their cohort who share their sexuality, and because of this and the stigma attached to homosexuality, these young people can be very isolated and vulnerable (Gonsiorek, 1988).

There is evidence that homophobic harassment is commonplace in secondary schools. This harassment includes verbal harassment, threats of violence, physical violence, and graffiti or anonymous letters. While the main perpetrators of this behaviour are other students, it is reported in a study of Australian schools by Griffin (1994) that in 9% of incidents of harassment, teachers were the perpetrators. Male students in the study were twice as likely as females to report incidents of anti-homosexual harassment involving physical violence. The fact that teachers themselves may be perpetrators of homophobia in schools is worthy of consideration. Given that some teachers hold homophobic attitudes and beliefs, it is appropriate to consider what the effect will be on students in these teachers' classrooms and on their teaching techniques. In a study of education professionals in the southern USA, Sears (1992) explored the way in which educators' personal feelings related to their professional beliefs. He found that on a professional level, educators often expressed the feeling that they should be more proactive and supportive of gay and lesbian students. However, on a personal level, many had high levels of prejudice, ignorance and fear regarding homosexuality, and due to this, their stated professional beliefs

did not tend to translate into real professional intervention or support (Sears, 1992). This lack of professional action based on personal feelings allows classroom homophobia to continue. If teachers are unwilling to intervene in homophobic incidents in the classroom, then it sends tacit messages to students that such behaviour is acceptable (Crowhurst and Seal, 1997). Even when teachers themselves are gay or lesbian, they are often afraid of standing up for victims of homophobia, lest they be discriminated against themselves. To reach out to a young person obviously struggling with their sexual identity can be a professionally dangerous move for gay or lesbian teachers, especially in environments in which the homosexuality of a teacher may be enough reason for dismissal (Woods and Harbeck, 1992).

There is growing belief and acceptance among educational professionals that there are gay and lesbian students in just about every classroom at a secondary level. Even though in many instances this acceptance is not translated into change in the classroom, there are some cases where schools have acted to create a better environment for gay and lesbian students. Williams et al. (1992) describe the setting-up of a support group for gay and lesbian students in Minneapolis, USA. The group was initiated by a student, with the help of school counselling, nursing and health education staff members. Interestingly, the school had no negative feedback from parents, all of whom were informed of the project. The existence of the group was advertised via posters in each room, and staff were requested to respond quickly to any negative comments from students. The group was successful in creating a support service for gay and lesbian students, and the school was generally more accepting of gays and lesbians than other schools (Williams et al., 1992). This scenario is far from common.

In many schools, gay and lesbian students are afraid even to go to the counsellor, in case others find out about their homosexuality. Unless there is some degree of safety for young gay men and lesbians in a school environment, they will find it difficult to seek help and advice when they need it, and they will remain cut off from support (Treadway and Yoakam, 1992). Treadway and Yoakam suggest ten measures that may aid in creating such an environment. These are: 1. include questions related to sexual orientation and sexuality when assessing student concerns; 2. use correct terminology for gays and lesbians; 3. challenge abusive or derogatory terms or language; 4. provide accurate accessible information about homosexuality; 5. develop resources in the area for young gay men and lesbians; 6. organise a chapter of Parents and Friends of Lesbians and Gays to help families come to terms with their family member's homosexuality; 7. include information about gays and lesbians in subjects across the curriculum; 8. establish outreach programs for those young lesbians and gay men at risk of self-harm; 9. form a group opposing anti-gay and anti-lesbian violence in the community; and 10. use inclusive language when referring to partners (Treadway and Yoakam, 1992).

**Tertiary Education**

While not all young people participate in forms of tertiary education, tertiary education institutions are still attended by many young people, a significant number of whom are gay or lesbian. Young adults attending universities and colleges are at a time in their lives when they can be consolidating their self-concept and exploring their identity. For young adults who are gay or lesbian, this exploration of identity and self-concept becomes much more complex, as they are simultaneously confronting

processes of gay or lesbian identity development (D'Augelli, 1993). This is also a time when young people develop behaviours that may become permanent fixtures in their lives (Fish and Nies, 1996). Older adolescents and young adults are able to gain a greater degree of independence once out of secondary school, and tend to be much less reliant on parents for finances and accommodation. For gays and lesbians, this means having less need to keep their identity secret from their parents and family.

Most young gays and lesbians today tend to come out to their parents in their late teens or early twenties, and this corresponds to the years that a young person is likely to be in tertiary education (D'Augelli, 1993). These years also correspond to when a young gay man or lesbian is likely to seek help dealing with issues of sexual identity. Consequences of trying to cope with homosexuality can be severe for some young people. Young gays and lesbians have higher rates of alcohol and drug usage, have high rates of anxiety and depression, and have a suicide rate at least three times that of the heterosexual population in the same age group (D'Augelli, 1993). The main concern regarding homosexual students for tertiary institution administration is the provision of adequate health services. Most tertiary institutions provide some sort of health services, including medical and counselling practitioners. These services need to be well publicised as non-judgemental and welcoming. Similar to Treadway and Yoakam's (1992) measures for creating a safe school environment, a number of measures need to be put in place in tertiary institutions (Smith and Missler, 1993).

**Issues of Class, Race and Culture**

Young gays and lesbians from non-English speaking backgrounds, of

minority ethnicity or from lower socio-economic groups in society tend to have a more difficult experience in attempting to integrate their sexual identity into the fabric of their lives (Tremble et al., 1989). Gay and lesbian 'culture', as it exists in Australia, tends to be fundamentally derived from Anglo-Australian culture and American gay liberationist perspectives (Hee, 1997). This type of culture is also closely linked to consumerism and reflects middle-to-upper-class experiences, values and assumptions (Hee, 1997; Connell et al., 1993). For those young homosexuals whose background is not Anglo-Australian, or is not middle or upper class, the experience of coming out is set against a backdrop of different ethnic, cultural or social traditions, all of which may add some complexity to the issues they must deal with (Tremble, 1989).

Gay men and lesbians who are from rural areas tend to experience some of the difficulties that homosexuals from non-English-speaking backgrounds do. Isolation, invisibility, lack of supportive social environments and a lack of structural services and facilities are just some of the challenges facing rural gays and lesbians (Bell and Valentine, 1995). These, together with the generally conservative nature of attitudes of people in rural areas, combine to push gays and lesbians out of, or away from rural areas and communities, and towards larger cities or places with a reputation for being more welcoming or accepting of gays and lesbians. This tendency towards 'gay migration' means that there are even fewer visibly recognisable homosexual people in country areas than in the cities. Thus, for young gays and lesbians, there are few visible role models or people with which to identify, and these problems, such as isolation, invisibility and lack of support, are exacerbated (Bell and Valentine, 1995; Weston, 1995).

In a study on male homosexual sexual activity in working class environments, Connell et al (1991) found that the gay community is shaped by a class dynamic, and that many men in lower socio-economic groups who engage in homosexual behaviour do not actually identify as homosexual. Working-class people tend to live in a reality of economic vulnerability and constraint, and also of conservatism and homophobia. The traditional ideology of the family and the ideology of heterosexual masculinity, which exists in the working class environment, serve as cultural supports for this homophobia. For men who have homosexual sex in this social environment, it seems necessary for them to identify as heterosexual in order to continue to live and exist in their families and communities. Those in the Connell study who had come out to their parents had experienced difficulty, and many had lost jobs or job opportunities because of their sexuality. While the study completed by Connell et al (1991) did not address the concerns of working class women who have sex with other women, it is likely that it would be difficult for them to identify as lesbian or as part of the larger gay and lesbian community for the same reasons that men from this class tend not to identify as gay.

Homosexual people who are unwilling or unable to identify as gay or lesbian, or as part of the larger gay and lesbian culture, are denied education, peer support and affirmation of their identity, as most services aimed at homosexual people focus specifically on those who identify as gay or lesbian, and who hold the values of the dominant gay and lesbian culture. Connell et al (1991; 1993) mention that this is of particular relevance in HIV/AIDS education and prevention campaigns, which again tend to target those who identify as part of the gay community.

Similar problems exist for young gays and lesbians from non-English-speaking backgrounds, or from other ethnic groups or cultures. There tends to be conflict for these young people in maintaining both an cultural identity and a gay or lesbian identity (Tremble et al, 1989). This is especially relevant for new migrants and those who are first-generation Australians, as they have the closest ties with their 'culture-of-origin'. Hee (1997) explains this problem.

> "Young migrants or refugees may not have the necessary education, language skills or resources to even access the gay scene. However, since some ethnic communities do not support gay members, they have nowhere else to go, and they are in what community researchers call a 'double-bind', with limited and fragmented options for support (an ethnic minority lesbian would be in a 'triple-bind')."
> (Hee, 1997: p.16).

Young gay men and lesbians from racial and ethnic minorities are faced with a number of problems, including particular difficulties coming out to their families, finding a niche in the gay and lesbian community, and in reconciling sexual orientation and ethnic identity.

Tremble, Schneider and Appathurai (1989) carried out a study on young gay men and lesbians from ethnic backgrounds in Canada, and found that most found it difficult to feel a full member of either their culture of origin or the gay and lesbian community. The authors raise the issue of the effect that this may have on individuals' sense of identity, self-esteem or well being. They are unlikely to have visible gay or lesbian role models in their own ethnic communities, and within the gay and lesbian community, are unlikely to have any role models from their particular ethnic group. In the 'mainstream' gay and lesbian media and culture, they are unlikely to see

themselves reflected, and for young people, this leads to another sort of isolation, within the gay and lesbian community (Hee, 1997).

## Homosexuality, Homophobia and Health

Herdt (1989) identifies four characteristics of lesbian and gay young people that are of critical consequence for their mental health. These are: 1) their relative invisibility, 2) the assumptions of others (for example, peers and family) that they are defective in some way, 3) the stigmatisation that follows this assumption of deviance, and 4) others' assumption that all lesbians and gay men are alike. Plummer (1989) also discusses factors that may compromise development of young lesbians and gay men, such as the absence of positive gay and lesbian role models, and the development of a 'negative self' that results from the environment of heterosexism and homophobia in which these young people exist.

D'Augelli (1993) lists yet more mental health issues for young lesbians and gay men in his study on mental health problems affecting lesbian and gay college students. Most of the issues he mentions result from the social stigma attached to lesbianism or gayness in society. These are: 1) stress associated with managing a lesbian or gay identity, 2) disruptions in peer relations, 3) conflicts about disclosure to family and the consequences of this disclosure, 4) emotional reactions to the forming of close relationships, 5) isolation from identity-affirming contexts, 6) distress caused by discrimination, harassment and violence due to sexual orientation, and 7) anxieties relating to sexual health, especially HIV/AIDS. While it is true to say that gay and lesbian young people as a group are heterogenous, these

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issues are those which are commonly encountered by most, if not all, and these provide some common ground for their experiences.

Young people who grow up in a predominantly homophobic environment will tend to internalise that homophobia, regardless of their eventual sexual orientation. Internalised homophobia is seen by Gonsiorek (1988) to be one of the greatest barriers to the mental health of gay and lesbian individuals, and in some ways contributes to the negative effects of other mental health problems such as those mentioned above. Negative feelings about gay and lesbian people in general (homophobia) translate for young gays and lesbians into negative feelings about themselves. Effects of these feelings may be as mild as having self-doubt in the face of prejudice, or as serious as overt self-hatred (Gonsiorek, 1988). For some young gay men and lesbians, these feelings ultimately manifest themselves in suicidal behaviour, as will be discussed later in this chapter.

Gay and lesbian youth are vulnerable targets for victimisation and anti-homosexual violence and harassment. This victimisation can take place in many settings, including the family, school, work, and in the broader community. Very few social environments are free from risk of harm for young gay men and lesbians (Pilkington and D'Augelli, 1995). Homophobia in school and religious settings has already been discussed. Gay and lesbian people, and even those who only appear to be gay or lesbian, face varying degrees and types of homophobia in the community. Prejudices are not just simple opinions, but are strongly held convictions that are often of a moral nature. Those who hold prejudices do so in the face of reality and logicality. Parsons ((1991) in Denman, 1993) claims that we are likely to be "...prejudiced against a person who represents a possible course of

development for us but one which we repudiated or closed off early on for the sake of attaining other developmental goals." (Denman, 1993: p. 348). This would mean that those who are prejudiced against homosexuals to some extent fear the possibility of being homosexual.

For young people who are gay or lesbian, homophobia, harassment, victimisation and prejudice have many guises. Concrete examples of these are not hard to find. A common schoolyard taunt is for a boy to be called a 'poof' or 'fag', or for a girl to be labelled a 'lezzy'. Things which are regarded lowly are called 'gay' (Griffin, 1994). These taunts act not just to control the behaviour of the gay or lesbian students, but send a clear message to all students that straying from the 'normal' will be punished. Other examples of victimisation are more frightening, such as the physical attacks that occur on those who are perceived to be gay or lesbian. The worst of these attacks leave victims dead (Herdt, 1995). For adolescent or young adult victims of these attacks, it can be difficult to seek help or report what has happened, and this places young victims in a particularly vulnerable position. But these obvious examples are not the only forms of homophobia that exist. Hidden homophobia exists in several places: in schools and workplaces where assumptions of heterosexuality go unchallenged; in the media, where skewed or heavily biased coverage of gay and lesbian events borders on misrepresentation; and in families where nothing but heterosexual behaviour will be tolerated (Pilkington and D'Augelli, 1995). The consequences of these examples are less obvious, but little has been done to find out more about the effects of such background homophobia and discrimination (Herdt, 1995).

There are some developmental experiences particular to gay and lesbian adolescents. It appears common for these young people to withdraw from typical adolescent social activities and experiences. Many typical activities serve to remind young gay men and lesbians of their absent heterosexual feelings, or confront them with their feelings of same-sex attraction, and thus with their difference from their peers. Avoiding situations where these feelings are made apparent means avoiding the 'normal' interpersonal experimentation that usually characterises adolescence. Attempting to deny feelings of same-sex attraction are common. At a stage in life when sexual drive tends to be increasing, it requires more and more energy to maintain denial or a heterosexual identity.

Because of these factors, some young lesbians and gay men reach adulthood without having developed functional interpersonal skills, or without understanding or exploring their inner emotional life (Herdt, 1995; D'Augelli, 1993; Woodman, 1989). Some develop behaviours, which are designed to deflect others' attentions away from the individual's perceived deficiency, their lack of heterosexuality. Behaving in an exemplary manner all the time is one example of this type of behaviour. Other young people immerse themselves in areas which seem free of conflict, such as academics, hobbies or interests, and avoid having to exercise interpersonal skills (Gonsiorek, 1988).

Woodman (1989) outlines five areas of stress, which were stated as significant by a group of gay and lesbian college students. The first area of stress related to loss, or specifically to loss of perceived identity, loss of a certain type of ideal future, or loss of membership to cultural or religious groups. The second area of stress related to anticipated losses, such as a loss

of self-esteem, spiritual supports, family or family support, loss of job and income, rejection by friends or peers, or loss of a partner. The third area of stress related to concerns of personal identity, especially in regards to not being able to share identity with others, not being able to be ones' self, or not being able to fully accept one's identity. The fourth area of stress related to peer perceptions or concerns about group identity. Many of the students interviewed expressed feeling pressure to conform to stereotypes of lesbianism or gayness. They also expressed that they felt pressured to take part in certain types of social activity, such as attending gay or lesbian bars and nightclubs. The pressure to use substances such as alcohol and other so-called recreational drugs was strong in those settings. The final area of stresses identified were those relating to relationship problems, which in many ways seemed to relate to all of the previous groups of stresses. Even though the students expressed desires to have committed relationships, they also expressed fear of involvement, fear of loss and a lack of role models (Woodman, 1989).

To address these needs and stresses, mental health professionals need to be well equipped with the appropriate skills and techniques. Issues specific to gays and lesbians are still seldom addressed in the education of these health practitioners, far less the needs of adolescent or young adult gays and lesbians. Mental health professionals are poorly prepared to even deal with sexuality in general (Murphy, 1992). Murphy (1992) suggests that in order to equip mental health practitioners to deal with specific needs of gays and lesbians, their training should focus on three components: 1) information about sexual orientation, gay and lesbian lifestyles, and community resources, 2) how being gay or lesbian is affected by living in a homophobic and heterosexist society, and 3) the interaction between the

professional and the client in the areas of attitudes, feelings and sexual orientation. Even though there are large numbers of gay men and lesbians living in society, many mental health professionals still appear to be biased, homophobic, and thus unable to properly serve the needs of gay or lesbian clients (Murphy, 1992).

Compounding this problem, there is little specific research into mental health of lesbians and gay men. Also, problems arise in the interpretation of research on gay men and lesbians because of the different definitions used to help form groups of respondents. Very different respondent groups may be generated depending on whether sexual orientation is defined by sexual behaviour, self-identification, or membership of gay or lesbian organisations. Attempting to compare or contrast different studies is hampered by this diversity of definitions. There is a lack of inclusive research which includes both homosexual and heterosexual men and women, and so it is difficult to examine the importance of gender versus sexual orientation (Rothblum, 1994). The coming-out process is common to all that consider themselves gay or lesbian, yet little has been done to examine the stresses involved, or the effectiveness of different ways of coping with this process. Mental health professionals are often left without specific tools to enable them to properly address these issues (Rothblum, 1994; D'Augelli, 1993). Nevertheless, many young gay men and lesbians do seek the services of different mental health professionals when attempting to deal with their emergent sexuality.

Commonly, young gay men and lesbians present to counsellors with anxiety or depression, which are manifestations of the results of stigmatisation and coping with societal, peer and familial ambivalence (D'Augelli, 1993; Coleman and Remafedi, 1989). More specific reasons for

seeking professional counselling are those such as psychological maladjustment, impaired psychosocial development, substance abuse, family alienation, poor interpersonal relationships, suicidal ideation, the effects of overt discrimination, and fear of HIV and other physical health concerns (Coleman and Remafedi, 1989).

## Suicide among Young Gay Men and Lesbians

Suicide has been shown to be a significant issue for gay and lesbian adolescents and young people. Proctor and Groze (1994) reviewed suicide literature which showed that gay men and lesbians as a group had a suicide attempt rate somewhere between 2.5 to 7 times higher than similar heterosexuals, and that among gay and lesbian youth, the rate of suicide attempts was 3 times higher than among heterosexual youth. Millard (1995) reviewed other studies that suggested that suicide attempt rates for gay and lesbian youth were between 3 and 6 times higher than for heterosexual youth. Suicide attempts during adolescence and youth seems to be the cumulation of many factors, but ultimately signal an inability to see any other solution to problems, and a loss of hope for the future (Mead et al., 1995). Rates of suicide attempts among young lesbians were as common or more common than attempts by young gay men, but tended to be less 'successful', in that proportionately fewer deaths resulted from these attempts (Proctor and Groze, 1994). Young gay men have a higher rate of death by suicide than do young lesbians. While both groups have similarly high rates of attempts at suicide, young gay men tend to choose more lethal or more final methods than do young lesbians (Hammelman, 1993). This reflects trends for young men compared to young women in non-sexuality

grouped samples (Mead et al, 1995). It should also be noted that suicidal ideation was more common again in all groups than attempts at suicide.

Factors that appear to contribute to these attempts at suicide include those mental health issues that were outlined above. Other factors include substance abuse and physical or emotional abuse (Hammelman, 1993). Substance abuse appears to be more prevalent in gay and lesbian youth than in heterosexual youth. This may reflect the reliance of homosexual youth on the bar and club 'scenes' for social interaction, where substance use is itself prevalent. However, substance use may also be a kind of coping mechanism used by these young people in response to the stresses in their lives (Proctor and Groze, 1994; Hammelman, 1993). It was found that there is an inverse relationship between age at realisation of homosexuality and the likelihood of attempting suicide (Millard, 1995; Schneider et al., 1989).

## Depression

Depressive symptoms are commonly reported in adolescents, and emotional turmoil is often seen as a part of normal adolescent development. In recent times there has been an increase in the rates of young people being admitted to hospital for depressive illnesses, and it has been shown that continuities exist between adolescent and adult mental and emotional health. In Australia, as elsewhere, the prevalence of depression rises through the teen years, but from the age of 14 to 15, there is a marked female predominance (Centre for Adolescent Health, 1993). Links have been found between depression and substance use and other health-compromising behaviours.

Gay men and lesbians have been found to have higher incidences of depression than their heterosexual counterparts (Vincke and Bolton, 1994; Bradford et al., 1994). It then follows that gay men and lesbians are more likely to engage in behaviours that risk their own health. Among homosexual people, lesbians have been found to be more likely to experience depression than gay men (Bradford et al., 1994; Smart, 1989). This is congruent with findings that women in general experience more depression than men do (Rothblum, 1990). Young lesbians face most of the same conditions that other young women do, such as gender-linked discrimination, fewer opportunities for education and employment and lower self-esteem. However, lesbians have a higher incidence of depression than heterosexual women do, most likely due to the extra concerns relating to sexual identity (Rothblum, 1990). In young gay men, Vincke and Bolton (1994) found a higher rate of depression than in heterosexual young men, and attributed this primarily to the lack of social support offered to this group. This depression in turn is seen to lead to low levels of gay self-acceptance (Vincke and Bolton, 1994). The high incidence of depression in gay and lesbian youth is liked to other mental health disorders such as suicide, alcoholism and other substance abuse (Vincke and Bolton, 1994; Rothblum, 1990).

**Gender-Specific Issues**

It would be incorrect to maintain that the issues facing young lesbians and those facing young gay men are identical. Just as gender differences exist in the general community, there are a number of ways in which the experiences, needs and problems of gays and lesbians are distinct from each

other. Understanding these differences is essential if sensitive service provision and education are to be developed (Sullivan, 1994; Sanford, 1989). One important 'external' gender difference exists in the type and amount of research carried out on lesbians as opposed to gay men. There is a lack of research addressing issues specific to lesbians per se, or to young lesbians, and in academic circles there seems to have been some lack of encouragement for researchers to pursue lesbian-specific studies (Jeffreys, 1994; Wilton, 1993). It is not accurate to directly extrapolate lesbians' experiences from those of gay men, but it is only in the last decade or so that researchers have begun to really address the differing needs and experiences of lesbians (Bradford et al, 1994). Lack of visibility in research echoes the lack of visibility of lesbians in the community and in society (Viss and Burn, 1992).

The coming out process appears to differ between men and women. Males tend to experience a more abrupt realisation of homosexuality, and tend to sexually act out during the coming out process. Females tend to develop a lesbian identity more slowly, incorporating greater fluidity and ambiguity of identity. They tend to react to realising their own homosexuality not by sexually acting out but by reflecting and becoming more self-absorbed (Gonsiorek, 1988). There are some health issues that seem to affect young lesbians more than young gay men. As mentioned previously, young lesbians have a higher rate of depression than young gay men (Moran, 1996; Bradford et al, 1994; Rothblum, 1990), and lesbians as a group have been reported in some studies as having a higher rate of heavy alcohol consumption than gay men (Moran, 1996; Bradford et al, 1994). However, other studies have found that heavy alcohol consumption and dependency occurs with similar frequency in gay men and lesbians (Hughes

and Wilsnack, 1994). Wayment and Peplau (1995) found that lesbians and heterosexual women appear to have similar levels of social support. However, lesbians tend to rely more on reassurance-of-worth support, whereas heterosexual women tend to rely more on guidance support (Wayment and Peplau, 1995).

Women as a group tend to have more contact with doctors and other health care providers than men, and this is, for the most part, still the case among lesbians as compared to gay men (Stevens and Hall, 1988). It is common for questions of sexual activity and use of contraception to be raised during consultations between women and their doctors, and this can often be a cause for discomfort for lesbians, or a catalyst for disclosing sexuality (Stevens and Hall, 1988). Unfortunately, some doctors and other health care professionals are homophobic or anti-lesbian, and make assumptions based on their biased attitudes which affect the quality of care given to lesbians (Perkins, 1995; Stevens and Hall, 1988). Some such assumptions are that lesbians do not have children, do not want to have children, or should not have children (Zeidenstein, 1990; Olesker and Walsh, 1984). For women who identify as lesbian, or even those who are perceived by carers to be lesbian (regardless of their sexual identity), gynaecological and child bearing experiences may be negatively affected by heterosexist or homophobic attitudes and assumptions held or made by carers or doctors. Fear of negative experiences may lead lesbians to remain closeted in obstetric or other health care settings, which has implications for self-esteem and appropriateness of care (Perkins, 1995; Olesker and Walsh, 1984). It is more and more common for lesbians to express desires to have their own children, and indeed to have them. As this trend continues, the need for culturally sensitive care will increase (Moran, 1996; Zeidenstein, 1990).

There are a number of issues that affect young gay men more than young lesbians. Young gay men have a higher rate of death by suicide than do young lesbians, as mentioned previously. Another problem which tends to affect young gay men more than their lesbian counterparts are high levels of concern with self-image, which manifest as eating disorders. Studies indicate that gay men focus more on their appearance more than heterosexual men, but that lesbians are less concerned with physical appearance than heterosexual women (Schneider et al, 1995; Heffernan, 1994). It is hypothesised by one author that gay men and heterosexual women are vulnerable to eating disorders and focus on thinness and physical attractiveness because of their desire to please men, who tend to place a high value on physical attractiveness when choosing partners (Schneider et al, 1995; Siever, 1994; Prytula et al, 1979).

For young gay men, the 'stand-out' concern that sets them apart from their lesbian counterparts in the issue of HIV/AIDS and other sexually transmitted diseases. Homosexual men are still the group in society with the highest rate of HIV transmission, and there are added risk factors for younger gay men associated with their youth, lack of knowledge and negotiating skills, and tendency towards high levels of emotional stresses compared to other young men (Rotheram-Borus et al, 1995). While there is still a need for lesbians to be aware of sexually transmitted diseases, they are in a low-risk group as far as rates of transmission are concerned. The 'safe sex' message is widespread in the gay and lesbian communities, and also in generalised sex education, but situational factors affecting young gay men, together with behaviour and beliefs which tend to be characteristic of young men as a group, mean that young gay men are particularly vulnerable to

sexually transmitted diseases (Vincke and Bolton, 1994; Gold and Skinner, 1992). For example, young gay men who are still in the process of coming to terms with their sexual identity are in a vulnerable position during safe-sex negotiation because they tend to have low self-esteem, few role-models and have an increased likelihood of substance abuse (Rotheram-Borus et al, 1995).

Internalised homophobia creates unique stresses for young gay men and lesbians. These people are not only subject to the homophobia of others, but also to the internal homophobia, which develops as a part of being in a homophobic environment. Internalised homophobia is linked to low self-esteem and feelings of isolation and despair. These feelings place young men in a vulnerable position in terms of being proactive in behaviours which help prevent HIV/AIDS and other sexually transmitted diseases (Grossman, 1994). Young men in general tend to believe strongly that 'nothing will ever happen to them', and that sexual partners who look healthy will not have any sexually transmissible diseases, and thus are more likely to take sexual risks (Gold and Skinner, 1992).

**Sex Education**

Some form of formalised sex education takes place in most if not all secondary schools in Australia, yet it seems that there is little place for the inclusion of unbiased information about homosexuality in most sex education curricula (Moore and Rosenthal, 1993). Lipkin, in Unks (ed., 1995) outlines how distorted and heterosexist curricula can affect both homosexual and heterosexual students in constraining expressions of self. This type of curricula also further alienates and isolates gay and lesbian young people by

failing to include reflections of their experiences (Crowhurst and Seal, 1997; Martin and Hetrick, 1988).

**Safe Sex**

Little specific material exists on safe sex and young gay men in any context except HIV/AIDS, and there is almost no research available that deals with young lesbians and safe sex at all. A number of studies do exist that deal with safe sex and sexual risk-taking in a more general way, usually with little or no mention of the issues affecting homosexual youth (Koniak-Griffin and Brecht, 1995; Leland and Barth, 1993; DiIorio et al, 1992; Kirby, 1992; Yarber and Parrillo, 1992). Homosexual youth, especially young men are at risk of a number of diseases, not just HIV/AIDS, and it seems that these other disease possibilities have not been addressed in the literature.

A number of issues associated with young gay men and HIV/AIDS have already been outlined during the review of material on gender-specific concerns. The advent of HIV/AIDS and its epidemiological link to gay men has had a significant effect on the way in which gay men are regarded. Fear of HIV/AIDS and the association between homosexuality and the virus seem to have equated to a heightened fear of homosexuality in the general community (Chng and Moore, 1991; Brooks-Gunn and Furstenberg, 1990; Feldman, 1989). Young men developing a homosexual or gay identity in the era of HIV and AIDS have the disease as one more concern to deal with in coming to terms with their sexuality (Gold and Skinner, 1992), and must also deal with the attitudes and assumptions of others regarding gay people and diseases (Feldman, 1989).

In terms of safe sex and sexually transmitted diseases, it is relatively easy to bring about changes in levels of knowledge among young gay men. It is, however, much more difficult to bring about any sustained behavioural change in relation to risky sexual practices (Rotheram-Borus et al, 1995). There seems to be a need for social consensus and peer approval before any changes in behaviour are apparent. Knowledge itself does not bring about these changes (Goggin, 1993; Romer and Hornik, 1992). The notions of 'peer support' and youth involvement in strategy development appear to have strong links to the success of any education or health promotion program (Romer and Hornik, 1992). For marginalised or disadvantaged young people, such as those in lower socio-economic strata, or those who have sex with other men but do not identify as homosexual or gay, more focussed attention is required even to reach them. These disadvantaged groups still need to know about safe sex and the details of HIV/AIDS and other sexually transmitted diseases, but are very difficult to target in terms of educational campaigns, in part because they are less likely to feel that they belong to a homosexual peer group (Aggleton and Kapila, 1992; Connell et al, 1991).

## Conclusion

Much literature exists on adolescence, young adulthood and the development of sexuality. A smaller body of work exists which deals with homosexuality and homosexuality as it exists for young people. Within this chapter, a comprehensive overview of this literature was carried out. This provides a strong background for understanding issues of relevance to this study. Even though some literature exists on the situation for young gay men and lesbians today, it is hardly representative relative to population. Health issues for young gay men and lesbians have been largely neglected in

the literature, and the mental and physical health needs of this group are currently under-serviced. There are gaps in the literature and knowledge about the experiences of growing up gay or lesbian today, and until there is a clear understanding of what life is like for this group of young people, something will be missing from the body of literature.

This thesis, using a qualitative method, aimed to develop an in-depth understanding of the experiences of young people growing up as gay men and lesbians. To assist the gaining of this understanding, some questions needed to be asked. These included: What is it like to grow up gay or lesbian? What are the health consequences of growing up gay or lesbian in a predominantly heterocentric society? What can be done to minimise the difficulties experienced by young gay men and lesbians?

# Chapter 3: Method

## Introduction

The review of literature revealed some important factors concerning the nature and experience of being young and dealing with issues of health and sexual identity. For young gay men and lesbians, there are challenges and problems that affect them specifically because of their sexual identity. Similarly, there are problems and special considerations involved in conducting research concerning this group of people. The aim of this chapter is to give a clear and detailed explanation of, and rationale for the research methods employed in this study.

## The Sample

The sample for this study was chosen to reflect a range of situations experienced by young gay men and lesbians. Informants were selected to cover a diversity of situations in which young gay men and lesbians may find themselves. By 'gay', I am referring to persons who see themselves as leading a homosexual lifestyle; by 'lesbian', to female persons who see themselves as leading a homosexual lifestyle, and by 'young', I am referring to persons aged 18 - 26 years.

The choice of this age group is significant. Young persons eighteen or older are legally adult, and may generally be considered independent in thought and behaviour of influences such as parents and educational institutions. The thoughts, behaviours and experiences of this age group,

however, are more likely than those of older people to have been influenced by recent social settings, events and conditions, and in this way, may better reflect the current social environment and how young people experience it.

Although including younger informants (for example, early teens) would most likely have shed even more light on the experiences of gay and lesbian adolescents, the need of informants under eighteen to gain parental consent would have made obtaining an adequate sample extremely difficult, given the sensitive nature of the study. Also, those over eighteen were more likely to have reached the stages of identity assumption and identity commitment, the final two stages of the development of a homosexual identity according to Troiden (1988). These stages are when gay or lesbian individuals accept or feel comfortable with their sexuality. On this account, it may make it easier to articulate and describe their experiences.

The sample consisted of thirteen informants, of whom seven were female, and six male. The ages of the informants ranged from nineteen to twenty-five, with the average age being just over twenty-one-and-a-half. Five of the respondents were born in Melbourne, three were born in country Victoria, three were born in interstate capital cities, and two were born overseas, one in Malaysia, and one in New Zealand. Six of the respondents were in relationships at the time of interview, with the other seven considering themselves single or having casual partners. Six of the respondents were undertaking university studies at the time of interview, with five studying at undergraduate level, and one undertaking a higher degree. The remaining seven respondents were employed in a range of positions, including sales assistant, kitchen hand, mechanic apprentice,

agency nurse and zookeeper. None of the respondents were unemployed at the time of interview.

## Research Design

In order to find out about their lived experiences of sexual identity and health, young gay men and lesbians were interviewed, and the information gained was used as data. The research design used in this study was based on a grounded theory approach. Grounded theory is a qualitative logic introduced by two sociologists, Glaser and Strauss (1967). This research method uses a systematic set of procedures to develop an inductively derived theory about a phenomenon (Strauss & Corbin, 1990). The major emphasis of grounded theory is to move around a chosen empirical field sampling and analysing data, often sentence by sentence, or phrase by phrase from field notes, interview transcripts or other documents. The point of grounded theory is not to debunk or disprove other theories or researchers, but to compare the phenomena to others (Glaser & Strauss, 1967: p.22). This approach allowed me to examine the statements of the participants in great depth, and to make sure that important data was not missed. Grounded theory has so far been a successful method when used in studies conducted about sexuality (Geasler et al., 1995; Rothblum, 1994; Woods & Harbeck, 1992; Tremble et al., 1989). Collecting and analysing data using this method does not rely on testing a theory or model. Instead, grounded theory allows for development of theories that fit the reality of the substantive area, and the data that is generated is said to "be the theory".

According to Denzin and Lincoln (1994), grounded theory is a general methodology for developing theory that is embedded in data which is

systematically gathered and analysed. It gives the researcher specific sets of steps to follow that are closely aligned with the canons of "good science", that is, fit, understanding, generality and control. In other words, grounded theory allows for development of theories that fit the reality of the substantive area. These resultant theories should be understandable and make sense to the people studied and those working in the relevant field. The theories should be abstract enough and include enough variation to make them applicable to a variety of contexts related to the phenomena, but due to the complexities of social phenomena, the theories may only fit specific conditions.

Data as small as a single word can be considered. Each sentence, phrase or word is considered in detail, to identify aspects that may be relevant to the analysis. Each piece of data can be contrasted with other pieces of data by imagining one piece in alternative contexts, or by drawing on relevant theoretical issues. The aim of this analysis is to generate theory that is fully grounded in the data. The analysis refers to development of a theory by drawing or teasing it from the data gathered. Once the categories which have been teased from the data have been developed, the analysis can help identify the most relevant categories for further elaboration, and finally proceed to a more integrated analysis around the core categories which emerge from this process (Dey, 1993).

Data collection, analysis and the development of theory all stand in reciprocal relationship with one another, and in this way, theory is allowed to emerge (Strauss & Corbin, 1990). The collection of data is continued until theoretical saturation of each category has occurred. According to Strauss and Corbin (1990), theoretical saturation occurs when: (1) no new or relevant

data seem to emerge regarding a category; (2) the category development is dense, in so far as all the paradigm elements are accounted for, along with variation and process; and (3) the relationship between categories is well established and validated. Strauss and Corbin (1990) go on to state that "...unless you strive for this saturation, your theory will be conceptually inadequate." (p.188).  The development of categories, core categories and issues relating to saturation are discussed further in the following description of data analysis.

The methodological thrust of the grounded theory approach to qualitative data is toward the development of theory, without any particular commitment to specific kinds of data, lines of research, or theoretical interests. Grounded theory is a style of qualitative analysis that includes a number of distinct features, such as theoretical sampling (which refers to sampling the data on the bases of concepts that have proven theoretical relevance to the evolving theory), and certain methodological guidelines, such as the making of constant comparisons and the use of a coding paradigm or pattern, to ensure conceptual development and density of data within these concepts (Strauss and Corbin, 1990).

## Pre-Fieldwork

Perhaps the most difficult aspect of the research was gaining access to the research sample. This occurred because of the sensitive nature of the research and my attempts to ensure that all ethical considerations were taken into account. To find a sample, a number of different avenues were open to me. These included advertising in the gay media, recruiting informants from social groups or gay venues, using people acquainted with me that would fit

into the sample criteria, and using a 'gatekeeper' (Hammersly and Atkinson, 1983), or contact person, who would be able to introduce me to people who fitted the criteria for being informants in this study. Gatekeepers may also be described as actors in the setting who have control over key resources and avenues of opportunity for making contact with potential informants. A gatekeeper was used to facilitate initial contact with informants. This method allowed more control over respondent selection than could have been gained using advertising. It was very important not to interview people I knew personally, as any prior existing relationship between me and a respondent could have significantly affected the interview process (Holstein and Gubrium, 1995), and compromised confidentiality.

The identity of the interviewer can colour the responses given in the interview process. Depending on whom the interviewer is presumed to be (for instance, peer, authority figure, ignorant person, enemy) the informant will phrase answers or choose responses based on these assumptions. It is important to gain the acceptance of interviewees, as this allows the respondents to treat the interview as a candid chat rather than a stranger's intrusion into their lives (Abrahamson, 1983). The identity I wished to put forward to informants was that of 'peer' - my age (which was within the sample criteria's age limits) and the theoretical sensitivity that I had developed meant that I could hope to fit into the informant's notions of 'peer'. I aimed to build an open and trusting rapport with informants from our first introduction to facilitate the interview process. High levels of rapport and understanding can assist informants in exploring and describing circumstances, actions and feelings, and thus allow the interview process to elicit rich data (Holstein & Gubrium, 1995, Abrahamson, 1983). To do this, it

was necessary to have someone known and trusted by the informant to act as my sponsor, or gatekeeper, on my introduction to him or her.

In my initial contact with a prospective gatekeeper, who was a health professional working with young people, we discussed the nature of the study. At this stage this person seemed very positive about the research and fully supported the study. This was important because, by virtue of the office she held, she had the authority to act as a "gatekeeper" (Hammersly & Atkinson, 1983). This office gave her the power to support my entry into the research setting. Subsequently, the gatekeeper identified two individuals whom she considered suitable initial contacts for me, and contacted them to ascertain their willingness to take part in the study. Having done this, she provided me with the individuals' names and telephone numbers. These two people became my initial informants, and through them I was able to use the snowball sampling technique to contact other possible informants.

'Snowball sampling' refers to a technique whereby the researcher relies on informants to provide contacts with one or more possible informants (Burgess, 1984). It is a non-probability sampling procedure, which follows a pattern of social relations, and tends to provide a sample population that involves individuals as well as relationships between individuals. The first two people who were interviewed were asked if they knew of someone else who was gay or lesbian, under 26 and who might be willing to take part in the study. I then asked the informants to contact the new possible informants. Once the previous informant told me that the new informant was prepared to participate in the study, I contacted them by telephone. I explained whom I was, how I had obtained the individual's telephone number, and asked whether he or she would consent to an

interview. If the informant agreed to be interviewed, a convenient meeting time was arranged.

The snowball technique enabled me to move around within the research setting. When, however, the technique failed to allow me further access to informants, I was able to contact the gatekeeper again and she then provided details of another potential informant. In this way I was able to continue increasing the sample group until I reached saturation.

## Nature of the Data Collection Process

Data was collected through in-depth interviewing using an unstructured recursive model. The recursive method of interviewing refers to a form of questioning that is consistently associated with most forms of in-depth interviewing (Minichiello et al., 1990). Recursive questioning relies on the process of conversational interaction itself, that is, the relationship between a current remark and the subsequent one. In using this method the researcher first needs to decide to what extent prior interaction in an interview session will be allowed to determine what is to be asked next. Secondly, the researcher decides on the extent to which the experiences and information of previous interview sessions with an informant will be allowed to determine the structure and content of the interviews that follow with other informants (Schwartz and Jacobs, 1979). The interaction in each interview, and between each interview, directs the research process.

The recursive model is the most unstructured or non-directive method of conducting in-depth interviews; it is also the preferred interviewing technique when using a grounded theory approach (Minichiello et al., 1990).

Unstructured interviews appear to be more or less normal everyday conversations; however, the conversation is actually controlled by the researcher in order to elicit certain types of information which relates to the topics at hand. This control is minimal, but enough to keep the informant relating material which is, for the most part, relevant to the research topics. The very fact that this method of interviewing is so unstructured leads to the problem of the conversational flow moving away from issues of relevance or interest. This occurred in all interviews I carried out in this study. In the event of this problem occurring, I was prepared to guide the conversation back to issues of relevance by using an interview technique known as "transition". Interview transitions can be accomplished by connecting an element of what the informant has said previously with the topic of interest, even if it is only remotely related (Silverman, 1994; Minichiello et al., 1990). In practice, this appears to the informant to be part of the normal character of conversational interaction. To change the subject more abruptly may make the informant uncomfortable or place a strain on any relationship or rapport between informant and interviewer (Holstein & Gubrium, 1995; Abrahamson, 1983). The advantage of using a recursive model of questioning was that it enabled me to treat situations and people as unique and to alter the research technique in light of information fed back during the research process itself (Schwartz and Jacobs, 1979). Using this method, the interaction in each interview directed the research process.

Concentration is essential to be able to use the recursive technique effectively. It is essential to retain and retrieve information provided by the interview in order to develop a set of meaningful questions for use later in an interview, and for use in subsequent interviews with other informants (Schwartz & Jacobs, 1979). I made mental and written notes to help me

incorporate statements and comments made by informants previously in an interview session back into the interview. Being able to link these statements and comments back into the conversational process and flow enabled the deeper exploration of topics where necessary, and helped me to elicit the 'whole picture' (Minichiello et al., 1990). Recursive questioning may be considered very inefficient compared to structured interviewing in terms of the speed at which topics and issues may be covered, but it routinely elicits much richer data, which is ideal when using the grounded theory approach (Abrahamson, 1983).

## Interview Content

The aim of using this style of qualitative interview was to allow informants to freely discuss issues relating to their homosexual identity, youth and health. At the beginning of each interview, general demographic information was collected on the informant's age, place of birth, family details, cultural background, level of education and type of employment. This data was collected to establish informants' profiles, and was useful both in providing a context in which to place their responses to subsequent questions, and in enabling me to monitor the type of people included in the sample. After asking questions about the demographic profile of informants, I then asked a number of questions relating to the study.

For this part of the data collection, I used an interview guide, which consisted of a list of general issues, topics, problems and ideas that I wanted to make certain were covered by each respondent. The interview guide was used to remind me of the issues that I needed to cover. The interview guide consisted of the following categories and questions, which were related to

the meanings associated with being young and gay or lesbian, and with health and social issues. Depending on conversational flow and interaction, and on the responses of other informant in previous interviews, additional questions were asked. In general, the guide included:

Being Gay or Lesbian

  -When and how did you first know that you were gay or lesbian?

  -How did you deal with this realisation?

  -How open, and with whom are you open, about your sexuality?

  -What is being gay or lesbian like for you?

  -Have you ever experienced discrimination on the basis of your sexual
    identity?

Social Support/ Relationships

  -Have you told anyone in your family of your homosexuality?

  -Have you told any of your friends, colleagues or schoolmates of your
    homosexuality?

  -How did these people react to your being gay or lesbian?

  -How do you relate to these people now?

  -Have you ever had any gay/lesbian/heterosexual relationships?

  -What were these like for you?

  -What sort of relationship do you consider is ideal for you?

  -Describe your experiences in the educational system with regards to
    your sexuality.

Health Concerns

  -Describe your interactions with health professionals. Are you 'open' to
    them regarding being gay or lesbian?

  -Have you had or do you have any specific health concerns?

-Do you have any particular health concerns that relate to your
   homosexuality?

-How extensive is your knowledge of HIV/AIDS and other STDs?

-Do you practice safe sex?

-Have you ever used support or counselling services?

-Have you any suggestions for improving health services for young
   gay men and lesbians?


The Future

-How do you think your sexuality will be incorporated into your life in
   the future?

-What do you see and hope for yourself and your life in the future?


The first group of questions, grouped under the heading 'Being Gay or
Lesbian', included questions relating to informants' individual experiences
of being homosexual. These questions help to describe how each informant
realised he or she was gay or lesbian, and what this meant to them as
individuals. These questions help to elicit each informant's personal feelings
and experiences about being gay or lesbian, as opposed to others' feelings
and reactions about and to the informant being gay or lesbian.


The second group of questions, entitled 'Social Support /
Relationships', all relate to how being gay or lesbian has affected informants'
interactions and relationships with others. The 'others' in this case means
family, friends and peers of informants, as well as anyone having had any
influence on informants, whether positive or negative, as a result of the
sexual identity of the informant. The rationale behind asking these questions
was to gain some insight into how gay and lesbian young people move

within their social and familiar environments. Questions involving the educational system were included because literature suggests how important experiences during schooling can be to young people. The educational system is one thing that all people have in common as a social influence, and the way in which it deals with sexuality, and homosexuality in particular, whether formally or informally, is of great importance. Questions about intimate relationships were included. Whereas societal expectations of heterosexual relationships are well known and most people are familiar with them, expectations of gay or lesbian relationships are less concrete. Heterosexual relationships are sanctioned in many ways, including the widespread embracing of marriage, family and legal commitments as relationship milestones. Same-sex relationships, for whatever reasons, lack sanction and recognition in these ways. Answers to these questions help to describe what young gay and lesbian peoples' expectations are regarding relationships, and their experiences.

The next group of questions, 'Health Concerns', relates to how young gay men and lesbians utilise health services and service providers, and any specific health problems they may feel they have. The way in which sexuality is handled in interactions with health professionals is explored, as are issues relating to sexually transmitted diseases and safe sex knowledge and behaviour, which is especially relevant in light of concern about HIV/AIDS among (mainly) the male homosexual community. Notions of health in these questions were holistic in that they encompassed physical, mental and social well being. Young gay men and lesbians have been recognised in the literature as having unique mental and social health needs, and so it was important use a broad definition of health. Informants were asked of any suggestions they might have regarding the provision of health

and support services for young gays and lesbians, or which they may have needed themselves. As the users of these services, the experiences and needs of persons such as the informants was though to be useful in determining the adequacy of what is currently available.

The final set of questions related to the informant's feelings about his or her future, and how his or her sexuality would influence what they believed or hoped would happen in their lives. These questions rounded out the interview; questions had been asked regarding the informant' past experiences and current lives, and asking about what each individual saw in his or her future completed a 'picture' of each of the informants.

As these interviews were carried out in a conversational manner, topics not specifically addressed in the guide questions did arise, and so a variety of other questions were asked which do not appear in the interview guide. These other questions were as varied as each of the informants, and really depended on what conversational interaction took place. Thus it is not practical to list them all here. Notes were made in the fieldnotes of any new ideas for questions that arose, and I incorporated these, where relevant, into subsequent interviews.

## Gaining Access

At the end of the interview, informants were thanked and questions relating to the research were sought. The informants at this stage were also asked if they knew anyone else whom they thought may be willing to participate in the study. If so, I asked that they contact the new possible informants to gauge their attitudes towards being an informant, and if the

new possible informant was willing to participate in the study, I then made contact with them over the telephone.

I telephoned the informants the day before the interview to confirm the appointment. All but one of the interviews were conducted at the homes of the informants. The remaining interview took part in the home of a friend of the informant. Briefly prior to each interview, I explained to the informants the research procedure and aims and objectives of the research, assurance was given that complete confidentiality would be observed, and informants were asked to sign a consent form.

## Data Collection Process

After arriving at the interview, I introduced myself, and a general conversation was started. The aim of doing this was to gain the informant's trust and confidence. I then explained the nature of the study, its relevance, and the process. Informants were then reminded that they were free to withdraw from the study at any time, and that their data would be confidential. They then signed consent forms if they were still happy to volunteer for the study. The informants were once again asked if they were happy for the interview to be audiotaped. All informants agreed to this. All interviews were recorded and transcribed, so that the documents were true records of the interview. This followed the guidelines laid down by Spardley (1979), where he notes the importance of an accurate record of the interview and advises that this is best achieved by tape recorded sessions. Questions were asked from the interview guide and further questions were asked and probing enquires made, based on the informant's answers. This has already been described in the description of the nature of the data collection process.

# Fieldnotes

Burgess (1982) discusses the relevance to effective interview practice of making field notes relating to the research process. Burgess (1984) explains that the field researcher's files should include experiences from everyday life as a central feature. These should be systematically recorded, including date, time, persons, events and locations. It is not possible to record everything that occurs in a situation, and therefore the researcher must decide what to include depending on their substantive and theoretical interests. Also, notes must be maintained on the methodology used so that it is possible to reconstruct the involvement in a project of a researcher from his or her first hand accounts. Fieldnotes allow the researcher greater reflexivity within the interpretive process of interviews. They provide a parallel and alternative data source, which supplies context to the interview process, and are no more and no less important than the transcript file (Fontana & Frey; Richardson; both in Denzin & Lincoln, 1994). I kept three types of fieldnote files: (1) personal log; (2) analytical log; and (3) transcript files, to support and illuminate the interview process and content.

**Personal log.**

I kept a personal log. The substantive, or personal log, as discussed in Minichiello et al. (1990) includes issues such as those relating to getting in to the field, ethical considerations, interview issues, maintaining relations and getting out of the field. The personal log that I kept was an annotated diary of my reflections on the data collection process. This included detailed descriptions of the informants, the interview setting, and how I moved into and out of the setting, as well as my feelings, impressions, ideas and questions arising from the actual interview itself.

**Analytical log.**

I also kept an analytical log. As discussed in Minichiello et al. (1990), the analytical log comprised reflective notes on the questions asked and ideas emerging from the data. At the end of each interview I would reflect on the questions that I asked and how the informant responded. The analytical log enabled a review of the questions after each interview. I was also able to identify questions that needed to be included in the following interviews. My analytical log also included a summary of what was and was not covered in each interview. There was some variation in the topics covered with each informant, owing to the individual and unique nature of the recursive technique. Within the analytical log, I was able to examine what research questions were asked and how these changed over the course of the data collection. Towards the end of the data collection process, the questions asked tended to be more focussed. This was due again to the use of the recursive technique, as towards the end of the interviewing process, there was more incorporation of material from the previous interviews, that is, a higher degree of recursiveness (Minichiello et al., 1990). In this log I was able to describe what ideas were emerging as the data collection process was drawing to a close, and I kept a record of what reasons I had for deciding the relevance of issues, what types of data I needed to collect, and what concepts seemed to be emerging. This record keeping allowed me to ascertain the point at which my data was adequately saturated, and at what point the data collection process could stop. Finally, I was able to reflect on the issues raised in the data, and examine how these related to larger theoretical issues (Minichiello et al., 1990; Burgess, 1984).

**Transcript file.**

The transcript files contained the conversation that was produced from the tape recorder. This was an exact reproduction of all the verbal interaction of the interview. The transcript file was organised to enable coding of data for analysis. This included several components. First, there was a cover page, which is found at the beginning of each transcript. The information that was included on the cover sheet included a code for the informant (no names have been used as confidentiality was promised), the number of the interview, the date and place of interview, the length of interview and background information about the informant including demographic information. The transcribed file then included the text, that being the reproduction of the interview, which was centred in the middle of the page with wide margins on both the left and right sides of the page. The text identified the informant by the use of his or her code. The left margin was used to reflect on how I conducted myself during the course of the interview. The right margin was used to write ideas and methodological notes. These were summarised notes, which comprised the information from the personal and analytical files. Transcript files, which formed the raw data, were between 14 to 53 pages in length for each interview, the average length being about 30 pages.

## Validity and Reliability

Problems of validity and reliability need to be addressed if qualitative research is to be built upon by other qualitative research. Unless a study carried out qualitatively may be considered reliable, it is not possible to make its findings relevant to other studies, and any comparison made will not be valid. Validity may be considered to be the extent to which research

or inquiry yields the "correct" answers (Kirk & Miller, 1986), but the validity of answers in an interview situation comes not from their being congruent with meanings held by the informant themselves, but in the answers' ability to put across experiential realities in terms that are understandable to others in the field (Holstein & Gubrium, 1995).

The issue of validity is a fundamental problem of any research design, and according to Kirk and Miller (1986), there are three main types of validity, being apparent validity, instrument validity and theoretical validity.  Apparent validity refers to validity that seems to exist, but only through assumption. Validity may indeed exist, but unless 'proven', there is a chance that it may be illusory.  Instrumental validity exists when observations made of an entity under one form of measurement match those generated using other alternative measurement procedures which are valid. Finally, theoretical validity, or construct validity, exists when, with appropriate evidence, the theoretical patterns gained from data match observations from another source (pp. 21-23).

In the case of this study, validity is seen to exist in that the data contained in the transcript file may be seen to match that contained in both the personal and analytical logs, which are alternate sources of data, or provide different types of instruments.  Using the grounded theory approach with the recursive interviewing technique guards against the asking of the "wrong questions", which, according to Kirk and Miller (1986: p.30) is the source of most validity errors.  Using techniques that guard against the asking of the wrong questions is very important when trying to ensure validity. Kirk and Miller go on to say that "... Because of built-in sensitivity,

field research intrinsically possesses certain kinds of validities not ordinarily possessed by non-qualitative methods."(p.31).

Reliability may be described as the extent to which questioning yields the same answers no matter wherever or whenever it is carried out (Holstein & Gubrium, 1995). In the case of studies carried out using qualitative methodologies, it must be taken into account that answers on one occasion may not replicate those given on another because they may emerge from different circumstances of production. Due to the complex and unique nature of the settings and individuals involved in some types of qualitative research, it is not always possible to gain the same answers from the same questions.

Reliability depends on explicitly described observational procedures. Kirk and Miller (1986) describe three types of reliability: quixotic, diachronic and synchronic. Quixotic reliability refers to a situation where a single method of observation always gives an unvarying measurement. Diachronic reliability refers to the stability of observations over time. Expecting these types of reliability from the examination of socio-cultural phenomena is not appropriate. Synchronic reliability refers to situations in which there is a similarity of observations in the same time period. This is the type of reliability aimed for in this study. Other characteristics of this type of reliability are that while observations made are not often identical to others, they are consistent with respect to specific features of interest to the researcher. This particular characteristic is very useful to field researchers as when it fails, the researcher must re-examine his or her construction of theory in order to see if the failing case is indeed unreliable, or whether it is that their development of theory does not adequately fit (Kirk & Miller,

1986). In the case of this study, reliability is present, in that fieldnotes that I had made throughout the research process were used to check reliability by helping to place observations in perspective and into a theoretical context. Kirk and Miller state that "For reliability to be calculated, it is incumbent on the scientific investigator to document his or her procedure." (1986: p.72). The reliability of a study increases when the context of the data collection is known, as in this study. Also, the high degree of openness to informants about my identity as a researcher, and my theoretical and methodological commitments adds to the reliability of the study.

Reflexivity, or the routine of reflecting on aspects of the research process, is crucial to the use of a grounded theory approach, as well as to gaining validity and reliability. Hammersly and Atkinson (1983) describe three different aspects of reflexivity. Firstly, it is important to recognise the reflexive nature of social research. That is, we are part of the world that we study, and there is no way of escaping that. Thus, all social research takes the form of participant observation. Secondly, we must understand the effects of the researcher on settings and informants. It can be helpful to compare data in which the level and type of reactivity (or change caused by the researcher) varies, in order to work out what effect the researcher does have. Thirdly, it is important that the theories developed to explain the behaviour of the people we study should also, if relevant, be applied to our own activities as researchers, and should assist in the development of research strategies. Reflecting on the research process at all stages helps to guide future actions and assists in interpretation of data. Reflexivity occurred in this study through the collection and use of detailed fieldnotes including personal and analytical logs, which documented the processes of

self-examination relating to my actions, ideas and questions during my time in the field.

According to Burgess (1982), triangulation refers to using combined methods of investigation to test a certain theory or hypothesis. It can also refer to using multiple data sources or accounts of events. In this study, the latter method was deemed appropriate. Using accounts that have different perspectives of events, for example, the transcript file, personal log and analytical log, allows for adequate triangulation. Hammersly & Atkinson (1983) describe how data-source triangulation entails the comparison of data relating to the same phenomena but deriving from different phases of the fieldwork, different time points in the setting, or accounts of different participants in the setting. This is another example of how incorporation of accounts in different types of fieldnotes (transcript file, personal log and analytical log) may be used to strengthen the reliability and validity of the research.

## Data Analysis

Principally, the data collection and analysis followed the path laid down by Glaser and Strauss (1968). There are, however, several issues of significance that need to be mentioned. By far the bulk of the analysis of the data and the crystallisation of the categories took place after I had left the field, which allowed the process of analysis to be more informed. This is symptomatic of the work of Hammersly and Atkinson (1983). Based on the experiences that were encountered, it is believed that it would have been difficult to carry out a complete system of analysis while collecting data.

Thus a more rigorous analysis was completed periodically to allow the categories to develop, and was the preferred method of data analysis.

The raw data was coded by following Strauss' (1987) open coding system. Open coding is the part of the analysis process that specifically involves the categorising of phenomena through close and detailed examination of data (Strauss & Corbin, 1990). To code the data, it was necessary to separate the data into its discrete parts, closely examine these parts, compare them for similarities and differences, and to ask questions about phenomena as they emerged from the data (Strauss & Corbin, 1990). An important characteristic of this process is the questioning and challenging of the researcher's own assumptions about phenomena. Strauss and Corbin (1990) explain that in questioning and exploring these assumptions and hypotheses, the researcher is better able to recognise and make new discoveries. During this process I asked myself questions regarding the relevance of each issue to informants, the relevance of these issues to other informants, and carefully thought about whether I was giving an issue certain meanings based on the informant's perceptions and beliefs, or on my own perceptions and beliefs. In this way I was able to reduce the degree to which my identity as the researcher affected the analysis (Holstein & Gubrium, 1995).

My initial step in the coding of the data was to develop a list of coding categories. A coding system provides a way to organise the data, and is especially important in qualitative research, where data organisation is complex. In order to develop these categories with the greatest effectiveness, I gained familiarity with the contents of the transcript files and re-examined the available literature to enhance my theoretical sensitivity. Bogdan and

Biklens' (1982) list of types of categories was applied in order to develop codes. Applying the categories in this list to the data facilitated the recognition of suitable codes with which to describe phenomena. The category types, as developed by Bogdan and Biklen, are as follows:

1.    Setting/context codes: general information on the setting, topic or participants;

2.    Definition of the situation codes: the informants' own description of the settings or topics;

3.    Perspective held by informant codes: the informants' way of thinking about their own situation, and their understanding of how they relate to others;

4.    Process codes: refers to sequences of events, change over time, and perceived change in activities or phases;

5.    Event codes: refers to specific activities in settings or lives;

6.    Strategy codes: ways informants get things done; and

7.    Relationship and social structure codes: patterns of behaviour among people, and description of relationships.
         (Bogdan & Biklen, 1982: pp. 157-162)

Using this list, I was able to develop a large preliminary list of coding categories, which I entered into the analytical log. I made notes on the relationships between coding categories, their similarities and differences, and revised the list by collapsing overlapping or sufficiently similar codes to form a much smaller list of codes. These were able to be called core categories, as each described broad phenomena, and was made up of subsidiary categories (Strauss & Corbin, 1990). I assigned to each of these core categories a name that inclusively summarised the concepts it was

describing, and prefixed the names with numbers, which helped in distinguishing subcategories. It was necessary to revise this list of codes several times until I was able to get the best summary of the categories covered by each code.

The next step in the coding of the data was to apply this set of core categories to the transcript file. Each discrete piece of data was assigned an appropriate code. Once this step was carried out, I assembled all the data coded to each core category, and sorted it into subfiles. This process involved transferring the data onto index cards. Each card included the identification label of each informant, the relevant core category label, and the actual discrete words, phrase, sentence or sentences from the transcript file that made up the relevant unit of analysis. Each index card was then sorted and filed in an index card box under the relevant core category (Minichiello et al., 1990).

In order to carry out this process of categorisation, there were a number of separate steps. The first of these was the conceptualisation of the data. To do this, I broke down each observation, sentence or paragraph, and gave each of these discrete incidents, ideas or events a label that adequately represented the phenomenon. In doing this, I had to ask questions about the phenomenon, regarding what it was, what it represented, and how it related to other phenomenon (Strauss & Corbin, 1990; Dey, 1993).

After this labelling of concepts had been completed, I sorted together into groups those concepts that were similar. A number of groups were formed in this way, and each of these was given a name that accurately

described its contents. The titles of these groups of concepts were abstract enough to encompass a broad range of phenomena (Strauss & Corbin, 1990).

Following detailed examination of the material from all 13 informants, involving a number of reorganisations of the data into different categories, collapsing of related categories and division of other categories, and reflection on the nature of the categories derived in view of the phenomenon being examined, six core categories were derived which appeared to reflect the main themes emerging from the data. Using this method, the data were coded in terms of:

[i] issues relating to concerns of sexual identity

[ii] coming out

[iii] social support

[iv] social and sexual relationships

[v] issues of health and well-being

[vi] experiences in the education system regarding sexual identity

## Generalisability

This study was able to create a representative overall picture of issues that are of meaning and concern to a group of gay and lesbian young people. Qualitative studies such as this one have a high degree of ecological validity and inclusiveness because of their naturalism and representativeness. However, a study of this type has limited generalisability in view of the fact that it uses a non-representative sample, and that it is of small scale. The results of this study describe only the experiences of those people who participated. Also, the fact that the social structures and context in which

this research has taken place are likely to have changed already means that subsequent studies could reflect that change. However, it would be possible to compare and contrast this study to others which describe and interpret similar topics so long as the continually changing nature of the social context and the unique sample were taken into account.

## Summary

In this chapter, detailed explanations of the techniques and methods used were provided in order to give some effective justification for the methods used. Clear descriptions of theories behind these methods were also supplied in order that the reader appreciates the nature and significance of these methods. To fully understand the results of this study, it is imperative that the reader has a good understanding of the many challenges, difficulties and rationales behind the choice of sample and of research design. The processes involved in sample selection, pre-fieldwork, gaining access to the sample, data collection and interviewing, and in the analysis of the emerging data were described as well, in order to give the reader a strong context into which they may place the results which are given in the following chapter.

# Chapter 4: Results.
# Experiences of being young and gay or lesbian

This chapter provides discussion about experiences associated with being young and gay or lesbian. The results material is divided into six categories that appeared to be relevant to the experiences of these young people. First, issues relating to concerns of sexual identity are explored, including discussion of how informants realised and came to terms with their homosexuality. Next, coming out is examined, including the feelings of informants during the coming out process and the factors that led to them choosing either to conceal or to tell others of their homosexuality. Social and sexual relationships are described next, involving discussion of the informants' relationships with their parents, families, friends and sexual partners. Following this, the informants' accounts of the social support experienced by or available to them are provided, including family support, the support of friends and organisations, or lack of support. The health issues concerning this group are investigated, which includes some discussion of the gender-based differences in interactions with health providers. Finally, the experiences of these young people in formal education systems are discussed, including how they felt about their time at school, and how they felt the curriculum affected them. The exploration of each of the categories is broken down into a number of sub-categories, and is elaborated upon by the words of the informants

# Concerns of sexual identity

Coming to some awareness of their own identity as 'gay' or 'lesbian' was a common experience for all informants. For each, however, this self-perception of homosexual identity came about in a unique way, and there was no specific pattern for this process of realisation. Some informants reported having feelings for others of the same sex as early as eight or nine years of age, while others didn't realise that they were homosexual until their teens or early twenties.

"Oh man! It was way back ... I had a crush on my P.E. teacher when I was in Grade Two, I think. I can still remember the guy! I never really thought of it as being silly or anything as a kid, but I suppose I just hid it all away."

"I didn't really think that much about being gay, I suppose, until I was probably about seventeen. By then, I just wanted to sleep with a guy just to see what it was like, but apart from that, at school, I just hung around with the girls."

Those informants that had some awareness of their sexual orientation at a young age tended to describe a feeling of being 'different' from their peers, but also described their own lack of social awareness at the time regarding what their feelings meant. They had not yet labelled themselves as gay or lesbian. The couple of informants who became aware of their homosexuality much later, in their teens or early twenties, seemed to have more specific concerns about the repercussions for them of being gay or lesbian.

"I fell in love with my best friend, and I felt that way for about a year. Although I realised that I was in love with her, I sort of didn't realise that I was a lesbian! You know, it was a strange thing I did with my brain."

"It was really hard because I was kind of different. I couldn't put a finger on it, but I knew that I was different when I was in that (school) environment. I knew that I felt differently to other people, and that I acted differently, and I was always searching for ... just for people like me."

"I count from when I first came out, which is when I was about twenty-two. But I think I realised a lot earlier, but it was just a sort of process of getting rid of all those in-built prejudices and overcoming my fear of how people would react."

It was not uncommon for the informants to report having mixed or negative feelings about their emergent sexuality. Some described the time when they realised that they may be gay or lesbian as 'frightening'. Most of the informants also described resisting being homosexual, instead making an effort to be 'normal' (heterosexual) at some stage before they finally came to terms with their sexuality.

"I thought, "Hang on. I just won't think about it.", and then occasionally I had dreams, you know, fairly homosexual dreams ... and then ... people tell you " Oh, no, that's usual for fifteen year old boys or maturing boys to go through a stage of homosexual behaviour", and I thought "Oh well, maybe I am normal", you know, 'normal' ... but then I realised that I was attracted to men."

"My feelings were something that ... like, they scared me to death, really scared the hell out of me, particularly coming from my background, and the types of people I've always been surrounded by. Yeah, it was really frightening, but eventually I persevered with it because it just felt so right. It felt like it was so definite in my mind."

Respondents varied in the length of time that it took for them to accept their sexual identities and in how they came to bring together their sexual and social identities. Most referred to this as a 'process' during which a number of concerns had to be dealt with, including overcoming fear and self-loathing, prejudice, and other's reactions and expectations, as well as outside factors like school, employment or living arrangements.

"... it took me about two years. I mean, of tortuous thinking about it, talking to everybody, and going to see things and reading books and stuff like that, and just the whole things was a really slow, intense process."

I just decided I had to do one thing at a time. The first one was dealing with my sexuality, then the second one was to get security and a place to live, and then I was going to get a job, and for me, I had to do them in that order. And I did, you know. It took me twelve months, but I did."

"I didn't accept it at first, and then when I did, I didn't think it was a big deal because most people seemed accepting of it, of homosexuality. And then I thought ... "Finish Year 12, because that's really important", and decided that once I got into Uni, I'd start exploring more and that sort of thing, finding out more about gay stuff, like the clubs and stuff."

Even after realising they were gay or lesbian, some informants tried to deny their real feelings, and 'pass' as heterosexual. One way of rejecting these feeling was for them to try harder to fit into and be accepted by their peer groups, and one way of doing this was to seek out heterosexual relationships, as their peers were:

"...when I was fifteen or sixteen I just didn't realise it yet. I just kept doing it, having sexual experiences with other boys, and then trying ... saying to myself "No, no, no". I mean, it just felt really weird ... It really felt quite natural, but I just had the biggest guilts so it only happened like three times, I suppose. And then I spent a year or something just trying to be heterosexual, I think. It seems very funny looking back, but it was so hard at the time, being someone I wasn't."

Being gay had certain meanings for different informants. Some saw it as an important positive factor in their lives, while others seemed to be a little more reserved in their acceptance of their own sexuality. None of the informants saw being gay as a primarily negative state of being, and most claimed that, for them, there were many positives involved in being lesbian or gay. Feeling positive about their sexual identity and accepting themselves was very important to these young people. Several informants discussed their experiences and feelings of simply being gay or lesbian, and how their sexual identity fitted into the 'big picture' of their lives and society. These are two examples of typical responses:

"... being gay is the freedom to be who I am. And the gay community and Gay Pride and that type of thing ... it gives me the opportunity to be proud of something that I've always been taught that I should be ashamed of."

"Being gay to me, it's not an issue. I'm just me. To me, it's not whether I'm gay or straight or I'm bisexual or I fuck Martians. I personally don't care as long as I'm happy with who I am and as long as I go to work and know that I'm doing the right thing and I'm paying my bills and I'm not harming anybody and I'm not a murderer and I'm not a thief and as long as I'm not doing anything illegal, I don't care."

## Coming out

'Coming out' was a common experience for all informants. 'Coming out' refers to gay or lesbian people disclosing the fact of their sexuality to others. Some use the term to also mean self-acceptance of homosexuality. Commonly, it seemed much more important for most informants to come out to their close family and friends than to come out to more casual acquaintances. Conversely, it seemed that the informants found coming out to close family, and parents in particular, much more difficult than coming out to mere acquaintances. Those informants who had told parents or families about their homosexuality felt that telling these people was of greater significance than telling others. They had been more concerned

about the response of their parents or family members than their friends or acquaintances.

> "She asked "Are you gay?", and I said "Yeah". I was so surprised, because my mother is not the most articulate woman at all ... She had this little speech prepared, and it was so moving. She said, "You're still my son. I don't care ... You're wonderful. We still love you, and it's not an issue.". She doesn't usually use words like that, and I just sort of broke down."

> "I waited and waited, and then I told my Mum first ... I was pretty distraught when I was telling her, and she was getting upset ... I was getting really scared of her reaction, but she said "How could you think that I would not accept you just because of that?""

For most of the informants there was a time between realising that they were gay or lesbian, and choosing to tell others of this fact. During this time, for them there seems to have been a compelling pressure to conceal their identities for fear of the reactions of others. This pressure affected the way in which they interacted with their families and friends, as it necessitated lying or being evasive to them. This in turn appeared to have a negative reaction on how the informants felt about themselves. In those situations, coming out brought with it feelings of relief, that the pretence was over:

"I think that's the worst, just the sense of lying, I guess. The sense of pretending to be someone else, especially to my parents."

"I put it off for a while, for ages, and they sort of suspected, because I'd brought a couple of gay friends over, and I'd been having to tell lies about where I was going and that sort of thing. Lying was awful, but it was so necessary because I was scared about how they'd react if they knew."

"Lying made me feel bad, bad, because I had to remember all the lies, to keep track of what I'd said. ... You know, I felt really bad and I just got really sick of it, so once I told them I was gay, it was like a weight off my shoulders. It felt ... it got really tense, lying all the time."

Friends and acquaintances of the informants sometimes gave quite negative initial reactions to finding out the person they knew was gay. Respondents described a number of circumstances where they came out to friends. Some initially reacted very poorly, only to come to terms with it and eventually accept it at a later time, while other 'friends' disassociated themselves once they were aware of their acquaintance's sexual identity.

"I came out to a friend who is Chinese, and it made her really really unhappy, and she used her Chinese heritage as an excuse, saying "my family is all really traditional, and ... so am I, so that's why I'm not coping very well". She wouldn't talk to me for weeks, which really upset me, but she rang up my other friends to talk to them about it. I didn't realise that she would take it that bad. And eventually she rang me back, and said "Sorry I've been such an idiot. Can we have lunch, or something?"."

"... you know, there's a lot of friends that I have lost through golf that just ... just don't accept it, they just can't deal with it at all. They're really scared of it, I think, and ... but I'm still happy to ... be like that, you know; I don't care about them any more."

Of course, not all of the reactions that informants reported were negative. In some cases, a friend or relative's response was surprisingly positive. Some parents, family and friends reacted with support and affirmation when the informants let them know they were gay or lesbian. Where this was the case, it seemed to have been a significant and important event for the young person involved. The informants who had had these reactions expressed relief that they had friends and family that accepted them, including their sexuality.

"... one of them said "Well, it's about time you told me!". She was one of my best friends from school. And a couple of other friends said that they'd suspected anyway, and that they were really happy if I was happy, and for me it was such a good feeling that they reacted like they did."

While most of the people interviewed had come out to most of their family and friends, some informants felt unable to do so for a variety of reasons. Common reasons given by respondents for not having told their parents, families or friends were fear of rejection, fear of discrimination, and a desire to protect loved ones from hurt or disappointment.

"I've come out to my parents and my family and my gay friends. But my straight friends don't know, because from what they've said, I think a few of them would just go if I told them. They'd find it hard to accept and they would probably disassociate with me, and I'd lose them."

"I haven't told my parents because they're extremely homophobic and they just probably wouldn't understand at all. And also, probably they would probably think that I'm a little bit young to actually know what I want, so that's the main reason why I haven't told them. And also to protect them a little, because ... you know ... they're not going to deal with it."

# Social and sexual relationships

All of the informants talked about their relationships with their parents, and it seemed that, for most, their parents remained important figures in their lives. Most of the comments relating to parental relationships referred either to events relating to the informants' coming out experiences with their parents or to the reasons that they did not or had not come out to their parents.

Those who had told their parents of their homosexuality had done so knowing that there was no certainty of a supportive or accepting response. The initial responses of a number of the parents of the informants were somewhat negative, but none of the informants felt that their parents had rejected them. In fact, most of this group of informants said that their parents' attitudes towards them had improved over time.

" They weren't very honest in their immediate response. They sort of said "Well....", you know, my mum asked me a couple of questions. My dad said "Is it because of me?". I said "Well, I don't really care if it is.". Because he was really dominating in my life, I suppose, and he must have felt a bit guilty about it. But ... I just said, "I'm glad I am who I am, and I don't really care about anything else.". So they sort of went away, and didn't talk to me for a couple of weeks, and then we started seeing each other again, and it was sort of a bit strained."

Fear of damaging the relationship between themselves and their parents was the major motivator leading to informants having delayed coming out to their parents.

> "I was really scared for so long, that they would hate me, so I put it off and put it off. But once I told them ... my main thing was that my parents knew, and accepted it and that it didn't make any difference to our relationship."

> "I don't want to lose contact with them, and they probably don't want to lose contact with me, so ... but that's what it may come down to if I do tell them. But I do hope to tell them in years to come, probably when I'm a bit older. And it's ... it's really hard to have to hide everything from them, but ... that's the way it is, but I would really love to be able to tell them, and for everything to be really open."

Respondents' comments about their relationships with siblings and other (non-parental) family members also tended to revolve around issues of coming out. Those who had not come out to their parents were also less likely to be open to the rest of the family. For some, remaining closeted to family members meant keeping some emotional distance.

"I think if I could be honest with my family, then it would seem very different ... like, at the moment, even just with my boyfriend, it seems not like a full relationship or something because I can't share part of it with my family."

Respondents talked about many different relationships with friends. Fear or uncertainty over a friend's reaction was the primary reason informants gave for not coming out to friends. It was not uncommon for respondents to say that their friends had already suspected that they were gay or lesbian even before it had been disclosed to them. Informants remarked that they felt much closer and more comfortable with the friends that knew about their homosexuality. Some respondents reported having lost friendships after disclosing their sexuality to friends.

"I haven't told my best friend, and it makes me feel weak, because I do want to tell him, but I don't, because I'm pretty sure of his reaction, but then again, it might be completely different to what I think."

"After I came out to her ... we sort of had this huge fight about it, and didn't speak for a year, and then we sort of started communicating again. We were friends from high school, and we had ... I thought we had a really good friendship that was going to continue, you know, right to the end, and it was very upsetting for me. I mean, that was probably one of the major emotional involvements when I was coming out. I was just sort of letting go of a friendship that was so important to me, and I still find it upsetting."

Many of the informants discussed having had heterosexual relationships at some stage in their lives. Societal pressures to behave in a heterosexual way seem to have been a major motivating factor in these relationships. Some informants had heterosexual relationships before they realised that they were gay or lesbian, and did so because 'everyone else was doing it', and because they felt they would fit in better if they did.

"Well, I mean ... you just have them (heterosexual relationships)! I was with this one girl, and I have no idea at all why I was doing it. I thought she was pretty dumb, actually. I think I was fifteen, and I was in high school, and that's what you do at high school. All the guys have girlfriends."

"I had a couple of heterosexual relationships when I was about sixteen or seventeen in high school ... basically to make my parents happy that I was going out with the girls, and to make the girls happy because they were really interested in me so I thought "oh, yeah". You know, they were attractive, so I thought I'd give it a go. And everyone else was doing it."

Regarding the heterosexual relationships they'd had, respondents suggested that these relationships did not feel 'quite right', and that they were stressful because of the pretence involved. Many informants continued having heterosexual relationships even though they had realised that they would rather have done so with people of their own gender.

"I don't know ... relationships with girls just didn't feel sort of alive, and I was never really interested in keeping our relationships going. It was always them that did that, I guess. I was never really interested in the sex with them."

"Things hadn't felt quite right for a while before I split up with my last girlfriend, and she'd actually said to me "Look, I think you're probably gay or something." She must have had a few ideas. I don't know. It was really strange that that was what she said when we split, because I sort of thought about it,

and realised that she was right. So in a way she was sort of helpful."

Respondents discussed their early gay relationships and experiences. Commonly, these were difficult, due to dealing with issues of emerging identity and fear at the same time as experiencing the intense feelings involved in intimate relationships. Often, early homosexual encounters or relationships were even not acknowledged as such. One respondent talked about having sex with a friend while drunk and then pretending it hadn't happened.

"He was the same age as I was ... we used to go out and we'd come home and he'd be drunk, things would happen, but we'd get up in the morning, have a shower and that would be the end of that, you know, nothing more would even get said about it. After the fourth time it happened, I said, "look, I can't deal with this, not knowing how you feel" ... and that was really bad for me. It was like a really hard time. It was a very emotional time for me. I mean, I hadn't dealt with my own sexuality but I knew I was in love with this guy, you know."

Not all sexual activity occurs within ongoing relationships. Informants described a variety of situations where they engaged in sexual activities apart from relationship-based ones. Some had had one-night stands or other short-term affairs. One informant had worked as a prostitute

when he could not find any other employment. Another had regularly used beats for anonymous sex.

> "I became a prostitute because I didn't have enough money. I had a casual job, but it wasn't guaranteed work, and when you can earn $80 an hour, it's easy to say yes. But I think it's one of the hardest things I've ever done, mainly because people soon find out. And once you've been a prostitute, you're always known as one."

> "... but then I realised exactly what beats were for. They were for people like me who didn't know any different, and I thought "Well, this is what I do.". I thought that was my life at one stage, I thought "this is it.". I wasn't dealing with it and neither was anyone else. Because I didn't know that there were people that were openly gay."

All except one of the informants had been involved in gay or lesbian relationships of some length, and about half had had reasonably long-term gay or lesbian relationships at the time they were interviewed. Some informants preferred the idea of shorter, less involved relationships, or 'one-night stands', but mostly, informants expressed that they wanted relatively conventional long-term relationships.

> "I know sort of where I want to go, and I don't enjoy the idea of someone following me around as such ...

so I think that has a bit of an effect on the way I view relationships now, because I view them as terminal. I've had a few relationships with that terminal thought. I want something finite ... that's a mathematics term, I guess, but yeah, nothing too serious."

"I'm just happy with my gay lifestyle. I've got my boyfriend and my dogs and whatever, and ... I don't know. I've always got to have fun. I've always loved to have fun, and I just don't want major commitments. I'm probably as committed with my boyfriend and the dogs, as 'big time' committed as I've ever been and probably ever will be. I mean, there'd only be one more commitment, and that would probably be paying off a mortgage together or something."

Many respondents discussed what they thought their ideal relationship would be like. Some of those interviewed could not see themselves being with only one person in the long term, but most of the responses which mentioned ideal relationships included relationships which were stable and monogamous, secure and loving, and which corresponded to conventional ideas of desirable relationships.

"I don't think I go for the serious monogamy-type thing. Like, I can handle being in a relationship with a woman, but I think it would be good to have an open relationship. I'd like it to be like a close friendship, like <u>that</u> type of commitment, not a monogamous sort of thing."

"My dream relationship ... I suppose it's ... I just have to say, the same heterosexual model, you know. Someone I live with and someone who I'm monogamous with and someone who has the same interests and intellectual ... you know, who I can talk to and identify with and who has the same values."

"I just think it would be nice to have somebody to come home to. It would be nice to have somebody come home to me. I could quite happily settle down, move into a place with that person, pay a mortgage, you know, have a dog or two. I'd be happy to do that and to make a life with somebody."

## Social support

Young people are usually able to look to their families for support, guidance, and reassurance. It is very difficult for young gay men and lesbians who remain closeted to gain any support or affirmation of their sexuality from anyone. Many informants expressed two particular problems they had when they were growing up and coming to terms with their

sexuality: they knew few or no homosexual people, and had little guidance. Until their late teens and early twenties, most of the informants had not known any openly gay or lesbian people, and as a result, most felt that they lacked role models and social support.

"I found that it was a very big problem that I didn't know actually any gay people until I was eighteen. It wasn't really out there for me. It was like I had to go searching for them.

"I didn't think there were actually many gay people in the country where I actually lived, but maybe they just chose not to tell anyone. But ... there was just no one for me to discuss it with really, no one to follow. Especially when you're young, very young, it's so hard to deal with all those feelings yourself, instead of having people to look to."

"I knew a few lesbians, but only through my sport, and most of them were actually my teachers or my coaches, or people around the club. But I wasn't out then, so I didn't know any of them well enough to talk to them or anything like that, and they didn't say anything to me.

A number of respondents were not yet able to be completely open to all members of their families, and many of the comments made regarding support from family members were negative, in that they illustrated

situations when there was little or no support given to the informants as gay men or lesbians. For one informant, even where some sort of familial role model existed for being lesbian, it miscarried in that the role model included becoming heterosexual again. In general, however, where support from family members did exist, it was looked on as an important source of affirmation.

"I don't think my mum's told any of the extended family except her sister, who unfortunately for me had a lesbian relationship in her life when she was about my age, young twenties, and ... 'snapped out of it', and her experiences were all negative, like she had some really unpleasant relationships and grew out of her 'phase', and is now happily married, for the second time, with a child. In a way it's good, you know, she's pretty hip and groovy, and understands what I'm going through, but in another way it's a kind of template for what I'm meant to do; I'm meant to snap out of it and get married and have a husband and child."

"... my family had, as a whole, looked down on the whole issue. And, like, then I spoke to my lesbian half-sister, and she's just like "Wow! I'm coming over to Melbourne and I'm going to take you out and I'm going to celebrate and it's going to be great. This is so unreal...!" It kind of ... like, it was so good to know that somebody in my family actually wanted to

celebrate me being gay and that just made a really big difference, like, it's just good to know that she's there and like, you know, I've got her support."

Gaining the support of friends in regards to being gay or lesbian relied on coming out to those friends. Informants tended to end friendships with those that did not accept their homosexuality. Some informants described how they felt that they had almost consciously surrounded themselves with accepting friends:

"I think I protected myself to a certain extent by only choosing friends that were, that I knew were ... I mean, I was only attracted to the kind of people that I knew would accept me, you know. People that were open-minded, and not homophobic, and not racist, and not sexist, so ... you know, it was already there, the acceptance."

Friends who were accepting of gays and lesbians were an important resource for respondents while coming to terms with their sexual identity. Most did not seek professional counselling at all and preferred to use sympathetic friends as sounding boards instead:

"... when I was coming out ... I think I used my friends a lot more. I sort of bounced off them and discussed it with them, and sort of tortured them to death with the whole idea of it."

The support of other gay and lesbian people seems to be important to these respondents. Networks of gay and/or lesbian friends occur in formal settings, such as in workplaces, or in less formal, such as at University, or, for young men, in 'Young and Gay' courses. All of the men interviewed had been to a 'Young and Gay' course, run by the Victorian AIDS Council. Most found the course to be a good way of lessening isolation by meeting other young gay men, and enjoyed the chance to discuss issues that they had been forced to keep to themselves:

"At that stage I dealt with it very well really. It was easy, and I found friends at GaySoc at uni. I went to gay venues, and I met people through the 'Young and Gay' thing, which was fantastic."

"... I did a 'Young and Gay' group after high school, when I knew that I was gay, and that ... helped me. It was good to, like, express yourself and be able to talk about things which you hadn't been able to talk to other people about ... any of those kinds of issues. And it was a good laugh!"

Most of the informants had some sort of specific gay and lesbian friendship network. Having friends who were gay or lesbian seemed to be quite important for most informants. With these friends, there was no need to pretend to be something else, and there was some shared experience base as a specific result of having to come to terms with being gay or lesbian.

"A lot of my friends at Uni are gay, and so with them I can just relax ... I think it's important for me to spend a lot of time with a lot of gay people, because then I have to come back to college and spend a lot of time with a lot of straight people."

"I find it pretty much easier to get on with gay people than I do straight people. Why? I just find it easier to talk to them. You don't have to ... pretend. I find that with a lot of the gay people I know, you can sit down and talk to them and have a conversation. You don't have to have any fronts. You don't have to watch what you say."

Not all respondents had been employed, but most had had a job at some point. For those, being open about their sexuality at work was not always easy. Fear about how co-workers or superiors would react was common. Coming out at work, although risky, is one way that respondents had attempted to gain support. Unfortunately, workmates and employers were not always supportive or accepting when hearing of their colleague's sexuality, and for some, this had meant changing or leaving workplaces. For others respondents, work had been a place of acceptance and support.

"If people don't like me, they can bugger off. But if work has a problem with it, then I have a problem with it. If, for example, my boss sort of snubs me because he reckons I'm gay or whatever, then I do have a problem with it ... but that's why we have

legal rights. I don't really want to go through any of that, so I just don't want it to occur. It's the only things I'm really worried about."

"Yeah, my workplace is really gay-friendly, so everyone there knows, and that's good. It's such a relief, that I don't have to pretend at all. I would never probably go into a job now without making it known that I was a lesbian, because ... going back to that way of life is just too complicated. I don't want to live like that."

Another felt fortunate that there would be more support for him at work than at home:

"I think I'm lucky in that sense. I don't think my job will be like my parents, you know, affected by my being gay. Sure, people might react differently around me, but I think most people in my department at least are certainly professional about work attitudes."

The gay 'community' is commonly seen as the gays and lesbians in the wider community, gay- and lesbian-friendly businesses, publications, eating places, and venues, and gay and lesbian organisations and community groups. Respondents had mixed responses to the notion of a gay community, but most admitted to being involved in it in some way, whether just by going to gay and lesbian venues, or using other gay and lesbian

specific services or retail venues. While some feel very involved in the gay community, and find that it offers a lot of support and opportunity to meet other people, other informants are sceptical about how much the gay community can offer them:

> "I do do things that are specifically lesbian- or gay-oriented, like going on a shopping spree at Hares and Hyenas (gay and lesbian bookshop), or going out to lesbian or gay nightclubs or bars, festivals, films, those types of things. Doing them makes me feel like I'm part of something, or that I belong somehow."

> "It's a bit frustrating ... I don't think there's ... like, people talk about the gay community, and ... I've never felt that sense of community. I mean, it's always been a pretty hard thing to crack, to try and belong to any particular part of the gay community."

## Health issues

Informants brought up a number of issues relating to health care and experiences with health professionals. They also talked about the health problems that they had encountered. Most people need to see doctors occasionally, and the respondents were no exception. Mostly, visits had nothing to do with sexuality, but occasionally sexuality had been relevant in a medical context. On other occasions, doctors had made assumptions about the sexuality of respondents. It was felt by informants that being open about being gay or lesbian would allow greater depth of understanding and more

sensitive treatment from doctors, but that it was often awkward to bring sexuality up during interactions with them.

"...it was kind of funny, because the gynaecologist was telling me about what she was going to do, and she said "This will make having sex easier for you", and I thought "with whom?". It was a big assumption, I thought, but I didn't say anything because I was in there with my mum."

"I've started going back to my family doctor, and my lesbianism is an issue, because I'm seeing him to help fix up my thrush, and I've also got endometriosis, so I told him. He was kind of open-minded, and he went on and on about how it didn't make any difference to him, and it was kind of awkward, but I think it's my health at stake, so it's better he knows."

" ... I don't know. I just refuse to go in there and say, "I'm gay. Now, deal with my other problem.", because half the time it just isn't relevant. But it would be nice to have someone who knows, so I could discuss, like, emotional questions as well, but I can't find one I trust enough."

Some respondents mentioned having used various counselling and psychiatric services, with varied results. These were used over-the-phone, on campus, privately and in hospitals.

"And when I was having trouble coping, I went and saw my mum's psychiatrist ... even talking to her, it just became clear that it wasn't a problem with being gay, it was a problem with, you know, just something everyone goes through, being generally broken-hearted and miserable. But it helped to work that out, and to talk to someone."

"I rang the Gay and Lesbian Switchboard once, and they were totally unhelpful. A guy answered, and I sort of said, "Could I please speak to a woman?", and he really gave me the brick wall treatment. So I asked if there was a discussion group for young lesbians, and he said "No", so I left it at that. At that stage, I didn't really have access to a lot of information, and that was the only thing I did know about, the Switchboard."

One informant had been hospitalised after a suicide attempt, and then decided to seek psychiatric help. He was not referred to any psychiatric services before being discharged from hospital. The reasons that he attempted suicide included being unable to come to terms with his sexuality, and he felt that this attempt had been a cry for help, but ultimately he had to seek his own treatment:

"That time I did it properly - it was with twenty-five sleeping tablets. But the thing is, they never said anything to me at the hospital. No follow up, no psychiatrists, nothing. Like ... nothing was done. My friends couldn't deal with it. One of them found me ... you know. So I went and saw a psychiatrist for a while. Decided that was the best thing to do ... I chose to do that myself, you know. It was time I dealt with it all. So I did, and it really helped, it cleared the air for at least a while."

Another informant describes being mentally unwell after realising that she was a lesbian. She was growing up in a rural area, living with her homophobic parents, and was having difficulty accepting her own identity:

"... and then I kind of went through the realisation period, where I was ... very sick for a while, very depressed and all that, and ... and then I kind of ... I was kind of with a girl, probably sixteen months ago, and then I kind of realised that ...Yes! That I was! That was the only reason I was sick and depressed. Because I couldn't come to terms with it myself."

Many gay and lesbian social venues are nightclubs and pubs, where drinking, smoking and, to a certain extent, drug use are accepted as normal. Most informants had used alcohol, tobacco or other drugs at some point, but for a few informants, they became a 'necessity', an addiction, or a social crutch:

"When I first came out, I was using dope a lot. I was smoking a couple of times a day at one stage, which is just ridiculous. It's just sort of a thing that dulls all your emotions, and you just haven't got the energy to think about anything, so you don't get worried about things ... I used to drink every day, to help me deal with stuff, and I used to drink quite a lot every day."

"... I had no male friends, no male gay companions, so I would drink my half a cask of wine before I went out and caught the tram ... I'd be blind, be absolutely blind off my face, because I couldn't afford to drink when I went out anyway. So I'd just get blind before I left the house, so that when I got there I could, you know, buy myself two drinks and just keep a topped up alcohol level. Otherwise I wouldn't talk to anyone, I wouldn't do anything. Eventually I started going out to gay venues quite regularly, but I couldn't go out unless I was drunk."

Generally the respondents reported being in good health, and overall had few specific health problems. One young man, however, had contracted hepatitis B, and it had become an ongoing health concern. The contraction of the disease was liked to other health-compromising behaviours, in unsafe sex and intra-venous drug usage:

"To tell you the truth, I really don't know how I got it (Hep B) because I used to ... like ... do drugs and used to have a lot of unsafe sex with other guys and that sort of thing. It just happened. So take your pick! ... I haven't got health worries at the moment, really. Except my liver. I'll always have to worry. It will always be a pressure."

Women in general tend to use health professionals more than men. Much of this usage relates to specific gynaecological concerns. Most of the women interviewed brought up issues of women's health, and had questions about how preventive medicine, such as Pap smears and mammograms, related to them. Often they felt as though they were automatically assumed to be heterosexual by doctors who were treating them for gynaecological concerns, and that they were asked inappropriate questions based on this assumption.

"I've never had sex with a boy, and I don't intend to, and ... um ... do I need a Pap smear? This is a question I have. And I think I ought to probably have one just in case, and then again, how often should I have one?"

"I guess a health concern of mine is conception. I do plan to have children, but as I don't sleep with men, and don't want to, what are the options for going about it? And who would be able or willing to help me?

"I never really bothered letting them know about me being lesbian, but then I sort of realised that actually there were probably things that might be specifically related to me being a lesbian. Maybe not specifically, but sort of ... when you go and have a Pap test, they ask if you've had sex. I mean, you have to say, "Well, what sort of sex are you talking about? And in that case, yes, but not with a man.", so you have to tell them, basically. It's so awkward."

Especially for the male respondents, HIV/AIDS and other STDs were a significant health concern. Although women can contract most of the sexually transmitted diseases that men can, lesbians as a group are at relatively low risk. On the other hand, most of the gay male respondents were very aware of issues relating to this topic. Claimed knowledge levels varied among respondents, but for the most part, informants were able to demonstrate a good basic knowledge of HIV/AIDS, if not the other more common STDs.

"I'd say my knowledge about HIV and AIDS is pretty extensive, partly because of the very big awareness of it in the gay community. As for general STDs and so on, I guess I have a broad-based knowledge. Like, I don't know all the grotty details about syphilis or gonorrhoea or anything like that, but I know how you catch things, and how you don't."

For many gay men, safe sex is now the general rule of thumb. All of the male respondents reported practicing safe sex most of the time. For most, it seems to be automatic behaviour:

"I worry about AIDS and stuff, of course, and stuff, so ... yeah, I've always used a condom etcetera. Yeah, I'm pretty careful ... everyone I've known has always been pretty strict with that as well. It hasn't ever been an issue, just to deal with that. Not really. Most ... all the people I've been with have all been very understanding, I mean, not even understanding. Like, it's a rule, basically, or something."

There are many factors that male respondents mentioned which they felt could make it hard to maintain safe sex in relationships or sexual encounters. Although they all claimed to be aware of the need for safe sex, all the male respondents had participated in unsafe sex at some stage. These respondents seemed willing to be tested for HIV, especially if they knew they'd done something unsafe. None of the female respondents mentioned having been tested. Having sex while under the influence of alcohol or other drugs, infatuation, being pressured by another person, and believing that another person is 'healthy' and therefore safe are among these factors.

"I swallowed cum on my twenty-first birthday, and I thought I was in love, and I thought it was so special at the time. Even though I knew all the risks, and I knew all about HIV, that time with him ... I thought I was in love. I thought, "It'll be all right, just this time". I'll never do it again, because the whole unsafe aspect put me through so much emotional turmoil."

"If I've done something I consider to be unsafe, well, I usually have a test three months later or whatever. I've had a few tests."

## Experiences in the education system

Informants had all been a part of the primary and secondary school systems. Two did not finish school, one finished at night school, and a number were or had been university students at the time of interview. For all the informants, their educational experiences took place in settings with apparently uniform heterosexuality. Little mention was made of the existence of homosexuality, except in playground taunts. In all of these educational settings there exist peer groups which maintain strong pressures for members to conform to notions of 'normal'.

"It was a boy's school, and looking back, I used to be the one telling all the gay jokes (laughs). The way it was at school was all really geared to never acknowledging that gay people existed for real. And even the jokes made it like it was wrong to be gay."

"At school ... there was one sexuality, and that was heterosexuality."

"Yes, I felt it really intensely at school, the pressure to conform, and to be just the same as everybody else, and it was ... you know, much easier just to ignore the whole thing, the whole courting thing. The boyfriend-girlfriend thing."

Many of the respondents mentioned that they found some experiences in school isolating and frightening because of their sexuality. Most common was the fear of being discovered as gay or lesbian, and of what might happen if anyone found out. One student was so affected by the anti-gay taunts of his peers that he left school altogether, and name-calling made school life unpleasant for others too.

"When I was at high school it was quite frightening. It was like ... um ... I was ... I didn't want anyone to know, and there were a couple of girls I knew that I had crushes on, but I would never ... you know, I would never even try to become close friends, for fear that, like, someone would ... that someone would read something into it, so I was just terrified of being accused of being gay."

"... there were a couple of gay guys at school, I remember, they got a lot of hassle, at Whittlesea, the school I went to, and it was just ... I didn't ... I couldn't even think of coming out. It was like it didn't even occur to me, you know ... It was frightening in a lot of ways. There was no kind of ... support, communication, discussion of homosexuality at all."

"I sort of got thrown out of school, but sort of just left by myself. I was losing the plot because everyone was calling me a fag and a poof at school. I felt so bad and I just couldn't cope with it any more. My mum asked me if I really was gay, and I had to tell her yes."

"I did tell a friend of mine at school ... she kind of took it upon herself to tell a few of the guys in our year, you know, everyone found out, and ... ah ... they all had few names to say about me and all that kind of stuff, so ... that's quite ... I mean, it's quite funny from my point of view, because I just think how sad they were that they couldn't accept it, but I got the usual ... "Dyke", and "Lezzo", so ... it was like "Can't you think of something else? Tell me something I don't know!"."

Sex education is a common part of most secondary curricula, and has been for some time. Formal sex education includes classes on physical, medical and emotional issues to do with sexuality, but informal sex education goes on across the curricula any time that sex is brought up in class. Respondents claimed that there was little or no mention of homosexuality in their sex education classes, as they were based only on heterosexual sex, and other times that homosexuality was brought up at their schools, it was in a negative or ridiculing fashion.

"At school, being gay was never mentioned. Hardly once. Hardly ever. And if it was, it certainly wasn't positive. It was ridiculous. We had an art teacher, who said that they should "put all the poofters on Tasmania together and blow it up"."

"We ... um ... blew up condoms and drew faces on them with spermicidal jelly, and we ... we doinged diaphragms across the room with those really frightening looking inserters. I don't think the issue of lesbianism was raised at all. We spent most of the time working out how to say no when some dreadful boy asked you to have sex with him."

Many of the issues confronting adolescents and young people are brought up at school, and it is within the school environment that support and information may be found. This does not seem to be the case with homosexuality. Informants felt that if homosexuality was included on the curriculum, it may have helped them come to terms with their own identities sooner.

"So at school it just wasn't even acknowledged and I think that really made it harder for me to come to terms with it. Because at the time it was, like, drummed into me, and all my ... even I knew my brothers were bringing home girlfriends, and I thought homosexuality must be something really bad."

"I think a lot of society sees it as wrong, so they have a big spack about them having sex education at all in school. What kind of spack are they going to have if they have gay and lesbian talks? But I think for me, definitely it would have made me face things a bit

sooner. I don't know. Maybe made me actually go and speak to somebody, instead of waiting, and dealing with it on my own. But nothing was said."

Two respondents mentioned deliberately deciding to put their sexuality 'on hold' while they were still at school. School was not a safe place in which to explore their emerging identities.

"Everything was just geared towards getting out because I hated school so much. It was like "Get out and get to Uni ... Get out and get to Uni.". I mean, just thinking about it now I can remember coming home ... and being gay was on my thoughts all the time. I just wanted to get out."

"I kind of thought about being gay, but I thought about it only in terms of the future, I think ... That I'd deal with it later, once I had got away from school. I knew that school was very constricting in my behaviour and also in the friendship base I had."

# Chapter 5: Discussion and Conclusions

This study examined the relationship between the life-experiences, sexual identity and health of 13 young gays and lesbians. While there was no general conclusion drawn from the study, a number of more specific conclusions were able to be drawn about the way in which young gays and lesbians experience their lives. This study used a grounded theory approach to collecting and analysing data. The findings of this study are derived purely from the perspectives of the informants.

This chapter considers the issues that arise in life for young gay men and lesbians in relation to six themes as presented in chapter 4, and relates these themes to previous research and theoretical perspectives on sexual identity and health in young homosexual people. The chapter then discusses methodological issues and limitations associated with the study. Implications for further research and implications for practice in education, health and counselling are discussed. The chapter finally considers general conclusions about the experiences of young gays and lesbians.

## Themes, conclusions and their relationship to theory and research

### Concerns of sexual identity

Concerns of sexual identity were a central theme in this thesis. It was evident that, for all informants, the realisation of their homosexuality had had, and in some cases still had, significant impact on their lives. Most of the informants realised that they were gay or lesbian before they reached

adulthood, and some were even aware of being different from their peers (retrospectively associated with their sexual identity) in their primary school years. It is not uncommon for gay men and lesbians to have experienced feelings of being quite different from their peers while still adolescents, nor is it uncommon for them to have formed their gay or lesbian identity before they have reached adulthood (Boxer and Cohler, 1989; Martin and Hetrick, 1988; Troiden, 1988). One informant realised that she was a lesbian in her early twenties, but felt that if it were not the prejudices and fears that she had internalised, she would have realised much earlier. This is consistent with Troiden (1988), who discusses processes of identity development for gays and lesbians, and notes that labelling (as gay or lesbian or homosexual etc.) occurs in the third of four typical stages of identity development.

Reflecting the historical stigmatisation of gays and lesbians, some informants did not like the labels that they placed on themselves (Goggin, 1993). Even though all informants referred to themselves as gay or lesbian, a number of the lesbians mentioned their dislike of the term 'lesbian'. They felt that 'lesbian' had been used as a 'dirty' word in the past, and for that reason, did not like it. This dislike can be considered symptomatic of one type of internalised homophobia (Unks, 1995), or of feelings of self-hatred based on sexuality.

Most of these young people grew up in environments in which homosexuality was not openly accepted, and in which they had difficulty finding legitimation of their feelings as normal or healthy, and this is reflected in the high proportion of informants who reported having difficulty accepting their own sexual identity. Bidwell (1988) notes that it is possible the lack of positive affirmation of homosexuality, and the

heterosexist nature of society, leads many young gay and lesbian people to have difficulty exploring their own identities enough to gain self-understanding and self-acceptance. Among the reasons given by the informants for these difficulties were fear of discovery, fear of being different, dislike of homosexuals, and for one informant, who did not realise that there were gay or lesbian people, ignorance.

Many informants talked about the experiences that they had had in which they felt discrimination. Most had not experienced actual physical violence but many had felt threatened or unsafe because of others' reactions to their sexuality. Most types of discrimination mentioned by informants were more subtle, but appeared to have been felt keenly anyway. Pilkington and D'Augelli (1995) claim that very few social environments are free from risk of harm for young gay men and lesbians, and that homophobia is pervasive. Taunts and name calling were commonly reported, as were fears about situations where discrimination happen, such as the workplace. According to Herdt (1995), little has been done in research to find out about the effects on the victim of such treatment.

One informant talked about his suicidal feelings and his two attempts to take his own life. A number of other informants made comments about the high rate of suicidal ideation and attempts among young gays and lesbians. A number of authors have addressed the issue of gay and lesbian youth suicide, with various research showing a rate of suicide attempts anywhere between two and a half to seven times the rate of similar heterosexuals (Millard, 1995; Proctor and Groze; 1994). The experiences of the informant who talked about his suicide attempts were echoed by Mead

et al (1995) who comment that suicide attempts ultimately signal an inability to see any other way out, and a loss of hope for the future.

Many of the informants, both male and female, talked about their desire to have or raise children. This was more common for the female respondents than the males. The possibilities of difficulty in conceiving children, discrimination in primary health care settings, and discrimination faced by children of gay or lesbian parents were the main concerns voiced. A number of studies discuss the particular gynaecological and obstetric health care needs of lesbians (Roberts & Sorenson, 1995; Zeidenstein, 1990; Stevens and Hall, 1988; Olesker and Walsh, 1984), and the likelihood of discrimination and compromised care due to the assumptions and bias of homophobic or heterosexist health care professionals. In the past, it was felt that accepting that one was gay or lesbian included accepting having no children. It is the desire to have children that has led many lesbians to live in heterosexual relationships, despite their feelings of attraction for other women. Such women have tended to feel that if they want to have children, they must conform to conventional societal notions and expectations of 'family', (Tasker & Golombok, 1995; Deevey, 1989). It is becoming more common, however, for openly lesbian women to express the desire to have children (Zeidenstein, 1990; Stevens & Hall, 1988). While only a few recent studies addressed these issues, there is little literature whatsoever that addresses the desires of gay men to parent children.

For the most part, informants reported that being gay or lesbian was a positive experience, or at least had its positive aspects. Positive things included being able to be self-accepting and comfortable, being better able to cope with adversity, being freer of traditional expectations, and not taking

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things for granted. Negative aspects revolved around the way in which others reacted to the informants' sexuality, such as with ridicule or discrimination, and around isolation, especially in earlier youth.

## Coming out

All of the informants had come out to at least some, if not all, of their family members and friends. Coming out seemed to be one of the issues that most concerned the respondents. It was common for informants to consider coming out to family and close friends as far more important than coming out to casual acquaintances. However, where an informant reported having fear about reactions to their disclosures, the tendency seemed to be to come out to casual acquaintances before attempting to come out to closer friends and family.

A number of informants talked about lying to conceal their sexual identities. Dempsey (1994), Martin and Hetrick (1988) and Kus (1985) all found that most young gays and lesbians attempt to pass as heterosexual at some stage, and that learning to hide their sexual identities is a part of the socialisation process for most as well. Lying is commonly taught to be wrong, and informants who talked about lying to others about their sexual identity reported feeling bad about the lying, irrespective of the reasons that they did so. Savin-Williams (1988a) reported that hiding sexual identity can be highly stressful, and that this is characterised by secrecy, ignorance, helplessness and emotional distance from others, and requires constant vigilance over speech, behaviour and environment. Vinke and Bolton (1994) maintain that the need to share secrets and emotional burdens with others,

together with feelings of self-acceptance are the usual catalysts for coming out.

There were many different accounts given of 'coming out' but the most important seemed to be about coming out to parents. Two of the informants felt that, due to outside factors, they were forced to tell their parents of their homosexuality before they were ready. Three informants had not yet told their parents. The rest of the informants had chosen to tell their parents willingly. None of these reported having any feelings of regret about making the disclosure. A number commented that they had feelings of relief after coming out. The informants who had not come out to their parents gave reasons such as fear of rejection, fear of discrimination, or the desire to protect loved ones from pain or unhappiness for why they had chosen to remain closeted. Fear of negative reactions is one of the most common reasons for not coming out, according to Dempsey (1994). Savin-Williams (1988a) found that positive reactions to disclosure are linked to increased self-esteem and comfort with their sexuality in young people, and (1988b) that parental acceptance was strongly related to young gay men's self esteem, but not as much for young lesbians.

It was outside the scope of this study to investigate that phenomenon further. A number of the informants who had told friends or family of their sexual orientation had received negative responses, but most also reported that subsequent reactions from friends and family had been more positive about homosexuality. In general, informants felt that the reactions had changed because their relation or friend had been able to think over what they had learnt, and had been able to talk to others about it. They had begun

to react less to the preconceived notions attached to labels such as 'gay' or 'lesbian'.

## Social and sexual relationships

It seemed that for most informants, their relationship with their parents remained one of the most important to them. Most of the comments made about parents related to issues of coming out. For those informants who had come out to their parents and others, the parental reaction seemed the most important of all, while for those who had not come out to their parents, fear of the parental reaction seemed to be the main reason for remaining closeted. Gay and lesbian young people are similar to other young people in that they seem to internalise and incorporate their perceptions of others into their self-image, especially parents and other family members (Savin-Williams, 1988b). As most parents tend to expect their children to grow up and be heterosexual, their verbal and non-verbal communication expresses this expectation. As young gays and lesbians internalise these expectations and assumptions, they may develop a sense of self-hatred for not living up to these expectations, and a prejudiced attitude towards themselves for being different (Switzer, 1994). Relationships with other family members were also important, possibly for the same reasons, but the relationships with parents seemed to still be the most important. It seemed that those who had not come out to their parents were less likely to be open about their sexuality with the other members of the family.

Respondents talked about many different relationships with friends. Most of them had some sort of gay or lesbian friendship group, but in some cases informants stated specifically that their gay or lesbian friends and their

straight friends were two entirely separate groups. A number of comments were made which related to difficulties that had been experienced in friendships. One informant describes having few friends at school, and attributes this to the emotional isolation she felt because of their homosexuality. This seems to be described by Vincke and Bolton (1994) who outline the emotional isolation and distance that is maintained as a result of young gays and lesbians trying to keep their sexual identity secret.

Other comments were about friends' reactions to disclosure of homosexuality. While most reactions from friends were positive, it was not uncommon for informants to have lost friends who were unable to accept the informant's homosexuality, or for friendships to have changed for the worse after disclosure. Some friends reacted by saying that they themselves were certainly not gay or lesbian, and appeared to be threatened by someone so close being gay or lesbian. Some informants report that friends avoided them completely after their disclosure, and how hurtful and upsetting it was to lose a friend in such circumstance.

Many of the informants had taken part in heterosexual relationships before realising or accepting that they were gay or lesbian. For some, it appeared that they had these relationships in an effort to prove their heterosexuality to themselves or others, and this is commented upon in the literature (Dempsey, 1994; Martin and Hetrick, 1988; Troiden, 1988). Others simply felt pressured by family and peers to behave as expected. Many of the informants that had been in heterosexual relationships said that being in those relationships did not feel quite right, or that they were pretending. Even after realising that they were gay or lesbian, some informants continued with their heterosexual relationships.

First homosexual relationships were reported to have been difficult, with the first difficulty being how to find a suitable or desirable partner. Most people are assumed to be heterosexual, so specific gay or lesbian venues appeared to be the only social circumstance in which it was easy to find suitable partners. However, many of the respondents did not enjoy the gay and lesbian social scene. A few of the first relationships occurred under the influence of drugs or alcohol, and were embarrassing. Some first homosexual relationships were made more difficult by the denial that they were even occurring, while others were made more difficult because one or both parties remained closeted. Fear of discovery or of rejection seem to be the factors which were affecting these people, yet other early homosexual relationships were mostly sex-based, and involved one-night stands and pubescent experimentation with friends.

Early homosexual relationships were more common among male respondents. One informant had been involved in 'beat' sex, or sex in public places, and at the time felt like that was then only option that he had to be sexually involved with other men, as he did not realise that there were openly gay people. The same informant talked about his experiences as a prostitute, having sex with men for money, when he felt like that was his only option to earn enough money to live.

About half the group were involved in steady relationships at the time they were interviewed. The comments these informants made about being in relationships were positive, and for the most part their relationships were unremarkable. One person commented that she felt reluctant to be demonstrative in public, although she claimed that it was her personality

that made her feel uncomfortable about being publicly affectionate, not her sexuality. Some informants commented on their desire to have non-monogamous relationships, but for the most part expressed a desire to have relationships that were long-term, monogamous, stable and loving. One informant wanted to have a relationship with her partner not unlike her parent's relationship.

**Social support**

Lack of social support was a problem expressed by many of the informants with regards to when they were coming to terms with their sexuality. Most said that they did not know many or any gay or lesbian people, and that they had little guidance. Young women seemed to have even less support and guidance than the young men. This lack of support echoes the lack of visibility of lesbians in society, even relative to gay men (Jeffreys, 1994; Rothblum, 1994; Wilton, 1993; Viss and Burn, 1992). The respondents who grew up in rural areas experienced less support than their city counterparts, and generally seemed to have a more difficult time coming to terms with their sexuality. The isolation and difficulty of the young rural gay and lesbian is described both by Bell and Valentine (1995) and by Weston (1995), both of whom mention the trend of young rural gays and lesbians to move to the city as soon as they are able, lured by the liberal reputation that city areas have.

Family support was very important to the informants. It was evident that informants found it difficult to deal with situations where they had no family support and where their families openly disapproved of them. Many of the comments made about family support mentioned its absence.

MacDonald (1983) found that unless they were able to be completely open with their families, gays and lesbians become 'half-members', unable to share their lives and experiences, and unable to trust others or feel good about themselves. Having a lack of family support may affect young gays and lesbians a great deal (Savin-Williams, 1988b).

The support of friends was valued highly, especially by those who lacked family support. While coming out to friends was acknowledged as a risk, it was evident that those who had done so recognised that benefits of friendship outweighed the risks of rejection. The level of support given by their friends pleasantly surprised most respondents. Two respondents described how they feel they choose their friends specifically so that they will not be homophobic or be unaccepting. This was seen as a form of self-protection. Three respondents described having their friends come out to them, even before their friends knew that the respondents were gay or lesbian. These relationships were mutually supportive.

Friendship networks of other gay and lesbian people occurred in a number of settings, such as in the workplace, at university, or through support groups. 'Young and Gay' was the most common support group, although it is only open to young men. The majority of the male respondents had attended 'Young and Gay' courses and most had felt it helpful. One respondent, however, felt that it was a waste of time for him, as he had already come out and found the other group members to be obnoxious. Many respondents have groups of friends that are mostly gay or lesbian, and they commented that they felt more comfortable among other gays and lesbians.

A few informants used formal counselling, but for the most part, respondents had not sought professional counselling to help them deal with their sexuality. Rather, informants had sought help for other issues not necessarily directly linked to their sexuality. One informant did not seek counselling at school because she was concerned about the possible lack of confidentiality. There is some research and literature on the role of the counsellor in addressing the needs of gay and lesbian young people (D'Augelli, 1993; Coleman and Remafedi, 1989). The important point made by these authors is that counsellors must be seen as being available, non-threatening and unbiased for young gays and lesbians, and the importance of this strategy was reinforced in the results of this study.

**Health issues**

As with most people, the informants had all seen medical practitioners at some stage in the past. The issue of sexual identity had not been raised at all by some practitioners, while others had been assumed to be heterosexual without question. Only a few informants had felt comfortable coming out to their health providers. Those informants whose health practitioners were not aware of their sexuality felt that the situation had compromised the level of care that they received. There was little material in the literature on the experiences of gays and lesbians in general medical health care. The female respondents were much more likely to have been open to their doctors, seemingly because issues of sexuality had been brought up through discussions on gynaecological matters. In studies by Perkins (1995), Stevens and Hall (1988) and Olesker and Walsh (1984), it was found that discussions about contraception, sexual health and obstetric health all tended to include assumptions of heterosexuality. These assumptions were often the catalysts

for lesbians to disclose their sexuality to health service providers. However, the female respondents in this study who were open to their doctor did not necessarily feel comfortable with their doctors because of this openness. Conservative attitudes seem to intrude.

In other situations, informants had used a number of counselling and psychiatric services, including over-the-phone services, campus services, private clinics and hospital services. None of the respondents made positive comments about their experiences with these services. One respondent found the Gay and Lesbian Switchboard to have been particularly unhelpful. While authors show many mental health issues that are of relevance for young gays and lesbians (D'Augelli, 1993; Smart, 1989; Coleman & Remafedi, 1989; Gonsiorek, 1988), it seems in this sample that relatively few have sought these services or are willing to use them. This confirms the findings of D'Augelli (1993) and Herdt (1989).

Even when it is clear that a patient has had an episode of acute poor mental health (as with the informant that attempted suicide), hospitals do not always offer help or follow-up treatment. Two informants reported being mentally unwell after realising they were gay. Depression and anxiety exacted tolls on each of them. Depressive symptoms are common in adolescents (Centre for Adolescent Health, 1993), and gay and lesbian people have been found to experience depression at a higher rate than their heterosexual counterparts, and lesbians tend to have more incidences of depression than gay men (Bradford et al, 1994). This is probably because women experience more depressive symptoms than their male counterparts, regardless of their sexuality (Rothblum, 1990).

Some informants mentioned feeling as though they had missed out on a part of their 'growing up', or that they had put a part of themselves 'on-hold' until after they had dealt with their sexuality. This phenomenon is known as 'denied adolescence' (Bidwell, 1988). Denied adolescence affects young people who must deal with the stresses in their lives (such as denying homosexuality to themselves and others), and in doing so, put aside some of the normal developmental tasks of adolescence and young adulthood. It seems likely that this phenomenon has a lasting impact on those it affects. While peers are able to use social exploration to develop a stable identity and strong self-esteem, those who have postponed adolescence are not able to develop a positive sense of self, and tend to find it difficult to relate to others. Depression appears to be more common among young people who are affected, and carries with it its own set of negative consequences, such as increased suicidal ideation (Bidwell, 1988). Those informants who reported feeling as though they had postponed 'growing up' felt that they were still being affected, in that they had had to come to terms with their sexual identity without the social interaction and experimentation engaged in by most of their peers.

The use of alcohol and other drugs by some informants became an addiction or a social crutch. Three respondents talked about using alcohol, marijuana and harder drugs to allow them to cope with their stresses and to give them the courage to go out to gay or lesbian venues to meet people. Alcohol and drug dependency has been found by some researchers to occur at high rates in both the gay and lesbian community when compared to the community in general (Hughes and Wilsnack, 1994), and other studies have found that lesbians have higher rates than gay men for these addictions (Bradford et al, 1994).

Generally the respondents reported being in good health and had few overall health concerns. However, many of the women interviewed brought up specific issues of women's health that they did not fully understand, such as the protocol for Pap smear testing and issues of conception. Women are often asked about their contraceptive habits as a regular part of medical consultations, and thus may be placed in the position of disclosing their sexuality to avoid misunderstanding and awkwardness (Bradford et al, 1994; Olesker and Walsh, 1984). Women are taught that having had sex with men is a prerequisite to having a Pap smear, but there is little information available about lesbians and Pap smear needs. Informants expressed a need for information regarding women's' health issues, including conception and childbearing, which are usually overlooked even when lesbian health needs are discussed (Zeidenstein, 1990).

For male respondents, HIV/AIDS and other STDs were significant health concerns. While lesbians have been in one of the lowest transmission groups with regards to sexually transmitted diseases, gay men remain in one of the highest (Vincke and Bolton, 1994).

**Experiences in the education system**

This theme related primarily to informants' experiences within formal educational institutions. Issues relating to homosexuality are seldom addressed in more than a passing manner within primary or secondary curricula (Treadway and Yoakam, 1992). The resultant lack of accurate information and failure to acknowledge the presence of lesbians and gay men in schools and in society tends to create an environment in which young

gay men and lesbians feel unsafe, isolated and alienated (Griffin, 1994; Price, 1982). At this stage in their lives, when many of their peers are exploring notions of intimacy, interpersonal relationships and sexuality, gay and lesbian adolescents and young adults are often placed in situations which make them feel even more 'different', alienated and isolated (Unks, 1995; Griffin, 1994).

The young people in this study certainly discussed their own feelings of difference and isolation at school, and the pressure that they felt to conform to their peers' expectations. A couple of the informants dealt with these feelings by 'suspending' them and their developing sexuality until it was safe for them to explore that part of their identity after they had finished school. This seems to be an example of what Bidwell (1988) calls 'denied adolescence'. Another informant consciously kept her distance from her female friends, for fear that her lesbianism be discovered. She felt that it had affected her ability to interact with her peers, as she constantly felt vulnerable to exposure.

Most informants felt that their schools had failed to adequately educate them and their classmates about homosexuality. Homosexuality's lack of presence as an issue across the broader curriculum (not just in sex education units) perpetuates the ignorance and intolerance that often exists in school settings (Griffin, 1994; Sears, 1992). Schools that are affiliated with religious organisations tend to escape their responsibility to educate about sexuality in general, let alone issues of homosexuality. These schools educate according to religious beliefs about sex, and administrators of these schools commonly maintain that it is a parental responsibility (or choice) to educate their own children about sexuality. Many parents feel unwilling or

unable to do so (Unks, 1995). Among educators, there seems to be an assumption that gay and lesbian issues are only of interest to young gay men and lesbians, and would not be something that is of interest to all students.

Another assumption is that education about homosexuality may lead to the development of homosexuality among students, much as it is assumed that education about heterosexual sex will automatically lead to young people having sex (Crowhurst and Seal, 1998). Denying unbiased information about homosexuality to students in school not only disadvantages those students that may be gay or lesbian, but also any student who may question their own sexuality, or who may come across issues relating to homosexuality in environments away from school (Unks, 1995; Treadway and Yoakam, 1992; Bidwell, 1988).

One informant left school partly as a result of the homophobic teasing and taunting to which he had been subjected. Others talked of having felt constricted by their fear of being discovered as gay or lesbian by others, and another respondent decided against disclosing her sexuality to anyone after watching other gay students at her school being persecuted by their peers. Homophobia and anti-gay and anti-lesbian violence are relatively common in Australian secondary schools (Griffin, 1994), and in those in North America (Sears, 1992). Fear of what peers may do or say if they knew seems to be one of the major concerns that the participants had while in formal educational institutions. Of those that were aware of their homosexuality before they had finished school, a number had disclosed their sexuality to their close school friends, and had experienced great concerns about how their friends would react. One respondent confided in a school friend that she had realised that she was a lesbian, only to have her 'friend' tell almost

all her peers at a small country secondary school. This elicited name-calling and verbal abuse from her peers adding to her feelings of betrayal and vulnerability. Williams et al. (1992) reported how the responses of peers may have a lasting positive or negative effect on the experiences of young gays and lesbians.

In contrast to the experiences of this particular informant, most attempted to 'pass' as heterosexual, even going to the extent of having heterosexual intimate relationships in order to elude detection. A number of authors discuss the common use of 'passing' (as heterosexual) by gay and lesbian young people (Pilkington and D'Augelli, 1995; Woods and Harbeck, 1992; Schneider, 1991; Bidwell, 1988), and indeed, most of the respondents talked about trying to be, or pretending to be heterosexual in order to escape prejudice or abuse or alienation.

During sex education classes at school, none of the informants remember being taught anything about homosexuality, except, in some cases, simply that it exists. The sex education that most had been involved in was primarily concerned with heterosexual sex, reproduction and contraception. This seems to be the case with most sex education at that level (Moore and Rosenthal, 1993; Stout and Rivara, 1989). Informants felt that what they were taught was just not relevant to them. Further, two informants cited the omission of references to homosexuality in sex and general education as a reason that they did not successfully come to terms with their homosexuality sooner.

The lack of information to the contrary lets some young people continue to believe that gays and lesbians are bad, abnormal, and are not the

people that they know, even when they have themselves begun to have homosexual feelings. This conflict of identity and beliefs can lead to crises in self-identity development for young people, where they have learned to dislike or even despise who and what they are. These young people are then at risk of depression and even suicidal ideation (Bradford et al., 1994; Proctor and Groze, 1994).

It would be difficult to ascertain whether developing a homosexual identity may affect gay and lesbian individuals' academic performances. It was clear from the comments of the study participants that, for many, issues relating to being gay or lesbian had a significant effect on their well being while at school. Attempting to come to terms with their sexual identity complicated life for many of the respondents while at school, and for a few respondents, contributed to their leaving school permanently.

Whether or not teachers or other students were aware of the informants' sexuality did not stop the informants from having fear about the reactions of others, or self-loathing because of learned beliefs. It has been found that gay and lesbian youth have a higher dropout rate than other students at the secondary school level (Griffin, 1994; Treadway and Yoakam, 1992). Those informants who had left school before Year 12 believed that their issues surrounding their sexuality had affected their ability to continue their education.

## Methodological issues

This thesis applied a method which is has been used in various studies in the area of sexuality, but it has so far only been used in a relatively small

number of studies on young gay men and lesbians. There are a number of observations about aspects of the research process that need to be noted.

## Limitations

The scope of the study was limited to a small group of respondents who were somewhat homogenous in terms of educational level, socioeconomic status and race. One apparent limitation of this study was that using the snowball sampling technique generated a sample that did not reflect the general population of young gay men and lesbians. Using this type of qualitative methodology, however, offsets this limitation, in which representativity of sample is not essential.

It may have been useful to look at gender differences between the experiences and recollections of the lesbians and gay men in this study. It was evident that lesbians and gay men had experienced their homosexual identity development in differing ways. Another way of comparing and contrasting groups within the total number of informants would have been to look at the differences between those in relationships at the time of the interviews and those who were single, as it is possible that being involved in a relationship could lead to differences in self-esteem, social support, disclosure patterns and feelings about sexuality. It was decided, however, that these comparisons would have been outside the scope of this study.

## Sample size

The methodological thrust of grounded theory technique is that the collection of data goes on until theoretical saturation is reached. Even

though the sample size in this study is relatively small, saturation was reached, and thus in accordance with the grounded theory method, the sample size was adequate.

## Population

The age limits for the population in this study were set as between eighteen and twenty-five in order to explore the issues confronting younger gays and lesbians. However, it would have been valuable to have been able to interview younger informants. It is difficult to gain access to younger sample populations in sexuality research, as it is usually a necessity to have parental consent in order to collect any data. The issues for adolescent gays and lesbians are different from those of young adult gays and lesbians. Longitudinal forms of research would also be useful in following the experiences of gays and lesbians from the age of first realisation. Unfortunately, there are many legal and societal barriers to conducting such research, such as the need for parental consent for respondents under 18 years of age, and the need for adequate and continuous funding.

## Measure

The use of the grounded theory method allowed the data to be constructed from the stories and perceptions of the informants, instead of the data being theory-driven. The advantages of this method are that it elicits detailed, rich and contextual information, and allows informants to construct their own meanings about their experiences, and the data produced allows a better subjective understanding of self and situations for young gays and lesbians than could be gained using quantitative methodologies.

## Interview

The interview guide I used was only an outline of the questions I hoped to cover in the unstructured interviews with informants. Using the unstructured recursive method of interviewing allowed me to explore a wide range of issues as they emerged, without having to follow the guide, question by question. I am familiar with the experiences facing young gays and lesbians, and this familiarity allowed me a good sense of rapport with informants from the start of the interviews. Being able to be seen as something more than just a researcher by the informants allowed me greater scope for gaining their trust and cooperation.

## Implications for research

This study has raised many questions that need to be researched further. This section briefly discusses a range of research questions that would appear to be important in the further understanding of the sexual identity and health of young gays and lesbians.

## Realisation

The time around when young gays and lesbians become aware of their homosexuality is one of great stress and fear. Young people are especially vulnerable at this time to homophobia, and tend to lack support, guidance and positive role models. Although carrying out sexuality research on younger populations is difficult, exploring the needs of this group is imperative if the situation for adolescent gays and lesbians is to change.

## Gender differences

Gender identity plays a very important role in the way that young people experience their sexual identity. There are clear differences in the way that gay men and lesbians realise and assume their sexual identities, and exploring these differences would allow an even more detailed picture to emerge of gay and lesbian life today. This in turn would allow service provision, especially in health and education, to be better tailored to the needs of gay men and lesbians

## Denied adolescence

It is acknowledged that young gays and lesbians often forego parts of normal adolescence and young adulthood to concentrate their emotional energy on coping with accepting their sexual identity. Little is known about the consequences of 'denied adolescence', and what the legacy of this coping mechanism is when the young people develop into adults. To aid in the

provision of mental health and support services, it is important that this phenomenon be further investigated.

## Siblings, friendship and support

Most of the research on social support and relationships focuses on relationships between young gays and lesbians and their parents. The way in which these young people interact with their siblings, friends and peers, and the ways in which they receive support from them have been neglected in the research so far. While parent-child relationships are clearly very important to all young people, so too are those with friends and peers, especially for those that are vulnerable due to their emerging homosexual identity. There also appears to be little literature or research that has dealt with the relationships between gays and lesbians and their siblings. The way in which young gay men and lesbians negotiate these friendship and sibling relationships needs to be investigated in order to be able to encourage non-parent and non-family-based social support.

## Intimate relationships

There is little literature that addresses the experiences of young gay men and lesbians in regards to their intimate relationships. The ability of this group to negotiate and participate in fulfilling relationships may be compromised by a number of factors, such as fear of discovery, secrecy, isolation, lack of social contact with others who are gay or lesbian and lack of relationship role models among their peers, elders, or in the mass media. Exploration of these issues would help find strategies to aid young gays and lesbians to overcome difficulties in relationships.

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## Educational experiences

School is a part of life for virtually all children and adolescents. Schools also tend to be relatively homophobic and heterosexist institutions, and alienate or isolate a number of young people who are questioning their sexual identities. While there are retrospective studies that ask gays and lesbians about their experiences in the school system, there is virtually no research which deals with the experiences of gay and lesbian youth at the time that they go through these experiences. Some research of this type is needed in order to ascertain better the needs of, and challenges facing, young gay men and lesbians in schools. It is also important to explore the adverse effects that dealing with sexuality while at school may have on young gay men and lesbians, both academically and in terms of their well being. In exploring these issues, it may be possible to view more clearly the way in which assumptions of sexuality in the education system affect all students, not just those developing homosexual identities.

## Experiences in the health care system

There is little specific research on the needs of young gay men and lesbians in dealing with the health care system. For those who need help in coping with their emerging homosexuality, or with the reactions of others, improved delivery of services needs to be investigated in order that those who need it may gain access to the health care required with ease. If young people need help, yet feel unable to call on the services provided, they remain vulnerable to isolation and fear and prejudice. The homophobia and heterosexist focus in health care provision needs to be challenged so that

those questioning their sexuality are able to gain support and cease feeling as though they must hide themselves.

**Health needs and development**

It is evident that there are a range of health issues challenging young gay men and lesbians. Some of these are primarily physical, such as eating disorders, sexual health and substance abuse. Mental and social health issues are obviously very important as well. Low self-esteem, isolation, depression, suicidal ideation, and social withdrawal are all likely outcomes for the way in which some, if not many young gay men and lesbians experience their adolescence and young adulthood. It is of paramount importance that both the short-term and long-term consequences of these health issues for young gay men and lesbians are examined, as it is possible they may have a profound effect not only on their experiences during youth, but also on how they develop as adults.

## Implications for practice

Because of the prevailing societal and moral views held about homosexuality, and the near-invisibility of young gay men and lesbians, there are a number of difficulties in implementing any changes in practice. Further, for any changes to practice to have any permanent effect, a long-term and persistent approach must be adopted. The individuals who volunteered to be informants for this study represent only those who are confident and developed enough in their identity to feel able to take part in the process. There are many other young adults and adolescents who may be unable to come forward through fear, isolation or ignorance, and thus are

unable to seek assistance or support or benefit from counselling. In order to change the situation for young homosexuals, three approaches may be taken, in education, health care and counselling practice.

**Education**

Currently there is little if any visibility of lesbians and gay men in the primary or secondary curricula. The theme that emerged from the data regarding experiences in the educational system gave some insight into the current experiences for young gay men and lesbians. To reduce overall feelings of isolation, lesbians, gay men and the issues that concern them should be included across the curricula, in much the same way that other issues and groups of people are included, instead of restricting any mention of homosexuality to units of sex education or health science alone. Language used by educators should be neutral or inclusive, instead of assuming heterosexuality, thereby avoiding the alienation of gay and lesbian students. By normalising homosexuality, institutional homophobia and general homophobia in schools may be reduced and levels of respect for different sexualities may increase. Homophobia does not only restrict the actions of gay and lesbian youth, but those of all students in schools by making some ways of being and behaviour unacceptable or disrespected. By breaking the cycle of homophobia in schools, where every young person can be exposed to greater degrees of acceptance of difference, attitudes in the community may change.

## Health care provision

It is clear from this study that some young gays and lesbians are uncomfortable about seeking health care from health practitioners who may be homophobic or insensitive to the needs of homosexual patients. One way of bringing about change in health care provision would be to encourage practitioners in all disciplines (ie. not just doctors) to use neutral or inclusive language when referring to patients, their sexuality and their partners. By showing that they are not making assumptions about a certain sexual identity, practitioners would allow patients more freedom to express their concerns without having to feel awkward or embarrassed.

Medical practitioners must be properly educated regarding the gynaecological needs of lesbians, as misinformation appears to be common regarding lesbian health. Practitioners must also not assume that only heterosexual women want to bear children, as these assumptions have been noted as barriers to proper care and provision of services for lesbians having, or wishing to have, children. Encouraging practitioners to be accepting of patient's partners, regardless of gender, would be another step towards providing unbiased health care to all patients, including gays and lesbians of all ages.

## Counselling

Many informants in this study talked about having difficult experiences in dealing with their sexuality, and in dealing with the repercussions of accepting a homosexual identity. However, few sought professional counselling, even though they were, at times, in desperate need.

Structural changes need to be made in the provision of counselling so that it is non-threatening and non-judgmental, and so that it is provided regardless of an individual's perceived need. Young people intent on hiding their sexual identity through fear and isolation are unlikely to willingly present to a counselling service, regardless of actual need. The perception that these services lack confidentiality (regardless of actual confidentiality) will tend to inhibit potential users further.

An effort to strongly 'market' counselling as maintaining strict confidentiality may be necessary in order to encourage potential users. Having far more widespread provision of counselling services and making sure that all services are completely confidential will increase their usage. Removing the stigma associated with seeking help from counsellors may also increase their usage.

A most important role for counsellors of adolescents and young people is to create an atmosphere in which issues of sexuality can be discussed. To ensure that there is as little discouragement from openness as possible, any assumption of heterosexuality needs to be avoided. Such an assumption would be likely to further isolate those young people who may be questioning their sexual identity.

To best carry out the role of counsellor, health professionals must firstly demonstrate a high level of acceptance and empathy, which means consciously addressing their own internalised homophobia and recognising homosexuality as a valid way of being. It is also essential that counsellors provide positive affirmation of the client's sexual identity. As long as these things are achieved, the other concerns of gay and lesbian people seeking

counselling are to be treated just as they would be in any other client. Ultimately, the contribution of mental health professionals to improving conditions for young people who are gay or lesbian is secondary to interventions which take place on a more global level, in society and in institutions, and in the material in educational curricula.

It is worth remembering that the families and friends of young gays and lesbians may benefit from counselling to help them come to terms with their family member's or friend's homosexuality. The reactions of people close to them are important to young gay men and lesbians, and the behaviour and reactions of others are more likely to be positive if they feel comfortable with homosexuality.

The high prevalence of suicide and suicide attempts among gay and lesbian youth point to a desperate need to change the way in which these young people experience their growing up and identity assumption. While it is possible to treat and counsel those whose attempts did not lead to death, effective prevention measures need to treat the community and society in which young gay men and lesbians exist, which means every society. For example, inclusive curricula in schools and specific non-judgemental education about homosexuality could act to reduce the isolation felt by gay and lesbian youth, in turn reducing feelings of futility and difference.

## Concluding remarks

This study has explored the life experiences of young gay men and lesbians aged between eighteen and twenty-five. Using in-depth interviewing, six lesbians and seven gay men were interviewed. The use of

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in-depth interviewing and the grounded theory approach allowed the informants and me, as the researcher, to explore the meanings that young gay men and lesbians give to their experiences as homosexuals. From the data collected, six themes emerged. These six themes were explored in detail and provided the study with a focus.

The main conclusion of the study was that young gay men and lesbians face a range of challenges and difficulties as a result of the widespread homophobia and heterosexism in the community. The development of a homosexual identity is complicated by the attached social stigma, and by feelings of isolation, lack of positive role models and lack of social support. The experience of being gay or lesbian is often affected by the homophobia of others, as well as by internalised feelings of ambivalence or negativity about homosexuality. There are negative physical, mental and social health consequences linked to the stigma of homosexuality, such as alienation, depression and substance abuse. As yet, education and health services fail to address these consequences adequately. The failure as yet of education and health services to properly address issues of homosexuality is a lost opportunity to improve the existence of young gay men and lesbians. There is a clear need for a great deal more research into the experiences of young gay men and lesbians. Only once that has taken place will a fuller understanding be gained of the specific challenges facing this group of young people.

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# Appendix

# Consent Form

## 1. Brief Nature of Study

The nature of this study is to develop an understanding of issues related to being young and gay or lesbian, especially in regards to health status and care. The participant will be asked to partake in an interview, which will be audio-taped.

## 2. Certification by Subject:

I, _____ of

_____

certify that I have the ability to give legal, voluntary and informed consent to participate in this study exploring sexual identity and health of young gays and lesbians.

## 3. I acknowledge that :

(i) I fully understand the nature of this research;

(ii) I understand that the interview will be audiotaped;

(iii) my identity will be protected at all times;

(iv) I do not have to answer any question I do not wish to answer; and,

(v) I may cease the interview at any time should I wish to do so.

Signed _____ ____

Date _____