

TAXONOMY OF FEELINGS ASSOCIATED WITH THE COMING OUT PROCESS OF SOUTH AFRICAN GAY AND LESBIAN YOUTH

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INTRODUCTION

For young people growing up as gay or lesbian, the experience of coming out is fraught with emotional hurdles which impact on their self esteem and the development of self. This is also true in the South African context, despite legislative changes which now recognise the democratic rights of gay and lesbian people. The responses of those closest to young people (family, teachers and peers) as well as the broader social community, raise a gamut of emotions which the young person must transition in order to achieve wholeness and pride in their sexual identity. In the words of Lillian Smith, a civil rights activist in the 1940s: "A child's personality cannot grow without self-esteem, without feelings of emotional security, without faith in the world's willingness to make room for him (or her) to live as a human being" (in Whitlock, 1989, p. 2). While Lillian Smith was more directly addressing the impact of racism on the development of children, experiences of homophobia hold similar dangers and implications for the development of self.

Popularised by sociologist Weinberg (1972) homophobia originally meant "an irrational fear of homosexual persons" (p. 15). Over the years, however, homophobia has been expanded to include disgust, anxiety and anger (MacDonald, 1984). Furthermore, homophobia can be viewed as fear and loathing towards same sex sexual partners (Scarce, 1997). Expressions of homophobia can range from innocuous assumptions regarding heterosexuality (Boykin, 1996) to vicious incidents of anti-gay violence (Scarce, 1997). It has also come to be used not only to refer to the reactions of heterosexuals, but also the

internalisation of negative feelings by homosexual men and women (Maylon, 1982; Sears, 1992). Meyer and Dean (1998) define internalised homophobia as “the gay person’s direction of negative attitudes towards the self, leading to a devaluation of the self, and resultant internal conflict and poor self regard” (p. 161). Homophobia is difficult to transition as an adult, but for the young person the damaging implications are compounded by simultaneous adolescent developmental processes. International research (e.g. Remafedi, 1987; Ross, 1989) demonstrates that the average age of coming out has dropped from late adolescence to early adolescence. South Africa now has the most liberal human rights legislation in the world and it stands to reason that young people will come out earlier as a result.

During a three year study exploring the coming out process of gay and lesbian youth in South Africa, feelings associated with coming out emerged as a central theme. These feelings held their genesis in the homophobic responses experienced from the world around them and internalised during the socialisation process. Participants described these feelings as hard to deal with, as impacting negatively on their sense of self and causing mental health distress. The focus of the current paper is on discussion of these feelings, impact on the sense of self and implications for social and mental health professionals who offer services to these young people. An attempt is made to group these feelings into a taxonomy, relating to the experiences expressed by participants. It is not contended here that a theory on the emotions experienced by gay and lesbian youth in their coming out process has been developed, but rather that this taxonomy provides a clearer picture of the broad range of emotions experienced by South African gay and lesbian youth.

METHODOLOGY

Due to difficulties in accessing this youth cohort, the researcher utilised the non-probability sampling methods of purposive, convenience and snowball sampling. These methods are appropriate for this study as the predominant aim of qualitative research is not

generalisability, but rather in-depth description of information-rich data. The following sample characteristics were included in the collection of participants:

Ethnicity: Ethnicity is an important variable in the South African context. In the current study an attempt was made to gain access to a cross section of historically defined racial groupings in South Africa. This was undertaken to eradicate myths and stereotypes in certain communities in South Africa who have strongly articulated the opinion that ‘there are no gay or lesbian people in our culture’ or ‘the concept of homosexuality belongs to another culture and therefore it is not part of our culture’. The ethnic distribution consisted of Black ($\underline{n}=5$), White ($\underline{n}=9$), Coloured ($\underline{n}=2$), and Asian ($\underline{n}=2$). This was not an attempt to gain a representative sample, but rather to include gay and lesbian youth from the mosaic of racial groups which comprise South African society. **Age:** The age characteristics of the sample fell within the intended parameters of the study (16-21 years). **Gender:** One sample characteristic that was of concern to the researcher was that of gender, as the study included a disproportionate number of males ($\underline{n}=14$) as compared to females ($\underline{n}=4$). The researcher, in conjunction with the respective gay and lesbian persons who served as gatekeepers, made a concerted effort to try and include more lesbians in the investigation. **Education:** Fifteen of the participants were engaged in pursuing undergraduate degrees at various tertiary institutions. This is consistent with attempting to obtain a sample who have recently been exposed to support structures (or lack thereof) in secondary educational systems and institutions. All of the participants were actively attending high school post-1996 (i.e., after the introduction of anti-discrimination legislation in South Africa). It is also important to note that each participant attended a different high school ($N = 18$). The schools reflected the diversity of South African educational contexts, including those which are racially delimited (i.e., ‘all black’ and ‘all white’) as well as racially inclusive; urban and rural contexts,

economically deprived and affluent schools; liberal and conservative. The schools were located across South Africa (Cape Town, Johannesburg, and Port Elizabeth).

A semi-structured interview approach was utilised, with interviews based around the central issue of 'the coming out story'. The grand tour question consisted of "Please share with me in as much detail as possible your experience of coming out". In order to ensure a non-leading approach in interviews, the data was taped and verbatim transcripts were scrutinised reflexively by the interviewer and a colleague trained in qualitative methodology. Numerous respondents were second language English speakers, and this resulted in the interviewer needing to clarify language at times. This raises the danger of leading in the interview context. Any interviews deemed to be remotely leading, were not included in the central data set. This resulted in the removal of several interview transcripts. This reflexivity was essential in order to ensure that the emergent data was true to the experiences of the participants.

The researchers employed the eight steps of content analysis, as delineated by Tesch (1990), to systematically analyse the data. In other words, the data was segmented into various categories which formed the basis of the meaning of coming out for South Africa's gay and lesbian youth. This investigation was initially conducted with transcripts from eleven gay and lesbian participants. In order to ensure theoretical saturation, additional participants were added, resulting in a total of 18 participants. Data analysis was conducted by both the researcher and an independent coder, and accruing of participants only ceased once consensus was reached regarding theoretical saturation. In order to facilitate bracketing in the qualitative process, a literature audit was conducted only after the data analysis process had been completed. This enables the researcher to compare information emerging from the participants with other research in the field, in order to ascertain similarities and differences, and to identify any unique findings that may have emanated from the study data.

RESULTS AND DISCUSSION

The feelings expressed by participants have been grouped under issues pertaining to self-esteem, inner turmoil, fear, guilt, helplessness, isolation, feelings of being different, and anger. International research findings in this field are discussed to complement findings in the current study.

Impact on self-esteem

The participants commonly reported experiencing emotions that had a negative impact on their sense of self. The participants further reported feelings of low self-esteem and that their feelings of same-sex attractions had a profound impact on the way in which they viewed themselves. Verbal assaults as well as homophobic attitudes toward homosexuality exacerbated these feelings of low self-esteem. The participants related a cycle of self-doubt, lowered self-confidence, self-criticism and lowered self-worth.

A commonly expressed theme was that participants tended to doubt their feelings regarding their homosexual emotions and same-sex attractions, and in so doing doubted the truth and validity of their own feelings. As expressed by a respondent: *“I continued to be called “moffie” in high school and felt deep down inside you did not know what was going on with me. Is this me? Why am I like this? Why me?”* [note: ‘moffie’ is derogatory South African expression for a gay person, denoting effeminate connotations]. Most participants reported feeling a lack of confidence in themselves, especially when deciding to embark upon the process of coming out. This is poignantly portrayed in the following quote from a respondent: *“Because they always called me ‘moffie’ I was less confident. It kept me back because I was afraid, not wanting to be humiliated, and I tried to spare myself the pain.”*

Hershberger and D’Augelli (1995) found that self-acceptance was the most powerful predictor of mental health in their sample of gay, lesbian and bisexual youth. One of the most disturbing features of feelings associated with lowered self-esteem in the current study

was the magnitude of self-criticism and feelings of low self-worth verbalised by respondents. For example: *“I have withdrawn from them [high school friends] because I feel that they see me at a lower level and I am afraid of their perceptions changing of me.”*

According to Martin (1982), gay youth may grow up with an inferior view of themselves and their partners. As commented by one participant: *“I felt that being gay was something disgusting”*. It was found that all of the research participants disclosed feelings of self-hatred and unworthiness at one point or another during this process of self-discovery. One participant said: *“I just hated myself. I did not want to be like that [being gay]. I hated myself and I felt all alone.”* Internalised homophobia was also reflected in respondents’ participation in gay jokes; as follows: *“This one teacher ... he is always criticising gay people openly in class. Like he will say: ‘What did that faggot Shakespeare do?’ and stuff like that. And everyone would laugh so I laughed as well, because I had to laugh along”*. This hiding of identity undermines the self-worth of gay and lesbian youth, as each time a teen chuckles at the joke or agrees with the negative comment, he or she betrays him- or herself as well as other gays (Gonsiorek, 1988). Without considerable support from those closest to them, the cycle of self-doubt, lowered self-confidence, self-criticism and lowered self-worth can have a dismantling effect on the sense of self which will impact on the successful development of adult relationships.

Turmoil

Numerous authors (Cass, 1984, Kus, 1985; Troiden, 1989; Isaacs & McKendrick, 1992, amongst others), have stated that coming out should not be viewed as a linear progression, but should rather be viewed as a cyclical process of development from first realisation of homosexual attractions and feelings, to the point of homosexual identity formation. Roesler and Deisher (1972) in their landmark qualitative study with gay youth aged from 16 – 22, report that the coming out process is one of extreme emotional turmoil. Respondents in the

current study articulated this inner turmoil as a time of confusion, negative internal feelings and emotional crisis. As expressed by a participant: *“When I was in standard seven I was just trying to put a name to it [being gay]. And toward the end of high school everything just fell apart. It was an emotional crisis. I just fell apart, and my whole foundation fell through the floor”*.

Newman and Muzzonigro’s (1993) study on homosexuality revealed that the majority of respondents (72%) reported feeling confused when they first realised that they were gay. These findings echo previous findings indicating a sense of confusion in coming out (for example: Hetrick & Martin, 1988; Gibson, 1989). The majority of participants, in the current study, referred to feeling confused in terms of the contradictions they experienced from their various life domains. As expressed by a respondent: *“For me being gay has so many contradictions in life. It would be so much easier just being straight because they don’t have any contradictions”*. These emotions were reported as relating primarily to participants’ first realisation of their homosexual orientation and, as a result of this, they internalised ‘bad’ feelings. The following quotes demonstrate respondents’ perspectives in this regard: *“Everyone had this good impression of me, like I was this good person. But I felt inside I wasn’t this good person. I was having these so called bad thoughts.”* / *“When I was in standard eight I began to think that I was a lesbian. But I felt that this was not a good thing”*. Gonsiorek (1988) suggests that such internalised homophobia may result in a low self-esteem, shame, guilt, anxiety and depression.

Feeling depressed

It appears that participants most acutely experienced depression during their high school years. It is important to note that these are the participants’ perceptions of depression, and not necessarily instances of diagnosed clinical depression. The respondents voiced this

depression as follows: *“In high school I became very introspective. This resulted in many emotional problems for me. I had no frame of reference for being gay. I was very unhappy.”* / *“In standard eight and nine I was very depressed. Sitting in my room all day. It is not nice to always be depressed. It was a very depressing time in my life.”* In comparing these findings with the literature, it is evident that depression is a common manifestation of the coming out process and adoption of a homosexual identity formation (Kus, 1985; Clark, 1987).

Feelings of fear

Fear was commonly verbalised by respondents in reference to coming out to parents, peers and their community. The root of this fear was perceived rejection. Ben-Ari (1995) states that coming out to parents is often associated with an intense fear that prevents the offspring from disclosing. The irreversibility of the revelation seems to underlie this fear. An additional consideration is the vulnerability of young people still physically dependent on parents. Respondents in the current study commonly voiced this fear. They expressed the views that parents would be ashamed of them, and potentially reject them: *“I don’t know if I will ever come out. I care what they [my parents] will say so I am afraid. Afraid it will go the wrong way. That my mother won’t understand. She will despise me. It is like in you. You cannot help the way you feel”*. This fear of parental rejection and shame resulted in intense feelings of inner turmoil: *“I want to please my parents, but I can’t”*.

The fear of rejection pertaining to coming out to parents is also reflected in respondents’ fear of coming out in their peer groups. This results in a perceived need for secrecy. Kus (1985) supports this in stating that there is an almost paranoid fear of being discovered – a fear permeating all aspects of life, from signing out a gay library book to being spotted at a lesbian nightclub. He also comments that fear of disclosing their deep, dark secrets gives rise to feelings of loneliness. The following quotes from respondents demonstrate this fear: *“I*

will not come out to my friends because of the fear of rejection and fear that the relationship will change.” / “Whenever I hear the word ‘faggot’ in class it strikes fear into my heart.”

The cultural identity of respondents held constraints which prevented them from disclosing their sexual identity for fear of betraying their culture. While each cultural group has its religious and social norms regarding homosexual identity, there appeared to be commonly held disapproval of gay and lesbian lifestyles across all cultural groups reflected in the sample. Afrikaans culture in South Africa has a strong Christian, patriarchal ethos. There is a silence moratorium on gay and lesbian issues, with families experiencing shame and pressure from the church should one of their children ‘come out’ as gay or lesbian. A white Afrikaans boy expressed this as: *“I felt so bad inside because I come from an Afrikaans background and these things don’t happen. They are not allowed at all”*. In traditional black cultures, adulthood is defined by ritual transition. The community supports this transition, or can negate the transition leaving the young person as a *persona non grata* in their community. A black respondent verbalised his fear of coming out to his community as follows: *“It was scary being black and homosexual”*. References to the issue of homosexuality and its relation to people of colour have been found in the literature. The gay community itself can be criticised for being white-oriented, middle class, and not adequately responsive either to people of colour (Icard, 1986) or to youth (Gibson, 1989). Hetrick and Martin (1987) indicate that stigmatised lesbian and gay youth, regardless of race or ethnicity, experience shame, guilt, depression, and self-hate. These feelings could become magnified if the youth has a strong identification with a traditional minority culture.

Guilt

Feeling guilty, distressed and shameful as a result of same-sex sexual encounters is well-documented in previous research (Minton & MacDonald, 1984; Cates, 1987; Mercier & Berger, 1989; Troiden, 1989; Remafedi, 1990). Participants in the current study articulated

various feelings in this regard, namely: feeling guilty, blame placing, and feelings of being sinful.

Respondents commonly expressed feelings of guilt: *“Throughout my whole high school life ... I was being reminded of being gay. And it was worse because I felt guilty about what happened [sexual experimentation with same sex peers] in the past, I don’t know where I fit in at all”*. In response to kissing a girl for the first time a lesbian participant commented: *“And then I started feeling guilty about kissing her. Because I was feeling guilty I went back to the girl and said that we should stop this.”* One participant expressed the hope that one day he would cease to feel guilty about his sexuality: *“My fantasy is one of being straight, having a wife and kids, not feeling guilty about myself, go to church and have a public life.”*

Participants commonly experienced a need to place blame for their homosexuality at someone’s feet - more often than not their own, or their parents or even God. The researcher further found that research participants frequently blamed themselves for experiencing same-sex feelings. In response to coming out to parents (or in this case not coming out to his parents) one participant spoke about where to place blame in his statement: *“You know the feeling when your mother asks you if you are gay and your heart beats. I can’t just tell her. You don’t want to hurt them. Maybe it is your fault ...”*. This respondent went on to consider possible parental blame for his sexual orientation: *“... maybe it is their [reference to parents] fault.”* Another respondent echoed self-blame in his statement: *“I just thought that there was something wrong with me.”*

One respondent blamed God for his sexual orientation: *“I moved away from Christianity because I felt it was God’s fault that I was like this because He made me like this”*. Whilst this was the only respondent who stated blame towards God, the majority of participants had experienced religion as a stressor in their developing gay or lesbian identity. Remafedi (1986) in his study of interviews with a sample of 29 gay young men, reported that

30% believed that religious beliefs had affected their own attitudes towards homosexuality. Seven of these described a loss of self-esteem or inner conflict as a consequence of perceived religious condemnation. In the current study, Christian norms had impacted upon the way participants viewed their sexuality. The majority of respondents reported feeling 'sinful' because of their homosexuality: "... *in my coming out process. I used to pray to God every night and I used to tell Him, forgive me God, because I have sinned*". This lesbian participant went on to say: "*I would rather live my life in sin than not live at all.*"

One participant classified coming out as something evil, in and of itself, in his statement: "*Coming out was something evil, and something I just had to do.*" Feelings of condemnation were evident in the following participant's response: "*It is very much a case of fire and brimstone. /... If you do something wrong you are going to suffer for it. So I had to accept this. And accept the fact that I would go to hell.*" It appears from the above responses that gay and lesbian youth feel forced to choose between religious norms and living their sexual orientation, perceiving themselves as sinful in the process. Thus, the impact of this contradiction in terms of developing a healthy homosexual identity is oftentimes difficult and treacherous for South African sexual minority youth.

Helplessness

The concept of learned helplessness (Seligman, 1975) aptly captures the feelings reported by participants, namely: feelings of being trapped, feeling devastated and destroyed, and feelings of suicidal ideation. Research participants used imagery of being trapped in expressing their feelings of helplessness, for example: "*darkness*", "*doors closed in on my face*", "*sinking*", "*numb*". Another participant, in response to being outed ("being outed" is a term which refers to someone else disclosing a person's homosexual orientation without their consent), referred to his emotions as 'darkness' in the words: "*And it was like this wave that hits you, and my head felt like it was growing and like...blushing... it is like this dark*

feeling and totally shock. I felt like running away. I felt a lot of emotions". This emotional imagery has not been described in the literature and the researchers offer them as additional ways in which gay and lesbian youth may experience their feelings of helplessness in coming out.

In response to breaking up with his girlfriend because he could not pretend to be 'straight' any longer, a participant commented: *"I took it really badly. My entire life went through ... an emotional crisis and falling apart happened then"*. Another respondent commented: *"I was 15. Everything was crashing down. / ... I couldn't be gay, you know. / ... I couldn't deal with that."* The pressures of coming out in a non-supportive environment combined with internalised homophobia can be a lethal combination. Rivers (1995) describes internalised homophobia as "a potentially life-threatening experience for many young lesbians and gay men" (p. 381). Feelings of suicidal ideation, attempted suicide, and completed suicide were reported in this study. A gay teenager disclosed his attempted suicide scenario to the researcher: *"I tried to commit suicide once because that was like hell with my family ... /... It was having to deal with this being gay on my own ... / in a way I hated myself, you know"*.

Suicidal ideation, suicide attempts and completed suicide are frequently reported in international research regarding gay and lesbian young people. Remafedi, Farrow and Deisher's (1991) study of gay and bisexual males aged 14-21 years of age, reported a 30% incidence rate for at least one suicide attempt by gay teens. Fifty percent of gay persons who attempted suicide made more than one attempt. The mean age for the first attempt was 15 years, and the method used was prescription/non-prescription drugs or self-laceration. Thirty percent of first suicide attempts occurred during the same year that the adolescent identified him- or herself as gay, lesbian or bisexual. Although the primary precipitating cause was family problems (44%), personal and interpersonal turmoil regarding their homosexual

identity were identified by 30% as the precipitating cause (Remafedi, et al.,1991). Risk factors for gay adolescent suicide include disclosure of gay identity at an early age, low self-esteem, running away, substance abuse, prostitution, depression and atypical gender behaviour (Bidwell & Deisher, 1991). Schneider (1991) comments that suicide attempts among gay male youths are mostly intrapersonal acts carried out as these adolescents grapple with difficult aspects of an emerging homosexual identity, in basic isolation, or in the context of rejection for being homosexual.

It is difficult to compare gay and straight suicide statistics as, due to the secrecy and isolation involved, it is unknown what percentage of completed youth suicide is due to the young person grappling with sexual orientation. Uribe and Harbeck (1991) estimate that 30% of youth suicides are linked with issues surrounding sexual orientation. Reis and Page (1999) found that gay youth are four times more likely to make a suicide attempt serious enough to require medical attention. Stuart (1999) comments: "I find it difficult to comprehend the depth of aloneness felt at the moment a youth acts to kill him or herself. The complete absence of a sense of relationship with anyone must be such that grief and loneliness are overwhelming" (p. 17). The risk factors for gay and lesbian youth embarking on the coming out process are heightened, and should be taken seriously by health and social care professionals.

Isolation

Participants reported feeling isolated from their peers, their school context, their families, their churches, and their youth groups. They expressed feelings of intense loneliness, aloneness, and invisibility. A common theme throughout the data is that of gay and lesbian youth not knowing where they fit into the social context of their lives, and as a result reporting various levels of feeling isolated. Martin (1982) elaborates on the relationship between hiding one's sexual orientation and the impact it has on feeling isolated.

In order to remain in certain settings and to maintain certain relationships, the fact of sexual orientation must be hidden. This paper will report on the three major themes related to isolation as expressed by the participants, namely: feeling invisible, being alone and feeling lonely.

Participants described feeling invisible in a number of contexts, primarily in their high school settings. They spoke of feeling that there were no other sexual minority youth with whom they could identify: *“You don’t know where you fit in and am I the only one in the world who feels like this because I did not know anything about gay people or anything.” / “Being gay and being isolated. And having no one to speak to. / ... me being alone.”* The participants also referred to the fact that they could not identify with adult role models who had self-identified as homosexual, simply because they did not have access to this population in the early stages of their coming out. This feeling of invisibility was further entrenched by the constant need to hide their sexual orientation from their peers and families. As commented by a participant: *“Kept to myself/ ... nobody really knew who I was, least of all, me”*. Fontaine and Hammond (1996) comment that, as a group, these adolescents comprise an invisible sexual minority, often not disclosing their sexual orientation to others.

In the current study, it was found that one of the implications of feeling isolated was feeling alone in a variety of situations. The following quotations serve to illustrate these feelings of aloneness: *“I was definitely a loner.” / “Lying in my room the whole day.” / “You always want to be with people.” / “I think that is where the whole suicide thing comes in as well. They think they are the only ones, they are alone, and they cannot go through it because they are like this and they don’t want to be like this”*. A respondent further voiced his fear of being alone: *“I cannot be alone because then I think about all this horrible shit. “*

A lesbian participant voiced her sense of isolation, in response to homophobic acts by a teacher, as follows: “... *I felt how am I, all by myself, going to stand up against the whole class, and the teacher, who should know better.*” Martin and Hetrick’s (1988) study of homosexual youth supports the aforementioned findings from youth in this study, as they report that 95% of a large sample of gay and lesbian adolescents reported “feelings of being alone, of being the only one who feels this way, of having no one else to share feelings with” (p. 17). They further contend that these adolescents feel emotionally isolated. Kroll (2001) comments that if the causes of isolation are not addressed, it is not surprising that gay and lesbian youth continue in “emotional, social and cognitive isolation” (p. 58).

Feeling different

All of the participants reported feeling different from their peers, and their social environment in its broadest context, as a result of their coming out and subsequent homosexual identity formation. D’Emilio (1983) refers to the view that “initially their [gay and lesbian youth] sexuality created a profound, even disturbing, sense of difference from family, community and society” (p. 20).

Participants traced the origins of feelings of being different back to their earliest memories. Although participants made attempts to name these same-sex feelings which they expressed as “feeling different” from early childhood, it only took on significance and meaning during their normative adolescent development. The following examples express these feelings of being different: “*I think I grew up as a child that was very ... I saw myself as very different.*” / “*... you’re different, you’re disgusting. It’s wrong.*” / “*Well, I hid it as best I could. And I still do today. I always felt different.*” Newman and Mussonigro (1993) confirm these participants’ convictions that feeling different can and usually does occur from an early age. The notion of early sensitisation, or a sense of being different, was confirmed by

the majority of their sample reporting that they felt different from other boys between the ages of four and nine.

Some of the research participants also expressed their 'differentness' in terms of feeling abnormal and/or not human. The following quotes bear testimony to these feelings: *“I cannot be gay, there is no natural reason for it.” / “...I was a charismatic so it was demons ... I had to bind those thoughts ... completely, like even to think them was bad, so I had to like completely suppress them and everything.”* Feelings of being abnormal are mentioned by Maylon (1981), who traced the process of coming out primarily through changes in self-concept. The new self-awareness of coming out may temporarily create anxiety, leading to feelings of self-contempt, before an individual rejects the social stereotype of homosexuals as lonely and depressed.

Anger

Participants reported feeling angry in relation to the way people responded to their homosexuality and self-disclosure about their sexual orientation. These feelings were associated with feelings of resentment. One participant spoke as follows about feeling angry in response to his mother's threat that his father would disown him if he found out about the participant's homosexuality: *“My mom. She also said that if your father ever finds out you know, he will disown you and stuff like that. That really annoyed me. It was like trying to scare me in a way I think. Like are you sure you are gay? If your father finds out he will take your car and allowance away from you. I am still dependent on my dad because he still supports me and my brother. I was really angry but then I turned around and said I just don't care any more. If he thinks he is going to take my car away from me he has another thing coming.”*

A gay participant expressed an extreme form of anger in response to being exposed to homophobia by a teacher and school peers in a classroom context: *“Immediately when I*

heard that [the teacher calling the gay teenager a ‘moffie’] I turned around to look at him because I just knew, I felt the heat on me. And then he goes, it is [name of respondent]. Fuck I swore at him so badly. This was in front of the whole class. He said it again and I was in the front row and I just burst into tears. As far as I was concerned it ruined my whole life at [name of high school].” According to Clark (1987), feelings of anger are repressed and eventually must be dealt with if the individual is to develop a healthy emotional life.

IMPLICATIONS FOR SOCIAL CARE PROFESSIONALS

Participants offered suggestions for ways in which they could be supported through the emotional transition of coming out. Realisation of these suggestions would require the support of authority figures within the community.

Support within the school context

Participants felt acutely vulnerable within their school environments and at risk from harassment and violence from both peers and teachers. Numerous participants felt that support groups within school environments and community centres would serve as a positive means of addressing their sense of isolation and hidden identities. Two suggestions were:

“I think it would be very important to have a support anonymous group as a support system, especially in high school. Because people don’t want to know, especially gay people do not want to know that other straight people know that they are gay. So it will have to be anonymous and very discreet.”

“People who are questioning their sexuality then maybe. Then maybe that could work if they had ... if they had like counselling ... like support programmes like ... support programmes like that. I think there should definitely be support groups in the systems.”

(lesbian participant). To counteract the self-defeating ideas which are likely to develop in these learners, schools should consider either developing support groups for homosexual students or at least developing a referral system within the community where community

agencies, more likely to be free of the conservative encumbrances characteristic of most school systems, can provide the support system which these students say they want and need (Telljohann & Price, 1993). Treadway and Yoakham (1992) remark that lesbian and gay youth thrive when supported in school environments. They need to feel safe, knowing that abusive language or physical assaults will not be tolerated. School professionals can play a key role in offering support to these students. By recognising that gay and lesbian students exist and have a right to accurate information about homosexuality, school professionals can create an atmosphere of acceptance and support. Such efforts also can address the serious problems that many youth face, including substance abuse, depression, failure to complete high school, suicide, or HIV transmission. Support groups and peer education groups can be life-saving for gay and lesbian teens and can assist them in affirming a positive identity.

Starting a support group to address these concerns cannot be undertaken lightly; potential risks to the students are too great. Several questions need to be answered: Will anyone attend group meetings? How can potential group members be notified about the group's formation without the stereotypical implication of "recruiting?" What if students who attend are not sure of their sexual orientation? Can friends or family of gays or lesbians attend? How will the staff, school board, parents, and community react? Can they meet in school and protect students' anonymity? Who will lead the group? (Treadway & Yoakham, 1992)

Support from social care practitioners

Participants faced difficulties as they began to gain access to the mental health and helping professional arena. They reported experiences of homophobia, ineffectiveness, and the inability of counsellors to understand or respond to their unique needs. An additional difficulty faced by participants was the religious overtones often encountered in 'counselling contexts'. This is alarming as, faced with a lack of support in family or school contexts,

turning to professionals may be the last option young people have. They offered the following suggestions for social and health care professionals to consider in addressing their needs and challenges

Participants noted that traditional and existing social welfare agencies should be tackling the needs of gay and lesbian youth. They suggested that it would be beneficial to establish and offer specialised counselling programmes for gay and lesbian youth, and that there was no excuse for existing social welfare agencies not providing this critical service. One gay participant expressed it as follows: *“I say we should rather have those services which are presently available take cognisance of the fact and be sympathetic towards and be accessible, like social welfare ... like Child Welfare. All of those people. Clinics ... can maybe be sympathetic and open towards gay and lesbian youth.”*

As an approach to advocacy for lesbian and gay youth, social workers could adopt a non-adversarial model. This model proposes joint efforts between heterosexual and lesbian and gay adults on behalf of these youngsters, which could be used in many arenas such as mental health, youth advocacy and child welfare. Precisely because these efforts focus on the children's actual needs rather than on activist agendas, the programmes developed could be less vulnerable to homophobic attacks. The inclusion of heterosexual as well as homosexual advocates also reduces the impact of attacks by opposing groups. The participants in this study also supported the establishment of gay and lesbian community youth centres, which could also serve as drop-in centres. According to participants, these centres could serve as multi-resource programmes offering social, supportive and leisure activities. As one gay youth explained: *“I support resource programmes at a community level.”* Typically, gay and lesbian youth activities are centred within the larger cities in South Africa, making it difficult for rural and geographically isolated young people to make use of these vital resources. The

introduction of small scale centres in the smaller towns could offer much needed support to these young people.

Participants further expressed the need for a phone-line service, which could provide a supportive counselling service for marginalised and isolated gay and lesbian youth. They also noted the importance of speaking to same-sex orientation counsellors, as they expressed difficulty in receiving services from people or places where they are not accommodated. A lesbian participant suggested that: “ *That we could have set up a telephone network, on-line counselling, maybe set up a support system like they have in Cape Town where people even get together on weekends or what have you. By putting up posters, even, like that kind of thing.*”

National gay and lesbian youth coordination

Participants viewed the importance of establishing National Coalition of Gay and Lesbian Equality offices in all major cities around South Africa. At present NCGLE have offices only in Johannesburg, Durban and Cape Town. As one gay participant explained: “*...Perhaps they should approach or work with other NGOs who have relationships with government and get onto those various NGOs’ agendas and then promote it multi-lateral basis. Okay, the National Coalition of Gay and Lesbian Equality. In promoting a general awareness which ... and promotion of understanding and tolerance. Tolerance and understanding is huge. I mean there’s ... you ... there’s so much still to be done there.*”

The issue of protection of legal and human rights was highlighted by the participants in this study. While the laws have changed, grassroots application essential for the everyday protection and support of gay and lesbian lifestyles requires urgent attention. The following comments illustrate this: “ *... but it’s not brought down to grass roots level and application. And part of that I think, you know, lies with the Minister of Justice. Very obstructionist ...*

particularly perhaps also because at that particular Ministers religious conviction. So you have to walk a particular tightrope and ... and that is the problem.”

“It’s the fact that heterosexual youth are protected, e.g. rape, but you ... gays and lesbians ... they become very cloudy. Because there is no legislation in place, that kind of thing. We don’t really know where they fit - where they like stand or where ... where ... what they actually have. For example also sodomy of course, being an offence and by being classified as being in a legal sense anal sex without consent. This class is definitely to rape. There’s no such thing as no rape in this country. Which means of course that if you suffer male rape it’s a lesser offence. It should be seen as rape.”

Furthermore, the participants recommended that extensive lobbying efforts be conducted, at both provincial and national level, on behalf of sexual minority youth. For example: *“With creating appropriate education, lobbying, advancing the cause of gay rights. Specifically gay and lesbian youth. And that they should rather redirect to becoming a coordinating body that work through an NGO partnership...”*

“I’d go to the constitution because that has to be the main drive behind it all. Being gay and lesbian is not illegal and I don’t think it is a sin any more. You need to tell people who you are because if you don’t respect who you are and come to terms with you being gay, how could you expect other people to respect you?”

CONCLUSION

Young people in this study have expressed the emotional pressures they experience when coming to terms with their developing sexuality. They have also eloquently expressed their disappointment that, despite legislative change in South Africa, support is still not forthcoming in their daily lives. It is hoped that health and social care professionals, as an integral part of their policy development and practice responsibilities, recognise and accept

the place of gay and lesbian youth in South Africa's broader youth population, as well as giving priority to addressing their needs. Social workers and other helping professionals need to remain cognisant of the challenge made by President Nelson Mandela during his inauguration speech, in which he said: "The youth of our county are a valued possession for our nation. Without them there is no future. Their needs are immense and urgent." (President Mandela, May 1994).

Irrespective of whether health and social care workers are performing the roles of clinical practitioners or policy makers, or involved in structures like the National Youth Commission and the Inter-ministerial Committee on the Transformation of the Child and Youth Care System, they need to view the process of developing a national youth policy that includes gay and lesbian youth as a major priority and responsibility. As the NCGLE (Draft policy November 1997) aptly reflects, "We cannot reach this vision of a national youth policy if gay and lesbian youth continue to be ignored. How can gay and lesbian youth develop to be law-abiding citizens when they are subject to constant humiliation, prejudice and discrimination? What future is there for gay and lesbian youth if they remain a marginalised and victimized group?" (p. 7)

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