Becoming visible: A qualitative analysis of female to male coming out experience

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Abstract
The “coming out” process for those who identify themselves as homosexuals in a westernized society and culture is... however, in the smaller view of homosexuality, the scope of focusing on how one identifies as gay, lesbian, bisexual, or transgender through the scrutiny of class, religion, and basic culture is significantly important. What causes people to choose in which social class they belong and why? Who chooses religion over sexuality or sexuality over religion, and why? Does a collectivistic cultural background influence how homosexuals respond in an individualistic westernized culture? These are just some of the individual questions that will be discussed and reviewed in trying to decipher how homosexuals cope with the stresses of society and culture, and how they determine their personal identifications.

Keywords: coming out; gay; transitioning

Background
Members of the gay community have struggled to develop a sense of identity in a mainstream society that has perpetuated oppression. While the gay community at large has forged ahead to both emulate and change their oppressive status, the social process of the development of a collective identity for the gay community has been slowed by two main social issues. The first is the contentious debate between “assimilationists” and “liberationists” regarding the degree of legitimizing homosexuality in the straight world. Secondly, members of the gay community continue to differ on whether to choose either a static gay identity or deconstruct all sexual identity.

Gamson (1995) referred to the latter as the “queer dilemma.” In other words, if activists use essentialized terms like “gay” or “lesbian” or “straight,” as sexual identity categories, they
can fight political battles for members of these categories (Yeung & Stobler, 2000). Consequently, if activists deconstruct all sexual identity entirely, members of the gay community lose the political voice to enact social change. This paradoxical process of identity negotiation has forced the gay community to recognize that oppressions exist at multiple levels. As a result, their priority has shifted from carving out a unified identity niche to figuring out the best organizational and cultural strategies to combat oppressive circumstances.

Perhaps the most pervasive challenge to overcome is the perception of homosexual people as sexual deviants, immoral in thoughts and behaviors. This view is largely emphasized by religious conviction. In the United States, gays and lesbians faced a harsh anti-homosexual legal system and social climate prior to the 1970’s. As a group of people with minority status, they were considered psychologically inept in relation to their heterosexual counterparts. During this decade, liberalism was emerging and changing the landscape for many oppressed minorities across America. A pivotal event in the crusade to alleviate the persecution of sexual minorities occurred at the Stonewall Inn in the Greenwich Village neighborhood of New York City, New York, on June 28, 1969.

At that time, police raids were common in establishments that catered to sexual minorities and marginalized members of the heterosexual society. On that particular day in 1969, rioting began between the New York City police, patrons of the bar, and a crowd that gathered. Protests erupted and lasted several days during which time gay rights activist groups began to organize in an effort to establish safe places for members of the gay community to be open about their sexual orientation without fear of prosecution. This event ultimately served as a platform for the emergence of gay rights. With this new social liberalism to be yourself also came mass confusion from members within the gay community about how to identify as a gay member of society. As Gamson (2003) writes:

“Queer,” at that early 1990s moment, was in fact causing all sorts of eruptions within movements over what “we” should be calling ourselves, and just who was to be included in the “we”- were we people who broke the sex and gender rules, or were we people who shared a stigmatized and penalized desire to love people of the same sex?” (pg.10)

Collectively, many find support in each other through demonstrations and opportunities for activism that promote Gay, Lesbian, Bisexual, Transgender, and Queer social agendas. Privately, many still struggle with being a minority within a majority, which compounds the process of “coming out of the closet.” This process represents the first acknowledgement of their sexual orientation, identification of themselves as gay, and public disclosure.

Many persons of minority status are identified and devalued due to obvious physical characteristics such as gender or race. Goffman (1963) differentiates discredited identity, the prior example, from discreditable identity, which is also a devalued form of identity, but because of the lack of biological distinctions, it may be hidden from others. Sexual minorities may choose to keep a low profile discreditable identity when engaged in social interactions with members of another group who may oppose homosexuality. Examples of these would be a gay priest or nun or two individuals who live together in a domestic partnership agreement, but refer to each other as “roommates” or “friends” in public. This is a stage in the “coming out” process referred to as “obfuscating.”

The process of identity negotiation can be complex and challenging. Members of a minority culture within a majority culture are often involved in the social process of paradoxical
identity negotiation, in which one strives for equality while attempting to change the oppressive mindset of the majority culture. In their paper, Yeung and Stombler (2000) examined collective identity construction in the national gay fraternity, Delta Lambda Phi (DLP), in which the notion of collective identity, paradoxical in nature, is profiled as DLP members attempt to negotiate their identity as both gay and Greek.

DLP modeled itself after traditional fraternities by retaining certain prosocial features such as unity, rituals, and group hierarchical structures. They refused certain stereotypical practices that degraded members of the fraternity such as hazing, sexual coercion, and conformity. The gay fraternity was a safe space for many members to experience their sexual identity in a secure and structured forum. Through collective bonding, many members were able to recover from the shame, fear, or guilt they had experienced in an autonomous context.

A criticism of traditional male fraternities is that they socially construct and reaffirm stereotypical gender relations, which ultimately create gender inequality. DLP did not support elevating traditional views of masculinity such as emphasizing sexual conquest by devaluing females, male-to-male competition, and heavy alcohol consumption. Instead, members of DLP were encouraged to express their individuality through self-expression. Members desiring to dress up in drag found the fraternity a safe place to practice “femaling” (Ekins, 1997). Embracing this gender fluidity and resisting hegemonic masculinity have been major components of gay identity (Norton, 1996).

Inherent in the paradox of mainstreaming is the understanding that goals and ideals can be inconsistent. In order to reestablish what the fraternity thought was the appropriate image for gay men, primarily by defying stereotypes through de-sexualization and defeminization, DLP implicitly reaffirmed the negative stereotypes imposed by the straight world (Yeung & Stombler, 2000) when they placed gay identity in the background to fit into the majority culture. Ultimately, the tension between identity construction, collective ideology, and organizational structure in trying to navigate in two separate worlds (the gay community and Greek brotherhood), led to some level of rejection from both cultures. Coupled with what Myrick (1999) terms the promotion of “heteronormativity” in our culture, it is easy to see why the issue of identity construction versus identity deconstruction continues to persist without a clear resolution. Perhaps Gamson (2003) sums it up best when he says, “I identify with, and as both: the guy who just happens to be gay and wants to be treated like everybody else, and the guy who has never wanted to let normality push him around. I live in both, never quite wanting to stay in one for good” (pg.11). In clinical practice, it is important to appreciate an individual’s multiple identities while being mindful to refrain from introducing a stagnant hierarchy of oppression during the course of therapy.

**Homophobia/Homophobic Slurs**

Homophobia affects not only those who are homosexual, but also those who are heterosexual, and with the use of homophobic slurs comes increased hostility and anxieties from both groups of men. Frequently homophobic slurs are not used just to describe people who are homosexual, but rather to express how other people are different. The target may not be gay, lesbians, bisexuals or transgender, but they may different, academically driven, special, artistic. Kids can be incredible relentless especially to those who do not fit in with the crowd and who tend to stand out. The intentions of the slurs are to express that the targets are acting like
babies, are being too soft and not masculine, are not conforming to peer norms, and are not participating in masculine activities. Words like “poofter” and “faggot” are often used to express these feelings about the peers who are not acting like the majority.

Both homosexuals and heterosexuals have stated that they are truly insulted by such words and that the slurs are incredibly demeaning (Plummer, 2001). Many of the slurs evolve as the boys grow older, and they are never used toward girls nor are they ever positive complements. They are always used in a derogatory fashion. One of the biggest problems is that “homophobia is relatively modern but that tradition values are often exploited to justify it” (Plummer, 2001, p. 15). Although homosexuality is not a new phenomenon, homophobia is and those who are against the acts use their “traditions” and beliefs to argue against it, and many times the homophobic slurs are used to put down the targets and those who act different from the created norms.

The use of the homophobic slurs and how they affected their targets depended on a few variables: severity, duration and frequency. Heterosexual and homosexual men are more affected by the use of the words if they are more intense and severe. For example, both groups of men said that “poofter” was the worse name to be called because it was used to completely humiliate and emasculate the target (Plummer, 2001). Many young boys are incredibly ruthless when they know that their actions bother someone so they increase the use and they use it for as long as they know others are bothered by it. The longer and more frequent the use the more affected are the targets. By the time the boys were in high school, they said they would hear words like poofter and faggot used against them about 20-30 times per day, sometimes 50 times per day (Plummer, 2001), which incredibly affects how they begin to see and feel about themselves. These boys heard these words all day long, but many times, the locker room was where the abuse was the most intense.

The feelings of humiliation felt by homosexual men and boys keep their esteem down, and they are more likely to deny their sexual identity instead of embracing their feelings. Furthermore, it is going to dramatically affect their coming out process because they are going to associate their feelings with the humiliation felt during the relentless abuse by their peers (Plummer, 2001).

By the end of high school many of the boys reported that the name-calling had eased up, but that the damage had already been done (Plummer, 2001). It is incredibly difficult to undo the feelings of humiliation from the torment that came from the use of homophobic slurs. They made the boys, both homosexual and heterosexual feel less than human. The goal for most people in middle school and high school is to blend in with the crowd, especially when there are already feelings of being different, but when someone else makes a point to distinguish those differences that are already noticeable to the target, the consequences can be severe for the target’s psyche and emotional well-being.

Lesbians and Mental Health
People tend to look for connections in society with other people, but today in the heterosexual and masculine world, some people are left out of the majorities and left to feel disconnected from many communities. Some of these people include lesbians who are not only left in the minority circle of homosexuals, but also the women’s circle as well. Some women experience the feelings of disconnection more intensely when they are of color, low economic status, or
transgender. In order to deal with this disconnection from the rest of society, many lesbian women form lesbian subcultures, but even with that basic support system, life is not always an easy experience.

In order for a person to feel disconnected from the rest of society, there must be a loss of power and the feelings of shame and guilt, which is something the lesbian women experience daily. With power comes entitlement, privilege and rank, which most lesbians do not possess. Because they feel that they have no power in the society as it stands, they begin to hide their sexuality and silence themselves from expressing how they truly feel about their homophobia and society. Furthermore, not only does society not feel favorably about homosexuality, the people make homosexuals, especially lesbians feel ashamed and guilty for their sexuality. Then, because the lesbians begin to feel inferior, they release more power to the dominant power in the society, which only increases their personal disconnect from modern culture and society. As a way of handling their disconnect from the majority, lesbians withdraw completely from people who do not share their values or even supports their needs and emotions.

It has been found that 75 percent of lesbians hold their sexuality in secrecy from the public in order to evade harassment and discrimination (Russell, 2007), which is often referred to as passing. They want to stay out of the line of fire from those who object or disagree with homosexuality so they hide themselves and their sexuality. Because lesbians are under such pressures and constraints from society they are at a higher risk for health problems. It has been noted that they are at a higher risk for certain cancers, have less access to healthcare, and are more frequent users of tobacco and alcohol than are heterosexual women (Russell, 2007). With the increases in health problems also come increases in depression as well as anxiety as a result of isolation from friends and family, and feelings of inferiority caused by the dominant heterosexuality culture in society.

Not only are lesbians facing discrimination, they are also facing violence and abuse. Lesbians are considered to have a low status in society and they are often victims of violence and brutality. Additionally, according to Bradford et al. “one third of lesbians have reported being physically abused, raped, and sexually assaulted, and two tenths have reported sexual molestation by a family member” (as cited in Russell, 2009, p. 410). With this many lesbians being assaulted and abused and brutalized, it appears to be no wonder why they would want to conceal their sexuality from the narrowminded views of modern day society, but this suppression of their natural desires causes them depression and anxiety. It seems that no matter whether they come out and try to be part of society or they suppress what is natural for them, they are doomed to living a life of solitude and despair.

Because of their feelings of isolation from main stream society, lesbians need to be able to build and maintain bonds wherever they can. In order to do this, they maintain friendships with previous partners, which they do more than heterosexuals. They need the support and they know that those they previously dated will be part of their support system because they share histories, values and struggles that other people do not. Also, when they do get together as a group, they often do so out of sight of heterosexuals as a way of avoiding judgement and discrimination, which adds to their protective layer against being victimized, called relational-cultural theory (Russell, 2007). RCT “is the link, bond, and interaction between persons and institutions that creates belonging, acceptance, and association” (Russell, 2009).
In order to combat all the problems that lesbians face in modern society, they form groups where they know they are wanted with people who understand and can give guidance and support when needed. It is their process for healing, recovering and resisting the power invoked upon them by the dominant majority in society. This process is critical when understanding that they can be both physically harmed by coming out to the public and emotionally harmed by suppressing their desires and natural being.

**Education, Health, and Prevention**

There are two main facets to the topic of education as it relates specifically to GLBTQ individuals. The first addresses the human immunodeficiency virus (HIV) risk assessment assumptions inherent within the gay community. The second pertains to the overall climate toward GLBTQ individuals in an educational setting. Both areas warrant equal attention, as the two topics often intersect across various domains.

Most research to date focuses on the subgroup men having sex with men (MSM) when discussing educationally relevant needs for the homosexual and bisexual populations. Historically, the research has focused on adult males. In recent years, there has been a considerable effort to educate GLBTQ youth about sexual health issues. Young adults are vulnerable to human immunodeficiency virus (HIV) infection, a problem that is particularly serious among young gay men, who are presently becoming infected with HIV at alarming rates (Centers for Disease Control and Prevention, 2009).

Mutchler & McDavitt (2001) conducted semi-structured interviews with young gay males and their best friends that included 11 young gay men/young gay men dyads and 13 young gay men/heterosexual female dyads in an attempt to evaluate HIV risk assessment assumptions in young gay men’s sexual health communication with best friends. The average age for the sample population was 19.5 and the sample included African-American, Caucasians, and Latino/a individuals. The researchers were interested in how, if at all, sexual scripts guiding risk assessment assumptions are conveyed and how they differ between young gay men and young women. They found that, while young adults intended to support their friends and promote safer sex, they also conveyed assumptions that may increase their friends’ risk for HIV infection.

Drawing on work on sexual scripts theory (Plante, 2006), several scripts were evaluated, including: “Monogamy will protect you; Knowing him will protect you; Stay away from ‘whores’ and ‘sluts’; and Condom use ‘no matter what’.” A prominent topic of conversation discussed in both dyads involved the importance of using condoms to promote safer sex; however, communication about condom use also tended to be fleeting and vague, limited in exploration of the underlying reasons why individuals might engage in unprotected sex in emotionally or socially complex situations (Mutchler & McDavitt, 2001). The take-away message is that conversations between young gay men and their best friends, whether other gay men or heterosexual females, represent an important venue in which different sexual scripts co-mingle and regenerate; therefore, understanding how peer norms are communicated between individuals may help make HIV prevention intervention programs focused on the nature of communication between friendship dyads more effective.

Kozloski (2010) conducted research that evaluated the effect of education on both the moral acceptance and social tolerance of homosexuality in America and how that effect has
been changing over the course of time. Since the early 1970s, American society has shown a rising approval of homosexual civil liberties, accompanied by a marked decrease in division of these opinions (Yang, 1999).

Acceptance and tolerance vary significantly by such variables as age, sex, education, race, residence, marital status, religiosity, and political beliefs. Kozloski used the General Social Survey (GSS) to support his hypothesis that moral acceptance of homosexual relations has become increasingly connected to one’s political beliefs, while the associations of both religion and education to moral acceptance have remained statistically the same since 1973.

On this survey, there are three questions that address the civil liberties of homosexuals that have been asked consistently since 1973: 1) Should a homosexual man be allowed to teach in a college or university? 2) Should an admitted homosexual be allowed to make a speech in your community and 3) If some people in your community suggested that a book written in favor of homosexuality be taken out of your public library, would you favor removing this book or not? Previous research has shown that older cohorts, African Americans, males, and ever-married individuals to be significantly less tolerant than their counterparts (Herek, 1998).

Kozloski found the following: 1) In terms of moral acceptance, it is shown through multivariate logistic regression that while education is associated with more liberal attitudes, it has not significantly influenced trends; and 2) It is seen that education has a stronger connection with tolerance, but its effect has been decreasing over time.

Based on this research, educating the youth in today’s society may be the key to reversing this trend. On the Gay, Lesbian, and Straight Education Network’s (GLSEN) most recent National School Climate Survey, 63.7 percent of LGBT students reported being verbally harassed, and 72.4 percent heard homophobic remarks, such as faggot or dyke, frequently or often at school (Kosciw, Greytak, Diaz, & Bartkiewicz, 2010). Prior to this survey, the 2005 GLSEN National School Climate Survey reported that 91 percent of students reported hearing homophobic remarks in their schools, with 75 percent stating that this occurred frequently or often (Kosciw & Diaz, 2006). In addition to targeting students as an important catalyst for change, teachers and administrators are also important focus groups, as their reactions to such behavior is watched closely by students.

Teachers and administrators often want to intervene in support for LGBT students in the presence of what could be typified as homophobic behavior; however, they often are insecure about how their actions may be perceived. Others are unsure of how to respond, even with a desire to respond and support LGBT students, and choose to ignore what could be valuable teachable moments for fear that they may be accused of advocating for certain morals or discussing an inappropriate topic in school that could lead to disciplinary action. When treading on what one teacher called such “squishy ground” as formulating responses to homophobic or anti-LGBT speech (or other forms of oppressive language), explicitly technical and personally unexamined approaches to skill development may not be as effective as a more situated approach in which teachers reflect on their own experiences (Lave & Wenger, 1989). To assist in the facilitation of discussion with faculty and staff, Kosciw et al. (2010) offer the following suggestions:

1) Prepare by reading a comprehensive guide to creating safe schools, such as GLSEN’s Safe Space Kit (available at www.glsen.org).
2) Use a tool kit such as a Local School Climate Survey (available free at [www.glsen.org](http://www.glsen.org)) to gather and analyze data about your school.

3) Provide a set of questions that prompts faculty to engage in self-reflection before group discussion.

4) Create a safe and supportive space in which members of faculty and staff will feel free to share their experiences, challenges, successes, questions, and doubts that pertain to this issue. Sharing your own relevant stories, questions, and challenges can facilitate the development of such a space.

5) Establish respectful rules for discussion.

6) Maximize the opportunity for individual engagement by either keeping the group small (fewer than 25 participants) or using strategies for small-group sharing.

7) Share site-specific data and provide an opportunity to response and identify topics for discussion.

8) Honor each individual’s story or comments with respect.

9) Challenge faculty members to consider what they are teaching bystanders through their responses to anti-LGBT speech.

10) Lead faculty members to consider the congruence – or lack thereof – among their understanding of anti-LGBT speech, their goals in responding to such speech in the classroom, and their actual responses. Ask them to identify one thing they can do to achieve congruence among these three things.

Many school districts are trying to build acceptance of LGBT students from within. For example, San Francisco Unified School District has placed a full-time liaison at each secondary school to educate everyone about the effects of harassment and to help manage clubs designed to promote students’ acceptance on one another. Since GLSEN started its awareness campaign in November 2007 with 15,000 Safe Space kits have been distributed to schools nationwide. While this is a pivotal accomplishment in reversing the trend of homophobic harassment, there is still much progress to be made.

In the wake of hostile educational climates many LGBT students are choosing self-segregation by opting to attend gay-friendly charter schools, which are mostly available in urban areas. This option has brought about criticism from both outside and within the gay community because separating students on the basis of sexual orientation has raised the issue of De facto segregation. When gay-friendly charter schools open, there is a fine line between creating a safe space that is welcoming to LGBT students and refraining from alienating or excluding others. There is debate from both supporters and opponents who question the wisdom of making sexuality a central part of a student’s or school’s identity. Developmental experts – and many gay activists – question the wisdom of shielding some students rather than teaching coping skills and promoting an atmosphere of respect on all campuses (Webley, 2001).

For many teens struggling with sexual identity, it is an issue of thriving versus simply surviving that draws them to alternative educational placements. The opportunity to be with other students who accept and understand the personal struggles that LGBT students endure can be therapeutic and enough to encourage students who may otherwise drop out of school to graduate. Serving about 100 students per year, New York City’s Harvey Milk High School opened in September, 2003 as an offshoot of an after-school program started by the Hetrick-
Martin Institute. School personnel provide health and counseling services, tutoring, college prep and elective courses to LGBT students. Creating a healthy balance between being a part of a mainstream society while establishing a personal identity niche continues to be a topic debated in the educational sector.

Whether you subscribe to the belief that homosexual identity is acquired or inborn, it is important to understand that the developmental process of sexual identity formation is one that requires both sensitivity and support. Many models of sexual identity development have been conceptualized (see Cass, 1979; Troiden, 1988; and Cox and Gallois, 1996) and referred to in an attempt to counsel individuals contemplating their particular identity. Because a significant number of youths are uncertain of their sexual identity, schools and communities can have an important role in assisting these questioning youths in their developmental process through implementing programs that address their needs for safe affiliation and support (Hollander, 2000).

Identity: Latino/Hispanic Gay Men

Latino/Hispanic individuals who identify with both the gay community and the Latino/Hispanic community may face similar challenges such as multiple minority status and alienation in both communities as other individuals sharing racial minority status. Incidentally, the context for the meaning of “homosexual” varies significantly between North America and Latin America. The meaning of “homosexual” in places like Latin America is more related to gender performances than sexual activities (Cantu, 2008). As such, stigma and discrimination can be avoided if gays and MSM “act straight.”

Cantu’s ethnographic research on the sexuality of migration describes his “queer political economy of migration” theory in which he views sexuality as a dimension that shapes and organizes all migration. His work followed Latino men who have sex with men as they attempted to migrate to the United States. He describes “legitimizing identities”, which are created by the state, and “resistant identities,” which are created by marginal organizations, in the prohibition of men with human immunodeficiency virus (HIV) as they attempted to enter the USA.

Latino/a gay, lesbians, bisexuals, and transgender individuals enter into a personal conflict in regard to identity when it is in the context of obtaining US citizenship. This can be both a liberating and oppressive experience for the individual. While privately recognizing their gay or bisexual identity, some enter into state-sanctioned marriage with heterosexuals under the guise that they are heterosexual in order to obtain citizenship. The trade-off for citizenship comes at the cost of concealing one’s true identity from public view. Consequently, disclosing their status can lead to exclusion from both mainstream American society and from their country of origin.

Identity: Asian Gay Men

The 1970’s was not only an historical time period for GLBT individuals in the United States. The global emergence of a Chinese gay male social movement dates to the late 1970s and early 1980s (Kapac, 1998). Altman (1997) argues that such definitions of the self are products of “modernity.” Co-existing with an identification with a global gay “peoplehood” is the
simultaneous process of asserting localized, culturally specific forms of identity (Friedman, 1990). Appadurai (1990) describes this process as the “indigenization of modernity.” In contemporary Chinese culture, certain aspects of sexuality have gained increased public acceptance; however, the global emergence of a Chinese gay male is not without politicization. After the formation of the People’s Republic of China and ensuing class struggles, sexuality became increasingly bound to politics (Pan, 2005). Homosexuality was often regarded as a kind of carrion lifestyle that emerged from capitalism (Jones, 2007). The lifting of martial law in Taiwan in 1987 created a democratization process that aided the formalization of the gay movement (Wang, 1999). Many governments outside the West still insist that homosexuality is a Western phenomenon that is largely if not entirely absent in their societies (Chan, 2008). Epistemological dualism, heterosexual hegemony, and lack of political sensitivity towards sexual minorities still accord homosexuality with an ‘abnormal’ and ‘unacceptable’ status (Li et al., 2010).

Relational selfhood is an important aspect in Chinese culture. The process of coming out is often seen as being reflective of Western individualistic conceptions of selfhood and self-centeredness. Asian men are similar to their male counterparts from other cultures that normalize a man’s primary roles as marriage and procreation to maintain the family bloodline. In Chinese culture, for instance, filial piety for a son is closely linked to his capacity to produce an heir to ensure continuity of the paternal line (Wang et al., 2008).

The coming out process can often be a difficult choice for many Asian homosexual men because the family is viewed as the biggest obstacle to self-acceptance. Religion and the workplace can be other barriers to the coming out process. To his parents, his identification as a homosexual man may be interpreted as a refusal to produce a male heir, which may incite conflict within the family. Subsequently, some parents go through their own process of coming out to family and friends after their gay son’s coming out. According to Wang et al. (2009), although many parents still see homosexuality as illness, some adopt alternative discourses to interpret the meaning of being gay as a spiritual path to eternal enlightenment or friendship. Asian homosexuals, like other minorities, are self-positioned as a racial and cultural minority within a minority. For Asian gay men, this is in relation to Caucasian men and the larger gay community. Asian gay men tend to have a preference for White gay men, as frequently addressed in the writings of gay Asian/Chinese activists. White gay men, who are primarily viewed as being “masculine,” tend to view Asian gay men as being more “feminized.” Hom and Ma (1993) come to the same conclusion, identifying this racialized preference as a form of “sexual colonialism,” an internalization of White dominance and therefore a product of racism.

Recent Risky Sexual Behaviors

**Bug Chasing and Gift Giving**

“Bug chasing” and “gift giving” are newly discovered subcultures in the gay world that puts MSM at a higher risk of HIV and STDs because of unprotected sex and high risk sexual behavior. However, this topic is most controversial because this subculture of behavior involves individuals who purposely seek out individuals in order to be infected with HIV (bug chasing) and those who offer their HIV positive serostatus to those who seek it (gift givers). Though relatively new, researchers have sought explanations of these behaviors.
Researchers first needed to differentiate these behaviors from that of “barebacking” or having unprotected anal sex (Moskowitz & Roloff, 2007). In doing so, the researchers utilized a website dedicated to MSM that regularly sought out barebacking for pleasure. The site employed profiles with varying scales regarding sexual behavior and qualities wanted in a partner. These included personal serostatus measures, drug and alcohol use, amount of partying, and whether or not they were a “bug chaser”. Similarly, these questions were rated regarding the individual the user was seeking. From their study, the researchers developed two classification groups. The first group, Apathetic bug chasers were found to be in search for partners with sero-ambiguous status, while ardent bug chasers actively sought out sero-discordant partners. In another study, Grov and Parson (2006) explored the bug chasing phenomenon through examination of personal profiles of a bareback sex matching website. Findings suggest that many individual beliefs included those previously mentioned related to advances in medical treatment for HIV and AIDS. However, they also unveiled beliefs that individuals seek infection because it is thought HIV in gay sex is inevitable. Thus, in order to control the situation and decrease health anxiety, the individual actively seeks the infection. As this phenomenon is still relatively new, more research is truly needed in order to fully understand bug chasing behavior and how it affects the lives of MSM.

On the “Down Low” (“DL”)
The term “down low” predominately refers to men who identify as straight, yet have sex with other men, all while neglecting to tell their female partner or any other person (Millet, Malenbranche, Mason, & Spikes, 2005). This issue has come into mainstream media as a result of increased cases of HIV in women in “monogamous” relationships with men. Most research regarding individuals on the DL pertains to African Americans; however, Latinos are also reporting homosexual behavior on the DL, while Caucasians reported disclosing their DL behavior more often than the previous two groups (Martinez & Hosek, 2005). Factors identified by studies have linked risky sexual behavior to sensation seeking and reported ease of obtaining sex from men as opposed to women. However, these individuals may not seek healthcare or disclose their homosexual behavior to their female partners because they fear being labeled and thus maintain being on the DL (Martinez & Hosek, 2005; Millet et al., 2005). Also related to health behaviors of African American DL individuals are the decrease in use of protection during intercourse and large numbers of partners which increase susceptibility to acquiring HIV and passing to future female and male sex partners (Martinez and Hosek, 2005). As more information is uncovered regarding DL behavior, more implications may develop to adequately facilitate a decrease in the spreading of HIV and STDs. Possible interventions include learning information on safer sex, knowing one’s serostatus, and disclosing one’s personal sexual history to partners.

Mental Health Concerns among GLBTQ
Many GLBTQs, due in part to socialization issues, such as “being on the DL” are often at a higher risk for experiencing mental health problems compared to heterosexuals. Other concerns such as depression, anxiety/stress, substance abuse, and harassment/victimization lead to further disparities between heterosexual and homosexual individuals (Mills et al., 2004).
Socialization and Stigmatization

Difficulties regarding socialization for GLBTQs begin from an extremely early age. Isay (1999) found that homosexual patients had difficulty establishing relationships as adults as many of his patients reported that their fathers’ disapproval of their feminine characteristics early on forced them to detach emotionally from their mother and reject behaviors associated with the female sex. Isay (1999) posited that this emotional detachment proved to be deleterious to future relationships as his patients also reported that they were not able to remain in stable relationships, demonstrated anxiety, and engaged in risky behavior. Landolt, Bartholomew, Saffrey, Oram, and Perlman’s (2002) studies confirmed that dysfunctional familial relationships actually impair future relationships as, in these instances, the reason for familial and peer rejection and isolation was the individual’s sexual orientation.

Familial rejection is not the only socialization challenge for GLBTQ patients/clients. According to Miller and Thoresen (2003), more than two thirds of people in the United States of America identify with a church or synagogue as many view membership to a religious organization as a means to a better lifestyle, general well-being, comfort in time of crisis, and an innate sense of self-purpose. As GLBTQs adapt to define their sexuality identity, they are faced with the challenge of finding their place in the religious community; however, they are often greeted with condemning messages, homosexual biases, and punitive stances on homosexuality (Heermann, Wiggins, & Rutter, 2007). Heermann et al. (2007) reported that in the Jewish religion same sex partners are considered a sin and Mormons use excommunication as a punishment for homosexual relationships. Often GLBTQs are forced to choose between their sexuality and religious beliefs. Overly negative homosexual attitudes, organizational judgments, and prosecutions leave GLBTQs feeling like outcasts and their only salvation is to deny their sexuality or live in secret to preserve their religious identity (Heermann et al., 2007). The process to reconcile the conflict between the two identities are associated with depression, shame, guilt, low self-esteem, suicidal ideation, and even abandonment of religious beliefs (Rodriquez & Ouellette, 2000).

Despite harsh adversity, Heermann et al. (2007) point out that many GLBTQs find strength through spirituality as opposed to a formal religious organization. They define the term the spirituality as the drive for wholeness, purpose, meaning, and self-awareness to connect with others and a higher power (i.e. God). Subsequently, spirituality encompasses the same ideas as religion (Hill & Pargament, 2003). Further, research has shown that GLBTQs struggling with religious identity have found comfort and understanding by developing the spiritual connection of God’s love for them (Yarhouse, Brooke, & Pisano, 2005). Further, it is without question that finding one’s personal identity within one’s own culture is a difficult task. As individuals begin on this journey of self-exploration and cultural identification, feelings of self-doubt, uncertainty, social isolation, and confusion can emerge (Mennuti, Freeman, & Christner, 2006). Consequently, minority individuals who are also GLBTQ can struggle with finding their own identity with the imposed stereotypes of the mainstream. For example, within the African American community, homosexuality is taboo or perverse (Negy & Eisenman, 2005). The African American community has been noted to have extreme negative attitudes towards homosexuals even when compared to Caucasians (Negy & Eisenman, 2005). Further, there is a direct correlation between higher rates of immersion into the African-American culture and negative attitudes towards homosexuality.
While some risk factors overlap, such as relationship status and satisfaction, dissolution of an intimate relationship, and perceived lack of or low social support, Matthews, Bartholomew, et al. (2002) hypothesized that GLBTQs can be affected by additional unique risk factors, including the coming out process, level of disclosure of sexual orientation, discrimination experiences, and chronic stress associated with being a member of a stigmatized minority group. Mills et al. (2004) reports that for GLBTQs, distress and depression is often associated with a history of anti-gay threats or violence, not identifying as gay or queer and feeling alienated. Cochran, Sullivan and Mays (2003) found that gay and bisexual men were 3.0 times more likely to meet criteria for major depression and 4.7 times more likely to meet criteria for a panic disorder than heterosexual men. Further, nearly 20% of gay-bisexual men were comorbid for two or more disorders, a prevalence exceeding that of heterosexual men. Cochran and Mays (2000) found higher rates of panic attack and found that homosexually active men were more likely to meet criteria for major depression than heterosexually active men. Lesbian and bisexual women appeared to experience higher rates of generalized anxiety disorder compared to heterosexual women (Cochran and Mays, 2000). Higher rates than expected have also been found among homosexually active women for 1-year prevalence of depression, posttraumatic stress disorder, simple phobia (Gilman et al., 2001) and suicide (Matthews, Bartholomew et al., 2002).

Hart and Heimberg (2001) suggest that a likely mental health outcome of expectations of rejection for sexual minority group members may be social anxiety. Gilman et al. (2001) found that 12-month prevalence rates of social anxiety disorder are 8.8% in homosexual men versus 6.3% in heterosexual men. Sandfort, de Graaf, Bijl, and Schnabel (2001) reported 12-month prevalence of social anxiety disorder to be 3.0% in heterosexual men versus 7.3% in homosexual men, with lifetime prevalence rates to be 5.5% versus 14.6%, respectively. Meyer (2003) states that a significant determinant of psychological problems among GLBTQs is expectations of being rejected. Therefore, social interactions can be sources of distress for those with a concealable stigma as these individuals are likely to become preoccupied with thoughts concerning their hidden identity (Smart and Wegner, 1999) and with avoiding giving off clues about their sexual orientation (Pachankis and Goldfried, 2006). Pachankis and Goldfried (2006) further state that GLBTQs who conceal their sexual orientation may be likely to experience greater anxiety in social situations than those who are open about their sexual orientation. In early research on the negative mental health consequences of not disclosing aspects of oneself, Jourard (1959) found that if becoming fully known to another person is seen as a source of danger, then the mere presence of another person can serve as an anxiety-evoking stimulus and that, not surprisingly, this hinders the formation of close interpersonal relationships.

As mentioned earlier, even if one does not directly experience victimization, the potential for it occurring can be enough to create a sense of threat and studies show that gay men have a greater fear of negative evaluation than heterosexual men (Pachankis and Goldfried, 2006). Thus, D’Augelli (1992) found that 57% of his sample changed their lives to avoid discrimination or harassment, including avoidance of certain locations and people, and distorted or restricted self-presentation to others (e.g., lying about the sex of a dating partner).
Drug and Alcohol Use

GLBTQ individuals of all sexes and ages are at an increased risk of using illicit substances, though this varies depending upon the age and sex of the individual. Researchers document that GLBTQ adults and youth are targeted by tobacco companies and that these populations retain the highest rates of smoking (Archer, Hoff & Snook, 2005). The current smoking rate for urban MSM was 31.4% (higher than men in the general population), 28.6% for bisexual men, 38.1% for lesbians, and 55.3% for bisexual women. Remafedi (2006) indicated that GLBTQ individuals ages 13 – 24 are at a higher risk for smoking cigarettes, possibly due to stress, habitual substance abuse, socializing in particular smoky venues, and marketing. Moreover, Semple, Patterson, and Grant (2002) found that HIV positive homosexual males using methamphetamine were less likely to use condoms and would partake in anonymous sex and engage in intercourse with multiple partners. Halkitis and Jerome (2008) noted that gay and bisexual African American methamphetamine users in their study were more likely to be HIV-positive, have lower educational attainment, and have lower incomes. Parsons, Kutnick, Halkitis, Punzalan, and Carbonari (2005) documented that the use of several substances and risky sexual behaviors correlated with increased risk of HIV transmission.

GLBTQ women are also at risk as Bell, Ompad and Sherman (2006) followed the activities of WSW and concluded that they are participating in sexual risk behaviors and drug use and are sharing needles for intravenous drug use at a higher rate than are heterosexual women. Scheer et al. (2002) found similar behaviors such as WSW engaging in intercourse with HIV positive men, having multiple partners, trading sex for money, and engaging in anal sex and intravenous drug use. Hepatitis B and C were also more prevalent among this group.

Cochran, Keenan, Schober and Mays (2000) further reported that lesbians used alcohol more frequently than did their heterosexual counterparts and cited incompetent treatment as a factor that exacerbates alcohol use/abuse patterns. Lesbian and bisexual women under the age of 50 participated in even more alcohol and smoking behaviors when observed by Gruskin, Hart, Gordon, and Ackerson (2001) perhaps to cope with the oppression embedded within society.

Amadio (2006) examined heterosexism (bias against GLBTQs by heterosexuals) in relation to alcohol-related problems and found that there is a positive correlation for WSW. Weber (2006) documented that GLBTQ participants who were classified as having at least one alcohol or drug use disorder experienced more heterosexism than those who were not classified.

References


